

File No. 260170

Committee Item No. 4

Board Item No. 15

COMMITTEE/BOARD OF SUPERVISORS

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Committee: Budget and Finance Committee Date March 25, 2026

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Completed by: Brent Jalipa Date March 19, 2026

Completed by: Brent Jalipa Date April 2, 2026

1 [Agreement Amendment - San Francisco AIDS Foundation - Health Access Point and
2 Capacity Building Services - Not to Exceed \$21,889,643]

3 **Resolution approving Amendment No. 2 to the agreement between the City and County**
4 **of San Francisco, acting by and through, the Department of Public Health (DPH), and**
5 **San Francisco AIDS Foundation, to operate a health access point and provide capacity**
6 **building services, to extend the term by four years from June 30, 2026, for a new term**
7 **of January 1, 2023, through June 30, 2030, and to increase the amount by \$11,946,338**
8 **for a new total not to exceed amount of \$21,889,643 and to authorize DPH to enter into**
9 **amendments or modifications to the agreement that do not materially increase the**
10 **obligations or liabilities to the City and are necessary to effectuate the purposes of the**
11 **agreement or this Resolution.**

12
13 WHEREAS, On September 12, 2019, the Department of Public Health (DPH) issued a
14 Request for Proposals (RFP 4-2019) for an equity-focused, community-centered, whole
15 person care approach to integrated HIV, HCV, and STD prevention programs for affected
16 communities; and

17 WHEREAS, San Francisco AIDS Foundation submitted a proposal and was the highest
18 ranked proposer; and

19 WHEREAS, DPH awarded the contract to San Francisco AIDS Foundation; and

20 WHEREAS, The contract is consistent with the Civil Service Commission's approval
21 obtained on June 29, 2016, under PSC number 2006-07/08; and

22 WHEREAS, On January 1, 2023, DPH and San Francisco AIDS Foundation entered
23 into an agreement to operate a health access point and provide capacity building services
24 ("Original Agreement"); and
25

1 WHEREAS, The Original Agreement has a term of January 1, 2023, through June 30,
2 2026, and a not to exceed amount of \$11,886,595; and

3 WHEREAS, DPH amended the Original Agreement on March 1, 2025, to update
4 standard contractual clauses (the "First Amendment"); and

5 WHEREAS, DPH wishes to amend the agreement by extending the term to June 30,
6 2030, and increasing the maximum expenditure by \$11,946,338 to \$21,889,643 (the "Second
7 Amendment"); and

8 WHEREAS, The Second Amendment is consistent with the Civil Service Commission's
9 approval obtained on June 29, 2016, under PSC number 2006-07/08; and

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

13 WHEREAS, The proposed amendment contained in File No. 260170, is substantially in
14 final form, with all material terms and conditions included, and only remains to be executed by
15 the parties upon approval of this Resolution; now, therefore, be it

16 RESOLVED, That the Board of Supervisors hereby approves the amendment in
17 substantially the form contained in File No. 260170; and, be it

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

24 FURTHER RESOLVED, That within 30 days of the amendment being fully executed by
25 all parties, DPH shall submit to the Clerk of the Board of Supervisors a completely executed

1 copy for inclusion in File No. 260170; this requirement and obligation resides with the
2 Department, and is for purposes of having a complete file only, and in no manner affects the
3 validity of approved amendment.
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8 RECOMMENDED

9 /s/ Jennie Louie for

10 Daniel Tsai

11 Director of Health
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Items 4 - 6 Files 26-0209, 26-0174, 26-0170	Department: Public Health (DPH)
EXECUTIVE SUMMARY	
Legislative Objectives - The proposed resolutions would approve the second amendment to the Department of Public Health's (DPH) contracts with the following organizations: (1) Instituto Familiar de la Raza (Instituto), extending the term by three years from June 30, 2027, for a new term of January 1, 2023, through June 30, 2030, and increasing the amount by \$9,242,130 for a total not to exceed amount of \$17,087,730 (File 26-0209); (2) San Francisco AIDS Foundation (SFAF), extending the term by four years from June 30, 2026, for a new term of January 1, 2023, through June 30, 2030, and increasing the amount by \$11,946,338 for a total not to exceed amount of \$23,832,933 (File 26-0170); and (3) Rafiki Coalition for Health & Wellness (Rafiki), extending the term by three years from June 30, 2027, for a new term of January 1, 2023, through June 30, 2030, and increasing the amount by \$10,670,270 for a total not to exceed amount of \$20,083,870 (File 26-0174). Key Points - In September 2019, DPH issued a Request for Proposals (RFP) to select providers for the administration of Health Access Point (HAP) programs. Instituto, SFAF, and Rafiki were the highest-scoring respondents in their respective service categories and were selected to receive funding. - Under the proposed amendment, all three organizations will continue to provide HAP services (e.g., HIV, HCV, and STD testing, STD treatment, case management) tailored to their priority populations (Latinx, gay men/MSM, and Black/African American). - The FY 2024-25 program monitoring reports showed that Instituto and all five of SFAF's programs had an overall rating of "4 – Commendable/Exceeds Standards". Rafiki had an overall rating of "2 – Below Standards" and did not meet service levels due to efforts needed to establish its new HAP service location and ramping up operations. According to more recent FY 2024–25 service data provided by DPH, Rafiki has met most contracted units of service. Fiscal Impact - The annual budget for Instituto (\$2.3 million) and Rafiki (\$2.6 million) remains flat from FY 2025-26 to FY 2029-30. The annual budget for SFAF decreases by \$0.4 million from FY 2025-26 (\$3.1 million) to FY 2026-27 (\$2.6 million) due to the elimination of the Black/African American HAP Capacity Building Program Support for Rafiki and remains flat from FY 2026-27 to FY 2029-30. All three contracts are fully funded by the General Fund from FY 2025-26 to FY 2029-30. Recommendation - Approve the proposed resolutions.	

MANDATE STATEMENT

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

BACKGROUND

In September 2019, the Department of Public Health (DPH) issued a Request for Proposals (RFP) to select providers for the administration of Health Access Point (HAP)¹ programs, which integrates services such as testing, treatment for substance use and mental health conditions, counseling, and support groups to address HIV, Hepatitis C (HCV), and sexually transmitted diseases (STDs) for vulnerable populations. The RFP was divided into seven HAP service categories: (1) Latinx; (2) Trans women; (3) People who use drugs, including injecting drugs; (4) Men who have sex with men (MSM), with a focus on gay men; (5) Asians and Pacific Islanders; (6) Young adults (ages 18 to 24); and (7) training and capacity building for Black/African Americans.² Proposals for Service Categories #1 and #4 (Latinx and MSM/Gay Men) were evaluated based on Population of Focus (10 points), Program Design and Effectiveness (67 Points), Data Collection, Evaluation, and Quality Assurance (8 Points), and Organizational and Fiscal Capacity (15 Points), for a total possible score of 100 points. Proposals for Service Category #7 (Training and Capacity Building for Black/African Americans) were evaluated based on Population of Focus (35 points), Health Access Point model (30 points), and Organizational and Fiscal Capacity (35 points), for a total possible score of 100 points. The RFP specified a maximum contract term of ten years.

Four evaluation panelists scored the proposals for each of the service categories.³ Instituto Familiar de la Raza (Instituto), San Francisco AIDS Foundation (SFAF), and the Rafiki Coalition for

¹ DPH defines a HAP as a “population specific, one-stop shop or network of agencies/programs with a lead agency that provides equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status.”

² According to DPH, the department funds contracts for all seven HAP service categories. Contracts for the other four service categories (not included as part of the proposed resolutions discussed in this report) do not require Board of Supervisors approval at this time.

³ Panelists that evaluated Service Category #1 (Latinx) include an HIV Program Coordinator from Pima County, Program Manager at the Office of AIDS Alameda County Public Health, Director of Communications and External Affairs at the San Francisco Office of Transgender Initiatives, and a Medical Doctor. Panelists that evaluated Service Category #4 (MSM/Gay Men) include a National Minority AIDS Council Director, Community Member, City of Los Angeles AIDS Coordinator, and HIV Prevention Director at Alameda County. Panelists that evaluated Service Category #7 (Black/African Americans) include a National Minority AIDS Council Director, Retired Nurse, Office of Urban Male Health Director at Alameda County, and the CEO of the Black AIDS Institute.

Health & Wellness (Rafiki) were the highest-scoring respondents in their respective service categories, as shown in Exhibit 1 below.⁴

Exhibit 1. Highest Ranking Proposers by Service Category

Proposer	Score (100 Possible Points)	Service Category
Instituto Familiar de la Raza	90.25	Health Access Point for Latinx
San Francisco AIDS Foundation	88.75	Health Access Point for Males who have sex with males (MSM), with a focus on Gay males (Gay/MSM)
Rafiki Coalition for Health & Wellness	81.2	Training and Capacity Building for a Health Access Point for Black/African Americans

Source: DPH

In January 2023, DPH executed new contracts for HAP services with the following organizations: (1) Instituto for a term from January 1, 2023, through June 30, 2027 and an amount not to exceed \$7,845,600, (2) SFAF for a term from January 1, 2023 through June 30, 2026 and an amount not to exceed \$11,886,595 (File 22-1194), and (3) Rafiki for a term from January 1, 2023, through June 30, 2027 and an amount not to exceed \$9,413,600. The contracts for Instituto and Rafiki included six one-year extension options, and the SFAF contract included seven one-year extension options. In January, March and April 2025, DPH amended all three contracts to update standard contractual clauses with no changes to the amount and term. The contracts and amendments for Instituto and Rafiki did not require Board of Supervisors' approval because the total amount was less than \$10 million and the total term was less than 10 years. The SFAF contract was approved by the Board of Supervisors in January 2023.

DPH now proposes to extend each of the contracts through June 2030.

DETAILS OF PROPOSED LEGISLATION

The proposed resolutions would approve the second amendment to DPH's contracts with the following organizations to provide Health Access Points and capacity building services:

1. **Instituto Familiar de la Raza**, extending the term by three years from June 30, 2027, for a new term of January 1, 2023, through June 30, 2030, and increasing the amount by \$9,242,130 for a total not to exceed amount of \$17,087,730 (File 26-0209);

⁴ There was a total of two proposers each for Service Categories #1 and #7. SFAF was the only proposer for Service Category #4.

2. **San Francisco AIDS Foundation**, extending the term by four years from June 30, 2026, for a new term of January 1, 2023, through June 30, 2030, and increasing the amount by \$11,946,338 for a total not to exceed amount of \$23,832,933 (File 26-0170);
3. **Rafiki Coalition for Health & Wellness**, extending the term by three years from June 30, 2027, for a new term of January 1, 2023, through June 30, 2030, and increasing the amount by \$10,670,270 for a total not to exceed amount of \$20,083,870 (File 26-0174).

According to DPH, the proposed resolution for the AIDS Foundation contract (File 26-0170) no longer reflects the contract budget. The Department will request that the resolution be amended to reflect a \$21,889,643 contract.

The proposed resolutions would also authorize DPH to make further immaterial amendments to all three contracts. The second amendment would exercise two one-year extension options for Instituto and Rafiki and three one-year extension options for SFAF.

Services

Under the proposed amendment, all three organizations (Instituto, SFAF and Rafiki) will continue to provide the following Health Access Point services with a focus on their respective service category populations (Latinx, Gay Men/MSM, Black/African Americans): HIV, HCV, and STD testing, STD treatment medication, case management, support groups, linkage and navigation to necessary medical and social services, distribution of condoms, syringe distribution and disposal, community engagement events, overdose prevention, health education and prevention counseling, and mental health services, among others.

In addition, SFAF will continue to administer the following three programs:

- Clinical Assistant Program: This supports a workforce development pipeline for the HAP network with ongoing professional development, paid internship opportunities, and a trained applicant pool of clinical assistants.
- Clinical Services Sustainability Program: This provides funding for nurses and director of clinical services at STRUT (a SFAF program).
- HAP Capacity Building Activities (HIV/STI/HEP C Infrastructure) Program: This provides technical assistance and capacity building support (e.g., program and policy development, licensing and certification support, training) to the HAP Network, with an emphasis on the Youth HAP (LYRIC).

The proposed modification would eliminate SFAF's Black/African American Health Access Point (HAP) Capacity Building Program, which provided \$0.4 million annually for organizational capacity building support (e.g., program planning and design, training) to Rafiki, the lead organization for the Black/African American HAP. According to a March 2026 DPH memo, Rafiki utilized this fiscal and operational support while the agency's finance team was in transition and is now fully staffed. Consequently, funding for this program is no longer necessary. The reduction is part of a \$17 million reduction in DPH's non-profit portfolio for capacity building funding starting in FY 2026-27.

Subcontractors

Each of the contracts also provides funding to the following subcontractors in FY 2026-27, as outlined below:

- Instituto: Mission Neighborhood Health Center(\$583,442) and SFAF (\$365,412)
- SFAF: Glide Foundation (\$52,000), Shanti (\$104,000), and the San Francisco Community Health Center (\$52,000)
- Rafiki: SFAF (\$260,000), 3rd Street Youth Center (\$200,000), UCSF Alliance Health Project (\$200,000), Glide Foundation (\$170,000), and Positive Resource Center (\$233,000)

According to DPH, an agency (such as SFAF) may serve as a lead for one Health Access Point while subcontracting under another, enabling programs to leverage specialized expertise and expand services beyond each HAP's primary clinic. The subcontractors operate satellite, mobile, and/or pop-up HAP services.

Program Performance

In 2025, DPH completed FY 2024-25 program monitoring, which included a site visit, for all three organizations. The results are summarized in Exhibit 2 below.

Exhibit 2: Program Monitoring Scores for FY 2023-24

	Instituto	SFAF	Rafiki
Overall Program Rating (1-4)	4 – Exceeds Standards	4 – Exceeds Standards (All Programs)	2 – Below Standards
Performance Score	100%	100% (All Programs except for Clinical Services Sustainability, which is exempt) ⁵	100%
Actual/Budgeted Units of Service	100%	100% (All Programs)	0%
Compliance Score	100%	100% (All Programs)	100%
Plan of Action	No	No (All Programs)	Yes – Invoice Submission, Units of Service Monitoring, Technical Assistance
Client Satisfaction Score	100%	100% (All Programs)	100%

Source: DPH

⁵ The Clinical Services Sustainability Program was exempt of contracted performance objectives. According to DPH, this program's performance is monitored via the clinical data that SFAF submits to the department on an annual basis.

As reflected in Exhibit 2 above, the FY 2024-25 program monitoring reports showed that Instituto and all five of SFAF's programs had an overall rating of "4 – Commendable/Exceeds Standards." Both organizations met service levels and performance objectives, receiving a 100 percent score.

Rafiki had an overall rating of "2 – Below Standards" and did not meet service levels. DPH states that Rafiki prioritized establishing its new HAP service location at 5000 3rd Street, ramping up operations and onboarding new staff in FY 2024-25, which led to lower service levels. According to more recent data provided by DPH on actual units of service in FY 2024-25, Rafiki has met most contracted units of service, such as condom distribution, HIV/HCV/STD health education and prevention, linkage and navigation, and substance use treatment. DPH required a Plan of Action for Rafiki in the following areas: timely submission of invoices, staff training on proper tracking of contracted units of service, and technical assistance/capacity building on fiscal and accounting needs. DPH states that as of January 2026, Rafiki has hired a Senior Finance Manager and Senior Director of Finance to address program monitoring deficiencies by improving invoice accuracy and timeliness, strengthening contract management and enhancing overall fiscal controls and documentation.

Fiscal and Compliance Monitoring

San Francisco AIDS Foundation

DPH staff reviewed SFAF financial documents in May 2025 as part of the FY 2024-25 Citywide Fiscal and Compliance Monitoring program; the final status letter found they were in conformance with all findings⁶ after corrective action was taken. According to a February 2026 memo, DPH's Business Office of Contract Compliance rated SFAF a "moderate risk" agency due to operating losses incurred in FY 2022-23 and FY 2023-24. According to our review of SFAF's audited financial statements, the operating losses were primarily due to a decrease in corporate and foundation revenues, which partially recovered in FY 2024-25. According to their audited financial statement for FY 2024-25, SFAF closed the year ending June 2025 with small operating surplus and positive cash flow. The non-profit also purchased its primary office building in FY 2024-25, reducing lease costs with a lower debt service obligation.

Instituto Familiar de la Raza

DPH staff reviewed Instituto financial documents in July 2025 as part of the FY 2024-25 Citywide Fiscal and Compliance Monitoring program; the final status letter found they were in conformance with two findings after corrective action was taken but not yet in conformance with the finding on completing audited financial statements within nine months of the close of the fiscal year. To address this, Instituto engaged an auditing firm to complete the audit within the required timeframe. DPH states Instituto's audited financial statements were completed in December 2025. According to a February 2026 memo, DPH's Business Office of Contract

⁶ SFAF was found to be in conformance with the standard on positive total unrestricted net income; the agency anticipates a break-even result in FY 2024-25 which is confirmed by April 2025 year-to-date results. SFAF was also found to be in conformance with the standard on positive year-to-date net income and submitted an April 2025 Profit & Loss Statement which shows an almost break-even net income

Compliance rated Instituto a “low risk” agency. According to the memo, agencies with this rating have solid financial positions, enabling them to absorb losses during economic volatility and to support new programs and expansion.

Rafiki

DPH staff reviewed Rafiki financial documents in July 2025 as part of the FY 2024-25 Citywide Fiscal and Compliance Monitoring program; the final status letter found they were in conformance with nine findings after corrective action was taken but not yet in conformance with the findings on (1) positive cash flow and (2) Board approval of the agency budget within three months. According to the letter, to address this, Rafiki has (1) established a planning period to mitigate delays in receiving billing templates and improve cash flow management, and (2) will ensure Board approval of the budget occurs within the required timeframe in future years after failing to do so in FY 2024-25. According to a February 2026 memo, DPH’s Business Office of Contract Compliance rated Rafiki a “low risk” agency.

FISCAL IMPACT

Exhibit 3 below shows the annual spending on each contract and basis for the following total not to exceed amounts: \$17,087,730 for Instituto, \$21,889,643 for SFAF and \$20,083,870 for Rafiki.

Exhibit 3: Contract Agreements Not to Exceed Amount

Current Contracts	Instituto	SFAF	Rafiki
FY 2022-23 (partial year)	\$750,042	\$1,257,415	\$698,158
FY 2023-24	1,907,892	2,735,520	2,399,273
FY 2024-25	1,790,473	2,670,146	2,411,773
FY 2025-26 ⁷	2,257,022	3,066,045	2,602,619
Subtotal, Actual and Projected	\$6,705,429	\$9,729,126	\$8,111,823
Proposed Amendment			
FY 2026-27	2,257,022	2,632,275	2,602,619
FY 2027-28	2,257,022	2,632,275	2,602,619
FY 2028-29	2,257,022	2,632,275	2,602,619
FY 2029-30	2,257,022	2,632,275	2,602,619
Subtotal, Proposed Budget	\$9,028,088	\$10,529,100	\$10,410,476
Contingency (12%) ⁸	1,354,213	1,631,417	1,561,571
Proposed Not To Exceed Amount	\$17,087,730	\$21,889,643	\$20,083,870

Source: DPH

⁷ A one percent CODB was authorized in September 2025 and added to the FY 2025-26 budget for all contracts.

⁸ Contingency reflects 12 percent of the FY 2025-26 through FY 2029-30 projected amounts.

The annual budget for Instituto and Rafiki remains flat from FY 2025-26 to FY 2029-30. The annual budget for SFAF decreases by \$433,770 (14.2 percent) from FY 2025-26 to FY 2026-27 due to the elimination of the Black/African American HAP Capacity Building Program Support for Rafiki (as previously mentioned) and remains flat from FY 2026-27 to FY 2029-30. The contingency budgets may be used to fund cost of doing business increases in future years.

In FY 2026-27, the contracts fund the following number of staff: 9.66 FTE at Instituto, 15.61 FTE at SFAF and 4.20 FTE at Rafiki. The FY 2026-27 budget for each contract is shown in Exhibit 4 below.

Exhibit 4: FY 2026-27 Budget by Contract

	Instituto	SFAF	Rafiki
Salaries & Benefits	\$840,325	\$1,883,513	\$520,805
Operating Expenses	1,216,034	432,549	1,742,343
<i>Subcontractors</i>	<i>957,190</i>	<i>208,000</i>	<i>1,063,000</i>
Indirect Costs ⁹	200,663	316,213	339,471
Total	\$2,257,022	\$2,632,275	\$2,602,619

Source: Proposed Amendments

Underspending

Actual expenditures on the contracts from FY 2022-23 to FY 2024-25 were approximately 19 percent less than the amount budgeted for Instituto, 13 percent less for Rafiki and 14 percent less for SFAF. According to DPH, the primary drivers for this were staff turnover and retention challenges, delays in contract certification, and ongoing recovery from pandemic-related operational impacts.

Funding Sources

From FY 2025-26 to FY 2029-30, all three contracts are fully funded by the General Fund.

RECOMMENDATION

Approve the proposed resolutions.

⁹ Indirect costs are 9.76 percent for Instituto and 15 percent for Rafiki and SFAF.

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

Second Amendment

THIS **SECOND AMENDMENT** (“Amendment”) is made as of **January 1st, 2026**, in San Francisco, California, by and between the **SAN FRANCISCO AIDS FOUNDATION** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and
WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to extend the performance period, increase the contract amount, and update standard contractual clauses; and to modify the Agreement as follows:

- a. Replace Appendix A-1 with the attached A-1 to update objectives and measurements, data collection and reporting requirements, required training, and additional contract requirements dated 01/01/2026.
- b. Replace Appendix A-2 with the attached A-2 to update objectives and measurements, data collection and reporting requirements, required training, and additional contract requirements dated 01/01/2026.
- c. Replace Appendix A-3 with the attached A-3 to update objectives and measurements, data collection and reporting requirements, required training, and additional contract requirements dated 01/01/2026.
- d. Replace Appendix A-4 with the attached A-4 to update objectives and measurements, data collection and reporting requirements, required training, and additional contract requirements dated 01/01/2026.
- e. Replace Appendix A-5 with the attached A-5 to update objectives and measurements, data collection and reporting requirements, required training, and additional contract requirements dated 01/01/2026.
- f. Replace Appendix B with the attached Appendix B dated 01/01/2026.
- g. Replace B-1c, B-2c, B-3c, B-4c, and B-5c and their corresponding invoices dated 01/01/2026.
- h. Add B-1d – B-1g, B-2d – B-2g, B-4d – B-4g, and B-5d – B-5g and their corresponding invoices dated 01/01/2026.

WHEREAS, Contractor was competitively selected pursuant to a Request for Proposals entitled An Equity-Focused, Community-Centered, Whole Person Care Approach to Integrated HIV, HCV, and STD Prevention Programs for Affected Communities issued on September 12, 2019 through RFP 4-2019 and this Amendment is consistent with the terms of the RFP and the awarded Contract; and

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

WHEREAS, this Amendment is consistent with an approval obtained on June 29, 2016 from the Civil Service Commission under PSC number 2006-07/08 [DHRPSC0004415] which authorizes the award of multiple agreements, the total value of which cannot exceed \$210,000,000 for the period commencing July 1, 2008 and is continuous; and

WHEREAS, this Amendment is consistent with an approval obtained from the City’s Board of Supervisors under [insert resolution number] approved on [insert date of Commission or Board action] in the amount of \$21,889,643 for the period commencing 01/01/2023 and ending 06/30/2030; and

WHEREAS, the San Francisco AIDS Foundation was selected for the service category: Health Access Point (HAP) Services designed to meet the needs of Gay and Men Who Have Sex with Men (MSM) communities; one service category and because of the need in the community for capacity building activities in the other 6 service categories to serve the various San Francisco communities and since this organization has the ability to do this, we are asking the Board of Supervisors to approve and waive the solicitation requirements for the capacity building services.

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 Agreement. The term “Agreement” shall mean the Agreement dated January 01, 2023 between Contractor and City, as amended by the:

First Amendment, dated March 1st, 2025.

1.2 San Francisco Labor and Employment Code. As of January 4, 2024, San Francisco Administrative Code Chapters 21C (Miscellaneous Prevailing Wage Requirements), 12B (Nondiscrimination in Contracts), 12C (Nondiscrimination in Property Contracts), 12K (Salary History), 12P (Minimum Compensation), 12Q (Health Care Accountability), 12T (City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions), and 12U (Sweatfree Contracting) are redesignated as Articles 102 (Miscellaneous

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

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

Article 2 Modifications of Scope to the Agreement

The Agreement is hereby modified as follows:

2.1 Term of the Agreement. Article 2 Term of the Agreement of the Original Agreement currently reads as follows:

2.1 Term. The term of this Agreement shall commence on **January 1st, 2023** and expire on **June 30th, 2026** unless earlier terminated as otherwise provided herein.

2.2 Options to Extend. The City has **7 (seven)** options to renew the Agreement for a period of listed time span. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

Option 1: 07/01/2026 – 06/30/2027

Option 2: 07/01/2027 – 06/30/2028

Option 3: 07/01/2028 – 06/30/2029

Option 4: 07/01/2029 – 06/30/2030

Option 5: 07/01/2030 – 06/30/2031

Option 6: 07/01/2031 – 06/30/2032

Option 7: 07/01/2032 – 12/31/2032

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

2.1 Term. The term of this Agreement shall commence on **January 1st, 2023** and expire on **June 30, 2030**, unless earlier terminated as otherwise provided herein.

2.2 Options to Extend. The City has **7 (seven)** options to renew the Agreement for a period of listed time span. The City may extend this Agreement beyond the expiration date

by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

Option 1: 07/01/2026 – 06/30/2027 Exercised

Option 2: 07/01/2027 – 06/30/2028 Exercised

Option 3: 07/01/2028 – 06/30/2029 Exercised

Option 4: 07/01/2029 – 06/30/2030 Exercised

Option 5: 07/01/2030 – 06/30/2031

Option 6: 07/01/2031 – 06/30/2032

Option 7: 07/01/2032 – 12/31/2032

2.2 Financial Matters. Section 3.3.1 Calculation of Charges of the Original Agreement currently reads as follows:

3.3.1 Calculation of Charges. Contractor shall provide an invoice to the City on a monthly basis for goods delivered and/or Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for goods and/or Services identified in the invoice that the City, in his or her sole discretion, concludes has been satisfactorily performed. In no event shall the amount of this Agreement exceed **Eleven Million, Eight Hundred Eighty-Six Thousand, Five Hundred Ninety-Five Dollars (\$11,886,595)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges." A portion of payment may be withheld until conclusion of the Agreement if agreed to by both Parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any services covered by this Agreement.

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

3.3.1 Calculation of Charges and Contract Not to Exceed Amount. The amount of this Agreement shall not exceed **Twenty-One Million, Eight Hundred Eighty-Nine Thousand, Six Hundred Forty-Three (\$21,889,643)**, the breakdown of which appears in Appendix B, "Calculation of Charges." City shall not be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any Services covered by this Agreement.

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

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

2.5 Appendix A-3. Appendix A-3 is hereby replaced in its entirety by Appendix A-3, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix A-3 in any place, the true meaning shall be Appendix A-3, which is a correct and updated version.

2.6 Appendix A-4. Appendix A-4 is hereby replaced in its entirety by Appendix A-4, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix A-4 in any place, the true meaning shall be Appendix A-4, which is a correct and updated version.

2.7 Appendix A-5. Appendix A-5 is hereby replaced in its entirety by Appendix A-5, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix A-5 in any place, the true meaning shall be Appendix A-5, which is a correct and updated version.

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

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

2.10 Appendix B-1d. Appendix B-1d is hereby added to this Amendment and fully incorporated within the Agreement.

2.11 Appendix B-1e. Appendix B-1e is hereby added to this Amendment and fully incorporated within the Agreement.

2.12 Appendix B-1f. Appendix B-1f is hereby added to this Amendment and fully incorporated within the Agreement.

2.13 Appendix B-1g. Appendix B-1g is hereby added to this Amendment and fully incorporated within the Agreement.

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

2.15 Appendix B-2d. Appendix B-2d is hereby added to this Amendment and fully incorporated within the Agreement.

- 2.16 Appendix B-2e.** Appendix B-2e is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.17 Appendix B-2f.** Appendix B-2f is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.18 Appendix B-2g.** Appendix B-2g is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.19 Appendix B-3c.** Appendix B-3c is hereby replaced in its entirety by Appendix B-3c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-3c in any place, the true meaning shall be Appendix B-3c, which is a correct and updated version.
- 2.20 Appendix B-4c.** Appendix B-4c is hereby replaced in its entirety by Appendix B-4c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-4c in any place, the true meaning shall be Appendix B-4c, which is a correct and updated version.
- 2.21 Appendix B-4d.** Appendix B-4d is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.22 Appendix B-4e.** Appendix B-4e is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.23 Appendix B-4f.** Appendix B-4f is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.24 Appendix B-4g.** Appendix B-4g is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.25 Appendix B-5c.** Appendix B-5c is hereby replaced in its entirety by Appendix B-5c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-5c in any place, the true meaning shall be Appendix B-5c, which is a correct and updated version.
- 2.26 Appendix B-5d.** Appendix B-5d is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.27 Appendix B-5e.** Appendix B-5e is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.28 Appendix B-5f.** Appendix B-5f is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.29 Appendix B-5g.** Appendix B-5g is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.30 Appendix F-1c.** Appendix F-1c is hereby replaced in its entirety by Appendix F-1c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-1c in any place, the true meaning shall be Appendix F-1c, which is a correct and updated version.
- 2.31 Appendix F-1d.** Appendix F-1d is hereby added to this Amendment and fully incorporated within the Agreement.

- 2.32 Appendix F-1e.** Appendix F-1e is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.33 Appendix F-1f.** Appendix F-1f is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.34 Appendix F-1g.** Appendix F-1g is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.35 Appendix F-2c.** Appendix F-2c is hereby replaced in its entirety by Appendix F-2c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-2c in any place, the true meaning shall be Appendix F-2c, which is a correct and updated version.
- 2.36 Appendix F-2d.** Appendix F-2d is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.37 Appendix F-2e.** Appendix F-2e is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.38 Appendix F-2f.** Appendix F-2f is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.39 Appendix F-2g.** Appendix F-2g is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.40 Appendix F-3c.** Appendix F-3c is hereby replaced in its entirety by Appendix F-3c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-3c in any place, the true meaning shall be Appendix F-3c, which is a correct and updated version.
- 2.41 Appendix F-4c.** Appendix F-4c is hereby replaced in its entirety by Appendix F-4c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-4c in any place, the true meaning shall be Appendix F-4c, which is a correct and updated version.
- 2.42 Appendix F-4d.** Appendix F-4d is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.43 Appendix F-4e.** Appendix F-4e is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.44 Appendix F-4f.** Appendix F-4f is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.45 Appendix F-4g.** Appendix F-4g is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.46 Appendix F-5c.** Appendix F-5c is hereby replaced in its entirety by Appendix F-5c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-5c in any place, the true meaning shall be Appendix F-5c, which is a correct and updated version.
- 2.47 Appendix F-5d.** Appendix F-5d is hereby added to this Amendment and fully incorporated within the Agreement.

2.48 Appendix F-5e. Appendix F-5e is hereby added to this Amendment and fully incorporated within the Agreement.

2.49 Appendix F-5f. Appendix F-5f is hereby added to this Amendment and fully incorporated within the Agreement.

2.50 Appendix F-5g. Appendix F-5g is hereby added to this Amendment and fully incorporated within the Agreement.

Article 3 Updates of Standard Terms to the Agreement

The Agreement is hereby modified as follows:

3.1 Article 1 Definitions. *Article 1 is hereby replaced in its entirety to read as follows:*

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

1.2 “Business Associate” or “BAA” has the meaning given to such term under HIPAA and its implementing regulations, including 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103, as may be amended from time to time.

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

1.4 “City Data” means that data as described in Article 13 of this Agreement which includes, without limitation, all data collected, used, maintained, processed, stored, or generated by or on behalf of City in connection with this Agreement. City Data includes, without limitation, Confidential Information.

1.5 “CMD” means the Contract Monitoring Division of the City.

1.6 “Confidential Information” means confidential City information including, but not limited to, personal identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (“Chapter 12M”). Confidential Information includes, without limitation, City Data.

1.7 “Contractor” means **San Francisco AIDS Foundation, 940 Howard Street, San Francisco, CA 94103.**

1.8 “Deliverables” means Contractor’s or its subcontractors’ work product, including any partially-completed work product and related materials, resulting from the Services provided by Contractor to City during the course of Contractor’s performance of the Agreement, including without limitation, the work product described in the “Scope of Services” attached as Appendix A.

1.9 “Health Care Component” has the meaning given to such term under HIPAA and its implementing regulations, including 45 C.F.R. Section 164.103, as may be amended from time to time.

1.10 “Hybrid Entity” has the meaning given to such term under HIPAA and its implementing regulations, including 45 C.F.R. Section 164.103, as may be amended from time to time.

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

1.12 “Party” and “Parties” means City and Contractor either individually or collectively.

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

3.2 Section 3.7 Contract Amendments; Budgeting Revisions. *Section 3.7 of the Agreement is replaced in its entirety to read as follows:*

3.7 Contract Amendments; Budgeting Revisions.

3.7.1 Formal Contract Amendment: Contractor shall not be entitled to an increase in the Compensation or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

3.7.2 City Revisions to Program Budgets: The City shall have authority, without the execution of a Formal Amendment, to (1) purchase additional Services within the Statement of Work or (2) reallocate funding among the Services within the Statement of Work. Any change made under this Subsection 3.7.2 must not involve an increase in the Maximum Cost or Amount Not to Exceed or a change to the Term of this Agreement, and must be approved in writing by both Parties, by a person with legal authority to bind their respective Party to its terms. Contractor shall not proceed with any work contemplated in any revision to program budget until Contractor receives written notification from City to commence such work. All revisions to program budget will become part of this Agreement, after written execution by the Parties, which will then form the new baseline upon which future changes will be measured.

3.3 Section 10.17 Distribution of Beverages and Water. *Section 10.17 of the Agreement is replaced in its entirety to read as follows:*

10.17 Distribution of Beverages and Water.

10.17.1 Sugar-Sweetened Beverage Prohibition. The scope of Services in this Agreement includes the sale, provision, or distribution of beverages to or on behalf of City. Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.17.2 Packaged Water Prohibition. The scope of Services includes the sale, provision, or distribution of water to or on behalf of City. Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

3.4 Section 11.1 Notice to Parties. *Section 11.1 of the Agreement is replaced in its entirety to read as follows:*

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

To CITY:	Office of Contract Management and Compliance Department of Public Health 101 Grove Street, Room 402 San Francisco, California 94102	e-mail: Nora.macias@sfdph.org
And:	Nikole Trainor CHEP 25 VAN NESS STREET, SUITE 500 SAN FRANCISCO, CA 94102	e-mail: Nikole.trainor@sfdph.org
To CONTRACTOR:	SAN FRANCISCO AIDS FOUNDATION 940 HOWARD STREET SAN FRANCISCO, CA 94103	e-mail: ttermeer@sfaf.org

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

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

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

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

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

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

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

13.3 Business Associate Agreement. The Parties acknowledge that City is designated as a Hybrid Entity as defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and all Health Care Components of the City, including a City department involved in this Agreement, are required to comply with the HIPAA rules governing the access, use, disclosure, transmission, storage, and security of protected health information (PHI).

For purposes of this Agreement, Parties agree that if Contractor is performing a service or function for or on behalf of a City department that is a Health Care Component, where such service or function makes Contractor a Business Associate of City, Contractor must comply with the obligations and conditions contained in the Business Associate Agreement ("BAA") that shall be attached to this Agreement as Appendix E, and incorporated as though fully set forth herein. Parties agree that if Contractor is not performing a service or function that makes Contractor a Business Associate of City, a BAA is not required and will not be attached to this Agreement. Appendix E will be reserved if a BAA is not required. Contractor, however, must still comply with any data privacy and security laws that apply to Contractor, including, but not limited to, HIPAA, CMIA (Cal. Civ. Code Sec. 56 et.seq.), Cal. Welf. & Inst. Code Sec. 5328, and 42 CFR Part 2.

13.4 Management of City Data.

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

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

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

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

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

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

Article 4 Effective Date

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

Article 5 Legal Effect

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

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

CITY

Recommended by:

CONTRACTOR

SAN FRANCISCO AIDS FOUNDATION

Daniel Tsai
Director of Health
San Francisco Department of Public Health

Tyler Termeer
Chief Executive Officer
940 Howard Street
San Francisco, CA 94103

Approved as to Form:

City Supplier number: 0000011638

David Chiu
City Attorney

By: _____
Deputy City Attorney

Approved:

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

By: _____

1. San Francisco AIDS Foundation – HAP Clinical Assistant Program
940 Howard Street, San Francisco, CA 94103
Emily Sy, Senior Analyst, Finance, esy@sfaf.org
Jasmin Alvarez, jalvarez@sfaf.org, Director of Strut Programs and Services

2. NATURE OF DOCUMENT: Original: ☐ Contract Amendment: ☐ RPB: ☐

3. GOAL STATEMENT:

The Clinical Assistant Program's goal is to create a workforce development pipeline that can support the Health Access Point (HAP) network with ongoing professional development, paid internship opportunities, and a trained applicant pool with experience in roles that can support HAP activities. Effective 7/1/24, the Community Health Worker Training Academy is no longer part of the services being provided.

4. TARGET POPULATION/OUTREACH EFFORTS:

San Francisco AIDS Foundation serves all regardless of their race, ethnicity, gender, sexual orientation or national origin. To ensure vulnerable populations have knowledge of and access to these services, SFAF's outreach efforts will include but are not limited to:

- Latinx communities.
- Gay, bisexual, and queer (GBQ) men & MSM communities.
- Trans and nonbinary communities.
- Asian and Pacific Islander (API) communities.
- Black and African American communities.
- People who use drugs.
- Young people.

5. MODALITIES and INTERVENTIONS: (See Appendix B)

6. METHODOLOGY/Service Delivery Description:

Service Description:

SFAF's Clinical Assistant Program is a structural intervention that aims to engage priority communities impacted by HIV, HCV, and STI health disparities in community health-focused employment opportunities. The Clinical Assistant Program follows the citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination.
- Eliminate HCV.
- Reverse increasing STI rates.
- Eliminate racial disparities in access to services and health outcomes.

July 1, 2023-June 30, 2024

Capacity Building Implementation Activities:

Community Health Worker Training Academy: Between July 1, 2023 and June 30, 2024, the Community Health Worker Training Academy (CHW-TA) conducted training and professional development services for community health workers from CHEP-funded community-based organizations, with a focus on staff directly supporting Health Access Point Network activities. During this time, 55 unduplicated people participated in the CHW-TA training. These 55 participants completed more than 990 hours of training. In addition to “live” meeting spaces, training and professional development included an asynchronous learning experience with access to 12 self-paced training modules on an SFAF-hosted learning management platform. The Academy also supported HIV Test Counselor Training logistics in partnership with SFDPH. This was provided by a subcontract to Springboard.

Clinical Assistant Program:

- Onboard and train the clinical assistant cohorts (5 interns were hired and began in Fall 2023 and another 5 will be hired and begin in Spring 2024, continuing through 2026).
- Assign clinical assistants to 80+ hours of rotating field experience within SFAF’s various programs (with a focus on clinical services).
- Graduate the inaugural cohort and assisting them to identify and secure community health employment opportunities, with a focus on opportunities within the entire HAP Network.
- Begin recruitment and promotion efforts for the Spring 2024 cohort.
- Cohort evaluation and feedback.

July 1, 2024-June 30, 2025: Clinical Assistant Program Methodology

Clinical Assistant Program:

- Onboard and train the clinical assistant cohorts (5 interns to be hired and begin in Fall 2024 and another 5 will be hired and begin in Spring 2025, continuing through 2026).
- Assign clinical assistants to 80+ hours of rotating field experience within SFAF’s various programs (with a focus on clinical services).
- Graduate the inaugural cohort and assisting them to identify and secure community health employment opportunities, with a focus on opportunities within the entire HAP Network and continuing education opportunities outside the HAP for clinical assistants that would like to further develop their skills.
- Begin recruitment and promotion efforts for the next cohort.
- Cohort evaluation and feedback, including evaluate the outcome of the training and success of the employment or intern linkages.

July 1, 2025-June 30, 2030: Clinical Assistant Program Methodology

Clinical Assistant Program:

- Onboard and train the clinical assistant cohorts (5 interns to be hired and begin in Fall 2025 and another 5 will be hired and begin in Spring 2026).
- Assign clinical assistants to 80+ hours of rotating field experience within SFAF’s various programs (with a focus on clinical services).
- Graduate the inaugural cohort and assisting them to identify and secure community health employment opportunities, with a focus on opportunities within the entire HAP Network and continuing education opportunities outside the HAP for clinical assistants that would like to further develop their skills.

- Begin recruitment and promotion efforts for the next cohort.
- Evaluate the outcome of the training and the employment or intern success.

7. OBJECTIVES and MEASUREMENTS:

All objectives and descriptions of how objectives will be measured are contained in the CHEP document entitled “CHEP Performance Objectives.”

The Contractor will be required to participate in an annual contract monitoring conducted by the Business Office of Contract Compliance (BOCC) per DPH Business Office’s BOCC Policies and Procedures. The Contractor will fulfill the requirements found in the program’s declaration of compliance.

The Contractor is required to complete and maintain an up-to-date Administrative Binder for review by the DPH Business office Contract Compliance (BOCC) staff during the monitoring visits. This may include an electronic binder and/or virtual monitoring.

Contractor will complete an Annual Completion of Client Satisfaction Survey.

Contract Declaration Page Requirements:

- Declaration page will be sent to the agency by the Business Office of Contract Compliance.

8. CONTINUOUS QUALITY IMPROVEMENT:

The Clinical Assistant Program uses a continuous quality improvement approach. This includes obtaining and analyzing feedback from:

- Participant evaluations.
- Clinical Assistant Intern feedback.
- Shifts in local public health landscape (e.g., adding MPX curriculum to the test counselor trainings).
- HAP Network (specifically, understanding employer needs).

Feedback is then incorporated into future trainings and learning spaces. It is also used to improve the Clinical Assistant experience.

DATA COLLECTION AND REPORTING REQUIREMENTS

SFAF complies with all CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- CHEP Internal Data Manager (Quarterly Submission/Upload), As of 7/1/24, this is no longer required.
 - Quarterly Testing date: October 15th, January 15th, April 15th, July 15th
 - Agencies that use Primary do not have to submit any additional testing data reports
 - Agencies that **do not use primary** will continue to submit quarterly testing data to SFDPH via the HAP Lead Agencies external upload process.
 - HAP Leads will send testing data to SFDPH via MOVEit Cloud platform.

- Bi-Annual Aggregate & Narrative Report (Due every six months) 07/01/2025 New process
- Quarterly narrative report for Year 1, as of 6/30/2025, this is no longer required.
- Other systems/processes as requested.

The assigned CHEP Program Liaison provides technical assistance & training on all above data collection systems.

9. REQUIRED LANGUAGE: n/a

10. SUBCONTRACTORS & CONSULTANTS:

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7. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

11. REQUIRED TRAINING

- a. Staff/Volunteer who conduct testing must attend and pass the 5-day HIV, HCV, and STD Skills Certification Training.
 - i. HIV, HCV, and STI Skills Certification training listed here:
<https://learnsfdph.org/programs/hiv-counselor-training/>
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 - i. Listed in the Declaration of Compliance
 - ii. All funded staff are required to complete annual training with SFDPH Harm Reduction Training Institute (HRTI)
 - iii. To be added to the HRTI training announcements, please email HRTI@sfdph.org

- iv. Trainings listed here: <https://learnsfdph.org/programs/harm-reduction-training-institute/>
- v. Staff can complete self-paced training
- c. Overdose Response/Naloxone Administration (DOPE Project or internal)
 - i. How to use Fentanyl Test Strips: (<https://www.youtube.com/watch?v=j9-wuUpdWHw>)
 - ii. Annual Trainings listed in Declaration of Compliance
 - iii. The "Opioid Overdose Recognition and Response " training can be found here: <https://learnsfdph.org/programs/sfdph-overdose-prevention/>
 - iv. There is a refresher for those who took the full-length training last year.
 - v. CHEP Tier B Syringe Access and Disposal training:
 - vi. This is a one-time training for programs that receive supplies for the first time from CHEP, then as needed depending on program needs
 - vii. For support and questions, please email Emily.Valadao@sfdph.org
- d. Syringe Access and Disposal (TBD) – As of 7/1/24, this is no longer required.
- e. Trauma Informed Systems – As of 7/1/24, this is no longer required.
- f. Clear Impact Score Card – As of 7/1/24, this is no longer required.
- g. Effective 7/1/24, CHEP Tier B Syringe Access and Disposal training: for programs that received Harm Reduction supplies from CHEP.
 - i. This is a one-time training for programs that receive supplies for the first time from CHEP, then as needed depending on program needs.
 - ii. For support and questions, please email Emily.Valadao@sfdph.org
- h. Other skills building trainings as required.

12. ADDITIONAL CONTRACT REQUIREMENTS

- a. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff) – As of 7/1/24, this is no longer required.
- b. Effective 7/1/24, Required participation in monthly Testing Coordinator Meetings if funded by CHEP to do testing.
- c. Required participation in HAP Network Quarterly, previously Monthly, Meetings (Currently held the 4th Thursday of the month). Additional ad hoc meetings may be scheduled per CHEP System of Care.
- d. Implementation of SFDPH Harm Reduction/Substance use policy.
 - i. For support and questions, please email Emily.Valadao@sfdph.org
- e. Effective 7/1/24, Develop/Implement and update onsite overdose response policy.
 - i. For support and questions, please email Emily.Valadao@sfdph.org
- f. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

1. San Francisco AIDS Foundation – **HAP Clinical Services Sustainability Program**
940 Howard Street, San Francisco, CA 94103
Emily Sy, Senior Analyst, Finance, esy@sfaf.org
Jasmin Alvarez, jalvarez@sfaf.org, Director of Strut Programs and Services

2. **NATURE OF DOCUMENT:** Original: ☐ Contract Amendment: ☐ RPB: ☐

2. GOAL STATEMENT:

The Clinical Services Sustainability program's goal is to sustain current clinical services provided at San Francisco AIDS Foundation.

3. TARGET POPULATION/OUTREACH EFFORTS:

San Francisco AIDS Foundation serves everyone who qualifies regardless of their race, ethnicity, gender, sexual orientation, or national origin. These particular services are for communities experiencing sexual health disparities in San Francisco who are: a) unaware of their HIV serostatus; b) at risk for STI and/or HCV, regardless of HIV serostatus; c) aware that they are HIV-positive but are not engaged in care; and/or d) HIV-negative and not engaged or retained on PrEP.

To ensure vulnerable populations have knowledge of and access to these services, SFAF will conduct outreach efforts to reach a variety of communities, including but not limited to

- Latinx communities.
- Gay, bisexual, and queer (GBQ) men & MSM communities.
- Trans and nonbinary communities.
- Asian and Pacific Islander (API) communities.
- Black and African American communities.
- People who use drugs.
- Young people.

4. MODALITIES and INTERVENTIONS: (Please see appendix B)

5. METHODOLOGY/Service Delivery Description:

A. Integrated HIV, HCV, and STD testing:

The standard of care for the MSM Health Access Point (HAP) is the provision of integrated HIV, HCV, and STI testing provided on an opt-out basis. This standard applies at all SFAF testing sites, including Glide, and at least 80% of all testing experiences across both organizations involves a comprehensive, integrated testing regimen that includes all relevant HIV, STI, and HCV tests. In some cases, clients may receive only one or two tests based on specific symptoms or because of contact with an STI-positive partner, while other clients may have a preference to avoid a blood draw for syphilis. SFAF offers integrated HIV, HCV, and STI testing and treatment; linkage to HIV care; PEP; daily and event-driven PrEP; gender affirming services; anal health services; hepatitis A and B vaccinations and flu shots; and more. A multi-racial, bilingual, and SFDPH-certified counseling and testing team is available at all SFAF testing locations to provide supportive, client-centered, and trauma-informed testing, treatment, and referral and navigation services that focus on creating a safe, welcoming, and comfortable environment for all clients.

Year 1 (January 1, 2023-June 30, 2023):

- 2000 HIV testing encounters.
- 400 HCV tests.
- 3,500 Chlamydia/Gonorrhea screenings.
- 3,000 syphilis screenings.
- 25 Monkey Pox (MPX) screenings including vaccinations.

Year 2 and beyond:

- 4000 HIV testing encounters.
- 800 HCV tests.
- 7,000 Chlamydia/Gonorrhea screenings.
- 3,000 syphilis screenings.
- 25 Monkey Pox (MPX) screenings including vaccinations.

All eligible clients accessing testing and treatment services will be referred to navigation services, including PrEP benefits navigation, HCV treatment, and HIV care.

- B. Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM), substance use, and other services:

SFAF minimizes barriers to needed treatment, retention, benefits enrollment, and support for clients through comprehensive access to HIV, STI and HCV treatment, PrEP and PEP, HIV care and ongoing retention in care support across all SFAF sites.

Year 1 (January 1, 2023-June 30, 2023):

- Link HIV-Negative Clients to PrEP: SFAF engages individuals in PrEP services. This includes sustaining existing participants as well as enrolling new ones. SFAF provides education and counseling regarding PrEP and PEP to all HIV-negative clients, including working to leverage the confirmation of a positive STI or HCV test result as a moment when clients may be more willing to consider PrEP initiation. PrEP is available at all SFAF locations, and SFAF testing clients who are interested in PrEP are linked to a Benefits Navigator who assesses any potential barriers to PrEP enrollment or adherence and provide referral and linkage support to any services that may be required prior to PrEP enrollment. The navigator will make every effort to complete the enrollment during that visit or will set up an enrollment appointment, if needed. Navigators will continually identify and provide additional levels of support for clients who are most likely to miss appointments, providing personal outreach, support, and appointment reminders to help secure retention.
- Link newly diagnosed individuals to HIV care: SFAF links newly diagnosed individuals to HIV care, including options to start HIV treatment immediately. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. **[In-Kind]**
- Link previously diagnosed individuals who are out of care to HIV care: SFAF links those who are out of care to interim HIV care while a longer-term solution is identified for ongoing HIV treatment and care. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. **[In-Kind]**

- Linkage to HCV treatment: SFAF links those living with HCV to in-house treatment and care options. Individuals enrolled in the HCV care program may also access onsite storage for their medications. *[In-Kind]*
- Link eligible HIV-negative Clients to PEP: **SFAF provides PEP to clients.**
- STI treatment: Those accessing SFAF testing service are eligible for on-site STI diagnosis and treatment. Individuals who test positive for an STI and were not presumptively treated at the initial appointment are contacted by a nurse and scheduled for a treatment visit.
- Primary care: SFAF links those living with HIV and HCV to a primary care provider. For those who are at-risk of disengaging from care, this may also include “tandem” coordination of medical care between the MSM HAP and a primary care provider. *[In-Kind]*

Year 2 and beyond:

- Link HIV-Negative Clients to PrEP: SFAF engages individuals in PrEP services. This includes sustaining existing participants as well as enrolling new ones. SFAF provides education and counseling regarding PrEP and PEP to all HIV-negative clients, including working to leverage the confirmation of a positive STI or HCV test result as a moment when clients may be more willing to consider PrEP initiation. PrEP is available at all SFAF locations. SFAF testing clients who are interested in PrEP are linked to a Benefits Navigator who assesses any potential barriers to PrEP enrollment or adherence and provide referral and linkage support to any services that may be required prior to PrEP enrollment. The navigator will make every effort to complete the enrollment during that visit or will set up an enrollment appointment, if needed. Navigators will continually identify and provide additional levels of support for clients who are most likely to miss appointments, providing personal outreach, support, and appointment reminders to help secure retention.
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C. Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage:

SFAF provides access to PrEP and ART; HCV treatment; STI treatment; and medication storage options. The MSM HAP will conduct STI treatment encounters (1 UOS = 1 STI treatment encounter). SFAF benefits navigators provide linkage to same-day PREP and connect individuals newly diagnosed with HIV to same-day ART. Benefits navigators engage individuals living with HIV but who are out of care into services, including Interim ART. Clinicians conduct PrEP assessments, provide STI treatments, and administer rapid and interim ART for individuals living with HIV, and support clients through HCV treatment. Services provided by nurses and nurse practitioners in consultation with SFAF's medical director.

6. OBJECTIVES and MEASUREMENTS:

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

The Contractor will be required to participate in an annual contract monitoring conducted by the Business Office of Contract Compliance (BOCC) per DPH Business Office's BOCC Policies and Procedures. The Contractor will fulfill the requirements found in the program's declaration of compliance.

The Contractor is required to complete and maintain an up-to-date Administrative Binder for review by the DPH Business office Contract Compliance (BOCC) staff during the monitoring visits. This may include an electronic binder and/or virtual monitoring.

Contractor will complete an Annual Completion of Client Satisfaction Survey.

Contract Declaration Page Requirements:

- Declaration page will be sent to the agency by the Business Office of Contract Compliance.

7. CONTINUOUS QUALITY IMPROVEMENT:

SFAF reviews data at least every six months and based on the available data refines practices and develops a set of action items to improve program quality. Reviewing both process and outcome data leads on-the-ground changes to ensure that the deliverables are being met and that the most successful strategies are enhanced. SFAF adheres to the following:

- Current Community Health Equity and Promotion Branch, HIV Testing Policies and Procedures which include CDC and State Guidelines,
- All guidelines developed by the Community Health Equity and Promotion Branch required to implement services to meet the objectives in San Francisco's System of Care.

SFAF complies with all Health Commission, Local, State, Federal, and/or Funding Source policies and requirements, including those pertaining to Harm Reduction, the Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

- SFAF collects, tracks, and reports by request on demographics on all participants.
- SFAF has developed a retention protocol with DPH for clients who initiate PrEP that includes at minimum follow-up contact and adherence activities.
- SFAF has developed a system to report on the following:
 - PrEP initiations and time from decision to PrEP initiation,
 - Participants who initiate, stop and if applicable, re-initiate PrEP and their reasons,

- Barriers for clients to access PrEP, and,
 - Barriers to maintaining the PrEP regimen.
- SFAF assesses, analyzes, and addresses HIV-related stigma in the prioritized population. Such processes include but not be limited to:
 - Client satisfaction,
 - Regular client input into programming, and,
 - Maintaining staff reflective of the prioritized population.

DATA COLLECTION AND REPORTING REQUIREMENTS:

SFAF complies with all CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

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 - Quarterly Testing date: October 15th, January 15th, April 15th, July 15th
 - Agencies that use Primary do not have to submit any additional testing data reports
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- Bi-Annual Aggregate & Narrative Report (Due every six months) 07/01/2025 New process
- Quarterly narrative report for Year 1, as of 6/30/2025, this is no longer required.
- Other systems/processes as requested.

The assigned CHEP Program Liaison provides technical assistance & training on all above data collection systems.

9. REQUIRED LANGUAGE: n/a

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- d. Implementation of SFDPH Harm Reduction/Substance use policy.
 - i. For support and questions, please email Emily.Valadao@sfdph.org
- e. Effective 7/1/24, Develop/Implement and update onsite overdose response policy.
 - i. For support and questions, please email Emily.Valadao@sfdph.org
- f. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

1. San Francisco AIDS Foundation – **Black/African American Health Access Point (HAP) Capacity Building Program Support**

940 Howard Street, San Francisco, CA 94103

Emily Sy, Senior Analyst, Finance, esy@sfaf.org

Jasmin Alvarez, jalvarez@sfaf.org, Director of Strut Programs and Services

2. **NATURE OF DOCUMENT:** Original: ☐ Contract Amendment: ☐ RPB: ☐

3. GOAL STATEMENT:

The goal of the Black African American Capacity Building Support Program is to provide ongoing organizational capacity building support to The Rafiki Coalition for Health and Wellness, the lead vendor for the Black/African American Health Access Point (HAP) to ensure required Health Access Point program services are implemented by July 1, 2024, and sustained overtime. Capacity Building activities and support are based on the findings of the capacity building needs assessment, along with internal discussions with the Rafiki Executive Leadership team and the program liaison from DPH.

Capacity building includes program planning and design support, convening and supporting the work of the HAP partners and community partners, and the training and support of Health Clinical Assistants. This program is a collaboration with the Clinical Assistants program. The goal of this component of capacity building is to create a workforce development pipeline that supports the Black & African American Health Access Point (HAP) with ongoing professional development, paid internship opportunities, and a trained applicant pool with the experience to support Black and African American HAP activities.

4. TARGET POPULATION/OUTREACH EFFORTS:

The Capacity Building Program Supports activities focusing on decreasing sexual health disparities. San Francisco AIDS Foundation serves everyone who qualifies regardless of their race, ethnicity, gender, sexual orientation, or national origin. To ensure vulnerable populations have knowledge of and access to these services, SFAF's outreach efforts will include but is not limited to Black and African Americans, as this community disproportionately experiences sexual health disparities.

5. MODALITIES and INTERVENTIONS: (See appendix B)

Service Description:

The Black/African American Capacity Building Program Support activities are program and organizational intervention strategies that engage the leadership team and key staff from the Black/African American HAP program with the goal of successfully reaching individuals impacted by sexual and substance use health disparities, including Black and African American individuals. This includes building workforce capacity for the HAP through training clinical assistants.

The program follows citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination.
- Eliminate HCV.
- Reverse increasing STI rates.
- Eliminate racial disparities in access to services and health outcomes.

6. METHODOLOGY/Service Delivery Description:

January 1, 2023-June 30, 2023

Proposed activities require different start up and implementation needs.

Capacity Building Start Up Activities:

The Black Health Clinical Assistant Program requires three months of start-up planning activities (3 UOS). This includes:

- Hiring a project manager to launch the program.
- Developing program curriculum and training materials.
- Recruiting 4 clinical assistants for the first cohort.
- Participating in Black and African American HAP planning activities (e.g., planning meetings).

July 1,2023 – June 30, 2026

Capacity Building Activities:

SFAF works directly with the Rafiki Executive Leadership team and key program staff in developing and implementing a plan for capacity building activities for the successful implementation of core HAP required sexual and substance use health services by July 1st, 2024. SFAF works with HAP partners to support collaboration, planning, implementation, and evaluation of HAP activities. Capacity Building Activities include the below (subject to change based on the needs of the Black/African American HAP):

- Rafiki Clinical Assistant Program-Workforce Development: This is specific to culturally competent physicians to support Black/African American HAP Implementation. Trained interns are linked to job opportunities at Rafiki to support the implementation and execution of HAP efforts.
- Organizational Program Planning and Design, Implementation, and Evaluation Support.
- Organizational administrative support/guidance as needed:
 - Preparation of contract and partner subcontract documents.
 - Preparation and submission of monthly invoices.
 - Coordination of subcontractors.
 - Support for staff hiring
- Data Management guidance and support:
 - Support for planning and the implementation of data tracking system.
 - Support with client level quarterly data submissions (Qualitative & Quantitative).
- Sexual Health Services development:
 - Provide consultation and guidance for development of services
 - Review plans and participate in site visits for new Umoja HAP location

Sexual Health Services includes a comprehensive medical, counseling, and educational services aimed at promoting sexual and reproductive health. It includes STI/HIV testing and treatment, contraception, pregnancy-related care, sexual health education, and risk reduction counseling, delivered in compliance with applicable healthcare regulations and confidentiality standards.

7. OBJECTIVES and MEASUREMENTS:

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

The Contractor will be required to participate in an annual contract monitoring conducted by the Business Office of Contract Compliance (BOCC) per DPH Business Office's BOCC Policies and Procedures. The Contractor will fulfill the requirements found in the program's declaration of compliance.

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Contractor will complete an Annual Completion of Client Satisfaction Survey.

Contract Declaration Page Requirements:

- Declaration page will be sent to the agency by the Business Office of Contract Compliance.

8. CONTINUOUS QUALITY IMPROVEMENT:

The Black/African American Capacity Building Support Program uses a continuous quality improvement approach. This includes obtaining and analyzing feedback from:

- HAP leaders.
- Key Program Staff.
- Jeweld Legacy Group, As of 7/1/24, no longer part of this component.
- Community Partners.

These data are incorporated into future activities and is used to improve the capacity building support.

DATA COLLECTION AND REPORTING REQUIREMENTS:

SFAF complies with all CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

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 - f. Clear Impact Score Card – As of 7/1/24, this is no longer required.
 - g. Effective 7/1/24, CHEP Tier B Syringe Access and Disposal training: for programs that received Harm Reduction supplies from CHEP.
 - i. This is a one-time training for programs that receive supplies for the first time from CHEP, then as needed depending on program needs.
 - ii. For support and questions, please email Emily.Valadao@sfdph.org
 - h. Other skills building trainings as required.

12. ADDITIONAL CONTRACT REQUIREMENTS

- a. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff) – As of 7/1/24, this is no longer required.
- b. Effective 7/1/24, Required participation in monthly Testing Coordinator Meetings if funded by CHEP to do testing.
- c. Required participation in HAP Network Quarterly, previously Monthly, Meetings (Currently held the 4th Thursday of the month). Additional ad hoc meetings may be scheduled per CHEP System of Care.
- d. Implementation of SFDPH Harm Reduction/Substance use policy.
 - i. For support and questions, please email Emily.Valadao@sfdph.org
- e. Effective 7/1/24, Develop/Implement and update onsite overdose response policy.
 - i. For support and questions, please email Emily.Valadao@sfdph.org
- f. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

1. San Francisco AIDS Foundation – The Health Access Point (HAP) Capacity Building Activities (HIV/STI/HEP C Infrastructure) Program

940 Howard Street, San Francisco, CA 94103

Emily Sy, Senior Analyst, Finance, esy@sfaf.org

Jasmin Alvarez, jalvarez@sfaf.org, Director of Strut Programs and Services

2. NATURE OF DOCUMENT: Original: ☐ Contract Amendment: ☐ RPB: ☐

3. GOAL STATEMENT:

The Health Access Point (HAP) Network Capacity Building Activities program's goal is to provide technical assistance and capacity building support for sexual health services to the HAP Network, with an emphasis on the Black/African American HAP (Rafiki Coalition for Health and Wellness) and the Youth HAP (LYRIC).

4. TARGET POPULATION/OUTREACH EFFORTS:

San Francisco AIDS Foundation serves all regardless of their race, ethnicity, gender, sexual orientation, or national origin. To ensure vulnerable populations have knowledge of and access to these services, SFAF's outreach efforts will include but are not limited to:

1. Latinx communities.
2. Gay, bisexual, and queer (GBQ) men & MSM communities.
3. Trans and nonbinary communities.
4. Asian and Pacific Islander (API) communities.
5. Black and African American communities.
6. People who use drugs.
7. Young people.

5. MODALITIES and INTERVENTIONS: (See appendix B)

Service Description:

The Health Access Point (HAP) Network Capacity Building Activities program increases the sexual health and substance use health impact of the seven (7) HAPs, with a focus on the Black & African American HAP (Rafiki Coalition for Health and Wellness) and the Youth HAP (LYRIC).

Sexual Health Services includes comprehensive medical, counseling, and educational services aimed at promoting sexual and reproductive health. It includes STI/HIV testing and treatment, contraception, pregnancy-related care, sexual health education, and risk reduction counseling, delivered in compliance with applicable healthcare regulations and confidentiality standards.

Substance Use Services includes a range of prevention, treatment, and harm reduction services aimed at addressing substance use disorders. These include screening, assessment, counseling, detoxification, medication-assisted treatment, rehabilitation, and recovery support, provided in accordance with clinical best practices and regulatory standards.

The program follows the citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination.
- Eliminate HCV.
- Reverse increasing STI rates.
- Eliminate racial disparities in access to services and health outcomes.

6. METHODOLOGY/Service Delivery Description:

Year 1: January 1, 2023-June 30, 2023

Capacity Building Start-Up Activities:

- Assess and respond to the Black and African American HAP needs by:
 - Establishing scope of work and capacity building needs.
 - Participating in ongoing meetings with the Rafiki Coalition for Health and Wellness and Black/AA HAP partners.
- Assess and respond to Youth HAP needs by:
 - Establishing scope of work and capacity building needs.
 - Participating in ongoing meetings with LYRIC and Youth HAP partners.
- Participate in HAP Network convenings to assess and respond to broader HAP needs (e.g., conduct assessments, provide resources, provide technical assistance, or link to the appropriate technical assistance, etc.).
- Engage and establish contracts with consultants required for Black/AA HAP implementation
 - Manage consultancy activities, and ensure timely completion.
- Support communication, coordination, and collaboration between HAP leads and subcontractors.

Year 2 and beyond: July 1, 2023-June 30, 2030

Capacity Building Activities:

- Implement activities outlined in the scope of work established in Year 1 starting July 1, 2023.
- Activities:
 - Work with SFPD CHAP to:
 - Identify the essential components of successful low barrier sexual health and substance use clinical services. STI screening is a priority for all HAPs.
 - Assess the needs of each HAP related to the essential components (internal discussion) and set priorities.
 - Develop plan with HAP to establish low barrier sexual health services.
 - Execute the plan.
 - The plans may include:
 - Creating policies and procedures for clinical operations.
 - Creating forms and intake/registration procedures and protocols.
 - Creating service delivery “flows.”

- Supporting priority HAPs with the to establish necessary licenses and certifications required for operation of clinical services.
 - Supporting priority HAPs to establish compliance infrastructure required for operation of clinical services.
 - Creating a short-term plan for service documentation and identify long-term solutions (including scoping out cost, implementation time, etc. for an electronic health records system).
 - Working with priority HAPs to establish short and long-term sites for service delivery.
 - Supporting communication, coordination, and collaboration between HAP leads and subcontractors.
 - Adapting the Scope of Work to address emerging needs and HAP implementation goals.
- Establish Scope of Work for Year 3 and beyond.
 - Manage consultancy activities and ensure timely completion.
 - Support communication, coordination, and collaboration between HAP leads and subcontractors.

7. OBJECTIVES and MEASUREMENTS:

All objectives and descriptions of how objectives will be measured are contained in the CHEP document entitled “CHEP Performance Objectives.”

The Contractor will be required to participate in an annual contract monitoring conducted by the Business Office of Contract Compliance (BOCC) per DPH Business Office’s BOCC Policies and Procedures. The Contractor will fulfill the requirements found in the program’s declaration of compliance.

The Contractor is required to complete and maintain an up-to-date Administrative Binder for review by the DPH Business office Contract Compliance (BOCC) staff during the monitoring visits. This may include an electronic binder and/or virtual monitoring.

Contractor will complete an Annual Completion of Client Satisfaction Survey.

Contract Declaration Page Requirements:

- Declaration page will be sent to the agency by the Business Office of Contract Compliance.

8. CONTINUOUS QUALITY IMPROVEMENT:

Capacity building support will be evaluated in an ongoing manner to ensure that agreed upon activities are completed to the satisfaction of SFAF and our HAP Network partners. The Chief Program Officer, Director of Strut Programs and Services, and Sr. Director of Community Partnerships & Engagement will solicit ongoing feedback and guidance from the HAP Leads to ensure that capacity building efforts meet HAP needs, goals, and priorities. As a part of SFAF’s commitment to continuous quality improvement,

existing scopes of work and consultant contracts will be reviewed and evaluated monthly. Due to the dynamic nature of this work, scopes of work and contracts will be adjusted accordingly.

DATA COLLECTION AND REPORTING REQUIREMENTS

SFAF complies with all CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- CHEP Internal Data Manager (Quarterly Submission/Upload), As of 7/1/24, this is no longer required.
 - Quarterly Testing date: October 15th, January 15th, April 15th, July 15th
 - Agencies that use Primary do not have to submit any additional testing data reports
 - Agencies that **do not use primary** will continue to submit quarterly testing data to SFDPH via the HAP Lead Agencies external upload process.
 - HAP Leads will send testing data to SFDPH via MOVEiT Cloud platform.
- Bi-Annual Aggregate & Narrative Report (Due every six months) 07/01/2025 New process
- Quarterly narrative report for Year 1, as of 6/30/2025, this is no longer required.
- Other systems/processes as requested.

The assigned CHEP Program Liaison provides technical assistance and training on all above data collection systems.

9. REQUIRED LANGUAGE: n/a

10. SUBCONTRACTORS & CONSULTANTS:

1. SFAF is responsible for the performance of its subcontractors and consultants in this Agreement.
2. SFAF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFAF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
3. SFAF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. SFAF must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.
4. SFAF acknowledges that it provides to the City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.

5. SFAF develops and executes subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
6. Any such subcontract agreements are kept on file with SFAF, with a copy sent to the Department of Public Health's Program Director associated with this engagement.
7. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

11. REQUIRED TRAINING

- a. Staff/Volunteer who conduct testing must attend and pass the 5-day HIV, HCV, and STD Skills Certification Training.
 - i. HIV, HCV, and STI Skills Certification training listed here:
<https://learnsfdph.org/programs/hiv-counselor-training/>
- b. Harm Reduction.
 - i. Listed in the Declaration of Compliance
 - ii. All funded staff are required to complete annual training with SFDPH Harm Reduction Training Institute (HRTI)
 - iii. To be added to the HRTI training announcements, please email HRTI@sfdph.org
 - iv. Trainings listed here: <https://learnsfdph.org/programs/harm-reduction-training-institute/>
 - v. Staff can complete self-paced training
- c. Overdose Response/Naloxone Administration (DOPE Project or internal)
 - i. How to use Fentanyl Test Strips: (<https://www.youtube.com/watch?v=j9-wuUpdWHw>)
 - ii. Annual Trainings listed in Declaration of Compliance
 - iii. The "Opioid Overdose Recognition and Response" training can be found here: <https://learnsfdph.org/programs/sfdph-overdose-prevention/>
 - iv. There is a refresher for those who took the full-length training last year.
 - v. CHEP Tier B Syringe Access and Disposal training:
 - vi. This is a one-time training for programs that receive supplies for the first time from CHEP, then as needed depending on program needs
 - vii. For support and questions, please email Emily.Valadao@sfdph.org
- d. Syringe Access and Disposal (TBD) – As of 7/1/24, this is no longer required.
- e. Trauma Informed Systems – As of 7/1/24, this is no longer required.
- f. Clear Impact Score Card – As of 7/1/24, this is no longer required.
- g. Effective 7/1/24, CHEP Tier B Syringe Access and Disposal training: for programs that received Harm Reduction supplies from CHEP.
 - i. This is a one-time training for programs that receive supplies for the first time from CHEP, then as needed depending on program needs.
 - ii. For support and questions, please email Emily.Valadao@sfdph.org
- h. Other skills building trainings as required.

12. ADDITIONAL CONTRACT REQUIREMENTS

- a. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff) –
As of 7/1/24, this is no longer required.
- b. Effective 7/1/24, Required participation in monthly Testing Coordinator Meetings if
funded by CHEP to do testing.
- c. Required participation in HAP Network Quarterly, previously Monthly, Meetings
(Currently held the 4th Thursday of the month). Additional ad hoc meetings may be
scheduled per CHEP System of Care.
- d. Implementation of SFDPH Harm Reduction/Substance use policy.
 - i. For support and questions, please email Emily.Valadao@sfdph.org
- e. Effective 7/1/24, Develop/Implement and update onsite overdose response policy.
 - i. For support and questions, please email Emily.Valadao@sfdph.org
- f. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care
procedures.

1. San Francisco AIDS Foundation – **The MSM Health Access Point Program**
940 Howard Street, San Francisco, CA 94103
Emily Sy, Senior Analyst, Finance, esy@sfaf.org
Jasmin Alvarez, jalvarez@sfaf.org, Director of Strut Programs and Services

2. **NATURE OF DOCUMENT:** Original: ☐ Contract Amendment: ☐ RPB: ☐

3. GOAL STATEMENT:

The MSM Health Access Point program will offer population-specific, “one-stop-shop” services using an equity-focused, stigma-free, and low barrier service model.

4. TARGET POPULATION/OUTREACH EFFORTS:

San Francisco AIDS Foundation serves all regardless of their race, ethnicity, gender, sexual orientation or national origin. To ensure vulnerable populations have knowledge of and access to these services, SFAF’s outreach efforts will include outreach to: high-risk gay men and other men who have sex with men (MSM) and welcomes and serves all who are eligible to receive services, including all trans and nonbinary individuals.

San Francisco AIDS Foundation (SFAF) implements an equity-focused, community-centered, low-barrier, and whole person Health Access Point (HAP) specifically designed to reduce rates of HIV, STI, and HEP C (HCV) infection including among high-risk gay men and other men who have sex with men (MSM). The MSM HAP program operates as a collaborative partnership involving several San Francisco agencies that have experience in supporting and serving MSM and trans communities: Glide, Shanti Project, and the San Francisco Community Health Center (SFCHC).

The program focuses on MSM (including a focus on trans and nonbinary individuals) in San Francisco who are: a) unaware of their HIV serostatus; b) at risk for STI and/or HCV, regardless of HIV serostatus; c) aware that they are HIV-positive but are not engaged in care; and/or d) HIV-negative and not engaged or retained on PrEP. But this HAP will serve all individuals regardless of their race, ethnicity, gender, sexual orientation or national origin, and no individuals who otherwise qualify for services will be turned away.

5. MODALITIES and INTERVENTIONS: (Please see appendix B)

Service Description:

This program is a network of agencies/programs with SFAF serving as the lead agency. The HAP provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STI status. The HAP follows the citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination.
- Eliminate HCV.
- Reverse increasing STI rates.
- Eliminate racial disparities in access to services and health outcomes.

Program Standard of Care Service Modalities

Service totals are projections and may adjust as service needs and program capacity become clearer. The funding source for all services is General Fund (unless otherwise noted).

6. METHODOLOGY/Service Delivery Description:

A. Integrated HIV, HCV, and STD testing:

The standard of care for the MSM Health Access Point is the provision of integrated HIV, HCV, and STI testing provided on an opt-out basis. This standard applies at all SFAF testing sites, including Glide, and at least 80% of all testing experiences across both organizations involves a comprehensive, integrated testing regimen that includes all relevant HIV, STI, and HCV tests. In some cases, clients receive only one or two tests based on specific symptoms or as a result of contact with an STI-positive partner, while other clients may have a preference to avoid a blood draw for syphilis.

SFAF offers integrated HIV, HCV, and STI testing and treatment; linkage to HIV care; PEP; daily and event-driven PrEP; gender affirming services; anal health services; hepatitis A and B vaccinations and flu shots; and more. A multi-racial, bilingual, and SFDPH-certified counseling and testing team is available at all SFAF testing locations to provide supportive, client-centered, and trauma-informed testing, treatment, and referral and navigation services that focus on creating a safe, welcoming, and comfortable environment for all clients.

Glide also has extensive experience providing HIV, HCV, and STI testing geared to the needs of low-income and marginalized populations. Glide focuses on engaging MSM experiencing homelessness or unstable housing in the Tenderloin. Glide clients who have a positive STI test result are linked to treatment at SFAF or another appropriate provider.

Service totals are projections and may adjust as service needs and program capacity become clearer.

In Year 1 (January 1, 2023-June 30, 2024), the MSM HAP will provide:

- 3,500 HIV tests (SFAF)
- 625 HCV tests (SFAF)
- 5,060 Chlamydia/Gonorrhea screenings (SFAF & Glide)
- 4,350 syphilis screenings (SFAF & Glide)
- 25 MPX screenings including vaccinations (SFAF)

In Year 2 and beyond, the MSM HAP will annually provide:

- 7,000 HIV tests (SFAF)
- 1,250 HCV tests (SFAF)
- 10,120 Chlamydia/Gonorrhea screenings (SFAF & Glide)
- 8,700 syphilis screenings (SFAF & Glide)
- 50 MPX screenings including vaccinations (SFAF)

All eligible clients accessing testing and treatment services are referred to navigation services, including PrEP benefits navigation, HCV treatment, and HIV care.

B. Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services:

The Health Access Point reduces barriers to needed treatment, and helps with retention, benefits enrollment, and support for clients through comprehensive access to HIV, STI and HCV treatment, PrEP and PEP, HIV care and ongoing retention in care support across all SFAF sites.

Glide connects clients in need of navigation services to the MSM HAP. Shanti's case management program supports the ongoing retention needs of MSM living with HIV.

In **Year 1 (January 1, 2023-June 30, 2023)**, SFAF, Shanti, and Glide provide the following:

- Linking HIV-Negative Clients to PrEP: **SFAF engages ~375 individuals in PrEP services. This includes sustaining existing participants as well as enrolling new ones. Glide assists ~20 clients in needs of HIV and HCV care, as well as STI treatment, PrEP, and PEP, to care through ~250 hours of navigation services.** SFAF and Glide provide education and counseling regarding PrEP and PEP to all HIV-negative clients, including working to leverage the confirmation of a positive STI or HCV test result as a moment when clients may be more willing to consider PrEP initiation. PrEP is available at all SFAF locations. SFAF testing clients who are interested in PrEP are linked to a Benefits Navigator who assesses any potential barriers to PrEP enrollment or adherence and provides referral and linkage support to any services that may be required prior to PrEP enrollment. The navigator will make every effort to complete the enrollment during that visit or will set up an enrollment appointment, if needed. Navigators provide additional levels of support for clients who are most likely to miss appointments, providing personal outreach, support, and appointment reminders to help secure retention.
- Linking newly diagnosed individuals to HIV care: The MSM HAP links all newly diagnosed individuals to HIV care, including options to start HIV treatment immediately. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. *[In-Kind]*
- Linking previously diagnosed individuals who are out of care to HIV care: The MSM HAP links those who are out of care to interim HIV care while a longer-term solution is identified for ongoing HIV treatment and care. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. *[In-Kind]*
- Linkage to HCV treatment: The MSM HAP links those living with HCV to in-house treatment and care options. Individuals enrolled in the HCV care program may also access onsite storage for their medications. *[In-Kind]*
- Linking Eligible HIV-negative Clients to PEP: **SFAF provides PEP to ~20 clients.**
- STI treatment: Individuals accessing MSM HAP testing service are eligible for on-site STI diagnosis and treatment. Individuals who test positive for an STI and were not presumptively treated at the initial appointment are contacted by a nurse and scheduled for a treatment visit.
- Providing support to those living with HIV: **Shanti engages ~13 unduplicated clients in ~230 hours of individual health sessions designed to support those living with HIV with a range of**

supports, including referrals to basic needs, legal issues, mental health services, support groups, community engagement opportunities, and housing resources. Sessions also aid with public benefits acquisition.

- Creating community connection through Groups: **Shanti engages ~25 unduplicated clients in ongoing groups for people impacted by HIV.** Groups are typically 1.5 hours in duration and take place twice per week (1.5-hour meeting x 2/week x 22 weeks = 66 UOS). **San Francisco Community Health Center conducts ~3 groups/month for transmen** (~3 hours per group with ~6 participants/group)
- Primary care: The MSM HAP links individuals living with HIV and HCV to a primary care provider. For those who are at-risk of disengaging from care, this may also include “tandem” coordination of medical care between the MSM HAP and a primary care provider. *[In-Kind]*

In **Year 2** and beyond:

- Linking HIV-Negative Clients to PrEP: **SFAF engages ~750 individuals in PrEP services. This includes sustaining existing participants as well as enrolling new ones. Glide assists ~40 clients in needs of HIV and HCV care, as well as STI treatment, PrEP, and PEP, to care through ~500 hours of navigation services.** SFAF and Glide provide education and counseling regarding PrEP and PEP to all HIV-negative clients, including working to leverage the confirmation of a positive STI or HCV test result as a moment when clients may be more willing to consider PrEP initiation. PrEP is available at all SFAF locations. SFAF testing clients who are interested in PrEP are linked to a Benefits Navigator who assesses any potential barriers to PrEP enrollment or adherence and provides referral and linkage support to any services that may be required prior to PrEP enrollment. The navigator will make every effort to complete the enrollment during that visit or will set up an enrollment appointment, if needed. Navigators provide additional levels of support for clients who are most likely to miss appointments, providing personal outreach, support, and appointment reminders to help secure retention.
- Linking newly diagnosed individuals to HIV care: The MSM HAP links all newly diagnosed individuals to HIV care, including options to start HIV treatment immediately. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. *[In-Kind]*
- Linking previously diagnosed individuals who are out of care to HIV care: The MSM HAP links those who are out of care to interim HIV care while a longer-term solution is identified for ongoing HIV treatment and care. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. *[In-Kind]*
- Linkage to HCV treatment: The MSM HAP links those living with HCV to in-house treatment and care options. Individuals enrolled in the HCV care program may also access onsite storage for their medications. *[In-Kind]*
- Linking Eligible HIV-negative Clients to PEP: **SFAF provides PEP to ~40 clients.**

- STI treatment: All individuals accessing MSM HAP testing service are eligible for on-site STI diagnosis and treatment. Individuals who test positive for an STI and were not presumptively treated at the initial appointment are contacted by a nurse and scheduled for a treatment visit.
- Providing support to those living with HIV: **Shanti engages ~25 unduplicated clients in ~460 hours of individual health sessions designed to support those living with HIV with a range of supports, including referrals to basic needs, legal issues, mental health services, support groups, community engagement opportunities, and housing resources.** Sessions also aid with public benefits acquisition.
- Creating community connection through Groups: **Shanti engages ~50 unduplicated clients in ongoing groups for people impacted by HIV.** Groups are typically 1.5 hours in duration and take place twice per week (1.5 hour meeting x 2/week x 44 weeks = 132 UOS). **San Francisco Community Health Center conducts ~3 groups/month for transmen** (~3 hours per group with ~6 participants/group)
- Primary care: The MSM HAP links those living with HIV and HCV to a primary care provider. For those who are at-risk of disengaging from care, this may also include “tandem” coordination of medical care between the MSM HAP and a primary care provider. *[In-Kind]*

C. Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis):

The MSM HAP refers individuals to in-network harm reduction services for substance use. This includes referring individuals to SFAF’s drop-in counseling services, drop-in groups, outpatient treatment, and contingency management services (The Stonewall Project); SFAF’s harm reduction services at the Harm Reduction Center or mobile sites (Syringe Access Services); or linking individuals to Glide’s harm reduction programming.

Annually, more than 500 MSM, including people who inject drugs (PWID), receive treatment, support, and referrals for substance use and mental health services through the Stonewall Project across all SFAF sites. These services are supported through other DPH contracts. Staffing includes health educators, licensed counselors, and program managers and coordinators. *[In-Kind]*

D. Syringe access and disposal:

SFAF and Glide utilizes existing funding to distribute and dispose of syringes for the MSM HAP. SFAF's Harm Reduction Center, 5 weekly mobile syringe access sites, and outreach serve ~18,000 unduplicated People who Use Drug (PWUD) annually, including members of the MSM HAP. Staffing includes health educators, program managers and coordinators. *[In-Kind]*

E. Overdose prevention (including naloxone distribution):

SFAF provides overdose education and distributes naloxone through a separate contract. Clients accessing MSM HAP services have access to robust overdose prevention education and naloxone. In FY22, SFAF trained 10,932 individuals to reverse overdoses. These individuals reported reversing 5,847 overdoses. *[In-Kind]*

F. Condom distribution:

SFAF distributes safer sex supplies across all locations. **SFAF distributes safer sex supplies each month (1 UOS = 1 month of condom distribution).**

G. Community engagement and mobilization (physical and online, social media):

To best serve the wide range of MSM individuals and their sexual networks, San Francisco Community Health Center engages trans and nonbinary communities who have sex with men (e.g., TMSM or non-binary individuals who have sex with nonbinary individuals assigned male at birth) through community engagement and mobilization efforts.

In Year 1 (January 1, 2023-June 30, 2023):

The MSM HAP conducts quarterly MSM HAP events and weekly groups. **SFCHC proposes hosting 2 events (each 4 hours long) for 15 clients (8 UOS and 30 NOC). Additionally, SFCHC will host 3 groups/month (3 groups/month x 3 hours/group x 6 months = 54 UOS and 3 groups/month x 6 months x 6 participants/group = 108 NOC).**

In Year 2 (July 1, 2023-June 30, 2030) and beyond:

The MSM HAP conducts quarterly MSM HAP events and weekly groups. **SFCHC hosts 4 events (each 4 hours long) for ~15 clients (~16 UOS and ~60 NOC). Additionally, SFCHC hosts 3 groups/month (3 groups/month x 3 hours/group x 12 months = ~108 UOS, and 3 groups/month x 12 months x 6 participants/group = ~216 NOC).**

Through other funding, SFAF completes over 1,500 actions at the local, state, or federal levels, giving over 200 clients and community members a direct participating voice in the fight for health justice. Additionally, more than 3.6 million people access health education information on HIV, HCV, other STIs and harm reduction on the SFAF.org, tweaker.org, and bhocpartners.org websites and through media partnerships annually. **[In-kind]**

H. HIV, HCV, STD health education and prevention counseling:*

Comprehensive risk-reduction and supportive counseling are provided to all new clients and those who request it, regardless of test results, with discussion and offer of PrEP to those who might benefit, with an emphasis on HIV-negative clients who test positive for syphilis or a rectal STI.

SFAF uses an Express model for those who have already participated in an initial, comprehensive testing visit - roughly 25% of SFAF testing clients. During their first Magnet testing visit, clients must participate in direct, one-on-one counseling as part of their testing experience. Clients who don't have specific barriers to testing participation are then given the option of accessing Express services at their next appointment as a strategy for encouraging them to test more frequently by reducing the appointment length, wait time, and redundant information. This approach is effective for persons on PrEP, who can utilize Express testing for two of the four annual required visits. The Express model allows clients to register at a kiosk, get their blood drawn, self-collect oral and rectal samples (with clear instructions shared through a sex-positive video shown in the bathroom), and be on their way. Health education is conducted by lab technicians, nurses, and nurse practitioners. **[In-kind]**

I. Services to meet basic needs services (examples: food, housing, and employment):*

Through other funding, SFAF provides basic needs to MSM HAP clients experiencing food insecurity, housing instability, and transportation barriers. This includes provision of healthy snacks, hygiene

supplies, clothing, and transportation assistance to medical appointments through our partnership with UberHealth.

Upon registration, MSM HAP client are asked about their interest in case management services and are referred to eligible programs. Clients identifying needs are referred to either Benefits Navigators, health educators, services navigators, or case managers for individual support. These staff provide internal and external referrals to food programs and pantries, housing and shelter programs, and support with public benefits acquisition. Many of SFAF's social support programs offer meals and basic needs as well. Efforts are tracked and documented in eClinicalWorks.

SFAF provides employment opportunities through the Clinical Assistant program as well as incentivized client leadership opportunities. *[In-kind]*

J. Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage:

SFAF provides access to PrEP and ART; HCV treatment; STI treatment; and medication storage options. MSM HAP benefits navigators provide linkage to same-day PREP and connect individuals newly diagnosed with HIV to same-day ART. Benefits navigators engage individuals living with HIV but who are out of care into services, including Interim ART. Clinicians conduct PrEP assessments, provide STI treatments, and administer rapid and interim ART for individuals living with HIV, and support clients through HCV treatment. Services provided by nurses and nurse practitioners in consultation with SFAF's medical director.

K. Mental health services:

SFAF provides referrals to clients seeking mental health services to SFCHC as well as a network of mental health providers like AHP. Referrals are tracked in eClinicalWorks. For those enrolled in case management and benefits navigation services, successful referrals are tracked. The MSM HAP has a system to track its MSM HAP referrals across organizations. *[In-kind]*

L. Primary care:

SFAF refers clients seeking primary care services to appropriate medical homes. SFCHC, an FQHC, also provides primary care to MSM HAP individuals. *[In-kind]*

M. Substance use treatment:

Through other funding, at least 900 Gay / MSM, including those who inject drugs (PWID), receive treatment, support, and referrals for substance use and mental health services through the Stonewall Project across all SFAF sites. *[In-kind]*

7. OBJECTIVES and MEASUREMENTS:

All objectives and descriptions of how objectives are measured are contained in the CHEP document entitled "CHEP Performance Objectives."

The Contractor will be required to participate in an annual contract monitoring conducted by the Business Office of Contract Compliance (BOCC) per DPH Business Office's BOCC Policies and Procedures. The Contractor will fulfill the requirements found in the program's declaration of compliance.

The Contractor is required to complete and maintain an up-to-date Administrative Binder for review by the DPH Business office Contract Compliance (BOCC) staff during the monitoring visits. This may include an electronic binder and/or virtual monitoring.

Contractor will complete an Annual Completion of Client Satisfaction Survey.

Contract Declaration Page Requirements:

- Declaration page will be sent to the agency by the Business Office of Contract Compliance.

8. CONTINUOUS QUALITY IMPROVEMENT:

SFAF reviews data at least every six months and, based on the available data, refines practices, and develops a set of actions to improve program quality. Reviewing both process and outcome data lead on-the-ground changes to ensure that the deliverables are being met and that the most successful strategies are enhanced.

SFAF adheres to the following:

- Current Community Health Equity and Promotion Branch, HIV Testing Policies and Procedures which include CDC and State Guidelines,
- All guidelines developed by the Community Health Equity and Promotion Branch required to implement services to meet the objectives in San Francisco's System of Care.

SFAF complies with all Health Commission, Local, State, Federal, and/or Funding Source policies and requirements, including those pertaining to Harm Reduction, the Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

- SFAF collects, tracks, and reports by request on demographics on all participants.
- SFAF has developed a retention protocol with DPH for clients who initiate PrEP that includes at minimum follow-up contact and adherence activities.
- SFAF has developed a system to report on the following:
 - PrEP initiations and time from decision to PrEP initiation,
 - Participants who initiate, stop and if applicable, re-initiate PrEP and their reasons,
 - Barriers for clients to access PrEP, and,
 - Barriers to maintaining the PrEP regimen.
- SFAF assesses, analyzes, and addresses HIV-related stigma in the prioritized population. Such processes include but not be limited to:
 - Client satisfaction,
 - Regular client input into programming, and,
 - Maintaining staff reflective of the prioritized population.

DATA COLLECTION AND REPORTING REQUIREMENTS:

SFAF complies with all CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Evaluation Web – As of 7/1/24, this is no longer required.
- CHEP Internal Data Manager (Quarterly Submission/Upload), As of 7/1/24, this is no longer required.

- Quarterly Testing date: October 15th, January 15th, April 15th, July 15th
- Agencies that use Primary do not have to submit any additional testing data reports
- Agencies that **do not use primary** will continue to submit quarterly testing data to SFDPH via the HAP Lead Agencies external upload process.
 - HAP Leads will send testing data to SFDPH via MOVEiT Cloud platform.
- Bi-Annual Aggregate & Narrative Report (Due every six months) 07/01/2025 New process
- Quarterly narrative report for Year 1, as of 6/30/2025, this is no longer required.
- Other systems/processes as requested.

Assigned CHEP Program Liaison provides technical assistance and training on all above data collection systems.

9. REQUIRED LANGUAGE: n/a

10. SUBCONTRACTORS & CONSULTANTS:

1. SFAF is responsible for the performance of its subcontractors and consultants in this Agreement.
2. SFAF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFAF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
3. SFAF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. SFAF must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.
4. SFAF acknowledges that it provides to the City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
5. SFAF develops and executes subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
6. Any such subcontract agreements are kept on file with SFAF, with a copy sent to the Department of Public Health's Program Director associated with this engagement.
7. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

11. REQUIRED TRAINING

- a. Staff/Volunteer who conduct testing must attend and pass the 5-day HIV, HCV, and STD Skills Certification Training.
 - i. HIV, HCV, and STI Skills Certification training listed here:
<https://learnsfdph.org/programs/hiv-counselor-training/>
- b. Harm Reduction.

- i. Listed in the Declaration of Compliance
 - ii. All funded staff are required to complete annual training with SFDPH Harm Reduction Training Institute (HRTI)
 - iii. To be added to the HRTI training announcements, please email HRTI@sfdph.org
 - iv. Trainings listed here: <https://learnsfdph.org/programs/harm-reduction-training-institute/>
 - v. Staff can complete self-paced training
- c. Overdose Response/Naloxone Administration (DOPE Project or internal)
 - i. How to use Fentanyl Test Strips: (<https://www.youtube.com/watch?v=j9-wuUpdWHw>)
 - ii. Annual Trainings listed in Declaration of Compliance
 - iii. The "Opioid Overdose Recognition and Response " training can be found here: <https://learnsfdph.org/programs/sfdph-overdose-prevention/>
 - iv. There is a refresher for those who took the full-length training last year.
 - v. CHEP Tier B Syringe Access and Disposal training:
 - vi. This is a one-time training for programs that receive supplies for the first time from CHEP, then as needed depending on program needs
 - vii. For support and questions, please email Emily.Valadao@sfdph.org
- d. Syringe Access and Disposal (TBD) – As of 7/1/24, this is no longer required.
- e. Trauma Informed Systems – As of 7/1/24, this is no longer required.
- f. Clear Impact Score Card – As of 7/1/24, this is no longer required.
- g. Effective 7/1/24, CHEP Tier B Syringe Access and Disposal training: for programs that received Harm Reduction supplies from CHEP.
 - i. This is a one-time training for programs that receive supplies for the first time from CHEP, then as needed depending on program needs.
 - ii. For support and questions, please email Emily.Valadao@sfdph.org
- h. Other skills building trainings as required.

9. ADDITIONAL CONTRACT REQUIREMENTS

- a. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff) – As of 7/1/24, this is no longer required.
- b. Effective 7/1/24, Required participation in monthly Testing Coordinator Meetings if funded by CHEP to do testing.
- c. Required participation in HAP Network Quarterly, previously Monthly, Meetings (Currently held the 4th Thursday of the month). Additional ad hoc meetings may be scheduled per CHEP System of Care.
- d. Implementation of SFDPH Harm Reduction/Substance use policy.
 - i. For support and questions, please email Emily.Valadao@sfdph.org
- e. Effective 7/1/24, Develop/Implement and update onsite overdose response policy.
 - i. For support and questions, please email Emily.Valadao@sfdph.org
- f. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

Appendix B Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

Appendix B	Budget Summary
Appendix B-1, B-1.1, B-1a	Training Academy & Clinical Assistance – Community Health Worker Program
Appendix B-1b, B-1c, B-1d, B-1e, B-1f, B-1g	Clinical Assistance Program
Appendix B-2, B-2a, B-2b, B-2c, B-2d, B-2e, B-2f, B-2g	Clinical Services Sustainability
Appendix B-3, B-3a, B-3b, B-3c	Capacity Building Activities: The Black Health Clinical Assistant Program
Appendix B-4, B-4a, B-4b, B-4c, B-4d, B-4e, B-4f, B-4g	HAP Capacity Building Activities Program
Appendix B-5, B-5a, B-5b, B-5c, B-5d, B-5e, B-5f, B-5g	Health Access Point Gay/MSM

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$1,631,417** 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 as specified in Section 3.7 Contract Amendments; Budgeting Revisions. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

	Term	Funding Source	Amount
Original Agreement	01/01/2023 – 06/30/2023	GF	\$225,000
Original Agreement	01/01/2023 – 06/30/2023	GF	\$315,433
Original Agreement	01/01/2023 – 06/30/2023	GF	\$200,000
Original Agreement	01/01/2023 – 06/30/2023	GF	\$175,000
Original Agreement	01/01/2023 – 06/30/2023	GF	\$600,000

Original Agreement	01/01/2023 – 07/31/2023	CDC	\$5,000
Original Agreement	07/01/2023 – 06/30/2024	GF	\$450,000
Original Agreement	07/01/2023 – 06/30/2024	GF	\$630,866
Original Agreement	07/01/2023 – 06/30/2024	GF	\$400,000
Original Agreement	07/01/2023 – 06/30/2024	GF	\$350,000
Original Agreement	07/01/2023 – 06/30/2024	GF	\$1,200,000
Original Agreement	07/01/2024 – 06/30/2025	GF	\$450,000
Original Agreement	07/01/2024 – 06/30/2025	GF	\$630,866
Original Agreement	07/01/2024 – 06/30/2025	GF	\$400,000
Original Agreement	07/01/2024 – 06/30/2025	GF	\$350,000
Original Agreement	07/01/2024 – 06/30/2025	GF	\$1,200,000
Original Agreement	07/01/2025 – 06/30/2026	GF	\$450,000
Original Agreement	07/01/2025 – 06/30/2026	GF	\$630,866
Original Agreement	07/01/2025 – 06/30/2026	GF	\$400,000
Original Agreement	07/01/2025 – 06/30/2026	GF	\$350,000
Original Agreement	07/01/2025 – 06/30/2026	GF	\$1,200,000
Revision to Program Budgets #1	07/01/2023 – 06/30/2024	GF	\$21,375
Revision to Program Budgets #1	07/01/2023 – 06/30/2024	GF	\$29,966
Revision to Program Budgets #1	07/01/2023 – 06/30/2024	GF	\$19,000
Revision to Program Budgets #1	07/01/2023 – 06/30/2024	GF	\$16,625
Revision to Program Budgets #1	07/01/2023 – 06/30/2024	GF	\$57,000
Revision to Program Budgets #1	07/01/2024 – 06/30/2025	GF	\$21,375
Revision to Program Budgets #1	07/01/2024 – 06/30/2025	GF	\$29,966
Revision to Program Budgets #1	07/01/2024 – 06/30/2025	GF	\$19,000
Revision to Program Budgets #1	07/01/2024 – 06/30/2025	GF	\$16,625
Revision to Program Budgets #1	07/01/2024 – 06/30/2025	GF	\$57,000
Revision to Program Budgets #1	07/01/2025 – 06/30/2026	GF	\$21,375
Revision to Program Budgets #1	07/01/2025 – 06/30/2026	GF	\$29,966
Revision to Program Budgets #1	07/01/2025 – 06/30/2026	GF	\$19,000
Revision to Program Budgets #1	07/01/2025 – 06/30/2026	GF	\$16,625
Revision to Program Budgets #1	07/01/2025 – 06/30/2026	GF	\$57,000
Amendment #1	07/01/2024 – 06/30/2025	GF	-\$206,731
Amendment #1	07/01/2024 – 06/30/2025	GF	\$16,521
Amendment #1	07/01/2024 – 06/30/2025	GF	\$10,475
Amendment #1	07/01/2024 – 06/30/2025	GF	\$9,166
Amendment #1	07/01/2024 – 06/30/2025	GF	\$31,425
Amendment #1	07/01/2025 – 06/30/2026	GF	-\$206,731
Amendment #1	07/01/2025 – 06/30/2026	GF	\$16,521
Amendment #1	07/01/2025 – 06/30/2026	GF	\$10,475
Amendment #1	07/01/2025 – 06/30/2026	GF	\$9,166
Amendment #1	07/01/2025 – 06/30/2026	GF	\$31,425
Amendment #2	01/01/2023 – 06/30/2023	GF	-\$41,014
Amendment #2	01/01/2023 – 06/30/2023	GF	-\$2,918
Amendment #2	01/01/2023 – 06/30/2023	GF	-\$91,381
Amendment #2	01/01/2023 – 06/30/2023	GF	-\$111,808
Amendment #2	01/01/2023 – 06/30/2023	GF	-\$15,897
Amendment #2	07/01/2023 – 06/30/2024	GF	-\$111,881
Amendment #2	07/01/2023 – 06/30/2024	GF	-\$43,387
Amendment #2	07/01/2023 – 06/30/2024	GF	-\$194,820
Amendment #2	07/01/2023 – 06/30/2024	GF	-\$89,224
Amendment #2	07/01/2024 – 06/30/2025	GF	-\$54,478

Amendment #2	07/01/2024 – 06/30/2025	GF	-\$176,949
Amendment #2	07/01/2024 – 06/30/2025	GF	-\$35,348
Amendment #2	07/01/2024 – 06/30/2025	GF	-\$30,271
Amendment #2	07/01/2024 – 06/30/2025	GF	-\$68,496
Amendment #2	07/01/2025 – 06/30/2026	GF	\$2,646
Amendment #2	07/01/2025 – 06/30/2026	GF	\$6,774
Amendment #2	07/01/2025 – 06/30/2026	GF	\$4,295
Amendment #2	07/01/2025 – 06/30/2026	GF	\$3,758
Amendment #2	07/01/2025 – 06/30/2026	GF	\$12,884
Amendment #2	07/01/2026 – 06/30/2027	GF	\$267,290
Amendment #2	07/01/2026 – 06/30/2027	GF	\$684,127
Amendment #2	07/01/2026 – 06/30/2027	GF	\$379,549
Amendment #2	07/01/2026 – 06/30/2027	GF	\$1,301,309
Amendment #2	07/01/2027 – 06/30/2028	GF	\$267,290
Amendment #2	07/01/2027 – 06/30/2028	GF	\$684,127
Amendment #2	07/01/2027 – 06/30/2028	GF	\$379,549
Amendment #2	07/01/2027 – 06/30/2028	GF	\$1,301,309
Amendment #2	07/01/2028 – 06/30/2029	GF	\$267,290
Amendment #2	07/01/2028 – 06/30/2029	GF	\$684,127
Amendment #2	07/01/2028 – 06/30/2029	GF	\$379,549
Amendment #2	07/01/2028 – 06/30/2029	GF	\$1,301,309
Amendment #2	07/01/2029 – 06/30/2030	GF	\$267,290
Amendment #2	07/01/2029 – 06/30/2030	GF	\$684,127
Amendment #2	07/01/2029 – 06/30/2030	GF	\$379,549
Amendment #2	07/01/2029 – 06/30/2030	GF	<u>\$1,301,309</u>
Total Award:			\$20,258,226
Contingency:			<u>\$1,631,417</u>
(This equals the total NTE) Total			\$21,889,643

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

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

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

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

CID#1-24734 DPH Section: Community Health Equity and Promotion (CHEP) Check one: ☐ Original Agreement ☐ Amendment ☐ Revision to Program Budgets Agency Name: San Francisco AIDS Foundation							Appendix B 1/1/2023 - 6/30/2026 1/1/2023 - 6/30/2026 FN Date: 9/20/24 FN Date: 9/20/24 FN#5 FN#5
Program/Provider Name:	Training Academy & Clinical Assistance Program	SFAF Clinical Services Sustainability	Capacity Building Activities (Rafiki): Clinical Assistant Program Coordinator (12 part-time temp Staff) Based out of Rafiki	Capacity Building Program Coordinator and Consulting	Health Access Point: Gay/MSM	Health Access Point: Gay/MSM	TOTALS
Appendix Number:	A-1 / B-1	A-2 / B-2	A-3 / B-3	A-4 / B-4	A-5 / B-5	A-5 / B-5.1	
Appendix Term:	1/1/2023 - 6/30/2023	1/1/2023 - 6/30/2023	1/1/2023 - 6/30/2023	1/1/2023 - 6/30/2023	1/1/2023 - 6/30/2023	01/01/23-07/31/23	
EXPENSES							
Salaries	\$ 143,480	\$ 196,593	\$ 142,537	\$ 37,500	\$ 329,449	\$ -	\$ 849,559
Employee Benefits	\$ 29,236	\$ 53,080	\$ 15,675	\$ 10,125	\$ 88,951	\$ -	\$ 197,067
Total Personnel Expenses	\$ 172,716	\$ 249,673	\$ 158,212	\$ 47,625	\$ 418,400	\$ -	\$ 1,046,626
Employee Fringe Benefit Rate	20.4%	27.0%	11.0%	27.0%	27.0%	0.0%	
Operating Expense	\$ 22,936	\$ 24,617	\$ 15,701	\$ 104,549	\$ 103,339	\$ 4,348	\$ 271,142
Subtotal Direct Costs	\$ 195,652	\$ 274,290	\$ 173,913	\$ 152,174	\$ 521,739	\$ 4,348	\$ 1,317,768
Indirect Cost Amount	\$ 29,348	\$ 41,143	\$ 26,087	\$ 22,826	\$ 78,261	\$ 652	\$ 197,665
Indirect Cost Rate (%)	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	
Total Expenses	\$ 225,000	\$ 315,433	\$ 200,000	\$ 175,000	\$ 600,000	\$ 5,000	\$ 1,520,433
REVENUES & FUNDING SOURCES							
DPH Funding Sources							
CHEP General Fund	\$ 225,000	\$ 315,433	\$ 200,000	\$ 175,000	\$ 600,000		\$ 1,515,433
PS20-2010 CDC: CFDA 93.940						\$ 5,000	\$ 5,000
Total DPH Revenues	\$ 225,000	\$ 315,433	\$ 200,000	\$ 175,000	\$ 600,000	\$ 5,000	\$ 1,520,433
Unspent Funds	\$ (41,014)	\$ (2,918)	\$ (91,381)	\$ (111,808)	\$ (15,897)	\$ -	\$ (263,018)
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 183,986	\$ 312,515	\$ 108,619	\$ 63,192	\$ 584,103	\$ 5,000	\$ 1,257,415
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	
Prepared By							

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

CID#1-24734						Appendix B
DPH Section: Community Health Equity and Promotion (CHEP)						Contract Term : 1/1/2023 - 6/30/2026
Check one: ☐ Original Agreement ☒ Amendment ☐ Revision to Program Budgets						FN Date: 9/20/24
Agency Name: San Francisco AIDS Foundation						FN#5
Program/Provider Name:	Training Academy & Clinical Assistant Program	SFAF Clinical Services Sustainability	Capacity Building Activities (Rafiki): HAP	Capacity Building Activities HIV/STI/HCV Infrastructure	Health Access Point: Gay/MSM	TOTALS
Appendix Number:	A-1 / B-1a	A-2 / B-2a	A-3 / B-3a	A-4 / B-4a	A-5 / B-5a	
Appendix Term:	7/1/2023 - 6/30/2024	7/1/2023 - 6/30/2024	7/1/2023 - 6/30/2024	7/1/2023 - 6/30/2024	7/1/2023 - 6/30/2024	
EXPENSES						
Salaries	\$ 233,176	\$ 415,397	\$ 252,198	\$ 81,706	\$ 724,785	\$ 1,707,262
Employee Benefits	\$ 3,617	\$ 112,157	\$ 51,376	\$ 22,060	\$ 195,487	\$ 384,697
Total Personnel Expenses	\$ 236,793	\$ 527,554	\$ 303,574	\$ 103,766	\$ 920,272	\$ 2,091,959
Employee Fringe Benefit Rate	1.6%	27.0%	20.4%	27.0%	27.0%	
Operating Expense	\$ 197,883	\$ 47,082	\$ 60,990	\$ 240,155	\$ 211,416	\$ 757,526
Subtotal Direct Costs	\$ 434,676	\$ 574,636	\$ 364,564	\$ 343,921	\$ 1,131,688	\$ 2,849,485
Indirect Cost Amount	\$ 36,699	\$ 86,196	\$ 54,436	\$ 22,704	\$ 125,312	\$ 325,347
Indirect Cost Rate (%)	8.4%	15.0%	14.9%	6.6%	11.1%	
Total Expenses	\$ 471,375	\$ 660,832	\$ 419,000	\$ 366,625	\$ 1,257,000	\$ 3,174,832
REVENUES & FUNDING SOURCES						
DPH Funding Sources						
CHEP General Fund	\$ 471,375	\$ 660,832	\$ 419,000	\$ 366,625	\$ 1,257,000	\$ 3,174,832
PS20-2010 CDC: CFDA 93.940						\$ -
Total DPH Revenues	\$ 471,375	\$ 660,832	\$ 419,000	\$ 366,625	\$ 1,257,000	\$ 3,174,832
Unspent Funds	(111,881)		(43,387)	(194,820)	(89,224)	\$ (439,312)
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 359,494	\$ 660,832	\$ 375,613	\$ 171,805	\$ 1,167,776	\$ 2,735,520
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	
Prepared By						

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

CID#1-24734						Appendix B
DPH Section: Community Health Equity and Promotion (CHEP)						Contract Term : 1/1/2023 - 6/30/2026
Check one: ☐ Original Agreement ☒ Amendment ☐ Revision to Program Budgets						FN Date: 9/20/24
Agency Name: San Francisco AIDS Foundation						FN#5
Program/Provider Name:	Clinical Assistant Program	SFAF Clinical Services Sustainability	Capacity Building Activities (Rafiki): HAP	Capacity Building Activities HIV/STI/HCV Infrastructure	Health Access Point: Gay/MSM	TOTALS
Appendix Number:	A-1 / B-1b	A-2 / B-2b	A-3 / B-3b	A-4 / B-4b	A-5 / B-5b	
Appendix Term:	7/1/2024 - 6/30/2025	7/1/2024 - 6/30/2025	7/1/2024 - 6/30/2025	7/1/2024 - 6/30/2025	7/1/2024 - 6/30/2025	
EXPENSES						
Salaries	\$ 219,549	\$ 429,475	\$ 241,797	\$ 221,694	\$ 642,424	\$ 1,754,939
Employee Benefits	\$ 1,876	\$ 115,958	\$ 41,967	\$ 59,857	\$ 173,454	\$ 393,112
Total Personnel Expenses	\$ 221,425	\$ 545,433	\$ 283,764	\$ 281,551	\$ 815,878	\$ 2,148,051
Employee Fringe Benefit Rate	0.9%	27.0%	17.4%	27.0%	27.0%	
Operating Expense	\$ 8,700	\$ 43,570	\$ 97,519	\$ 45,225	\$331,622	\$ 526,636
Subtotal Direct Costs	\$ 230,125	\$ 589,003	\$ 381,283	\$ 326,776	\$1,147,500	\$ 2,674,687
Indirect Cost Amount	\$ 34,519	\$ 88,350	\$ 48,192	\$ 49,015	\$140,925	\$ 361,001
Indirect Cost Rate (%)	15.0%	15.0%	12.6%	15.0%	12.3%	
Total Expenses	\$ 264,644	\$ 677,353	\$ 429,475	\$ 375,791	\$ 1,288,425	\$ 3,035,688
REVENUES & FUNDING SOURCES						
DPH Funding Sources						
CHEP General Fund	\$ 264,644	\$ 677,353	\$ 429,475	\$ 375,791	\$ 1,288,425	\$ 3,035,688
PS20-2010 CDC: CFDA 93.940						\$ -
Total DPH Revenues	\$ 264,644	\$ 677,353	\$ 429,475	\$ 375,791	\$ 1,288,425	\$ 3,035,688
Unspent Funds	(54,478)	(176,949)	(35,348)	(30,271)	(68,496)	\$ (365,542)
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 210,166	\$ 500,404	\$ 394,127	\$ 345,520	\$ 1,219,929	\$ 2,670,146
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	
Prepared By						

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

CID#1-24734						Appendix B
DPH Section: Community Health Equity and Promotion (CHEP)						Contract Term : 1/1/2023 - 6/30/2026
Check one: ☐ Original Agreement ☐ Amendment ☐ Revision to Program Budgets						FN Date: 9/20/24
Agency Name: San Francisco AIDS Foundation						FN#5
Program/Provider Name:	Clinical Assistant Program	SFAF Clinical Services Sustainability	Capacity Building Activities (Rafiki): HAP	Capacity Building Activities HIV/STI/HCV Infrastructure	Health Access Point: Gay/MSM	TOTALS
Appendix Number:	A-1 / B-1c	A-2 / B-2c	A-3 / B-3c	A-4 / B-4c	A-5 / B-5c	
Appendix Term:	7/1/2025 - 6/30/2026	7/1/2025 - 6/30/2026	7/1/2025 - 6/30/2026	7/1/2025 - 6/30/2026	7/1/2025 - 6/30/2026	
EXPENSES						
Salaries	\$ 216,355	\$ 432,346	\$ 238,750	\$ 225,757	\$ 653,142	\$ 1,766,350
Employee Benefits	\$ 1,876	\$ 116,733	\$ 41,144	\$ 60,956	\$ 176,348	\$ 397,057
Total Personnel Expenses	\$ 218,231	\$ 549,079	\$ 279,894	\$ 286,713	\$ 829,490	\$ 2,163,407
Employee Fringe Benefit Rate	0.9%	27.0%	17.2%	27.0%	27.0%	
Operating Expense	\$ 14,195	\$ 45,812	\$ 105,399	\$ 43,330	\$ 329,212	\$ 537,948
Subtotal Direct Costs	\$ 232,426	\$ 594,891	\$ 385,293	\$ 330,043	\$ 1,158,702	\$ 2,701,355
Indirect Cost Amount	\$ 34,864	\$ 89,236	\$ 48,477	\$ 49,506	\$ 142,607	\$ 364,690
Indirect Cost Rate (%)	15.0%	15.0%	12.6%	15.0%	12.3%	
Total Expenses	\$ 267,290	\$ 684,127	\$ 433,770	\$ 379,549	\$ 1,301,309	\$ 3,066,045
REVENUES & FUNDING SOURCES						
DPH Funding Sources						
CHEP General Fund	\$267,290	\$684,127	\$433,770	\$379,549	\$1,301,309	\$ 3,066,045
PS20-2010 CDC: CFDA 93.940						\$ -
Total DPH Revenues	\$ 267,290	\$ 684,127	\$ 433,770	\$ 379,549	\$ 1,301,309	\$ 3,066,045
Unspent Funds						
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 267,290	\$ 684,127	\$ 433,770	\$ 379,549	\$ 1,301,309	\$ 3,066,045
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	
Prepared By						

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

CID#1-24734					Appendix B
DPH Section: Community Health Equity and Promotion (CHEP)					Contract Term : 1/1/2023 - 6/30/2030
Check one: ☐ Original Agreement ☐ Amendment ☐ Revision to Program Budgets					FN Date: 11/24/25
Agency Name: San Francisco AIDS Foundation					FN#6
Program/Provider Name:	Clinical Assistant Program	SFAF Clinical Services Sustainability	Capacity Building Activities HIV/STI/HCV Infrastructure	Health Access Point: Gay/MSM	TOTALS
Appendix Number:	A-1 / B-1d	A-2 / B-2d	A-4 / B-4d	A-5 / B-5d	
Appendix Term:	7/1/2026 - 6/30/2027	7/1/2026 - 6/30/2027	7/1/2026 - 6/30/2027	7/1/2026 - 6/30/2027	
EXPENSES					
Salaries	\$ 216,355	\$ 432,346	\$ 225,757	\$ 653,142	\$ 1,527,600
Employee Benefits	\$ 1,876	\$ 116,733	\$ 60,956	\$ 176,348	\$ 355,913
Total Personnel Expenses	\$ 218,231	\$ 549,079	\$ 286,713	\$ 829,490	\$ 1,883,513
Employee Fringe Benefit Rate	0.9%	27.0%	27.0%	27.0%	
Operating Expense	\$ 14,195	\$ 45,812	\$ 43,330	\$ 329,212	\$ 432,549
Subtotal Direct Costs	\$ 232,426	\$ 594,891	\$ 330,043	\$ 1,158,702	\$ 2,316,062
Indirect Cost Amount	\$ 34,864	\$ 89,236	\$ 49,506	\$ 142,607	\$ 316,213
Indirect Cost Rate (%)	15.0%	15.0%	15.0%	12.3%	
Total Expenses	\$ 267,290	\$ 684,127	\$ 379,549	\$ 1,301,309	\$ 2,632,275
REVENUES & FUNDING SOURCES					
DPH Funding Sources					
CHEP General Fund	\$267,290	\$684,127	\$379,549	\$1,301,309	\$ 2,632,275
PS20-2010 CDC: CFDA 93.940					\$ -
Total DPH Revenues	\$ 267,290	\$ 684,127	\$ 379,549	\$ 1,301,309	\$ 2,632,275
Unspent Funds					
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 267,290	\$ 684,127	\$ 379,549	\$ 1,301,309	\$ 2,632,275
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	
Prepared By					

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

CID#1-24734					Appendix B
DPH Section: Community Health Equity and Promotion (CHEP)					Contract Term : 1/1/2023 - 6/30/2030
Check one: ☐ Original Agreement ☐ Amendment ☐ Revision to Program Budgets					FN Date: 11/24/25
Agency Name: San Francisco AIDS Foundation					FN#6
Program/Provider Name:	Clinical Assistant Program	SFAF Clinical Services Sustainability	Capacity Building Activities HIV/STI/HCV Infrastructure	Health Access Point: Gay/MSM	TOTALS
Appendix Number:	A-1 / B-1e	A-2 / B-2e	A-4 / B-4e	A-5 / B-5e	
Appendix Term:	7/1/2027 - 6/30/2028	7/1/2027 - 6/30/2028	7/1/2027 - 6/30/2028	7/1/2027 - 6/30/2028	
EXPENSES					
Salaries	\$ 216,355	\$ 432,346	\$ 225,757	\$ 653,142	\$ 1,527,600
Employee Benefits	\$ 1,876	\$ 116,733	\$ 60,956	\$ 176,348	\$ 355,913
Total Personnel Expenses	\$ 218,231	\$ 549,079	\$ 286,713	\$ 829,490	\$ 1,883,513
Employee Fringe Benefit Rate	0.9%	27.0%	27.0%	27.0%	
Operating Expense	\$ 14,195	\$ 45,812	\$ 43,330	\$ 329,212	\$ 432,549
Subtotal Direct Costs	\$ 232,426	\$ 594,891	\$ 330,043	\$ 1,158,702	\$ 2,316,062
Indirect Cost Amount	\$ 34,864	\$ 89,236	\$ 49,506	\$ 142,607	\$ 316,213
Indirect Cost Rate (%)	15.0%	15.0%	15.0%	12.3%	
Total Expenses	\$ 267,290	\$ 684,127	\$ 379,549	\$ 1,301,309	\$ 2,632,275
REVENUES & FUNDING SOURCES					
DPH Funding Sources					
CHEP General Fund	\$267,290	\$684,127	\$379,549	\$1,301,309	\$ 2,632,275
PS20-2010 CDC: CFDA 93.940					\$ -
Total DPH Revenues	\$ 267,290	\$ 684,127	\$ 379,549	\$ 1,301,309	\$ 2,632,275
Unspent Funds					
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 267,290	\$ 684,127	\$ 379,549	\$ 1,301,309	\$ 2,632,275
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	
Prepared By					

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

CID#1-24734					Appendix B
DPH Section: Community Health Equity and Promotion (CHEP)					Contract Term : 1/1/2023 - 6/30/2030
Check one: ☐ Original Agreement ☐ Amendment ☐ Revision to Program Budgets					FN Date: 11/24/25
Agency Name: San Francisco AIDS Foundation					FN#6
Program/Provider Name:	Clinical Assistant Program	SFAF Clinical Services Sustainability	Capacity Building Activities HIV/STI/HCV Infrastructure	Health Access Point: Gay/MSM	TOTALS
Appendix Number:	A-1 / B-1f	A-2 / B-2f	A-4 / B-4f	A-5 / B-5f	
Appendix Term:	7/1/2028 - 6/30/2029	7/1/2028 - 6/30/2029	7/1/2028 - 6/30/2029	7/1/2028 - 6/30/2029	
EXPENSES					
Salaries	\$ 216,355	\$ 432,346	\$ 225,757	\$ 653,142	\$ 1,527,600
Employee Benefits	\$ 1,876	\$ 116,733	\$ 60,956	\$ 176,348	\$ 355,913
Total Personnel Expenses	\$ 218,231	\$ 549,079	\$ 286,713	\$ 829,490	\$ 1,883,513
Employee Fringe Benefit Rate	0.9%	27.0%	27.0%	27.0%	
Operating Expense	\$ 14,195	\$ 45,812	\$ 43,330	\$ 329,212	\$ 432,549
Subtotal Direct Costs	\$ 232,426	\$ 594,891	\$ 330,043	\$ 1,158,702	\$ 2,316,062
Indirect Cost Amount	\$ 34,864	\$ 89,236	\$ 49,506	\$ 142,607	\$ 316,213
Indirect Cost Rate (%)	15.0%	15.0%	15.0%	12.3%	
Total Expenses	\$ 267,290	\$ 684,127	\$ 379,549	\$ 1,301,309	\$ 2,632,275
REVENUES & FUNDING SOURCES					
DPH Funding Sources					
CHEP General Fund	\$267,290	\$684,127	\$379,549	\$1,301,309	\$ 2,632,275
PS20-2010 CDC: CFDA 93.940					\$ -
Total DPH Revenues	\$ 267,290	\$ 684,127	\$ 379,549	\$ 1,301,309	\$ 2,632,275
Unspent Funds					
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 267,290	\$ 684,127	\$ 379,549	\$ 1,301,309	\$ 2,632,275
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	
Prepared By					

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

CID#1-24734 DPH Section: Community Health Equity and Promotion (CHEP) Check one: ☐ Original Agreement ☐ Amendment ☐ Revision to Program Budgets Agency Name: San Francisco AIDS Foundation					Appendix B Contract Term : 1/1/2023 - 6/30/2030 FN Date: 11/24/25 FN#6	
Program/Provider Name:	Clinical Assistant Program	SFAF Clinical Services Sustainability	Capacity Building Activities HIV/STI/HCV Infrastructure	Health Access Point: Gay/MSM	TOTALS	GRAND TOTAL
Appendix Number:	A-1 / B-1g	A-2 / B-2g	A-4 / B-4g	A-5 / B-5g		
Appendix Term:	7/1/2029 - 6/30/2030	7/1/2029 - 6/30/2030	7/1/2029 - 6/30/2030	7/1/2029 - 6/30/2030		
EXPENSES						
Salaries	\$ 216,355	\$ 432,346	\$ 225,757	\$ 653,142	\$ 1,527,600	\$ 12,188,510
Employee Benefits	\$ 1,876	\$ 116,733	\$ 60,956	\$ 176,348	\$ 355,913	\$ 2,795,585
Total Personnel Expenses	\$ 218,231	\$ 549,079	\$ 286,713	\$ 829,490	\$ 1,883,513	\$ 14,984,095
Employee Fringe Benefit Rate	0.9%	27.0%	27.0%	27.0%		
Operating Expense	\$ 14,195	\$ 45,812	\$ 43,330	\$ 329,212	\$ 432,549	\$ 3,823,448
Subtotal Direct Costs	\$ 232,426	\$ 594,891	\$ 330,043	\$ 1,158,702	\$ 2,316,062	\$ 18,807,543
Indirect Cost Amount	\$ 34,864	\$ 89,236	\$ 49,506	\$ 142,607	\$ 316,213	\$ 2,513,555
Indirect Cost Rate (%)	15.0%	15.0%	15.0%	12.3%		
Total Expenses	\$ 267,290	\$ 684,127	\$ 379,549	\$ 1,301,309	\$ 2,632,275	\$ 21,326,098
REVENUES & FUNDING SOURCES						
DPH Funding Sources						
CHEP General Fund	\$267,290	\$684,127	\$379,549	\$1,301,309	\$ 2,632,275	\$ 21,321,098
PS20-2010 CDC: CFDA 93.940					\$ -	\$ 5,000
Total DPH Revenues	\$ 267,290	\$ 684,127	\$ 379,549	\$ 1,301,309	\$ 2,632,275	\$ 21,326,098
Unspent Funds						\$ (1,067,872)
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Revenues (DPH and Non-DPH)	\$ 267,290	\$ 684,127	\$ 379,549	\$ 1,301,309	\$ 2,632,275	\$ 20,258,226
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)		
Prepared By						

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

CID#10000024734

Appendix B

DPH Section: Community Health Equity and Promotion (CHEP)

Contract Term: 1/1/2023 - 6/30/2030

Check one: ☐ Original Agreement ☐ Amendment ☐ Revision to Program Budgets

Funding Notification Date: 11/24/2025

Agency Name: San Francisco AIDS Foundation

FN#6

Appendix: A-1 Program Name: Training Academy & Clinical Assistant Program			
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-1 / B-1 1/1/2023 - 6/30/2023	Training Academy: 1 UOS = 1 month of start-up planning activities: 3 months	3	N/A
	Clinical Assistant Program: 1 UOS = 1 month of start-up planning activities for the Clinical Assistant Program; 1 month = 3 UOS	3	N/A
	Training Academy: 1 UOS = 1 hour of training and/or professional development provided to HAP network members and/or CHEP funded; 1 UDC = 1 unduplicated participant CBOs; 30 unduplicated individuals x 1.5 hours x 6 trainings = 270 UOS	270	30
	Clinical Assistant Program: 1 UOS = 1 hour of training or field experience completed by a clinical assistant; 1 UDC = 1 clinical assistant; 5 assistants x (20 hours of training + 80 hours of field experience) = 500 UOS	500	5
	Total Services Delivered	776	35
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-1 / B-1a 7/1/2023 - 6/30/2024	Training: 1 UOS = 1 hour of training x 2,326 hours	2,326	95
	Training Sub-Contractor: 1 UOS = 1 month of training x 12 months	12	N/A
	Total Services Delivered	2,338	95
Term	Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
A-1 / B-1b 7/1/2024 - 6/30/2025	Training: 1 UOS = 1 hour of training x 2,326 hours	2,326	10
	Total Services Delivered	2,326	10
Term	Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
A-1 / B-1c 7/1/2025 - 6/30/2026	Training: 1 UOS = 1 hour of training x 2,326 hours	2,326	10
	Total Services Delivered	2,326	10
Term	Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
A-1 / B-1d 7/1/2026 - 6/30/2027	Training: 1 UOS = 1 hour of training x 2,326 hours	2,326	10
	Total Services Delivered	2,326	10
Term	Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
A-1 / B-1e 7/1/2027 - 6/30/2028	Training: 1 UOS = 1 hour of training x 2,326 hours	2,326	10
	Total Services Delivered	2,326	10
Term	Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
A-1 / B-1f 7/1/2028 - 6/30/2029	Training: 1 UOS = 1 hour of training x 2,326 hours	2,326	10
	Total Services Delivered	2,326	10
Term	Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
A-1 / B-1g 7/1/2029 - 6/30/2030	Training: 1 UOS = 1 hour of training x 2,326 hours	2,326	10
	Total Services Delivered	2,326	10

Appendix: A-2 Program Name: SFAF Clinical Services Sustainability			
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
	HIV testing - encounter 1 HIV testing encounter per 1 UOS; testing encounters = 2,000 UOS	2,000	N/A
	HCV testing - tests administered 1 HCV test administered per 1 UOS; 400 HCV tests administered = 400 UOS	400	N/A

A-2 / B-2 1/1/2023 - 6/30/2023	STI (gonorrhea/chlamydia) testing - screening administered 1 chlamydia/gonorrhea screening administered per 1 UOS; 3,500 screenings administered = 3,500 UOS	3,500	N/A
	STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 3,000 screenings administered = 3,000 UOS	3,000	N/A
	Monkey Pox (MPX) screening - screening administered 1 MPX screening administered per 1 UOS; 25 screenings administered = 25 UOS	25	N/A
	PrEP Navigation - clients engaged 1 client engaged in PrEP Program per 1 UDC; 275 clients engaged during 6-month period = 275 UDC PEP Navigation - clients engaged 1 client connected to PEP per 1 UDC; 15 PEP clients = 15 UDC	In-kind	275
	Treatment - Encounters 1 treatment encounter = 1 UOS; 250 STI treatment encounter (Chlamydia, Gonorrhea, Syphilis, MPX) = 250 UOS	250	N/A
	Total Services Delivered	9,175	275
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-2 / B-2a 7/1/2023 - 6/30/2024	Clinical Services: 1 UOS = 1 month of Clinical Services, x 12 months	12	5,100
	Prevention & Treatment Medication: 1 UOS = 1 month of Prevention & Treatment x 12 months	12	5,100
	Total Services Delivered	24	10,200
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-2 / B-2b 7/1/2024 - 6/30/2025	Clinical Services: 1 UOS = 1 month of Clinical Services, x 12 months	12	5,100
	Prevention & Treatment Medication: 1 UOS = 1 month of Prevention & Treatment x 12 months	12	5,100
	Total Services Delivered	24	10,200
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-2 / B-2c 7/1/2025 - 6/30/2026	Clinical Services: 1 UOS = 1 month of Clinical Services, x 12 months	12	5,100
	Prevention & Treatment Medication: 1 UOS = 1 month of Prevention & Treatment x 12 months	12	5,100
	Total Services Delivered	24	10,200
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-2 / B-2d 7/1/2026 - 6/30/2027	Clinical Services: 1 UOS = 1 month of Clinical Services, x 12 months	12	5,100
	Prevention & Treatment Medication: 1 UOS = 1 month of Prevention & Treatment x 12 months	12	5,100
	Total Services Delivered	24	10,200
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-2 / B-2e 7/1/2027 - 6/30/2028	Clinical Services: 1 UOS = 1 month of Clinical Services, x 12 months	12	5,100
	Prevention & Treatment Medication: 1 UOS = 1 month of Prevention & Treatment x 12 months	12	5,100
	Total Services Delivered	24	10,200
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-2 / B-2f 7/1/2028 - 6/30/2029	Clinical Services: 1 UOS = 1 month of Clinical Services, x 12 months	12	5,100
	Prevention & Treatment Medication: 1 UOS = 1 month of Prevention & Treatment x 12 months	12	5,100
	Total Services Delivered	24	10,200
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)

A-2 / B-2g 7/1/2029- 6/30/2030	Clinical Services: 1 UOS = 1 month of Clinical Services, x 12 months	12	5,100
	Prevention & Treatment Medication: 1 UOS = 1 month of Prevention & Treatment x 12 months	12	5,100
	Total Services Delivered	24	10,200

Appendix: A-3 **Program Name: Capacity Building Activities | Workforce Development (Rafiki)**

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-3 / B-3 1/1/2023 - 6/30/2023	Black Health Clinical Assistant Program: 1 UOS = 1 month of start-up planning activities for the Black Health Clinical Assistant Program.	3	N/A
	Black Health Clinical Assistant Program: 1 UOS = 1 hour of training or field experience completed by a clinical assistant; 1 UDC = 1 clinical assistant x 12 assistants x (20 hours of training + 80 hours of field experience) = 1,200 UOS	1,200	12
	Total Services Delivered	1,203	12

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (UDC)
A-3 / B-3a 7/1/2023 - 6/30/2024	Capacity Building : 1 UOS = 1 month of Rafiki Capacity Building/Workforce Development Support x 12 months	12	N/A
	Workforce Development: 1 UOS = 1 month of Rafiki Workforce Development Support x 12 months	12	5
	Total Services Delivered	24	5

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (UDC)
A-3 / B-3b 7/1/2024 - 6/30/2025	Capacity Building : 1 UOS = 1 month of Rafiki Capacity Building/Workforce Development Support x 12 months	12	N/A
	Workforce Development: 1 UOS = 1 month of Rafiki Workforce Development Support x 12 months	12	5
	Total Services Delivered	24	5

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (UDC)
A-3 / B-3c 7/1/2025 - 6/30/2026	Capacity Building : 1 UOS = 1 month of Rafiki Capacity Building/Workforce Development Support x 12 months	12	N/A
	Workforce Development: 1 UOS = 1 month of Rafiki Workforce Development Support x 12 months	12	5
	Total Services Delivered	24	5

Appendix: A-4 **Program Name: Capacity Building Program Activities Integration of HIV/STI/HCV Infrasc**

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-4 / B-4 1/1/2023 - 6/30/2023	1 month = 1 UOS of Capacity Building Start-Up and/or Implementation Activities; 6 months = 6 UOS	6	N/A
	Total Services Delivered	6	N/A

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-4 / B-4a 7/1/2023 - 6/30/2024	Capacity Building integration of HIV/STI/HCV Testing:1 UOS = 1 Month of HIV/STI/HEP C HAP Capacity building support x 12 Months	12	N/A
	Total Services Delivered	12	N/A

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-4 / B-4b 7/1/2024 - 6/30/2025	Capacity Building Integration of HIV/STI/HCV Testing:1 UOS = 1 Month of HIV/STI/HEP C HAP Capacity building support x 12 Months	12	N/A
	Total Services Delivered	12	NA

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-4 / B-4c 7/1/2025 - 6/30/2026	Capacity Building Integration of HIV/STI/HCV Testing:1 UOS = 1 Month of HIV/STI/HEP C HAP Capacity building support x 12 Months	12	N/A
	Total Services Delivered	12	N/A

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)

A-4 / B-4d 7/1/2026 - 6/30/2027	Capacity Building Integration of HIV/STI/HCV Testing:1 UOS = 1 Month of HIV/STI/HEP C HAP Capacity building support x 12 Months	12	N/A
	Total Services Delivered	12	NA

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-4 / B-4e 7/1/2027 - 6/30/2028	Capacity Building Integration of HIV/STI/HCV Testing:1 UOS = 1 Month of HIV/STI/HEP C HAP Capacity building support x 12 Months	12	N/A
	Total Services Delivered	12	N/A

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-4 / B-4f 7/1/2028 - 6/30/2029	Capacity Building Integration of HIV/STI/HCV Testing:1 UOS = 1 Month of HIV/STI/HEP C HAP Capacity building support x 12 Months	12	N/A
	Total Services Delivered	12	NA

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-4 / B-4g 7/1/2029 - 6/30/2030	Capacity Building Integration of HIV/STI/HCV Testing:1 UOS = 1 Month of HIV/STI/HEP C HAP Capacity building support x 12 Months	12	N/A
	Total Services Delivered	12	N/A

Appendix: A-5 Program Name: Health Access Point: Gay/MSM			
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-5 / B-5 1/1/2023 - 6/30/2023	HIV testing - encounter 1 HIV testing encounter per 1 UOS; 3,320 testing encounters = 3,320 UOS 1 unduplicated client = 1 UDC; 1,500 UDC	3,320	1,500
	HCV testing - tests administered 1 HCV test administered per 1 UOS; 625 HCV tests administered = 625 UOS 1 unduplicated client = 1 UDC; 500 UDC	625	500
	STI (gonorrhea/chlamydia) testing - screening administered 1 chlamydia/gonorrhea screening administered per 1 UOS; 5,000 screenings administered = 5,000 UOS 1 unduplicated client = 1 UDC; 1,500 UDC	5000	1500
	STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 4,250 screenings administered = 4,250 UOS 1 unduplicated client = 1 UDC; 1,500 UDC	4250	1500
	Monkey Pox (MPX) screening - screening administered 1 MPX screening administered per 1 UOS; 25 screenings administered = 25 UOS 1 unduplicated client = 1 UDC; 20 UDC	25	20
	Glide STI (gonorrhea/chlamydia) testing - screening administered 1 gonorrhea/chlamydia screening administered per 1 UOS; 1.0 FTE x 13% Level of Effort x 10 screenings per month x 6 months = 60 UOS 1 unduplicated client = 1 UDC; 30 UDC STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 1.0 FTE x 13% Level of Efforts x 16-17 screenings per month x 6 months = 100 UOS 1 unduplicated client = 1 UDC; 50 UDC	160	80
	Total Services Delivered	13,380	5,100

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-5 / B-5.1 1/1/2023 - 7/31/23	Capacity Building integration of HIV/STI/HCV Testing:1 UOS = 1 Month of HIV/STI/HEP C HAP Capacity building support x 12 Months	180	N/A
	Total Services Delivered	180	N/A

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Appendix B Amendment: 01/01/2026	Integrated HIV/HCV/STD Testing: 1 UOS = 1 test, 1 test x 27,120	27,120	10,200

A-5 / B-5a 7/1/2023 - 6/30/2024	Prevention and Treatment Medication: 1 UOS = 1 Month Prevention & treatment x 12 months	12	N/A
	Condom Distribution: 1 UOS = 1 Month Condom distribution x 12 months	12	N/A
	Linkage and Navigation: 1 UOS = 1 month Linkage and Navigation x 12 months	12	865
	Community Engagement and Mobilization: 1 UOS = 1 month Community Engagement & Mobilization x 12 months	12	276
Total Services Delivered		27,168	11,341

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-5 / B-5b 7/1/2024 - 6/30/2025	Integrated HIV/HCV/STD Testing: 1 UOS = 1 test, 1 test x 27,120	27,120	10,200
	Prevention and Treatment Medication: 1 UOS = 1 Month Prevention & treatment x 12 months	12	N/A
	Condom Distribution: 1 UOS = 1 Month Condom distribution x 12 months	12	N/A
	Linkage and Navigation: 1 UOS = 1 month Linkage and Navigation x 12 months	12	865
	Community Engagement and Mobilization: 1 UOS = 1 month Community Engagement & Mobilization x 12 months	12	276
Total Services Delivered		27,168	11,341

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-5 / B-5c 7/1/2025 - 6/30/2026	Integrated HIV/HCV/STD Testing: 1 UOS = 1 test, 1 test x 27,120	27,120	10,200
	Prevention and Treatment Medication: 1 UOS = 1 Month Prevention & treatment x 12 months	12	N/A
	Condom Distribution: 1 UOS = 1 Month Condom distribution x 12 months	12	N/A
	Linkage and Navigation: 1 UOS = 1 month Linkage and Navigation x 12 months	12	865
	Community Engagement and Mobilization: 1 UOS = 1 month Community Engagement & Mobilization x 12 months	12	276
Total Services Delivered		27,168	11,341

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-5 / B-5d 7/1/2026 - 6/30/2027	Integrated HIV/HCV/STD Testing: 1 UOS = 1 test, 1 test x 27,120	27,120	10,200
	Prevention and Treatment Medication: 1 UOS = 1 Month Prevention & treatment x 12 months	12	N/A
	Condom Distribution: 1 UOS = 1 Month Condom distribution x 12 months	12	N/A
	Linkage and Navigation: 1 UOS = 1 month Linkage and Navigation x 12 months	12	865
	Community Engagement and Mobilization: 1 UOS = 1 month Community Engagement & Mobilization x 12 months	12	276
Total Services Delivered		27,168	11,341

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-5 / B-5e 7/1/2027 - 6/30/2028	Integrated HIV/HCV/STD Testing: 1 UOS = 1 test, 1 test x 27,120	27,120	10,200
	Prevention and Treatment Medication: 1 UOS = 1 Month Prevention & treatment x 12 months	12	N/A
	Condom Distribution: 1 UOS = 1 Month Condom distribution x 12 months	12	N/A
	Linkage and Navigation: 1 UOS = 1 month Linkage and Navigation x 12 months	12	865
	Community Engagement and Mobilization: 1 UOS = 1 month Community Engagement & Mobilization x 12 months	12	276
Total Services Delivered		27,168	11,341

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
	Integrated HIV/HCV/STD Testing: 1 UOS = 1 test, 1 test x 27,120	27,120	10,200
	Prevention and Treatment Medication: 1 UOS = 1 Month Prevention & treatment x 12 months	12	N/A

A-5 / B-5f 7/1/2028 - 6/30/2029	Condom Distribution: 1 UOS = 1 Month Condom distribution x 12 months	12	N/A
	Linkage and Navigation: 1 UOS = 1 month Linkage and Navigation x 12 months	12	865
	Community Engagement and Mobilization: 1 UOS = 1 month Community Engagement & Mobilization x 12 months	12	276
	Total Services Delivered	27,168	11,341

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
A-5 / B-5g 7/1/2029 - 6/30/2030	Integrated HIV/HCV/STD Testing: 1 UOS = 1 test, 1 test x 27,120	27,120	10,200
	Prevention and Treatment Medication: 1 UOS = 1 Month Prevention & treatment x 12 months	12	N/A
	Condom Distribution: 1 UOS = 1 Month Condom distribution x 12 months	12	N/A
	Linkage and Navigation: 1 UOS = 1 month Linkage and Navigation x 12 months	12	865
	Community Engagement and Mobilization: 1 UOS = 1 month Community Engagement & Mobilization x 12 months	12	276
	Total Services Delivered	27,168	11,341

CAPACITY BUILDING ACTIVITIES

CHEP General Fund

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Training				
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Clinical Assistant Program Coordinator	0.91667	37,441	100%		0%	37,441
Cohort Participant (Part Time, Benefits Ineligible) - Phlebotomist	0.29000	14,477	100%		0%	14,477
Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Interns	1.73000	82,763	100%		0%	82,763
Clinical Assistant Program Manager	1.11000	81,674	100%		0%	81,674
						-
Total FTE & Salaries		4.04667	216,355	100%	-	0%
Fringe Benefits		0.86709%	1,876	100%	-	0%
Total Personnel Expenses			218,231	100%	-	0%
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		-	0%		0%	-
Total Materials and Supplies		14,195	100%		0%	14,195
Total General Operating		-	0%		0%	-
Total Staff Travel			0%		0%	-
Consultants/Subcontractor:			0%		0%	-
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		14,195	100%	-		14,195
Total Direct Expenses		232,426	100%	-	0%	232,426
Indirect Expenses		15.00%	34,864	100%	N/A	0%
TOTAL EXPENSES			267,290	100%	-	0%
Unit of Service Type		Hours		Month		
Number of UOS per Service Mode		2,326				2,326
Cost Per UOS by Service Mode		\$114.92		\$0.00		
Number of UDC/NOC per Service Mode		10		N/A		10

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2025 - 6/30/2026

Staff Position 1:	Clinical Assistant Program Coordinator				
Duties re prog/UDC	The Clinical Assistant Program Coordinator assists with training and team-building activities, manages the printing and distribution of course materials, and handles related program paperwork. The role also includes attending HIV/HCV/STI trainings with clinical assistants, participating in programmatic and collaborative meetings, and overseeing social media promotion to increase program visibility. The coordinator drafts and manages text and email reminders and provides on-site support to Clinical Assistant Managers at various training locations.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	40,845	1.00000	11	0.91667	\$ 37,441
Staff Position 3:	Cohort Participant (Part Time, Benefits Ineligible) - Phlebotomist				
Duties re program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$24 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	49,920	0.29000	12	0.29000	\$ 14,477
Staff Position 4:	Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Interns				
Duties re program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$24 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	47,840	1.73000	12	1.73000	\$ 82,763
Staff Position 5:	Clinical Assistant Program Manager				
Duties re program and UDC served	Clinical Assistant Program manager will conduct a robust Sexual Health Clinical Training focused on supporting Black Health programs, will train a cohort of ten Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff. Will work with programs in San Francisco that serve Black/African Americans to provide internship opportunities.				
Degree, license exp	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity in a public health organization. CA Phlebotomy License & CA HIV Test Counselor Certification and two year of experience in supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	73580.18	1.11000	12	1.11000	\$ 81,674
Total FTE, Base:		4.13000	Annualized:	4.04667	
				Total Salaries:	\$ 216,355

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
FICA		1,876.00	
SUI			
Health/Life			
Disability			
WC			
Retirement Plan			
		\$ -	
		\$ -	
		Total Fringe Benefit:	\$ 1,876
		Fringe Benefit %:	0.86709%
		TOTAL SALARIES/BENEFITS:	\$ 218,231

2) OPERATING EXPENSES:

Materials & Supplies:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	Materials directly related to cohort participation, cohort travel and coursework, including but not limited to those needed for cohort gatherings and cohort work spaces, cohort graduation food and beverages, CPR training. \$4,000 per Phlebotomist participant, for 2 participants.	(\$4k phlebotomist training x 2 participants) + (\$516.25/month * 12 months) =	\$ 14,195
Total Materials & Supplies:			\$ 14,195

Please list here the personnel and ledger expenses that are included in your shared costs?				TOTAL OPERATING EXPENSES:	\$	14,195
				TOTAL DIRECT COSTS:	\$	232,426
				Amount		
TOTAL SALARIES/BENEFITS:					\$	218,231
TOTAL OPERATING EXPENSES:					\$	14,195
					\$	232,426
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$	34,864
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.						
				TOTAL EXPENSES:	\$	267,290

CAPACITY BUILDING ACTIVITIES

CHEP General Fund

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Training				
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Clinical Assistant Program Coordinator	0.91667	37,441	100%		0%	37,441
Cohort Participant (Part Time, Benefits Ineligible) - Phlebotomist	0.29000	14,477	100%		0%	14,477
Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Interns	1.73000	82,763	100%		0%	82,763
Clinical Assistant Program Manager	1.11000	81,674	100%		0%	81,674
						-
Total FTE & Salaries		4.04667	216,355	100%	-	0%
Fringe Benefits		0.86709%	1,876	100%	-	0%
Total Personnel Expenses			218,231	100%	-	0%
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		-	0%		0%	-
Total Materials and Supplies		14,195	100%		0%	14,195
Total General Operating		-	0%		0%	-
Total Staff Travel			0%		0%	-
Consultants/Subcontractor:			0%		0%	-
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		14,195	100%	-		14,195
Total Direct Expenses		232,426	100%	-	0%	232,426
Indirect Expenses		15.00%	34,864	100%	N/A	0%
TOTAL EXPENSES			267,290	100%	-	0%
Unit of Service Type		Hours		Month		
Number of UOS per Service Mode		2,326				2,326
Cost Per UOS by Service Mode		\$114.92		\$0.00		
Number of UDC/NOC per Service Mode		10		N/A		10

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2026 - 6/30/2027

Staff Position 1:	Clinical Assistant Program Coordinator				
Duties re prog/UDC	The Clinical Assistant Program Coordinator assists with training and team-building activities, manages the printing and distribution of course materials, and handles related program paperwork. The role also includes attending HIV/HCV/STI trainings with clinical assistants, participating in programmatic and collaborative meetings, and overseeing social media promotion to increase program visibility. The coordinator drafts and manages text and email reminders and provides on-site support to Clinical Assistant Managers at various training locations.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	40,845	1.00000	11	0.91667	\$ 37,441
Staff Position 3:	Cohort Participant (Part Time, Benefits Ineligible) - Phlebotomist				
Duties re program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$24 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	49,920	0.29000	12	0.29000	\$ 14,477
Staff Position 4:	Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Interns				
Duties re program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$24 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	47,840	1.73000	12	1.73000	\$ 82,763
Staff Position 5:	Clinical Assistant Program Manager				
Duties re program and UDC served	Clinical Assistant Program manager will conduct a robust Sexual Health Clinical Training focused on supporting Black Health programs, will train a cohort of ten Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff. Will work with programs in San Francisco that serve Black/African Americans to provide internship opportunities.				
Degree, license exp	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity in a public health organization. CA Phlebotomy License & CA HIV Test Counselor Certification and two year of experience in supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	73580.18	1.11000	12	1.11000	\$ 81,674
Total FTE, Base:		4.13000	Annualized:	4.04667	
				Total Salaries:	\$ 216,355

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
	FICA		1,876.00
	SUI		
	Health/Life		
	Disability		
	WC		
	Retirement Plan		
		\$	-
		\$	-
		Total Fringe Benefit:	\$ 1,876
		Fringe Benefit %:	0.86709%
		TOTAL SALARIES/BENEFITS:	\$ 218,231

2) OPERATING EXPENSES:

Materials & Supplies:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	Materials directly related to cohort participation, cohort travel and coursework, including but not limited to those needed for cohort gatherings and cohort work spaces, cohort graduation food and beverages, CPR training. \$4,000 per Phlebotomist participant, for 2 participants.	(\$4k phlebotomist training x 2 participants) + (\$516.25/month * 12 months) =	\$ 14,195
Total Materials & Supplies:			\$ 14,195

Please list here the personnel and ledger expenses that are included in your shared costs?				TOTAL OPERATING EXPENSES:	\$	14,195
				TOTAL DIRECT COSTS:	\$	232,426
				Amount		
TOTAL SALARIES/BENEFITS:					\$	218,231
TOTAL OPERATING EXPENSES:					\$	14,195
					\$	232,426
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$	34,864
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.						
					TOTAL EXPENSES:	\$ 267,290

CAPACITY BUILDING ACTIVITIES

CHEP General Fund

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Training				
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Clinical Assistant Program Coordinator	0.91667	37,441	100%		0%	37,441
Cohort Participant (Part Time, Benefits Ineligible) - Phlebotomist	0.29000	14,477	100%		0%	14,477
Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Interns	1.73000	82,763	100%		0%	82,763
Clinical Assistant Program Manager	1.11000	81,674	100%		0%	81,674
						-
Total FTE & Salaries	4.04667	216,355	100%	-	0%	216,355
Fringe Benefits	0.86709%	1,876	100%	-	0%	1,876
Total Personnel Expenses		218,231	100%	-	0%	218,231
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		-	0%		0%	-
Total Materials and Supplies		14,195	100%		0%	14,195
Total General Operating		-	0%		0%	-
Total Staff Travel			0%		0%	-
Consultants/Subcontractor:			0%		0%	-
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		14,195	100%	-		14,195
Total Direct Expenses		232,426	100%	-	0%	232,426
Indirect Expenses	15.00%	34,864	100%	N/A	0%	34,864
TOTAL EXPENSES		267,290	100%	-	0%	267,290
Unit of Service Type		Hours		Month		
Number of UOS per Service Mode		2,326				2,326
Cost Per UOS by Service Mode		\$114.92		\$0.00		
Number of UDC/NOC per Service Mode		10		N/A		10

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2027 - 6/30/2028

Staff Position 1:	Clinical Assistant Program Coordinator				
Duties re prog/UDC	The Clinical Assistant Program Coordinator assists with training and team-building activities, manages the printing and distribution of course materials, and handles related program paperwork. The role also includes attending HIV/HCV/STI trainings with clinical assistants, participating in programmatic and collaborative meetings, and overseeing social media promotion to increase program visibility. The coordinator drafts and manages text and email reminders and provides on-site support to Clinical Assistant Managers at various training locations.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	40,845	1.00000	11	0.91667	\$ 37,441
Staff Position 3:	Cohort Participant (Part Time, Benefits Ineligible) - Phlebotomist				
Duties re program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$24 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	49,920	0.29000	12	0.29000	\$ 14,477
Staff Position 4:	Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Interns				
Duties re program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$24 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	47,840	1.73000	12	1.73000	\$ 82,763
Staff Position 5:	Clinical Assistant Program Manager				
Duties re program and UDC served	Clinical Assistant Program manager will conduct a robust Sexual Health Clinical Training focused on supporting Black Health programs, will train a cohort of ten Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff. Will work with programs in San Francisco that serve Black/African Americans to provide internship opportunities.				
Degree, license exp	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity in a public health organization. CA Phlebotomy License & CA HIV Test Counselor Certification and two year of experience in supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	73580.18	1.11000	12	1.11000	\$ 81,674
Total FTE, Base:		4.13000	Annualized:	4.04667	
				Total Salaries:	\$ 216,355

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
	FICA		1,876.00
	SUI		
	Health/Life		
	Disability		
	WC		
	Retirement Plan		
		\$	-
		\$	-
		Total Fringe Benefit:	\$ 1,876
		Fringe Benefit %:	0.86709%
		TOTAL SALARIES/BENEFITS:	\$ 218,231

2) OPERATING EXPENSES:

Materials & Supplies:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	Materials directly related to cohort participation, cohort travel and coursework, including but not limited to those needed for cohort gatherings and cohort work spaces, cohort graduation food and beverages, CPR training. \$4,000 per Phlebotomist participant, for 2 participants.	(\$4k phlebotomist training x 2 participants) + (\$516.25/month * 12 months) =	\$ 14,195
Total Materials & Supplies:			\$ 14,195

Please list here the personnel and ledger expenses that are included in your shared costs?				TOTAL OPERATING EXPENSES:	\$	14,195
				TOTAL DIRECT COSTS:	\$	232,426
				Amount		
TOTAL SALARIES/BENEFITS:					\$	218,231
TOTAL OPERATING EXPENSES:					\$	14,195
					\$	232,426
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$	34,864
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.						
					TOTAL EXPENSES:	\$ 267,290

CAPACITY BUILDING ACTIVITIES

CHEP General Fund

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Training				
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Clinical Assistant Program Coordinator	0.91667	37,441	100%		0%	37,441
Cohort Participant (Part Time, Benefits Ineligible) - Phlebotomist	0.29000	14,477	100%		0%	14,477
Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Interns	1.73000	82,763	100%		0%	82,763
Clinical Assistant Program Manager	1.11000	81,674	100%		0%	81,674
						-
Total FTE & Salaries	4.04667	216,355	100%	-	0%	216,355
Fringe Benefits	0.86709%	1,876	100%	-	0%	1,876
Total Personnel Expenses		218,231	100%	-	0%	218,231
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		-	0%		0%	-
Total Materials and Supplies		14,195	100%		0%	14,195
Total General Operating		-	0%		0%	-
Total Staff Travel			0%		0%	-
Consultants/Subcontractor:			0%		0%	-
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		14,195	100%	-		14,195
Total Direct Expenses		232,426	100%	-	0%	232,426
Indirect Expenses	15.00%	34,864	100%	N/A	0%	34,864
TOTAL EXPENSES		267,290	100%	-	0%	267,290
Unit of Service Type		Hours		Month		
Number of UOS per Service Mode		2,326				2,326
Cost Per UOS by Service Mode		\$114.92		\$0.00		
Number of UDC/NOC per Service Mode		10		N/A		10

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2028 - 6/30/2029

Staff Position 1:	Clinical Assistant Program Coordinator				
Duties re prog/UDC	The Clinical Assistant Program Coordinator assists with training and team-building activities, manages the printing and distribution of course materials, and handles related program paperwork. The role also includes attending HIV/HCV/STI trainings with clinical assistants, participating in programmatic and collaborative meetings, and overseeing social media promotion to increase program visibility. The coordinator drafts and manages text and email reminders and provides on-site support to Clinical Assistant Managers at various training locations.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	40,845	1.00000	11	0.91667	\$ 37,441
Staff Position 3:	Cohort Participant (Part Time, Benefits Ineligible) - Phlebotomist				
Duties re program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$24 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	49,920	0.29000	12	0.29000	\$ 14,477
Staff Position 4:	Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Interns				
Duties re program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$24 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	47,840	1.73000	12	1.73000	\$ 82,763
Staff Position 5:	Clinical Assistant Program Manager				
Duties re program and UDC served	Clinical Assistant Program manager will conduct a robust Sexual Health Clinical Training focused on supporting Black Health programs, will train a cohort of ten Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff. Will work with programs in San Francisco that serve Black/African Americans to provide internship opportunities.				
Degree, license exp	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity in a public health organization. CA Phlebotomy License & CA HIV Test Counselor Certification and two year of experience in supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	73580.18	1.11000	12	1.11000	\$ 81,674
Total FTE, Base:		4.13000	Annualized:	4.04667	
				Total Salaries:	\$ 216,355

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
	FICA		1,876.00
	SUI		
	Health/Life		
	Disability		
	WC		
	Retirement Plan		
		\$	-
		\$	-
		Total Fringe Benefit:	\$ 1,876
		Fringe Benefit %:	0.86709%
		TOTAL SALARIES/BENEFITS:	\$ 218,231

2) OPERATING EXPENSES:

Materials & Supplies:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	Materials directly related to cohort participation, cohort travel and coursework, including but not limited to those needed for cohort gatherings and cohort work spaces, cohort graduation food and beverages, CPR training. \$4,000 per Phlebotomist participant, for 2 participants.	(\$4k phlebotomist training x 2 participants) + (\$516.25/month * 12 months) =	\$ 14,195
Total Materials & Supplies:			\$ 14,195

Please list here the personnel and ledger expenses that are included in your shared costs?				TOTAL OPERATING EXPENSES:	\$	14,195
				TOTAL DIRECT COSTS:	\$	232,426
				Amount		
TOTAL SALARIES/BENEFITS:					\$	218,231
TOTAL OPERATING EXPENSES:					\$	14,195
					\$	232,426
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$	34,864
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.						
					TOTAL EXPENSES:	\$ 267,290

CAPACITY BUILDING ACTIVITIES

CHEP General Fund

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Training				
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Clinical Assistant Program Coordinator	0.91667	37,441	100%		0%	37,441
Cohort Participant (Part Time, Benefits Ineligible) - Phlebotomist	0.29000	14,477	100%		0%	14,477
Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Interns	1.73000	82,763	100%		0%	82,763
Clinical Assistant Program Manager	1.11000	81,674	100%		0%	81,674
						-
Total FTE & Salaries		4.04667	216,355	100%	-	0%
Fringe Benefits		0.86709%	1,876	100%	-	0%
Total Personnel Expenses			218,231	100%	-	0%
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		-	0%		0%	-
Total Materials and Supplies		14,195	100%		0%	14,195
Total General Operating		-	0%		0%	-
Total Staff Travel			0%		0%	-
Consultants/Subcontractor:			0%		0%	-
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		14,195	100%	-		14,195
Total Direct Expenses		232,426	100%	-	0%	232,426
Indirect Expenses		15.00%	34,864	100%	N/A	0%
TOTAL EXPENSES			267,290	100%	-	0%
Unit of Service Type		Hours		Month		
Number of UOS per Service Mode		2,326				2,326
Cost Per UOS by Service Mode		\$114.92		\$0.00		
Number of UDC/NOC per Service Mode		10		N/A		10

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2029 - 6/30/2030

Staff Position 1:	Clinical Assistant Program Coordinator				
Duties re prog/UDC	The Clinical Assistant Program Coordinator assists with training and team-building activities, manages the printing and distribution of course materials, and handles related program paperwork. The role also includes attending HIV/HCV/STI trainings with clinical assistants, participating in programmatic and collaborative meetings, and overseeing social media promotion to increase program visibility. The coordinator drafts and manages text and email reminders and provides on-site support to Clinical Assistant Managers at various training locations.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	40,845	1.00000	11	0.91667	\$ 37,441
Staff Position 3:	Cohort Participant (Part Time, Benefits Ineligible) - Phlebotomist				
Duties re program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$24 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	49,920	0.29000	12	0.29000	\$ 14,477
Staff Position 4:	Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Interns				
Duties re program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$24 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	47,840	1.73000	12	1.73000	\$ 82,763
Staff Position 5:	Clinical Assistant Program Manager				
Duties re program and UDC served	Clinical Assistant Program manager will conduct a robust Sexual Health Clinical Training focused on supporting Black Health programs, will train a cohort of ten Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff. Will work with programs in San Francisco that serve Black/African Americans to provide internship opportunities.				
Degree, license exp	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity in a public health organization. CA Phlebotomy License & CA HIV Test Counselor Certification and two year of experience in supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	73580.18	1.11000	12	1.11000	\$ 81,674
Total FTE, Base:		4.13000	Annualized:	4.04667	
				Total Salaries:	\$ 216,355

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
	FICA		1,876.00
	SUI		
	Health/Life		
	Disability		
	WC		
	Retirement Plan		
		\$	-
		\$	-
		Total Fringe Benefit:	\$ 1,876
		Fringe Benefit %:	0.86709%
		TOTAL SALARIES/BENEFITS:	\$ 218,231

2) OPERATING EXPENSES:

Materials & Supplies:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	Materials directly related to cohort participation, cohort travel and coursework, including but not limited to those needed for cohort gatherings and cohort work spaces, cohort graduation food and beverages, CPR training. \$4,000 per Phlebotomist participant, for 2 participants.	(\$4k phlebotomist training x 2 participants) + (\$516.25/month * 12 months) =	\$ 14,195
Total Materials & Supplies:			\$ 14,195

Please list here the personnel and ledger expenses that are included in your shared costs?				TOTAL OPERATING EXPENSES:	\$	14,195
				TOTAL DIRECT COSTS:	\$	232,426
				Amount		
TOTAL SALARIES/BENEFITS:					\$	218,231
TOTAL OPERATING EXPENSES:					\$	14,195
					\$	232,426
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$	34,864
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.						
					TOTAL EXPENSES:	\$ 267,290

7/1/2025 - 6/30/2026

Clinical Services

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		Clinical Services		PREVENTION AND TREATMENT MEDICATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Registered Nurse	1.16000	144,274	95%	7,593	5%	151,867
Nurse Practitioner	1.36000	216,738	95%	11,407	5%	228,145
Sr. Director of Clinical Services	0.25000	49,717	95%	2,617	5%	52,334
Total FTE & Salaries	2.77000	410,729	95%	21,617	5%	432,346
Fringe Benefits	27.00%	110,897	95%	5,836	5%	116,733
Total Personnel Expenses		521,626	95%	27,453	5%	549,079
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		37,295	95%	1,963	5%	39,258
Total Materials and Supplies		1,295	95%	68	5%	1,363
Total General Operating		4,931	95%	260	5%	5,191
Total Staff Travel		-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		43,521	95%	2,291	5%	45,812
Total Direct Expenses		565,147	95%	29,744	5%	594,891
Indirect Expenses	15.00%	84,774	95%	4,462	5%	89,236
TOTAL EXPENSES		649,921	95%	34,206	5%	684,127
Unit of Service Type		Month		Month		
Number of UOS per Service Mode		12		12		24
Cost Per UOS by Service Mode		\$54,160.15		\$2,850.50		
Number of UDC/NOC per Service Mode		5,100		5100		10200

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2025 - 6/30/2026

Staff Position 1	Registered Nurse				
Duties related to this program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license, experience	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	130,920	1.16000	12	1.16000	\$ 151,867
Staff Position 2:	Nurse Practitioner				
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	167,754	1.36000	12	1.36000	\$ 228,145
Staff Position 5:	Sr. Director of Clinical Services				
Duties re program and UDC served	Responsible for overseeing the day to day operations at all SFAF clinical sites. Primary responsibilities include supervising the managers of the lab technician and services navigation teams, ensuring compliance with lab regulations at all SFAF sites (i.e., staff competencies, proficiency testing, and quality assurance under Moderate Complexity CLIA regulations), oversees clinical licensing, ensures supply availability at all clinical sites, updating client and laboratory related policies and best practices when indicated, and oversees clinical partnerships with San Francisco Department of Public Health and community-based organizations.				
Degree, license exp	Bachelor's Degree highly regarded; 3 years of managing and supervising staff required; Possession and maintenance of a State of California Certification as a Phlebotomist I or II; Basic Life Support (BLS) certification for Health Care Providers required; Knowledge of Title 22, Title 24, HIPAA and other regulations related to healthcare; Preferred experience in sexual health screenings and prevention.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	209,338	0.25000	12	0.25000	\$ 52,334
Total FTE, Base:		2.7700	Annualized:	2.7700	
				Total Salaries:	\$ 432,346

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO	
FICA	\$ 33,074.47

SUI	\$	2,248.20
Health/Life	\$	64,851.90
Disability	\$	345.88
WC	\$	2,594.08
Retirement Plan	\$	13,618.90
	\$	-
	\$	-
Total Fringe Benefit:		\$ 116,733
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 549,079

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Co	Shared Occupancy expenses, including but not limited to Rent and Telephone expense	FTE 2.77 * 12 months * \$1181.05/FTE =	\$ 39,258
Total Occupancy:			\$ 39,258

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology	FTE 2.77 * 12 months * \$41/FTE =	\$ 1,363
Total Materials & Supplies:			\$ 1,363

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Sha	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage	FTE 2.77 * 12 months * \$156.17/FTE =	\$ 5,191
Total General Operating:			\$ 5,191

		TOTAL OPERATING EXPENSES:	\$ 45,812
		TOTAL DIRECT COSTS:	\$ 594,891
Please list here the personnel and ledger expenses that are included in your shared costs?		Amount	
TOTAL SALARIES/BENEFITS:			\$ 549,079

TOTAL OPERATING EXPENSES:					\$	45,812
				Total:	\$	594,891
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$	89,236
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.						
				TOTAL EXPENSES:	\$	684,127

Clinical Services

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		Clinical Services		PREVENTION AND TREATMENT MEDICATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Registered Nurse	1.16000	144,274	95%	7,593	5%	151,867
Nurse Practitioner	1.36000	216,738	95%	11,407	5%	228,145
Sr. Director of Clinical Services	0.25000	49,717	95%	2,617	5%	52,334
Total FTE & Salaries	2.77000	410,729	95%	21,617	5%	432,346
Fringe Benefits	27.00%	110,897	95%	5,836	5%	116,733
Total Personnel Expenses		521,626	95%	27,453	5%	549,079
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		37,295	95%	1,963	5%	39,258
Total Materials and Supplies		1,295	95%	68	5%	1,363
Total General Operating		4,931	95%	260	5%	5,191
Total Staff Travel		-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		43,521	95%	2,291	5%	45,812
Total Direct Expenses		565,147	95%	29,744	5%	594,891
Indirect Expenses	15.00%	84,774	95%	4,462	5%	89,236
TOTAL EXPENSES		649,921	95%	34,206	5%	684,127
Unit of Service Type		Month		Month		
Number of UOS per Service Mode		12		12		24
Cost Per UOS by Service Mode		\$54,160.15		\$2,850.50		
Number of UDC/NOC per Service Mode		5,100		5100		10200

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2026 - 6/30/2027

Staff Position 1	Registered Nurse				
Duties related to this program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license, experience	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	130,920	1.16000	12	1.16000	\$ 151,867
Staff Position 2:	Nurse Practitioner				
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	167,754	1.36000	12	1.36000	\$ 228,145
Staff Position 5:	Sr. Director of Clinical Services				
Duties re program and UDC served	Responsible for overseeing the day to day operations at all SFAF clinical sites. Primary responsibilities include supervising the managers of the lab technician and services navigation teams, ensuring compliance with lab regulations at all SFAF sites (i.e., staff competencies, proficiency testing, and quality assurance under Moderate Complexity CLIA regulations), oversees clinical licensing, ensures supply availability at all clinical sites, updating client and laboratory related policies and best practices when indicated, and oversees clinical partnerships with San Francisco Department of Public Health and community-based organizations.				
Degree, license exp	Bachelor's Degree highly regarded; 3 years of managing and supervising staff required; Possession and maintenance of a State of California Certification as a Phlebotomist I or II; Basic Life Support (BLS) certification for Health Care Providers required; Knowledge of Title 22, Title 24, HIPAA and other regulations related to healthcare; Preferred experience in sexual health screenings and prevention.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	209,338	0.25000	12	0.25000	\$ 52,334
Total FTE, Base:		2.7700	Annualized:	2.7700	
				Total Salaries:	\$ 432,346

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO	
FICA	\$ 33,074.47

SUI	\$	2,248.20
Health/Life	\$	64,851.90
Disability	\$	345.88
WC	\$	2,594.08
Retirement Plan	\$	13,618.90
	\$	-
	\$	-
Total Fringe Benefit:		\$ 116,733
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 549,079

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Co	Shared Occupancy expenses, including but not limited to Rent and Telephone expense	FTE 2.77 * 12 months * \$1181.05/FTE =	\$ 39,258
Total Occupancy:			\$ 39,258

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology	FTE 2.77 * 12 months * \$41/FTE =	\$ 1,363
Total Materials & Supplies:			\$ 1,363

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Sha	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage	FTE 2.77 * 12 months * \$156.17/FTE =	\$ 5,191
Total General Operating:			\$ 5,191

		TOTAL OPERATING EXPENSES:	\$ 45,812
		TOTAL DIRECT COSTS:	\$ 594,891
Please list here the personnel and ledger expenses that are included in your shared costs?		Amount	
TOTAL SALARIES/BENEFITS:			\$ 549,079

TOTAL OPERATING EXPENSES:				\$	45,812
				Total:	\$ 594,891
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 89,236
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.					
			TOTAL EXPENSES: \$ 684,127		

Clinical Services

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		Clinical Services		PREVENTION AND TREATMENT MEDICATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Registered Nurse	1.16000	144,274	95%	7,593	5%	151,867
Nurse Practitioner	1.36000	216,738	95%	11,407	5%	228,145
Sr. Director of Clinical Services	0.25000	49,717	95%	2,617	5%	52,334
Total FTE & Salaries	2.77000	410,729	95%	21,617	5%	432,346
Fringe Benefits	27.00%	110,897	95%	5,836	5%	116,733
Total Personnel Expenses		521,626	95%	27,453	5%	549,079
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		37,295	95%	1,963	5%	39,258
Total Materials and Supplies		1,295	95%	68	5%	1,363
Total General Operating		4,931	95%	260	5%	5,191
Total Staff Travel		-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		43,521	95%	2,291	5%	45,812
Total Direct Expenses		565,147	95%	29,744	5%	594,891
Indirect Expenses	15.00%	84,774	95%	4,462	5%	89,236
TOTAL EXPENSES		649,921	95%	34,206	5%	684,127
Unit of Service Type		Month		Month		
Number of UOS per Service Mode		12		12		24
Cost Per UOS by Service Mode		\$54,160.15		\$2,850.50		
Number of UDC/NOC per Service Mode		5,100		5100		10200

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2027 - 6/30/2028

Staff Position 1	Registered Nurse				
Duties related to this program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license, experience	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	130,920	1.16000	12	1.16000	\$ 151,867
Staff Position 2:	Nurse Practitioner				
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	167,754	1.36000	12	1.36000	\$ 228,145
Staff Position 5:	Sr. Director of Clinical Services				
Duties re program and UDC served	Responsible for overseeing the day to day operations at all SFAF clinical sites. Primary responsibilities include supervising the managers of the lab technician and services navigation teams, ensuring compliance with lab regulations at all SFAF sites (i.e., staff competencies, proficiency testing, and quality assurance under Moderate Complexity CLIA regulations), oversees clinical licensing, ensures supply availability at all clinical sites, updating client and laboratory related policies and best practices when indicated, and oversees clinical partnerships with San Francisco Department of Public Health and community-based organizations.				
Degree, license exp	Bachelor's Degree highly regarded; 3 years of managing and supervising staff required; Possession and maintenance of a State of California Certification as a Phlebotomist I or II; Basic Life Support (BLS) certification for Health Care Providers required; Knowledge of Title 22, Title 24, HIPAA and other regulations related to healthcare; Preferred experience in sexual health screenings and prevention.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	209,338	0.25000	12	0.25000	\$ 52,334
Total FTE, Base:		2.7700	Annualized:	2.7700	
				Total Salaries:	\$ 432,346

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO	
FICA	\$ 33,074.47

SUI	\$	2,248.20
Health/Life	\$	64,851.90
Disability	\$	345.88
WC	\$	2,594.08
Retirement Plan	\$	13,618.90
	\$	-
	\$	-
Total Fringe Benefit:		\$ 116,733
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 549,079

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Co	Shared Occupancy expenses, including but not limited to Rent and Telephone expense	FTE 2.77 * 12 months * \$1181.05/FTE =	\$ 39,258
Total Occupancy:			\$ 39,258

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology	FTE 2.77 * 12 months * \$41/FTE =	\$ 1,363
Total Materials & Supplies:			\$ 1,363

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Sha	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage	FTE 2.77 * 12 months * \$156.17/FTE =	\$ 5,191
Total General Operating:			\$ 5,191

		TOTAL OPERATING EXPENSES:	\$ 45,812
		TOTAL DIRECT COSTS:	\$ 594,891
Please list here the personnel and ledger expenses that are included in your shared costs?		Amount	
TOTAL SALARIES/BENEFITS:			\$ 549,079

TOTAL OPERATING EXPENSES:					\$	45,812
				Total:	\$	594,891
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$	89,236
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.						
				TOTAL EXPENSES:	\$	684,127

7/1/2028 - 6/30/2029

Clinical Services

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		Clinical Services		PREVENTION AND TREATMENT MEDICATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Registered Nurse	1.16000	144,274	95%	7,593	5%	151,867
Nurse Practitioner	1.36000	216,738	95%	11,407	5%	228,145
Sr. Director of Clinical Services	0.25000	49,717	95%	2,617	5%	52,334
Total FTE & Salaries	2.77000	410,729	95%	21,617	5%	432,346
Fringe Benefits	27.00%	110,897	95%	5,836	5%	116,733
Total Personnel Expenses		521,626	95%	27,453	5%	549,079
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		37,295	95%	1,963	5%	39,258
Total Materials and Supplies		1,295	95%	68	5%	1,363
Total General Operating		4,931	95%	260	5%	5,191
Total Staff Travel		-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		43,521	95%	2,291	5%	45,812
Total Direct Expenses		565,147	95%	29,744	5%	594,891
Indirect Expenses	15.00%	84,774	95%	4,462	5%	89,236
TOTAL EXPENSES		649,921	95%	34,206	5%	684,127
Unit of Service Type		Month		Month		
Number of UOS per Service Mode		12		12		24
Cost Per UOS by Service Mode		\$54,160.15		\$2,850.50		
Number of UDC/NOC per Service Mode		5,100		5100		10200

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2028 - 6/30/2029

Staff Position 1: Registered Nurse					
Duties related to this program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license, experience	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	130,920	1.16000	12	1.16000	\$ 151,867
Staff Position 2: Nurse Practitioner					
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	167,754	1.36000	12	1.36000	\$ 228,145
Staff Position 5: Sr. Director of Clinical Services					
Duties re program and UDC served	Responsible for overseeing the day to day operations at all SFAF clinical sites. Primary responsibilities include supervising the managers of the lab technician and services navigation teams, ensuring compliance with lab regulations at all SFAF sites (i.e., staff competencies, proficiency testing, and quality assurance under Moderate Complexity CLIA regulations), oversees clinical licensing, ensures supply availability at all clinical sites, updating client and laboratory related policies and best practices when indicated, and oversees clinical partnerships with San Francisco Department of Public Health and community-based organizations.				
Degree, license exp	Bachelor's Degree highly regarded; 3 years of managing and supervising staff required; Possession and maintenance of a State of California Certification as a Phlebotomist I or II; Basic Life Support (BLS) certification for Health Care Providers required; Knowledge of Title 22, Title 24, HIPAA and other regulations related to healthcare; Preferred experience in sexual health screenings and prevention.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	209,338	0.25000	12	0.25000	\$ 52,334
Total FTE, Base:		2.7700	Annualized:	2.7700	
				Total Salaries:	\$ 432,346

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
	FICA	\$	33,074.47
	SUI	\$	2,248.20
	Health/Life	\$	64,851.90
	Disability	\$	345.88
	WC	\$	2,594.08
	Retirement Plan	\$	13,618.90
		\$	-
		\$	-
		Total Fringe Benefit:	\$ 116,733
		Fringe Benefit %:	27.00%
		TOTAL SALARIES/BENEFITS:	\$ 549,079

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense	FTE 2.77 * 12 months * \$1181.05/FTE =	\$ 39,258
Total Occupancy:			\$ 39,258

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology	FTE 2.77 * 12 months * \$41/FTE =	\$ 1,363
Total Materials & Supplies:			\$ 1,363

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage	FTE 2.77 * 12 months * \$156.17/FTE =	\$ 5,191

		Total General Operating: \$	5,191

Please list here the personnel and ledger expenses that are included in your shared costs?				TOTAL OPERATING EXPENSES:	\$	45,812
				TOTAL DIRECT COSTS:	\$	594,891
				Amount		
TOTAL SALARIES/BENEFITS:					\$	549,079
TOTAL OPERATING EXPENSES:					\$	45,812
				Total:	\$	594,891
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$	89,236
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.						
				TOTAL EXPENSES:	\$	684,127

Clinical Services

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		Clinical Services		PREVENTION AND TREATMENT MEDICATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Registered Nurse	1.16000	144,274	95%	7,593	5%	151,867
Nurse Practitioner	1.36000	216,738	95%	11,407	5%	228,145
Sr. Director of Clinical Services	0.25000	49,717	95%	2,617	5%	52,334
Total FTE & Salaries	2.77000	410,729	95%	21,617	5%	432,346
Fringe Benefits	27.00%	110,897	95%	5,836	5%	116,733
Total Personnel Expenses		521,626	95%	27,453	5%	549,079
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		37,295	95%	1,963	5%	39,258
Total Materials and Supplies		1,295	95%	68	5%	1,363
Total General Operating		4,931	95%	260	5%	5,191
Total Staff Travel		-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		43,521	95%	2,291	5%	45,812
Total Direct Expenses		565,147	95%	29,744	5%	594,891
Indirect Expenses	15.00%	84,774	95%	4,462	5%	89,236
TOTAL EXPENSES		649,921	95%	34,206	5%	684,127
Unit of Service Type		Month		Month		
Number of UOS per Service Mode		12		12		24
Cost Per UOS by Service Mode		\$54,160.15		\$2,850.50		
Number of UDC/NOC per Service Mode		5,100		5100		10200

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2029 - 6/30/2030

Staff Position 1	Registered Nurse				
Duties related to this program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license, experience	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	130,920	1.16000	12	1.16000	\$ 151,867
Staff Position 2:	Nurse Practitioner				
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	167,754	1.36000	12	1.36000	\$ 228,145
Staff Position 5:	Sr. Director of Clinical Services				
Duties re program and UDC served	Responsible for overseeing the day to day operations at all SFAF clinical sites. Primary responsibilities include supervising the managers of the lab technician and services navigation teams, ensuring compliance with lab regulations at all SFAF sites (i.e., staff competencies, proficiency testing, and quality assurance under Moderate Complexity CLIA regulations), oversees clinical licensing, ensures supply availability at all clinical sites, updating client and laboratory related policies and best practices when indicated, and oversees clinical partnerships with San Francisco Department of Public Health and community-based organizations.				
Degree, license exp	Bachelor's Degree highly regarded; 3 years of managing and supervising staff required; Possession and maintenance of a State of California Certification as a Phlebotomist I or II; Basic Life Support (BLS) certification for Health Care Providers required; Knowledge of Title 22, Title 24, HIPAA and other regulations related to healthcare; Preferred experience in sexual health screenings and prevention.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	209,338	0.25000	12	0.25000	\$ 52,334
Total FTE, Base:					2.7700
Annualized:					2.7700
Total Salaries:					\$ 432,346

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
	FICA	\$	33,074.47
	SUI	\$	2,248.20
	Health/Life	\$	64,851.90
	Disability	\$	345.88
	WC	\$	2,594.08
	Retirement Plan	\$	13,618.90
		\$	-
		\$	-
		Total Fringe Benefit:	\$ 116,733
		Fringe Benefit %:	27.00%
		TOTAL SALARIES/BENEFITS:	\$ 549,079

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense	FTE 2.77 * 12 months * \$1181.05/FTE =	\$ 39,258
Total Occupancy:			\$ 39,258

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology	FTE 2.77 * 12 months * \$41/FTE =	\$ 1,363
Total Materials & Supplies:			\$ 1,363

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage	FTE 2.77 * 12 months * \$156.17/FTE =	\$ 5,191

Total General Operating: \$ 5,191

Please list here the personnel and ledger expenses that are included in your shared costs?				TOTAL OPERATING EXPENSES:	\$	45,812
				TOTAL DIRECT COSTS:	\$	594,891
				Amount		
TOTAL SALARIES/BENEFITS:					\$	549,079
TOTAL OPERATING EXPENSES:					\$	45,812
				Total:	\$	594,891
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$	89,236
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.						
				TOTAL EXPENSES:	\$	684,127

CAPACITY BUILDING ACTIVITIES

ENTER FUNDING SOURCE

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		HAP Capacity Building		Workforce Development		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Clinical Assistant Program Coordinator	0.89000		0%	81,679	100%	81,679
Director, Strut Program and Services	0.20000	15,395	50%	15,395	50%	30,790
Program Manager, Health Access Points	0.29000	26,883	100%		0%	26,883
Clinical Assistant Interns	1.73000		0%	86,362	100%	86,362
Director, Black Health	0.12000	6,518	50%	6,518	50%	13,036
						-
Total FTE & Salaries	3.23000	48,796	20%	189,954	80%	238,750
Fringe Benefits	17.2331%	8,409	20%	32,735	80%	41,144
Total Personnel Expenses		57,205	20%	222,689	80%	279,894
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		21,825	100%		0%	21,825
Total Materials and Supplies		17,522	100%		0%	17,522
Total General Operating		6,052	100%		0%	6,052
Total Staff Travel			0%		0%	-
Consultants/Subcontractor:			0%	60,000	100%	60,000
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		45,399	43%	60,000		105,399
Total Direct Expenses		102,604	27%	282,689	73%	385,293
Indirect Expenses 12.58%		12,909	27%	35,568	73%	48,477
TOTAL EXPENSES		115,513	27%	318,257	73%	433,770
Unit of Service Type	Months		Months			
Number of UOS per Service Mode	12		12		24	
Cost Per UOS by Service Mode	\$9,626.13		\$26,521.42			
Number of UDC/NOC per Service Mode	N/A		5		5	

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2025 - 6/30/2026

Staff Position 1:	Clinical Assistant Program Coordinator				
Duties related to this program and UDC served	The Manager will conduct a robust Sexual Health Clinical Training focused on supporting Black Health programs, will train a cohort of ten Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff. Will work with programs in San Francisco that serve Black/African Americans to provide internship opportunities.				
Degree, license, experience	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity in a public health organization. CA Phlebotomy License & cA HIV Test Counselor Certification and two year of experience in Supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	91,774	0.89000	12	0.89000	\$ 81,679
Staff Position 2:	Director, Strut Program and Services				
Duties re program and UDC served	Responsible for managing and supporting various projects Provides advanced problem-solving, troubleshooting, and consultation with the SFDPH to resolve programmatic or service concerns. Provides advanced problem-solving, troubleshooting, and consultation to maintain a positive workplace environment. Ensures provision of a safe and welcoming environment to build rapport with clients and visitors. Ensures team provides high-quality support and assistance for clients accessing clinical services with a specific focus on sexual health services. Supports in the de-escalation of client incidents and developing processes to address client-related incidents.				
Degree, license exp	Three years of experience working on sexual health or substance use health in community based settings. Education: Bachelor's degree or equivalent or 4 years of experience in community based settings.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	153,948	0.20000	12	0.20000	\$ 30,790
Staff Position 3:	Program Manager, Health Access Points (HAP)				
Duties re program and UDC served	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	92,700	0.29000	12	0.29000	\$ 26,883
Staff Position 4:	Clinical Assistant Interns				
Duties re prog/UDC	The Cohort Participants (also known as Clinical Assistants) will partake in a robust Sexual Health Clinical Training with the San Francisco AIDS Foundation. The training will provide an opportunity to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 12 participants at \$22/hr., for 20 hrs./week, for 16 weeks.				
Degree, license exp	High school Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	49,920	1.73000	12	1.73000	\$ 86,362
Staff Position 5:	Director, Black Health				
Duties re program and UDC served	The Director of Black Health is responsible for the implementation and coordination of innovative and data-driven social support and community building interventions that aim to reduce isolation and increase quality of life amongst Black/African American communities experiencing sexual health disparities. The Director is responsible for identifying and fostering meaningful partnerships with community-led organizations and organizations serving Black and TGNB communities and seeks to decrease isolation; improve knowledge of health issues affecting Black/African American communities; and increase HIV/HCV/STI testing & status awareness, linkage, and retention in care.				
Degree, license exp	Bachelor's Degree or equivalent professional training and extensive experience. Minimum of 4 years of work in HIV/AIDS or LGBTQ services required. Demonstrated experience and expertise working with Black/African American Communities.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	108,633	0.12000	12	0.12000	\$ 13,036
Total FTE, Base:		3.23000	Annualized:	3.23000	
			Total Salaries:	\$	238,750

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
FICA	\$	11,658.00	
SUI	\$	792.00	
Health/Life	\$	22,858.00	
Disability	\$	122.00	
WC	\$	914.00	
Retirement Plan	\$	4,800.00	
	\$	-	
	\$	-	
		Total Fringe Benefit:	\$ 41,144
		Fringe Benefit %:	17.2331%

TOTAL SALARIES/BENEFITS: \$ 279,894**2) OPERATING EXPENSES:****Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense (excluding cohort FTE)	(Total FTE 3.23 - Cohort FTE 1.73) * 12 months * \$1212.5/FTE =	\$ 21,825
Total Occupancy:			\$ 21,825

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology.	FTE 3.23 * 12 months * \$41/FTE =	\$ 1,589
Program Materials	Materials directly related to cohort participation, including but not limited to those needed for cohort gatherings, cohort work spaces. \$4,000 per Phlebotomist participant, for 3 participants.	(\$4k phlebotomist training x 3 participants) + (\$327.75/month * 12 months) =	\$ 15,933
Total Materials & Supplies:			\$ 17,522

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage.	FTE 3.23 * 12 months * \$156.14/FTE =	\$ 6,052
Total General Operating:			\$ 6,052

Consultants/Subcontractors:

Consult/Subcontractr	Service Description	Rate/Formula	Cost
Demisha Burns	Continue assisting and supporting the research, identification, and development of an UMOJA HAP Resource Directory that will ultimately be available electronically and in paper form to holistically support the health of all Blacks/ African Americans in San Francisco.	about 260 hr throughout 12 months x \$230/hr	\$ 60,000

		Total Consultants/Subcontractors:		\$	60,000
		TOTAL OPERATING EXPENSES:		\$	105,399
		TOTAL DIRECT COSTS:		\$	385,293
Please list here the personnel and ledger expenses that are included in your shared costs?					
				Amount	
TOTAL SALARIES/BENEFITS:				\$	279,894
TOTAL OPERATING EXPENSES:				\$	45,399
Total Operating Expense does not include Subcontractor Costs		Total:		\$	325,293
4) INDIRECT COSTS	Indirect Rate:	14.90%		TOTAL INDIRECT COSTS:	\$ 48,477
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.					
		TOTAL EXPENSES:		\$	433,770

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		CAPACITY BUILDING Integration of HIV/STI/HCV Testing		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Capacity Building Manager	0.66667	54,207	100%	54,207
HAP Manager	0.40000	37,080	100%	37,080
Lead Lab Technician	0.55000	47,238	100%	47,238
Manager, Clinical Operations	0.45000	58,687	100%	58,687
Director, Strut Programs and Services	0.12000	18,545	100%	18,545
Associate Vice President of Clinic Administration	0.05000	10,000	100%	10,000
Total FTE & Salaries	2.23667	225,757	100%	225,757
Fringe Benefits	27.00%	60,956	100%	60,956
Total Personnel Expenses		286,713	100%	286,713
Operating Expenses		Expense	%	Totals
Total Occupancy		37,132	100%	37,132
Total Materials and Supplies		1,289	100%	1,289
Total General Operating		4,909	100%	4,909
Total Staff Travel			0%	-
Consultants/Subcontractor:		-	0%	-
Total Operating Expenses		43,330	100%	43,330
Total Direct Expenses		330,043	100%	330,043
Indirect Expenses	15.00%	49,506	100%	49,506
TOTAL EXPENSES		379,549	100%	379,549
Unit of Service Type		Months		
Number of UOS per Service Mode		12		12
Cost Per UOS by Service Mode		\$31,629.09		
Number of UDC/NOC per Service Mode		N/A		N/A

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2025 - 6/30/2026

Staff Position 1	Capacity Building Manager				
Duties related to this program and UDC served	Will work with community partners to adapt successful models and create one-stop shop to support the Health Access Point to provide integrated HIV, STD, and HIV testing; linkage and navigation to pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), HIV care, HCV and STD treatment, primary care, safer sex supply distribution, education and behavioral health services. Will ensure efforts are community driven, holistic, accessible, welcoming, sex-positive, trauma informed and culturally resonant with the goal of establishing a comprehensive range of linked, integrated sexual health service.				
Degree, license, experience	Bachelor's degree or equivalent or minimum 2 years of experience in a community based organization setting.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	81,310	1.00000	8	0.66667	\$ 54,207
Staff Position 2:	HAP Manager				
Duties re program and UDC served	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	92,700	0.40000	12	0.40000	\$ 37,080
Staff Position 3:	Lead Lab Technician				
Duties re prog/UDC	This position will be responsible for supervising the SFAF-wide lab tech team and working with the Director of Clinical Operations to oversee laboratory services. This position also serves as a lab tech as needed.				
Degree, license exp	Must have an active CPT License with the California Department of Public Health; Experience working with diverse populations including but not limited to LGBTQ+, injection drug users, and unhoused individuals; Must have two years of experience supervising staff; A minimum of three years of experience working in a laboratory setting; Must have two years of experience as a licensed phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	85,887	0.55000	12	0.55000	\$ 47,238
Staff Position 4:	Manager, Clinical Operations				
Duties related to this program and UDC served	manages and supports day-to-day clinical operations at Strut, including scheduling, training and leading a team of individuals responsible for registering and scheduling clients, and inventory management. This position ensures an integrated and coordinated client experience, partnering with the clinicians and lab techs to deliver excellent sexual health and gender affirming services to communities most impacted by health disparities. Client engagement, quality assurance, and clinical operations.				
Degree, license exp	Bachelor's Degree or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	130,415	0.45000	12	0.45000	\$ 58,687
Staff Position 5:	Director, Strut Programs and Services				

Duties re program and UDC served	Responsible for managing and supporting various projects Provides advanced problem-solving, troubleshooting, and consultation with the SFDPH to resolve programmatic or service concerns. Provides advanced problem-solving, troubleshooting, and consultation to maintain a positive workplace environment. Ensures provision of a safe and welcoming environment to build rapport with clients and visitors. Ensures team provides high-quality support and assistance for clients accessing clinical services with a specific focus on sexual health services. Supports in the de-escalation of client incidents and developing processes to address client-related incidents.				
Degree, license exp	Bachelors or equivalent. Minimum of 3 years of work in non-profit management required. Experience working with LGBTQ populations, people of color, people who use drugs, and people experiencing homelessness.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	154,546	0.12000	12	0.12000	\$ 18,545

Staff Position 6:	Associate Vice President of Clinic Administration				
Duties re program and UDC served	Responsible for supporting coordination and collaboration between and within syringe access, clinical services and behavioral health. Partners with leaders to create a comprehensive service delivery continuum that centers priority communities, including people living with HIV and people who inject drugs. Provides oversight, administrative support, and assist with program design and implementation.				
Degree, license exp	Master's degree in psychology, social services, business or related disciplines highly regarded. Requirements also include 5+ years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	200,000	0.10000	6	0.05000	\$ 10,000
Total FTE, Base:					2.62000
Annualized:					2.23667
Total Salaries:					\$ 225,757

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
FICA	\$		17,270.00
SUI	\$		1,174.00
Health/Life	\$		33,864.00
Disability	\$		182.00
WC	\$		1,355.00
Retirement Plan	\$		7,111.00
	\$		-
	\$		-
Total Fringe Benefit:		\$	60,956
Fringe Benefit %:			27.00%
TOTAL SALARIES/BENEFITS:		\$	286,713

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost

Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense.	FTE 2.62 * 12 months * \$1181.04/FTE =	\$ 37,132
Total Occupancy:			\$ 37,132

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology.	FTE 2.62 * 12 months * \$41/FTE =	\$ 1,289
Total Materials & Supplies:			\$ 1,289

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage.	FTE 2.62 * 12 months * \$156.15/FTE =	\$ 4,909
Total General Operating:			\$ 4,909

Please list here the personnel and ledger expenses that are included in your shared costs?				TOTAL OPERATING EXPENSES:	\$ 43,330
				TOTAL DIRECT COSTS:	\$ 330,043
				Amount	
TOTAL SALARIES/BENEFITS:				\$	286,713
TOTAL OPERATING EXPENSES:				\$	43,330
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 49,506
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.					
				TOTAL EXPENSES:	\$ 379,549

7/1/2026 - 6/30/2027

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		CAPACITY BUILDING Integration of HIV/STI/HCV Testing		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Capacity Building Manager	0.66667	54,207	100%	54,207
HAP Manager	0.40000	37,080	100%	37,080
Lead Lab Technician	0.55000	47,238	100%	47,238
Manager, Clinical Operations	0.45000	58,687	100%	58,687
Director, Strut Programs and Services	0.12000	18,545	100%	18,545
Associate Vice President of Clinic Administration	0.05000	10,000	100%	10,000
Total FTE & Salaries	2.23667	225,757	100%	225,757
Fringe Benefits	27.00%	60,956	100%	60,956
Total Personnel Expenses		286,713	100%	286,713
Operating Expenses		Expense	%	Totals
Total Occupancy		37,132	100%	37,132
Total Materials and Supplies		1,289	100%	1,289
Total General Operating		4,909	100%	4,909
Total Staff Travel			0%	-
Consultants/Subcontractor:		-	0%	-
Total Operating Expenses		43,330	100%	43,330
Total Direct Expenses		330,043	100%	330,043
Indirect Expenses	15.00%	49,506	100%	49,506
TOTAL EXPENSES		379,549	100%	379,549
Unit of Service Type		Months		
Number of UOS per Service Mode		12		12
Cost Per UOS by Service Mode		\$31,629.09		
Number of UDC/NOC per Service Mode		N/A		N/A

BUDGET JUSTIFICATION

1a) SALARIES					
7/1/2026 - 6/30/2027					
Staff Position 1	Capacity Building Manager				
Duties related to this program and UDC served	Will work with community partners to adapt successful models and create one-stop shop to support the Health Access Point to provide integrated HIV, STD, and HIV testing; linkage and navigation to pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), HIV care, HCV and STD treatment, primary care, safer sex supply distribution, education and behavioral health services. Will ensure efforts are community driven, holistic, accessible, welcoming, sex-positive, trauma informed and culturally resonant with the goal of establishing a comprehensive range of linked, integrated sexual health service.				
Degree, license, experience	Bachelor's degree or equivalent or minimum 2 years of experience in a community based organization setting.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	81,310	1.00000	8	0.66667	\$ 54,207
Staff Position 2:	HAP Manager				
Duties re program and UDC served	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	92,700	0.40000	12	0.40000	\$ 37,080
Staff Position 3:	Lead Lab Technician				
Duties re prog/UDC	This position will be responsible for supervising the SFAF-wide lab tech team and working with the Director of Clinical Operations to oversee laboratory services. This position also serves as a lab tech as needed.				
Degree, license exp	Must have an active CPT License with the California Department of Public Health; Experience working with diverse populations including but not limited to LGBTQ+, injection drug users, and unhoused individuals; Must have two years of experience supervising staff; A minimum of three years of experience working in a laboratory setting; Must have two years of experience as a licensed phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	85,887	0.55000	12	0.55000	\$ 47,238
Staff Position 4:	Manager, Clinical Operations				
Duties related to this program and UDC served	manages and supports day-to-day clinical operations at Strut, including scheduling, training and leading a team of individuals responsible for registering and scheduling clients, and inventory management. This position ensures an integrated and coordinated client experience, partnering with the clinicians and lab techs to deliver excellent sexual health and gender affirming services to communities most impacted by health disparities. Client engagement, quality assurance, and clinical operations.				
Degree, license exp	Bachelor's Degree or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	130,415	0.45000	12	0.45000	\$ 58,687
Staff Position 5:	Director, Strut Programs and Services				
Duties re program and UDC served	Responsible for managing and supporting various projects Provides advanced problem-solving, troubleshooting, and consultation with the SFDPH to resolve programmatic or service concerns. Provides advanced problem-solving, troubleshooting, and consultation to maintain a positive workplace environment. Ensures provision of a safe and welcoming environment to build rapport with clients and visitors. Ensures team provides high-quality support and assistance for clients accessing clinical services with a specific focus on sexual health services. Supports in the de-escalation of client incidents and developing processes to address client-related incidents.				

Degree, license exp	Bachelors or equivalent. Minimum of 3 years of work in non-profit management required. Experience working with LGBTQ populations, people of color, people who use drugs, and people experiencing homelessness.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	154,546	0.12000	12	0.12000	\$ 18,545

Staff Position 6:	Associate Vice President of Clinic Administration				
Duties re program and UDC served	Responsible for supporting coordination and collaboration between and within syringe access, clinical services and behavioral health. Partners with leaders to create a comprehensive service delivery continuum that centers priority communities, including people living with HIV and people who inject drugs. Provides oversight, administrative support, and assist with program design and implementation.				
Degree, license exp	Master's degree in psychology, social services, business or related disciplines highly regarded. Requirements also include 5+ years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	200,000	0.10000	6	0.05000	\$ 10,000
Total FTE, Base:		2.62000	Annualized:	2.23667	
				Total Salaries:	\$ 225,757

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO		
FICA	\$	17,270.00
SUI	\$	1,174.00
Health/Life	\$	33,864.00
Disability	\$	182.00
WC	\$	1,355.00
Retirement Plan	\$	7,111.00
	\$	-
	\$	-
Total Fringe Benefit:		\$ 60,956
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 286,713

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense.	FTE 2.62 * 12 months * \$1181.04/FTE =	\$ 37,132
Total Occupancy:			\$ 37,132

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost

Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology.	FTE 2.62 * 12 months * \$41/FTE =	\$ 1,289

Total Materials & Supplies: \$ 1,289

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage.	FTE 2.62 * 12 months * \$156.15/FTE =	\$ 4,909

Total General Operating: \$ 4,909

				TOTAL OPERATING EXPENSES:	\$ 43,330
				TOTAL DIRECT COSTS:	\$ 330,043
Please list here the personnel and ledger expenses that are included in your shared costs?				Amount	
TOTAL SALARIES/BENEFITS:					\$ 286,713
TOTAL OPERATING EXPENSES:					\$ 43,330
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 49,506
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.					
				TOTAL EXPENSES:	\$ 379,549

7/1/2027 - 6/30/2028

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		CAPACITY BUILDING Integration of HIV/STI/HCV Testing		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Capacity Building Manager	0.66667	54,207	100%	54,207
HAP Manager	0.40000	37,080	100%	37,080
Lead Lab Technician	0.55000	47,238	100%	47,238
Manager, Clinical Operations	0.45000	58,687	100%	58,687
Director, Strut Programs and Services	0.12000	18,545	100%	18,545
Associate Vice President of Clinic Administration	0.05000	10,000	100%	10,000
Total FTE & Salaries	2.23667	225,757	100%	225,757
Fringe Benefits	27.00%	60,956	100%	60,956
Total Personnel Expenses		286,713	100%	286,713
Operating Expenses		Expense	%	Totals
Total Occupancy		37,132	100%	37,132
Total Materials and Supplies		1,289	100%	1,289
Total General Operating		4,909	100%	4,909
Total Staff Travel			0%	-
Consultants/Subcontractor:		-	0%	-
Total Operating Expenses		43,330	100%	43,330
Total Direct Expenses		330,043	100%	330,043
Indirect Expenses	15.00%	49,506	100%	49,506
TOTAL EXPENSES		379,549	100%	379,549
Unit of Service Type		Months		
Number of UOS per Service Mode		12		12
Cost Per UOS by Service Mode		\$31,629.09		
Number of UDC/NOC per Service Mode		N/A		N/A

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2027 - 6/30/2028

Staff Position 1	Capacity Building Manager				
Duties related to this program and UDC served	Will work with community partners to adapt successful models and create one-stop shop to support the Health Access Point to provide integrated HIV, STD, and HIV testing; linkage and navigation to pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), HIV care, HCV and STD treatment, primary care, safer sex supply distribution, education and behavioral health services. Will ensure efforts are community driven, holistic, accessible, welcoming, sex-positive, trauma informed and culturally resonant with the goal of establishing a comprehensive range of linked, integrated sexual health service.				
Degree, license, experience	Bachelor's degree or equivalent or minimum 2 years of experience in a community based organization setting.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	81,310	1.00000	8	0.66667	\$ 54,207
Staff Position 2:	HAP Manager				
Duties re program and UDC served	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	92,700	0.40000	12	0.40000	\$ 37,080
Staff Position 3:	Lead Lab Technician				
Duties re prog/UDC	This position will be responsible for supervising the SFAF-wide lab tech team and working with the Director of Clinical Operations to oversee laboratory services. This position also serves as a lab tech as needed.				
Degree, license exp	Must have an active CPT License with the California Department of Public Health; Experience working with diverse populations including but not limited to LGBTQ+, injection drug users, and unhoused individuals; Must have two years of experience supervising staff; A minimum of three years of experience working in a laboratory setting; Must have two years of experience as a licensed phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	85,887	0.55000	12	0.55000	\$ 47,238
Staff Position 4:	Manager, Clinical Operations				
Duties related to this program and UDC served	manages and supports day-to-day clinical operations at Strut, including scheduling, training and leading a team of individuals responsible for registering and scheduling clients, and inventory management. This position ensures an integrated and coordinated client experience, partnering with the clinicians and lab techs to deliver excellent sexual health and gender affirming services to communities most impacted by health disparities. Client engagement, quality assurance, and clinical operations.				
Degree, license exp	Bachelor's Degree or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	130,415	0.45000	12	0.45000	\$ 58,687
Staff Position 5:	Director, Strut Programs and Services				

Duties re program and UDC served	Responsible for managing and supporting various projects Provides advanced problem-solving, troubleshooting, and consultation with the SFDPH to resolve programmatic or service concerns. Provides advanced problem-solving, troubleshooting, and consultation to maintain a positive workplace environment. Ensures provision of a safe and welcoming environment to build rapport with clients and visitors. Ensures team provides high-quality support and assistance for clients accessing clinical services with a specific focus on sexual health services. Supports in the de-escalation of client incidents and developing processes to address client-related incidents.				
Degree, license exp	Bachelors or equivalent. Minimum of 3 years of work in non-profit management required. Experience working with LGBTQ populations, people of color, people who use drugs, and people experiencing homelessness.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	154,546	0.12000	12	0.12000	\$ 18,545

Staff Position 6: Associate Vice President of Clinic Administration					
Duties re program and UDC served	Responsible for supporting coordination and collaboration between and within syringe access, clinical services and behavioral health. Partners with leaders to create a comprehensive service delivery continuum that centers priority communities, including people living with HIV and people who inject drugs. Provides oversight, administrative support, and assist with program design and implementation.				
Degree, license exp	Master's degree in psychology, social services, business or related disciplines highly regarded. Requirements also include 5+ years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	200,000	0.10000	6	0.05000	\$ 10,000
	Total FTE, Base:	2.62000	Annualized:	2.23667	
				Total Salaries:	\$ 225,757

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
FICA	\$	17,270.00	
SUI	\$	1,174.00	
Health/Life	\$	33,864.00	
Disability	\$	182.00	
WC	\$	1,355.00	
Retirement Plan	\$	7,111.00	
	\$	-	
	\$	-	
		Total Fringe Benefit:	\$ 60,956
		Fringe Benefit %:	27.00%
		TOTAL SALARIES/BENEFITS:	\$ 286,713

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost

Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense.	FTE 2.62 * 12 months * \$1181.04/FTE =	\$ 37,132
Total Occupancy:			\$ 37,132

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology.	FTE 2.62 * 12 months * \$41/FTE =	\$ 1,289
Total Materials & Supplies:			\$ 1,289

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage.	FTE 2.62 * 12 months * \$156.15/FTE =	\$ 4,909
Total General Operating:			\$ 4,909

Please list here the personnel and ledger expenses that are included in your shared costs?				TOTAL OPERATING EXPENSES:	\$ 43,330
				TOTAL DIRECT COSTS:	\$ 330,043
				Amount	
TOTAL SALARIES/BENEFITS:				\$	286,713
TOTAL OPERATING EXPENSES:				\$	43,330
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 49,506
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.					
				TOTAL EXPENSES:	\$ 379,549

7/1/2028 - 6/30/2029

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		CAPACITY BUILDING Integration of HIV/STI/HCV Testing		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Capacity Building Manager	0.66667	54,207	100%	54,207
HAP Manager	0.40000	37,080	100%	37,080
Lead Lab Technician	0.55000	47,238	100%	47,238
Manager, Clinical Operations	0.45000	58,687	100%	58,687
Director, Strut Programs and Services	0.12000	18,545	100%	18,545
Associate Vice President of Clinic Administration	0.05000	10,000	100%	10,000
Total FTE & Salaries	2.23667	225,757	100%	225,757
Fringe Benefits	27.00%	60,956	100%	60,956
Total Personnel Expenses		286,713	100%	286,713
Operating Expenses		Expense	%	Totals
Total Occupancy		37,132	100%	37,132
Total Materials and Supplies		1,289	100%	1,289
Total General Operating		4,909	100%	4,909
Total Staff Travel			0%	-
Consultants/Subcontractor:		-	0%	-
Total Operating Expenses		43,330	100%	43,330
Total Direct Expenses		330,043	100%	330,043
Indirect Expenses	15.00%	49,506	100%	49,506
TOTAL EXPENSES		379,549	100%	379,549
Unit of Service Type		Months		
Number of UOS per Service Mode		12		12
Cost Per UOS by Service Mode		\$31,629.09		
Number of UDC/NOC per Service Mode		N/A		N/A

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2028 - 6/30/2029

Staff Position 1	Capacity Building Manager				
Duties related to this program and UDC served	Will work with community partners to adapt successful models and create one-stop shop to support the Health Access Point to provide integrated HIV, STD, and HIV testing; linkage and navigation to pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), HIV care, HCV and STD treatment, primary care, safer sex supply distribution, education and behavioral health services. Will ensure efforts are community driven, holistic, accessible, welcoming, sex-positive, trauma informed and culturally resonant with the goal of establishing a comprehensive range of linked, integrated sexual health service.				
Degree, license, experience	Bachelor's degree or equivalent or minimum 2 years of experience in a community based organization setting.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	81,310	1.00000	8	0.66667	\$ 54,207
Staff Position 2:	HAP Manager				
Duties re program and UDC served	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	92,700	0.40000	12	0.40000	\$ 37,080
Staff Position 3:	Lead Lab Technician				
Duties re prog/UDC	This position will be responsible for supervising the SFAF-wide lab tech team and working with the Director of Clinical Operations to oversee laboratory services. This position also serves as a lab tech as needed.				
Degree, license exp	Must have an active CPT License with the California Department of Public Health; Experience working with diverse populations including but not limited to LGBTQ+, injection drug users, and unhoused individuals; Must have two years of experience supervising staff; A minimum of three years of experience working in a laboratory setting; Must have two years of experience as a licensed phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	85,887	0.55000	12	0.55000	\$ 47,238
Staff Position 4:	Manager, Clinical Operations				
Duties related to this program and UDC served	manages and supports day-to-day clinical operations at Strut, including scheduling, training and leading a team of individuals responsible for registering and scheduling clients, and inventory management. This position ensures an integrated and coordinated client experience, partnering with the clinicians and lab techs to deliver excellent sexual health and gender affirming services to communities most impacted by health disparities. Client engagement, quality assurance, and clinical operations.				
Degree, license exp	Bachelor's Degree or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	130,415	0.45000	12	0.45000	\$ 58,687
Staff Position 5:	Director, Strut Programs and Services				

Duties re program and UDC served	Responsible for managing and supporting various projects Provides advanced problem-solving, troubleshooting, and consultation with the SFDPH to resolve programmatic or service concerns. Provides advanced problem-solving, troubleshooting, and consultation to maintain a positive workplace environment. Ensures provision of a safe and welcoming environment to build rapport with clients and visitors. Ensures team provides high-quality support and assistance for clients accessing clinical services with a specific focus on sexual health services. Supports in the de-escalation of client incidents and developing processes to address client-related incidents.				
Degree, license exp	Bachelors or equivalent. Minimum of 3 years of work in non-profit management required. Experience working with LGBTQ populations, people of color, people who use drugs, and people experiencing homelessness.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	154,546	0.12000	12	0.12000	\$ 18,545

Staff Position 6:	Associate Vice President of Clinic Administration				
Duties re program and UDC served	Responsible for supporting coordination and collaboration between and within syringe access, clinical services and behavioral health. Partners with leaders to create a comprehensive service delivery continuum that centers priority communities, including people living with HIV and people who inject drugs. Provides oversight, administrative support, and assist with program design and implementation.				
Degree, license exp	Master's degree in psychology, social services, business or related disciplines highly regarded. Requirements also include 5+ years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	200,000	0.10000	6	0.05000	\$ 10,000
Total FTE, Base:		2.62000	Annualized:	2.23667	
				Total Salaries:	\$ 225,757

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO		
FICA	\$	17,270.00
SUI	\$	1,174.00
Health/Life	\$	33,864.00
Disability	\$	182.00
WC	\$	1,355.00
Retirement Plan	\$	7,111.00
	\$	-
	\$	-
Total Fringe Benefit:		\$ 60,956
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 286,713

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost

Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense.	FTE 2.62 * 12 months * \$1181.04/FTE =	\$ 37,132

Total Occupancy: \$ 37,132

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology.	FTE 2.62 * 12 months * \$41/FTE =	\$ 1,289

Total Materials & Supplies: \$ 1,289

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage.	FTE 2.62 * 12 months * \$156.15/FTE =	\$ 4,909

Total General Operating: \$ 4,909

				TOTAL OPERATING EXPENSES:	\$ 43,330
				TOTAL DIRECT COSTS:	\$ 330,043
Please list here the personnel and ledger expenses that are included in your shared costs?				Amount	
TOTAL SALARIES/BENEFITS:					\$ 286,713
TOTAL OPERATING EXPENSES:					\$ 43,330
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 49,506
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.					
				TOTAL EXPENSES:	\$ 379,549

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		CAPACITY BUILDING Integration of HIV/STI/HCV Testing		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Capacity Building Manager	0.66667	54,207	100%	54,207
HAP Manager	0.40000	37,080	100%	37,080
Lead Lab Technician	0.55000	47,238	100%	47,238
Manager, Clinical Operations	0.45000	58,687	100%	58,687
Director, Strut Programs and Services	0.12000	18,545	100%	18,545
Associate Vice President of Clinic Administration	0.05000	10,000	100%	10,000
Total FTE & Salaries	2.23667	225,757	100%	225,757
Fringe Benefits	27.00%	60,956	100%	60,956
Total Personnel Expenses		286,713	100%	286,713
Operating Expenses		Expense	%	Totals
Total Occupancy		37,132	100%	37,132
Total Materials and Supplies		1,289	100%	1,289
Total General Operating		4,909	100%	4,909
Total Staff Travel			0%	-
Consultants/Subcontractor:		-	0%	-
Total Operating Expenses		43,330	100%	43,330
Total Direct Expenses		330,043	100%	330,043
Indirect Expenses	15.00%	49,506	100%	49,506
TOTAL EXPENSES		379,549	100%	379,549
Unit of Service Type		Months		
Number of UOS per Service Mode		12		12
Cost Per UOS by Service Mode		\$31,629.09		
Number of UDC/NOC per Service Mode		N/A		N/A

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2029 - 6/30/2030

Staff Position 1	Capacity Building Manager				
Duties related to this program and UDC served	Will work with community partners to adapt successful models and create one-stop shop to support the Health Access Point to provide integrated HIV, STD, and HIV testing; linkage and navigation to pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), HIV care, HCV and STD treatment, primary care, safer sex supply distribution, education and behavioral health services. Will ensure efforts are community driven, holistic, accessible, welcoming, sex-positive, trauma informed and culturally resonant with the goal of establishing a comprehensive range of linked, integrated sexual health service.				
Degree, license, experience	Bachelor's degree or equivalent or minimum 2 years of experience in a community based organization setting.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	81,310	1.00000	8	0.66667	\$ 54,207
Staff Position 2:	HAP Manager				
Duties re program and UDC served	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	92,700	0.40000	12	0.40000	\$ 37,080
Staff Position 3:	Lead Lab Technician				
Duties re prog/UDC	This position will be responsible for supervising the SFAF-wide lab tech team and working with the Director of Clinical Operations to oversee laboratory services. This position also serves as a lab tech as needed.				
Degree, license exp	Must have an active CPT License with the California Department of Public Health; Experience working with diverse populations including but not limited to LGBTQ+, injection drug users, and unhoused individuals; Must have two years of experience supervising staff; A minimum of three years of experience working in a laboratory setting; Must have two years of experience as a licensed phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	85,887	0.55000	12	0.55000	\$ 47,238
Staff Position 4:	Manager, Clinical Operations				
Duties related to this program and UDC served	manages and supports day-to-day clinical operations at Strut, including scheduling, training and leading a team of individuals responsible for registering and scheduling clients, and inventory management. This position ensures an integrated and coordinated client experience, partnering with the clinicians and lab techs to deliver excellent sexual health and gender affirming services to communities most impacted by health disparities. Client engagement, quality assurance, and clinical operations.				
Degree, license exp	Bachelor's Degree or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	130,415	0.45000	12	0.45000	\$ 58,687
Staff Position 5:	Director, Strut Programs and Services				

Duties re program and UDC served	Responsible for managing and supporting various projects Provides advanced problem-solving, troubleshooting, and consultation with the SFDPH to resolve programmatic or service concerns. Provides advanced problem-solving, troubleshooting, and consultation to maintain a positive workplace environment. Ensures provision of a safe and welcoming environment to build rapport with clients and visitors. Ensures team provides high-quality support and assistance for clients accessing clinical services with a specific focus on sexual health services. Supports in the de-escalation of client incidents and developing processes to address client-related incidents.				
Degree, license exp	Bachelors or equivalent. Minimum of 3 years of work in non-profit management required. Experience working with LGBTQ populations, people of color, people who use drugs, and people experiencing homelessness.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	154,546	0.12000	12	0.12000	\$ 18,545

Staff Position 6:	Associate Vice President of Clinic Administration				
Duties re program and UDC served	Responsible for supporting coordination and collaboration between and within syringe access, clinical services and behavioral health. Partners with leaders to create a comprehensive service delivery continuum that centers priority communities, including people living with HIV and people who inject drugs. Provides oversight, administrative support, and assist with program design and implementation.				
Degree, license exp	Master's degree in psychology, social services, business or related disciplines highly regarded. Requirements also include 5+ years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	200,000	0.10000	6	0.05000	\$ 10,000
Total FTE, Base:		2.62000	Annualized:	2.23667	
				Total Salaries:	\$ 225,757

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO		
FICA	\$	17,270.00
SUI	\$	1,174.00
Health/Life	\$	33,864.00
Disability	\$	182.00
WC	\$	1,355.00
Retirement Plan	\$	7,111.00
	\$	-
	\$	-
Total Fringe Benefit:		\$ 60,956
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 286,713

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost

Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense.	FTE 2.62 * 12 months * \$1181.04/FTE =	\$ 37,132
Total Occupancy:			\$ 37,132

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology.	FTE 2.62 * 12 months * \$41/FTE =	\$ 1,289
Total Materials & Supplies:			\$ 1,289

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage.	FTE 2.62 * 12 months * \$156.15/FTE =	\$ 4,909
Total General Operating:			\$ 4,909

				TOTAL OPERATING EXPENSES:	\$ 43,330
				TOTAL DIRECT COSTS:	\$ 330,043
Please list here the personnel and ledger expenses that are included in your shared costs?				Amount	
TOTAL SALARIES/BENEFITS:					\$ 286,713
TOTAL OPERATING EXPENSES:					\$ 43,330
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 49,506
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.					
				TOTAL EXPENSES:	\$ 379,549

CAT 4: GAY/MSM HEALTH ACCESS POINT (HA)

UOS COST ALLOCATION BY SERVICE MODE

CHEP General

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		PREVENTION AND TREATMENT MEDICATION		CONDOM DISTRIBUTION		LINKAGE AND NAVIGATION		COMMUNITY ENGAGEMENT AND MOBILIZATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Lab Technician	0.64000	44,573	90%	4,953	10%	-	0%		0%		0%	49,525
Lead Lab Technician	0.12000	9,275	90%	1,031	10%	-	0%		0%		0%	10,306
Program Manager, Health Access Poi	0.31000	17,817	62%	8,621	30%	862	3%	1,437	5%		0%	28,737
Health Navigation	2.16000	71,507	60%	35,754	30%	3,575	3%	8,343	7%		0%	119,179
Manager, Health Navigation	0.61000	12,688	20%	19,032	30%	1,903	3%	29,817	47%		0%	63,440
Registered Nurse	0.78000	77,544	67%	34,721	30%	3,472	3%		0%		0%	115,737
Nurse Practitioner	0.50000	52,791	62%	29,801	35%		0%	2,554	3%		0%	85,147
Senior Director, Clinical Services	0.26000	29,935	55%	21,771	40%		0%	2,721	5%		0%	54,428
Manager, Clinical Operation	0.45000	17,447	30%	11,631	20%	5,816	10%	17,447	30%	5,816	10%	58,156
Supervisor, Counselor II	0.70000	12,697	20%	12,697	20%	-	0%	38,092	60%		0%	63,487
Associate Vice President of Clinic Adm	0.02500	1,250	25%	1,250	25%		0%	1,250	25%	1,250	25%	5,000
Total FTE & Salaries	6.55500	347,525	53%	181,262	28%	15,628	2%	101,661	16%	7,066	1%	653,142
Fringe Benefits	27.00%	93,832	53%	48,941	28%	4,220	2%	27,448	16%	1,906	1%	176,348
Total Personnel Expenses		441,357	53%	230,203	28%	19,848	2%	129,109	16%	8,972	1%	829,490
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		93,256	100%		0%		0%		0%		0%	93,256
Total Materials and Supplies		2,974	50%	2,974	50%		0%		0%		0%	5,948
Total General Operating		11,004	50%	11,004	50%		0%		0%		0%	22,008
Total Staff Travel		-	0%		0%		0%		0%		0%	-
Consultants/Subcontractor:		52,000	25%		0%		0%	104,000	50%	52,000	25%	208,000
			0%		0%		0%		0%		0%	-
Total Operating Expenses		159,234	48%	13,978		-		104,000		52,000		329,212
Total Direct Expenses		600,591	52%	244,181	21%	19,848	2%	233,109	20%	60,972	5%	1,158,702
Indirect Expenses	12.3%	73,918	52%	30,053	21%	2,443	2%	28,690	20%	7,503	5%	142,607
TOTAL EXPENSES		674,509	52%	274,234	21%	22,291	2%	261,799	20%	68,475	5%	1,301,309
Unit of Service Type		Test		Months		Months		Months		Months		
Number of UOS per Service Mode		27,120		12		12		12		12		27,168
Cost Per UOS by Service Mode		\$24.88		\$22,852.85		\$1,857.64		\$21,816.62		\$5,706.26		
Number of UDC/NOC per Service Mode		10,200		N/A		N/A		865		276		11341

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2025 - 6/30/2026

Staff Position 1	Lab Technician				
Duties re program and UDC served	Performs phlebotomy services for confirmatory HIV antibody testing and RNA testing. Prepares specimen collection for transport to SFDPH laboratory.				
Degree, license, experience	State certified phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	77,383	0.64000	12	0.64000	\$ 49,525
Staff Position 2:	Lead Lab Technician				
Duties re program and UDC served	This position will be responsible for supervising the SFAF-wide lab tech team and working with the Director of Clinical Operations to oversee laboratory services. This position also serves as a lab tech as needed.				
Degree, license exp	Must have an active CPT License with the California Department of Public Health; Experience working with diverse populations including but not limited to LGBTQ+, injection drug users, and unhoused individuals; Must have two years of experience supervising staff; A minimum of three years of experience working in a laboratory setting; Must have two years of experience as a licensed phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	85,887	0.12000	12	0.12000	\$ 10,306
Staff Position 3:	Program Manager, Health Access Points (HAP)				
Duties re prog/UDC	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	92,700	0.31000	12	0.31000	\$ 28,737
Staff Position 4:	Health Navigation				
Duties related to this program and UDC served	Answers phone calls, greets and connects clients and visitors to pertinent services, resources or staff. Screens clients for COVID-19 exposure and/or symptoms. Assess client needs and concerns and provides support, assistance, information and referrals. Obtains patient demographic and verifying insurance information at each visit. Educates clients and visitors about SFAF programs, services and departments. Registers clients for services and schedules client appointments.				
Degree, license exp	HS Diploma, 3 years of experience in customer service, social work, or triage. Experience with an electronic health record system. Experience with target populations.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	55,175	2.16000	12	2.16000	\$ 119,179
Staff Position 5:	Manager, Health Navigation				
Duties re program and UDC served	The Manager, Health Navigation provides strategic and operational leadership to San Francisco AIDS Foundation's front-facing Resource Navigation team. : Manage day-to-day operations of the Health Navigation program, ensuring high-quality service delivery, compliance with contractual and internal standards, and client-centered experience. Provide direct client services when needed, including benefits navigation, linkage to care, and health system navigation. Serve as a leader in systems navigation, HIV and PrEP advocacy, and sexual health access for marginalized communities. Collaborate with SFAF's Policy and Clinical Services teams on relevant initiatives, policy development, and external systems coordination.				
Degree, license exp	Knowledge of HIV/AIDS and STI prevention, transmission and epidemiology. Ability to discuss HIV/STI risk and harm reduction strategies. Ability to discuss sex and sexuality comfortably. Working knowledge of the harm reduction model. Ability to develop curriculums and workshops on relevant topics. Knowledge of specialized benefits, such as Gilead Advancing Access, ADAP, PrEP-AP, PAN, PAF, Social Security benefits, long and short-term disability, COBRA, Medi-Cal, Medicare Parts A, B and D, and private medical insurance. Knowledge of the San Francisco Department of Public Health Community Health Network.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	104,000	0.61000	12	0.61000	\$ 63,440

Staff Position 6:	Registered Nurse				
Duties re program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	148,381	0.78000	12	0.78000	\$ 115,737
Staff Position 7:	Nurse Practitioner				
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	170,294	0.50000	12	0.50000	\$ 85,147
Staff Position 8:	Senior Director, Clinical Services				
Duties re program and UDC served	Provides strategic leadership, program development, and team management to enhance nursing services, clinical workflow and service delivery, clinical research partnerships, and strives to meet the evolving needs of communities. This individual is responsible for assessing community needs and designing innovative programs, particularly in sexual health and HIV prevention.				
Degree, license exp	Master's Degree Required with active Nurse Practitioner license. A minimum of five (5) years of recent related experience, which includes three (3) years in a senior leadership role with experience in operations, strategic initiative development and implementation, system planning, change management, financial and information management, and complex project management. Experience with Clinical Research Administration highly regarded. Experience working with HIV/AIDS, People of Color, People who use Drugs.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	209,338	0.26000	12	0.26000	\$ 54,428
Staff Position 9:	Manager, Clinical Operation				
Duties re program and UDC served	manages and supports day-to-day clinical operations at Strut, including scheduling, training and leading a team of individuals responsible for registering and scheduling clients, and inventory management. This position ensures an integrated and coordinated client experience, partnering with the clinicians and lab techs to deliver excellent sexual health and gender affirming services to communities most impacted by health disparities. Client engagement, quality assurance, and clinical operations.				
Degree, license exp	Bachelor's Degree or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	129,236	0.45000	12	0.45000	\$ 58,156
Staff Position 10:	Supervisor, Counselor II				
Duties re program and UDC served	Open to referrals from the HAP for individual counseling, group counseling, intakes & assessments, race equity & health justice, Workshops/events coordinator, client outreach.				

Degree, license exp	Master's degree in Counseling, Social Work, Marriage & Family Therapy, California BHS registration/licensure as a Social Worker, Marriage & Family Therapist, or Professional Counselor. 2 to 4 years of counseling experience required preferably with SFAF Priority communities. Experience or strong interest in providing services to active injection, non-injection and/or alcohol users in a model of care that accepts participant goals ranging from managed use to targeted abstinence to full abstinence.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	90,696	0.70000	12	0.70000	\$ 63,487
Staff Position 11:	Associate Vice President of Clinic Administration				
Duties re program and UDC served	Responsible for supporting coordination and collaboration between and within syringe access, clinical services and behavioral health. Partners with leaders to create a comprehensive service delivery continuum that centers priority communities, including people living with HIV and people who inject drugs. Provides oversight, administrative support, and assist with program design and implementation.				
Degree, license exp	Master's degree in psychology, social services, business or related disciplines highly regarded. Requirements also include 5+ years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	200,000	0.05000	6	0.02500	\$ 5,000
Total FTE, Base:		6.58000	Annualized:	6.55500	
				Total Salaries:	\$ 653,142

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
FICA	\$		49,965.36
SUI	\$		3,396.34
Health/Life	\$		97,971.30
Disability	\$		522.51
WC	\$		3,918.85
Retirement Plan	\$		20,573.97
	\$		-
	\$		-
		Total Fringe Benefit:	\$ 176,348
		Fringe Benefit %:	27.00%
		TOTAL SALARIES/BENEFITS:	\$ 829,490

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense	FTE 6.58 * 12 months * \$1181.05/FTE =	\$ 93,256
Total Occupancy:			\$ 93,256

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	Lab and Program Supplies: expenses such as water, clinic condoms, and testing materials like containers, tubes, and bandages.	\$225.87/Month * 12 Months =	\$ 2,710
Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology	FTE 6.58 * 12 months * \$41/FTE =	\$ 3,237
Total Materials & Supplies:			\$ 5,948

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Data Collection	Employee Health Record, eClinicalWorks license - 5 licenses at \$556.50 per month.	\$556.50 * 12 Months =	\$ 6,678
Staff Training	Training to Support Staff.	\$250/Training * 12 Months =	\$ 3,000
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage.	FTE 6.58 * 12 months * \$156.15/FTE =	\$ 12,330
Total General Operating:			\$ 22,008

Consultants/Subcontractors:

Consult/Subcontract	Service Description	Rate/Formula	Cost
SFCHC	Subcontract on cost reimbursement basis.	\$4,333.34/Month * 12 Months =	\$ 52,000
Glide	Subcontract on cost reimbursement basis.	\$4,333.34/Month * 12 Months =	\$ 52,000
Shanti	Subcontract on cost reimbursement basis.	\$8,666.67/Month * 12 Months =	\$ 104,000
Total Consultants/Subcontractors:			\$ 208,000

				TOTAL OPERATING EXPENSES:	\$ 329,212
				TOTAL DIRECT COSTS:	\$ 1,158,702
Please list here the personnel and ledger expenses that are included in your shared costs?				Amount	
TOTAL SALARIES/BENEFITS:					\$ 829,490
TOTAL OPERATING EXPENSES:					\$ 121,212
Total Operating Expense does not include Subcontractor Costs					\$ 950,702
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 142,607
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.					
Indirect Cost does not Include Subcontractor Costs					
				TOTAL EXPENSES:	\$ 1,301,309

CAT 4: GAY/MSM HEALTH ACCESS POINT (HA)

UOS COST ALLOCATION BY SERVICE MODE

CHEP General

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		PREVENTION AND TREATMENT MEDICATION		CONDOM DISTRIBUTION		LINKAGE AND NAVIGATION		COMMUNITY ENGAGEMENT AND MOBILIZATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Lab Technician	0.64000	44,573	90%	4,953	10%	-	0%		0%		0%	49,525
Lead Lab Technician	0.12000	9,275	90%	1,031	10%	-	0%		0%		0%	10,306
Program Manager, Health Access Poi	0.31000	17,817	62%	8,621	30%	862	3%	1,437	5%		0%	28,737
Health Navigation	2.16000	71,507	60%	35,754	30%	3,575	3%	8,343	7%		0%	119,179
Manager, Health Navigation	0.61000	12,688	20%	19,032	30%	1,903	3%	29,817	47%		0%	63,440
Registered Nurse	0.78000	77,544	67%	34,721	30%	3,472	3%		0%		0%	115,737
Nurse Practitioner	0.50000	52,791	62%	29,801	35%		0%	2,554	3%		0%	85,147
Senior Director, Clinical Services	0.26000	29,935	55%	21,771	40%		0%	2,721	5%		0%	54,428
Manager, Clinical Operation	0.45000	17,447	30%	11,631	20%	5,816	10%	17,447	30%	5,816	10%	58,156
Supervisor, Counselor II	0.70000	12,697	20%	12,697	20%	-	0%	38,092	60%		0%	63,487
Associate Vice President of Clinic Adm	0.02500	1,250	25%	1,250	25%		0%	1,250	25%	1,250	25%	5,000
Total FTE & Salaries	6.55500	347,525	53%	181,262	28%	15,628	2%	101,661	16%	7,066	1%	653,142
Fringe Benefits	27.00%	93,832	53%	48,941	28%	4,220	2%	27,448	16%	1,906	1%	176,348
Total Personnel Expenses		441,357	53%	230,203	28%	19,848	2%	129,109	16%	8,972	1%	829,490
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		93,256	100%		0%		0%		0%		0%	93,256
Total Materials and Supplies		2,974	50%	2,974	50%		0%		0%		0%	5,948
Total General Operating		11,004	50%	11,004	50%		0%		0%		0%	22,008
Total Staff Travel		-	0%		0%		0%		0%		0%	-
Consultants/Subcontractor:		52,000	25%		0%		0%	104,000	50%	52,000	25%	208,000
			0%		0%		0%		0%		0%	-
Total Operating Expenses		159,234	48%	13,978		-		104,000		52,000		329,212
Total Direct Expenses		600,591	52%	244,181	21%	19,848	2%	233,109	20%	60,972	5%	1,158,702
Indirect Expenses	12.3%	73,918	52%	30,053	21%	2,443	2%	28,690	20%	7,503	5%	142,607
TOTAL EXPENSES		674,509	52%	274,234	21%	22,291	2%	261,799	20%	68,475	5%	1,301,309
Unit of Service Type		Test		Months		Months		Months		Months		
Number of UOS per Service Mode		27,120		12		12		12		12		27,168
Cost Per UOS by Service Mode		\$24.88		\$22,852.85		\$1,857.64		\$21,816.62		\$5,706.26		
Number of UDC/NOC per Service Mode		10,200		N/A		N/A		865		276		11341

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2026 - 6/30/2027

Staff Position 1:	Lab Technician				
Duties re program and UDC served	Performs phlebotomy services for confirmatory HIV antibody testing and RNA testing. Prepares specimen collection for transport to SFDPH laboratory.				
Degree, license, experience	State certified phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	77,383	0.64000	12	0.64000	\$ 49,525
Staff Position 2:	Lead Lab Technician				
Duties re program and UDC served	This position will be responsible for supervising the SFAF-wide lab tech team and working with the Director of Clinical Operations to oversee laboratory services. This position also serves as a lab tech as needed.				
Degree, license exp	Must have an active CPT License with the California Department of Public Health; Experience working with diverse populations including but not limited to LGBTQ+, injection drug users, and unhoused individuals; Must have two years of experience supervising staff; A minimum of three years of experience working in a laboratory setting; Must have two years of experience as a licensed phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	85,887	0.12000	12	0.12000	\$ 10,306
Staff Position 3:	Program Manager, Health Access Points (HAP)				
Duties re prog/UDC	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	92,700	0.31000	12	0.31000	\$ 28,737
Staff Position 4:	Health Navigation				
Duties related to this program and UDC served	Answers phone calls, greets and connects clients and visitors to pertinent services, resources or staff. Screens clients for COVID-19 exposure and/or symptoms. Assess client needs and concerns and provides support, assistance, information and referrals. Obtains patient demographic and verifying insurance information at each visit. Educates clients and visitors about SFAF programs, services and departments. Registers clients for services and schedules client appointments.				
Degree, license exp	HS Diploma, 3 years of experience in customer service, social work, or triage. Experience with an electronic health record system. Experience with target populations.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	55,175	2.16000	12	2.16000	\$ 119,179
Staff Position 5:	Manager, Health Navigation				
Duties re program and UDC served	The Manager, Health Navigation provides strategic and operational leadership to San Francisco AIDS Foundation's front-facing Resource Navigation team. : Manage day-to-day operations of the Health Navigation program, ensuring high-quality service delivery, compliance with contractual and internal standards, and client-centered experience. Provide direct client services when needed, including benefits navigation, linkage to care, and health system navigation. Serve as a leader in systems navigation, HIV and PrEP advocacy, and sexual health access for marginalized communities. Collaborate with SFAF's Policy and Clinical Services teams on relevant initiatives, policy development, and external systems coordination.				
Degree, license exp	Knowledge of HIV/AIDS and STI prevention, transmission and epidemiology. Ability to discuss HIV/STI risk and harm reduction strategies. Ability to discuss sex and sexuality comfortably. Working knowledge of the harm reduction model. Ability to develop curriculums and workshops on relevant topics. Knowledge of specialized benefits, such as Gilead Advancing Access, ADAP, PrEP-AP, PAN, PAF, Social Security benefits, long and short-term disability, COBRA, Medi-Cal, Medicare Parts A, B and D, and private medical insurance. Knowledge of the San Francisco Department of Public Health Community Health Network.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	104,000	0.61000	12	0.61000	\$ 63,440

Staff Position 6:	Registered Nurse				
Duties re program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
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Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
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Staff Position 8:	Senior Director, Clinical Services				
Duties re program and UDC served	Provides strategic leadership, program development, and team management to enhance nursing services, clinical workflow and service delivery, clinical research partnerships, and strives to meet the evolving needs of communities. This individual is responsible for assessing community needs and designing innovative programs, particularly in sexual health and HIV prevention.				
Degree, license exp	Master's Degree Required with active Nurse Practitioner license. A minimum of five (5) years of recent related experience, which includes three (3) years in a senior leadership role with experience in operations, strategic initiative development and implementation, system planning, change management, financial and information management, and complex project management. Experience with Clinical Research Administration highly regarded. Experience working with HIV/AIDS, People of Color, People who use Drugs.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
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Duties re program and UDC served	manages and supports day-to-day clinical operations at Strut, including scheduling, training and leading a team of individuals responsible for registering and scheduling clients, and inventory management. This position ensures an integrated and coordinated client experience, partnering with the clinicians and lab techs to deliver excellent sexual health and gender affirming services to communities most impacted by health disparities. Client engagement, quality assurance, and clinical operations.				
Degree, license exp	Bachelor's Degree or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	129,236	0.45000	12	0.45000	\$ 58,156
Staff Position 10:	Supervisor, Counselor II				
Duties re program and UDC served	Open to referrals from the HAP for individual counseling, group counseling, intakes & assessments, race equity & health justice, Workshops/events coordinator, client outreach.				

Degree, license exp	Master's degree in Counseling, Social Work, Marriage & Family Therapy, California BHS registration/licensure as a Social Worker, Marriage & Family Therapist, or Professional Counselor. 2 to 4 years of counseling experience required preferably with SFAF Priority communities. Experience or strong interest in providing services to active injection, non-injection and/or alcohol users in a model of care that accepts participant goals ranging from managed use to targeted abstinence to full abstinence.				
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Duties re program and UDC served	Responsible for supporting coordination and collaboration between and within syringe access, clinical services and behavioral health. Partners with leaders to create a comprehensive service delivery continuum that centers priority communities, including people living with HIV and people who inject drugs. Provides oversight, administrative support, and assist with program design and implementation.				
Degree, license exp	Master's degree in psychology, social services, business or related disciplines highly regarded. Requirements also include 5+ years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	200,000	0.05000	6	0.02500	\$ 5,000
Total FTE, Base:		6.58000	Annualized:	6.55500	
				Total Salaries:	\$ 653,142

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
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Disability	\$		522.51
WC	\$		3,918.85
Retirement Plan	\$		20,573.97
	\$		-
	\$		-
		Total Fringe Benefit:	\$ 176,348
		Fringe Benefit %:	27.00%
		TOTAL SALARIES/BENEFITS:	\$ 829,490

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense	FTE 6.58 * 12 months * \$1181.05/FTE =	\$ 93,256
Total Occupancy:			\$ 93,256

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	Lab and Program Supplies: expenses such as water, clinic condoms, and testing materials like containers, tubes, and bandages.	\$225.87/Month * 12 Months =	\$ 2,710
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Consult/Subcontract	Service Description	Rate/Formula	Cost
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Shanti	Subcontract on cost reimbursement basis.	\$8,666.67/Month * 12 Months =	\$ 104,000
Total Consultants/Subcontractors:			\$ 208,000

				TOTAL OPERATING EXPENSES:	\$ 329,212
				TOTAL DIRECT COSTS:	\$ 1,158,702
Please list here the personnel and ledger expenses that are included in your shared costs?				Amount	
TOTAL SALARIES/BENEFITS:					\$ 829,490
TOTAL OPERATING EXPENSES:					\$ 121,212
Total Operating Expense does not include Subcontractor Costs					\$ 950,702
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 142,607
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.					
Indirect Cost does not Include Subcontractor Costs					
				TOTAL EXPENSES:	\$ 1,301,309

CAT 4: GAY/MSM HEALTH ACCESS POINT (HA)

UOS COST ALLOCATION BY SERVICE MODE

CHEP General

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		PREVENTION AND TREATMENT MEDICATION		CONDOM DISTRIBUTION		LINKAGE AND NAVIGATION		COMMUNITY ENGAGEMENT AND MOBILIZATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Lab Technician	0.64000	44,573	90%	4,953	10%	-	0%		0%		0%	49,525
Lead Lab Technician	0.12000	9,275	90%	1,031	10%	-	0%		0%		0%	10,306
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Associate Vice President of Clinic Adm	0.02500	1,250	25%	1,250	25%		0%	1,250	25%	1,250	25%	5,000
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Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		93,256	100%		0%		0%		0%		0%	93,256
Total Materials and Supplies		2,974	50%	2,974	50%		0%		0%		0%	5,948
Total General Operating		11,004	50%	11,004	50%		0%		0%		0%	22,008
Total Staff Travel		-	0%		0%		0%		0%		0%	-
Consultants/Subcontractor:		52,000	25%		0%		0%	104,000	50%	52,000	25%	208,000
			0%		0%		0%		0%		0%	-
Total Operating Expenses		159,234	48%	13,978		-		104,000		52,000		329,212
Total Direct Expenses		600,591	52%	244,181	21%	19,848	2%	233,109	20%	60,972	5%	1,158,702
Indirect Expenses	12.3%	73,918	52%	30,053	21%	2,443	2%	28,690	20%	7,503	5%	142,607
TOTAL EXPENSES		674,509	52%	274,234	21%	22,291	2%	261,799	20%	68,475	5%	1,301,309
Unit of Service Type		Test		Months		Months		Months		Months		
Number of UOS per Service Mode		27,120		12		12		12		12		27,168
Cost Per UOS by Service Mode		\$24.88		\$22,852.85		\$1,857.64		\$21,816.62		\$5,706.26		
Number of UDC/NOC per Service Mode		10,200		N/A		N/A		865		276		11341

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2027 - 6/30/2028

Staff Position 1	Lab Technician				
Duties re program and UDC served	Performs phlebotomy services for confirmatory HIV antibody testing and RNA testing. Prepares specimen collection for transport to SFDPH laboratory.				
Degree, license, experience	State certified phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	77,383	0.64000	12	0.64000	\$ 49,525
Staff Position 2:	Lead Lab Technician				
Duties re program and UDC served	This position will be responsible for supervising the SFAF-wide lab tech team and working with the Director of Clinical Operations to oversee laboratory services. This position also serves as a lab tech as needed.				
Degree, license exp	Must have an active CPT License with the California Department of Public Health; Experience working with diverse populations including but not limited to LGBTQ+, injection drug users, and unhoused individuals; Must have two years of experience supervising staff; A minimum of three years of experience working in a laboratory setting; Must have two years of experience as a licensed phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	85,887	0.12000	12	0.12000	\$ 10,306
Staff Position 3:	Program Manager, Health Access Points (HAP)				
Duties re prog/UDC	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	92,700	0.31000	12	0.31000	\$ 28,737
Staff Position 4:	Health Navigation				
Duties related to this program and UDC served	Answers phone calls, greets and connects clients and visitors to pertinent services, resources or staff. Screens clients for COVID-19 exposure and/or symptoms. Assess client needs and concerns and provides support, assistance, information and referrals. Obtains patient demographic and verifying insurance information at each visit. Educates clients and visitors about SFAF programs, services and departments. Registers clients for services and schedules client appointments.				
Degree, license exp	HS Diploma, 3 years of experience in customer service, social work, or triage. Experience with an electronic health record system. Experience with target populations.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	55,175	2.16000	12	2.16000	\$ 119,179
Staff Position 5:	Manager, Health Navigation				
Duties re program and UDC served	The Manager, Health Navigation provides strategic and operational leadership to San Francisco AIDS Foundation's front-facing Resource Navigation team. : Manage day-to-day operations of the Health Navigation program, ensuring high-quality service delivery, compliance with contractual and internal standards, and client-centered experience. Provide direct client services when needed, including benefits navigation, linkage to care, and health system navigation. Serve as a leader in systems navigation, HIV and PrEP advocacy, and sexual health access for marginalized communities. Collaborate with SFAF's Policy and Clinical Services teams on relevant initiatives, policy development, and external systems coordination.				
Degree, license exp	Knowledge of HIV/AIDS and STI prevention, transmission and epidemiology. Ability to discuss HIV/STI risk and harm reduction strategies. Ability to discuss sex and sexuality comfortably. Working knowledge of the harm reduction model. Ability to develop curriculums and workshops on relevant topics. Knowledge of specialized benefits, such as Gilead Advancing Access, ADAP, PrEP-AP, PAN, PAF, Social Security benefits, long and short-term disability, COBRA, Medi-Cal, Medicare Parts A, B and D, and private medical insurance. Knowledge of the San Francisco Department of Public Health Community Health Network.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	104,000	0.61000	12	0.61000	\$ 63,440

Staff Position 6:	Registered Nurse				
Duties re program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	148,381	0.78000	12	0.78000	\$ 115,737
Staff Position 7:	Nurse Practitioner				
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	170,294	0.50000	12	0.50000	\$ 85,147
Staff Position 8:	Senior Director, Clinical Services				
Duties re program and UDC served	Provides strategic leadership, program development, and team management to enhance nursing services, clinical workflow and service delivery, clinical research partnerships, and strives to meet the evolving needs of communities. This individual is responsible for assessing community needs and designing innovative programs, particularly in sexual health and HIV prevention.				
Degree, license exp	Master's Degree Required with active Nurse Practitioner license. A minimum of five (5) years of recent related experience, which includes three (3) years in a senior leadership role with experience in operations, strategic initiative development and implementation, system planning, change management, financial and information management, and complex project management. Experience with Clinical Research Administration highly regarded. Experience working with HIV/AIDS, People of Color, People who use Drugs.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	209,338	0.26000	12	0.26000	\$ 54,428
Staff Position 9:	Manager, Clinical Operation				
Duties re program and UDC served	manages and supports day-to-day clinical operations at Strut, including scheduling, training and leading a team of individuals responsible for registering and scheduling clients, and inventory management. This position ensures an integrated and coordinated client experience, partnering with the clinicians and lab techs to deliver excellent sexual health and gender affirming services to communities most impacted by health disparities. Client engagement, quality assurance, and clinical operations.				
Degree, license exp	Bachelor's Degree or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	129,236	0.45000	12	0.45000	\$ 58,156
Staff Position 10:	Supervisor, Counselor II				
Duties re program and UDC served	Open to referrals from the HAP for individual counseling, group counseling, intakes & assessments, race equity & health justice, Workshops/events coordinator, client outreach.				
Degree, license exp	Master's degree in Counseling, Social Work, Marriage & Family Therapy, California BHS registration/licensure as a Social Worker, Marriage & Family Therapist, or Professional Counselor. 2 to 4 years of counseling experience required preferably with SFAF Priority communities. Experience or strong interest in providing services to active injection, non-injection and/or alcohol users in a model of care that accepts participant goals ranging from managed use to targeted abstinence to full abstinence.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total

	90,696	0.70000	12	0.70000	\$ 63,487
Staff Position 11:	Associate Vice President of Clinic Administration				
Duties re program and UDC served	Responsible for supporting coordination and collaboration between and within syringe access, clinical services and behavioral health. Partners with leaders to create a comprehensive service delivery continuum that centers priority communities, including people living with HIV and people who inject drugs. Provides oversight, administrative support, and assist with program design and implementation.				
Degree, license exp	Master's degree in psychology, social services, business or related disciplines highly regarded. Requirements also include 5+ years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	200,000	0.05000	6	0.02500	\$ 5,000
Total FTE, Base:					6.58000
Annualized:					6.55500
Total Salaries:					\$ 653,142

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO	
FICA	\$ 49,965.36
SUI	\$ 3,396.34
Health/Life	\$ 97,971.30
Disability	\$ 522.51
WC	\$ 3,918.85
Retirement Plan	\$ 20,573.97
	\$ -
	\$ -
Total Fringe Benefit:	\$ 176,348
Fringe Benefit %:	27.00%
TOTAL SALARIES/BENEFITS:	\$ 829,490

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense	FTE 6.58 * 12 months * \$1181.05/FTE =	\$ 93,256
Total Occupancy:			\$ 93,256

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	Lab and Program Supplies: expenses such as water, clinic condoms, and testing materials like containers, tubes, and bandages.	\$225.87/Month * 12 Months =	\$ 2,710

Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology	FTE 6.58 * 12 months * \$41/FTE =	\$ 3,237
Total Materials & Supplies:			\$ 5,948

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Data Collection	Employee Health Record, eClinicalWorks license - 5 licenses at \$556.50 per month.	\$556.50 * 12 Months =	\$ 6,678
Staff Training	Training to Support Staff.	\$250/Training * 12 Months =	\$ 3,000
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage.	FTE 6.58 * 12 months * \$156.15/FTE =	\$ 12,330
Total General Operating:			\$ 22,008

Consultants/Subcontractors:

Consult/Subcontractr	Service Description	Rate/Formula	Cost
SFCHC	Subcontract on cost reimbursement basis.	\$4,333.34/Month * 12 Months =	\$ 52,000
Glide	Subcontract on cost reimbursement basis.	\$4,333.34/Month * 12 Months =	\$ 52,000
Shanti	Subcontract on cost reimbursement basis.	\$8,666.67/Month * 12 Months =	\$ 104,000
Total Consultants/Subcontractors:			\$ 208,000

Please list here the personnel and ledger expenses that are included in your shared costs?				TOTAL OPERATING EXPENSES:	\$ 329,212
				TOTAL DIRECT COSTS:	\$ 1,158,702
				Amount	
TOTAL SALARIES/BENEFITS:				\$	829,490
TOTAL OPERATING EXPENSES:				\$	121,212
Total Operating Expense does not include Subcontractor Costs				\$	950,702
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 142,607
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.					
Indirect Cost does not Include Subcontractor Costs					
				TOTAL EXPENSES:	\$ 1,301,309

CAT 4: GAY/MSM HEALTH ACCESS POINT (HA)

UOS COST ALLOCATION BY SERVICE MODE

CHEP General

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		PREVENTION AND TREATMENT MEDICATION		CONDOM DISTRIBUTION		LINKAGE AND NAVIGATION		COMMUNITY ENGAGEMENT AND MOBILIZATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Lab Technician	0.64000	44,573	90%	4,953	10%	-	0%		0%		0%	49,525
Lead Lab Technician	0.12000	9,275	90%	1,031	10%	-	0%		0%		0%	10,306
Program Manager, Health Access Poi	0.31000	17,817	62%	8,621	30%	862	3%	1,437	5%		0%	28,737
Health Navigation	2.16000	71,507	60%	35,754	30%	3,575	3%	8,343	7%		0%	119,179
Manager, Health Navigation	0.61000	12,688	20%	19,032	30%	1,903	3%	29,817	47%		0%	63,440
Registered Nurse	0.78000	77,544	67%	34,721	30%	3,472	3%		0%		0%	115,737
Nurse Practitioner	0.50000	52,791	62%	29,801	35%		0%	2,554	3%		0%	85,147
Senior Director, Clinical Services	0.26000	29,935	55%	21,771	40%		0%	2,721	5%		0%	54,428
Manager, Clinical Operation	0.45000	17,447	30%	11,631	20%	5,816	10%	17,447	30%	5,816	10%	58,156
Supervisor, Counselor II	0.70000	12,697	20%	12,697	20%	-	0%	38,092	60%		0%	63,487
Associate Vice President of Clinic Adm	0.02500	1,250	25%	1,250	25%		0%	1,250	25%	1,250	25%	5,000
Total FTE & Salaries	6.55500	347,525	53%	181,262	28%	15,628	2%	101,661	16%	7,066	1%	653,142
Fringe Benefits	27.00%	93,832	53%	48,941	28%	4,220	2%	27,448	16%	1,906	1%	176,348
Total Personnel Expenses		441,357	53%	230,203	28%	19,848	2%	129,109	16%	8,972	1%	829,490
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		93,256	100%		0%		0%		0%		0%	93,256
Total Materials and Supplies		2,974	50%	2,974	50%		0%		0%		0%	5,948
Total General Operating		11,004	50%	11,004	50%		0%		0%		0%	22,008
Total Staff Travel		-	0%		0%		0%		0%		0%	-
Consultants/Subcontractor:		52,000	25%		0%		0%	104,000	50%	52,000	25%	208,000
			0%		0%		0%		0%		0%	-
Total Operating Expenses		159,234	48%	13,978		-		104,000		52,000		329,212
Total Direct Expenses		600,591	52%	244,181	21%	19,848	2%	233,109	20%	60,972	5%	1,158,702
Indirect Expenses	12.3%	73,918	52%	30,053	21%	2,443	2%	28,690	20%	7,503	5%	142,607
TOTAL EXPENSES		674,509	52%	274,234	21%	22,291	2%	261,799	20%	68,475	5%	1,301,309
Unit of Service Type		Test		Months		Months		Months		Months		
Number of UOS per Service Mode		27,120		12		12		12		12		27,168
Cost Per UOS by Service Mode		\$24.88		\$22,852.85		\$1,857.64		\$21,816.62		\$5,706.26		
Number of UDC/NOC per Service Mode		10,200		N/A		N/A		865		276		11341

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2028 - 6/30/2029

Staff Position 1:	Lab Technician				
Duties re program and UDC served	Performs phlebotomy services for confirmatory HIV antibody testing and RNA testing. Prepares specimen collection for transport to SFDPH laboratory.				
Degree, license, experience	State certified phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	77,383	0.64000	12	0.64000	\$ 49,525
Staff Position 2:	Lead Lab Technician				
Duties re program and UDC served	This position will be responsible for supervising the SFAF-wide lab tech team and working with the Director of Clinical Operations to oversee laboratory services. This position also serves as a lab tech as needed.				
Degree, license exp	Must have an active CPT License with the California Department of Public Health; Experience working with diverse populations including but not limited to LGBTQ+, injection drug users, and unhoused individuals; Must have two years of experience supervising staff; A minimum of three years of experience working in a laboratory setting; Must have two years of experience as a licensed phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	85,887	0.12000	12	0.12000	\$ 10,306
Staff Position 3:	Program Manager, Health Access Points (HAP)				
Duties re prog/UDC	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	92,700	0.31000	12	0.31000	\$ 28,737
Staff Position 4:	Health Navigation				
Duties related to this program and UDC served	Answers phone calls, greets and connects clients and visitors to pertinent services, resources or staff. Screens clients for COVID-19 exposure and/or symptoms. Assess client needs and concerns and provides support, assistance, information and referrals. Obtains patient demographic and verifying insurance information at each visit. Educates clients and visitors about SFAF programs, services and departments. Registers clients for services and schedules client appointments.				
Degree, license exp	HS Diploma, 3 years of experience in customer service, social work, or triage. Experience with an electronic health record system. Experience with target populations.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	55,175	2.16000	12	2.16000	\$ 119,179
Staff Position 5:	Manager, Health Navigation				
Duties re program and UDC served	The Manager, Health Navigation provides strategic and operational leadership to San Francisco AIDS Foundation's front-facing Resource Navigation team. : Manage day-to-day operations of the Health Navigation program, ensuring high-quality service delivery, compliance with contractual and internal standards, and client-centered experience. Provide direct client services when needed, including benefits navigation, linkage to care, and health system navigation. Serve as a leader in systems navigation, HIV and PrEP advocacy, and sexual health access for marginalized communities. Collaborate with SFAF's Policy and Clinical Services teams on relevant initiatives, policy development, and external systems coordination.				
Degree, license exp	Knowledge of HIV/AIDS and STI prevention, transmission and epidemiology. Ability to discuss HIV/STI risk and harm reduction strategies. Ability to discuss sex and sexuality comfortably. Working knowledge of the harm reduction model. Ability to develop curriculums and workshops on relevant topics. Knowledge of specialized benefits, such as Gilead Advancing Access, ADAP, PrEP-AP, PAN, PAF, Social Security benefits, long and short-term disability, COBRA, Medi-Cal, Medicare Parts A, B and D, and private medical insurance. Knowledge of the San Francisco Department of Public Health Community Health Network.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	104,000	0.61000	12	0.61000	\$ 63,440

Staff Position 6:	Registered Nurse				
Duties re program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	148,381	0.78000	12	0.78000	\$ 115,737
Staff Position 7:	Nurse Practitioner				
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	170,294	0.50000	12	0.50000	\$ 85,147
Staff Position 8:	Senior Director, Clinical Services				
Duties re program and UDC served	Provides strategic leadership, program development, and team management to enhance nursing services, clinical workflow and service delivery, clinical research partnerships, and strives to meet the evolving needs of communities. This individual is responsible for assessing community needs and designing innovative programs, particularly in sexual health and HIV prevention.				
Degree, license exp	Master's Degree Required with active Nurse Practitioner license. A minimum of five (5) years of recent related experience, which includes three (3) years in a senior leadership role with experience in operations, strategic initiative development and implementation, system planning, change management, financial and information management, and complex project management. Experience with Clinical Research Administration highly regarded. Experience working with HIV/AIDS, People of Color, People who use Drugs.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	209,338	0.26000	12	0.26000	\$ 54,428
Staff Position 9:	Manager, Clinical Operation				
Duties re program and UDC served	manages and supports day-to-day clinical operations at Strut, including scheduling, training and leading a team of individuals responsible for registering and scheduling clients, and inventory management. This position ensures an integrated and coordinated client experience, partnering with the clinicians and lab techs to deliver excellent sexual health and gender affirming services to communities most impacted by health disparities. Client engagement, quality assurance, and clinical operations.				
Degree, license exp	Bachelor's Degree or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	129,236	0.45000	12	0.45000	\$ 58,156
Staff Position 10:	Supervisor, Counselor II				
Duties re program and UDC served	Open to referrals from the HAP for individual counseling, group counseling, intakes & assessments, race equity & health justice, Workshops/events coordinator, client outreach.				

Degree, license exp	Master's degree in Counseling, Social Work, Marriage & Family Therapy, California BHS registration/licensure as a Social Worker, Marriage & Family Therapist, or Professional Counselor. 2 to 4 years of counseling experience required preferably with SFAF Priority communities. Experience or strong interest in providing services to active injection, non-injection and/or alcohol users in a model of care that accepts participant goals ranging from managed use to targeted abstinence to full abstinence.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	90,696	0.70000	12	0.70000	\$ 63,487
Staff Position 11:	Associate Vice President of Clinic Administration				
Duties re program and UDC served	Responsible for supporting coordination and collaboration between and within syringe access, clinical services and behavioral health. Partners with leaders to create a comprehensive service delivery continuum that centers priority communities, including people living with HIV and people who inject drugs. Provides oversight, administrative support, and assist with program design and implementation.				
Degree, license exp	Master's degree in psychology, social services, business or related disciplines highly regarded. Requirements also include 5+ years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	200,000	0.05000	6	0.02500	\$ 5,000
Total FTE, Base:		6.58000	Annualized:	6.55500	
				Total Salaries:	\$ 653,142

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
FICA	\$		49,965.36
SUI	\$		3,396.34
Health/Life	\$		97,971.30
Disability	\$		522.51
WC	\$		3,918.85
Retirement Plan	\$		20,573.97
	\$		-
	\$		-
		Total Fringe Benefit:	\$ 176,348
		Fringe Benefit %:	27.00%
TOTAL SALARIES/BENEFITS:			\$ 829,490

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense	FTE 6.58 * 12 months * \$1181.05/FTE =	\$ 93,256
Total Occupancy:			\$ 93,256

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	Lab and Program Supplies: expenses such as water, clinic condoms, and testing materials like containers, tubes, and bandages.	\$225.87/Month * 12 Months =	\$ 2,710
Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology	FTE 6.58 * 12 months * \$41/FTE =	\$ 3,237
Total Materials & Supplies:			\$ 5,948

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Data Collection	Employee Health Record, eClinicalWorks license - 5 licenses at \$556.50 per month.	\$556.50 * 12 Months =	\$ 6,678
Staff Training	Training to Support Staff.	\$250/Training * 12 Months =	\$ 3,000
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage.	FTE 6.58 * 12 months * \$156.15/FTE =	\$ 12,330
Total General Operating:			\$ 22,008

Consultants/Subcontractors:

Consult/Subcontract	Service Description	Rate/Formula	Cost
SFCHC	Subcontract on cost reimbursement basis.	\$4,333.34/Month * 12 Months =	\$ 52,000
Glide	Subcontract on cost reimbursement basis.	\$4,333.34/Month * 12 Months =	\$ 52,000
Shanti	Subcontract on cost reimbursement basis.	\$8,666.67/Month * 12 Months =	\$ 104,000
Total Consultants/Subcontractors:			\$ 208,000

				TOTAL OPERATING EXPENSES:	\$ 329,212
				TOTAL DIRECT COSTS:	\$ 1,158,702
Please list here the personnel and ledger expenses that are included in your shared costs?				Amount	
TOTAL SALARIES/BENEFITS:					\$ 829,490
TOTAL OPERATING EXPENSES:					\$ 121,212
Total Operating Expense does not include Subcontractor Costs					\$ 950,702
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 142,607
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.					
Indirect Cost does not Include Subcontractor Costs					
				TOTAL EXPENSES:	\$ 1,301,309

CAT 4: GAY/MSM HEALTH ACCESS POINT (HA)

UOS COST ALLOCATION BY SERVICE MODE

CHEP General

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		PREVENTION AND TREATMENT MEDICATION		CONDOM DISTRIBUTION		LINKAGE AND NAVIGATION		COMMUNITY ENGAGEMENT AND MOBILIZATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Lab Technician	0.64000	44,573	90%	4,953	10%	-	0%		0%		0%	49,525
Lead Lab Technician	0.12000	9,275	90%	1,031	10%	-	0%		0%		0%	10,306
Program Manager, Health Access Poi	0.31000	17,817	62%	8,621	30%	862	3%	1,437	5%		0%	28,737
Health Navigation	2.16000	71,507	60%	35,754	30%	3,575	3%	8,343	7%		0%	119,179
Manager, Health Navigation	0.61000	12,688	20%	19,032	30%	1,903	3%	29,817	47%		0%	63,440
Registered Nurse	0.78000	77,544	67%	34,721	30%	3,472	3%		0%		0%	115,737
Nurse Practitioner	0.50000	52,791	62%	29,801	35%		0%	2,554	3%		0%	85,147
Senior Director, Clinical Services	0.26000	29,935	55%	21,771	40%		0%	2,721	5%		0%	54,428
Manager, Clinical Operation	0.45000	17,447	30%	11,631	20%	5,816	10%	17,447	30%	5,816	10%	58,156
Supervisor, Counselor II	0.70000	12,697	20%	12,697	20%	-	0%	38,092	60%		0%	63,487
Associate Vice President of Clinic Adm	0.02500	1,250	25%	1,250	25%		0%	1,250	25%	1,250	25%	5,000
Total FTE & Salaries	6.55500	347,525	53%	181,262	28%	15,628	2%	101,661	16%	7,066	1%	653,142
Fringe Benefits	27.00%	93,832	53%	48,941	28%	4,220	2%	27,448	16%	1,906	1%	176,348
Total Personnel Expenses		441,357	53%	230,203	28%	19,848	2%	129,109	16%	8,972	1%	829,490
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		93,256	100%		0%		0%		0%		0%	93,256
Total Materials and Supplies		2,974	50%	2,974	50%		0%		0%		0%	5,948
Total General Operating		11,004	50%	11,004	50%		0%		0%		0%	22,008
Total Staff Travel		-	0%		0%		0%		0%		0%	-
Consultants/Subcontractor:		52,000	25%		0%		0%	104,000	50%	52,000	25%	208,000
			0%		0%		0%		0%		0%	-
Total Operating Expenses		159,234	48%	13,978		-		104,000		52,000		329,212
Total Direct Expenses		600,591	52%	244,181	21%	19,848	2%	233,109	20%	60,972	5%	1,158,702
Indirect Expenses	12.3%	73,918	52%	30,053	21%	2,443	2%	28,690	20%	7,503	5%	142,607
TOTAL EXPENSES		674,509	52%	274,234	21%	22,291	2%	261,799	20%	68,475	5%	1,301,309
Unit of Service Type		Test		Months		Months		Months		Months		
Number of UOS per Service Mode		27,120		12		12		12		12		27,168
Cost Per UOS by Service Mode		\$24.88		\$22,852.85		\$1,857.64		\$21,816.62		\$5,706.26		
Number of UDC/NOC per Service Mode		10,200		N/A		N/A		865		276		11341

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2029 - 6/30/2030

Staff Position 1	Lab Technician				
Duties re program and UDC served	Performs phlebotomy services for confirmatory HIV antibody testing and RNA testing. Prepares specimen collection for transport to SFDPH laboratory.				
Degree, license, experience	State certified phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	77,383	0.64000	12	0.64000	\$ 49,525
Staff Position 2:	Lead Lab Technician				
Duties re program and UDC served	This position will be responsible for supervising the SFAF-wide lab tech team and working with the Director of Clinical Operations to oversee laboratory services. This position also serves as a lab tech as needed.				
Degree, license exp	Must have an active CPT License with the California Department of Public Health; Experience working with diverse populations including but not limited to LGBTQ+, injection drug users, and unhoused individuals; Must have two years of experience supervising staff; A minimum of three years of experience working in a laboratory setting; Must have two years of experience as a licensed phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	85,887	0.12000	12	0.12000	\$ 10,306
Staff Position 3:	Program Manager, Health Access Points (HAP)				
Duties re prog/UDC	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	92,700	0.31000	12	0.31000	\$ 28,737
Staff Position 4:	Health Navigation				
Duties related to this program and UDC served	Answers phone calls, greets and connects clients and visitors to pertinent services, resources or staff. Screens clients for COVID-19 exposure and/or symptoms. Assess client needs and concerns and provides support, assistance, information and referrals. Obtains patient demographic and verifying insurance information at each visit. Educates clients and visitors about SFAF programs, services and departments. Registers clients for services and schedules client appointments.				
Degree, license exp	HS Diploma, 3 years of experience in customer service, social work, or triage. Experience with an electronic health record system. Experience with target populations.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	55,175	2.16000	12	2.16000	\$ 119,179
Staff Position 5:	Manager, Health Navigation				
Duties re program and UDC served	The Manager, Health Navigation provides strategic and operational leadership to San Francisco AIDS Foundation's front-facing Resource Navigation team. : Manage day-to-day operations of the Health Navigation program, ensuring high-quality service delivery, compliance with contractual and internal standards, and client-centered experience. Provide direct client services when needed, including benefits navigation, linkage to care, and health system navigation. Serve as a leader in systems navigation, HIV and PrEP advocacy, and sexual health access for marginalized communities. Collaborate with SFAF's Policy and Clinical Services teams on relevant initiatives, policy development, and external systems coordination.				
Degree, license exp	Knowledge of HIV/AIDS and STI prevention, transmission and epidemiology. Ability to discuss HIV/STI risk and harm reduction strategies. Ability to discuss sex and sexuality comfortably. Working knowledge of the harm reduction model. Ability to develop curriculums and workshops on relevant topics. Knowledge of specialized benefits, such as Gilead Advancing Access, ADAP, PrEP-AP, PAN, PAF, Social Security benefits, long and short-term disability, COBRA, Medi-Cal, Medicare Parts A, B and D, and private medical insurance. Knowledge of the San Francisco Department of Public Health Community Health Network.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	104,000	0.61000	12	0.61000	\$ 63,440

Staff Position 6:	Registered Nurse				
Duties re program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	148,381	0.78000	12	0.78000	\$ 115,737
Staff Position 7:	Nurse Practitioner				
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	170,294	0.50000	12	0.50000	\$ 85,147
Staff Position 8:	Senior Director, Clinical Services				
Duties re program and UDC served	Provides strategic leadership, program development, and team management to enhance nursing services, clinical workflow and service delivery, clinical research partnerships, and strives to meet the evolving needs of communities. This individual is responsible for assessing community needs and designing innovative programs, particularly in sexual health and HIV prevention.				
Degree, license exp	Master's Degree Required with active Nurse Practitioner license. A minimum of five (5) years of recent related experience, which includes three (3) years in a senior leadership role with experience in operations, strategic initiative development and implementation, system planning, change management, financial and information management, and complex project management. Experience with Clinical Research Administration highly regarded. Experience working with HIV/AIDS, People of Color, People who use Drugs.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	209,338	0.26000	12	0.26000	\$ 54,428
Staff Position 9:	Manager, Clinical Operation				
Duties re program and UDC served	manages and supports day-to-day clinical operations at Strut, including scheduling, training and leading a team of individuals responsible for registering and scheduling clients, and inventory management. This position ensures an integrated and coordinated client experience, partnering with the clinicians and lab techs to deliver excellent sexual health and gender affirming services to communities most impacted by health disparities. Client engagement, quality assurance, and clinical operations.				
Degree, license exp	Bachelor's Degree or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	129,236	0.45000	12	0.45000	\$ 58,156
Staff Position 10:	Supervisor, Counselor II				
Duties re program and UDC served	Open to referrals from the HAP for individual counseling, group counseling, intakes & assessments, race equity & health justice, Workshops/events coordinator, client outreach.				
Degree, license exp	Master's degree in Counseling, Social Work, Marriage & Family Therapy, California BHS registration/licensure as a Social Worker, Marriage & Family Therapist, or Professional Counselor. 2 to 4 years of counseling experience required preferably with SFAF Priority communities. Experience or strong interest in providing services to active injection, non-injection and/or alcohol users in a model of care that accepts participant goals ranging from managed use to targeted abstinence to full abstinence.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total

	90,696	0.70000	12	0.70000	\$ 63,487
Staff Position 11:	Associate Vice President of Clinic Administration				
Duties re program and UDC served	Responsible for supporting coordination and collaboration between and within syringe access, clinical services and behavioral health. Partners with leaders to create a comprehensive service delivery continuum that centers priority communities, including people living with HIV and people who inject drugs. Provides oversight, administrative support, and assist with program design and implementation.				
Degree, license exp	Master's degree in psychology, social services, business or related disciplines highly regarded. Requirements also include 5+ years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	200,000	0.05000	6	0.02500	\$ 5,000
Total FTE, Base:					6.58000
Annualized:					6.55500
Total Salaries:					\$ 653,142

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO	
FICA	\$ 49,965.36
SUI	\$ 3,396.34
Health/Life	\$ 97,971.30
Disability	\$ 522.51
WC	\$ 3,918.85
Retirement Plan	\$ 20,573.97
	\$ -
	\$ -
Total Fringe Benefit:	\$ 176,348
Fringe Benefit %:	27.00%
TOTAL SALARIES/BENEFITS:	\$ 829,490

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense	FTE 6.58 * 12 months * \$1181.05/FTE =	\$ 93,256
Total Occupancy:			\$ 93,256

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	Lab and Program Supplies: expenses such as water, clinic condoms, and testing materials like containers, tubes, and bandages.	\$225.87/Month * 12 Months =	\$ 2,710

Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology.	FTE 6.58 * 12 months * \$41/FTE =	\$ 3,237
Total Materials & Supplies:			\$ 5,948

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Data Collection	Employee Health Record, eClinicalWorks license - 5 licenses at \$556.50 per month.	\$556.50 * 12 Months =	\$ 6,678
Staff Training	Training to Support Staff.	\$250/Training * 12 Months =	\$ 3,000
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage.	FTE 6.58 * 12 months * \$156.15/FTE =	\$ 12,330
Total General Operating:			\$ 22,008

Consultants/Subcontractors:

Consult/Subcontractor	Service Description	Rate/Formula	Cost
SFCHC	Subcontract on cost reimbursement basis.	\$4,333.34/Month * 12 Months =	\$ 52,000
Glide	Subcontract on cost reimbursement basis.	\$4,333.34/Month * 12 Months =	\$ 52,000
Shanti	Subcontract on cost reimbursement basis.	\$8,666.67/Month * 12 Months =	\$ 104,000
Total Consultants/Subcontractors:			\$ 208,000

Please list here the personnel and ledger expenses that are included in your shared costs?				TOTAL OPERATING EXPENSES:	\$ 329,212
				TOTAL DIRECT COSTS:	\$ 1,158,702
				Amount	
TOTAL SALARIES/BENEFITS:				\$	829,490
TOTAL OPERATING EXPENSES:				\$	121,212
Total Operating Expense does not include Subcontractor Costs				\$	950,702
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 142,607
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.					
Indirect Cost does not Include Subcontractor Costs					
					TOTAL EXPENSES: \$ 1,301,309

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-1c
07/01/2025 - 06/30/2026
PAGE A

Contractor: San Francisco AIDS Foundation Address: 940 Howard Street San Francisco, CA 94103 Telephone: 415-487-3000 Fax: _____	Contract ID # 1000024734	Invoice Number A-1JUL25 Contract Purchase Order No: _____ Funding Source: GF Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 07/1/25 - 07/31/25 FINAL Invoice ☐ (check if Yes)

Program Name: Clinical Assistance Program

ACE Control #: _____

CHEP

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Training	2,326	10							2,326	10

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	10				10

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$216,355				\$216,355.00
Fringe Benefits	\$1,876				\$1,876.00
Total Personnel Expenses	\$218,231				\$218,231.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$14,195				\$14,195.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$14,195				\$14,195.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$232,426				\$232,426.00
Indirect Expenses	\$34,864				\$34,864.00
TOTAL EXPENSES	\$267,290				\$267,290.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org	By: _____ (DPH Authorized Signatory)	Date: _____
Attn: Accounts Payable		

F-1c
07/01/2025 - 06/30/2026
PAGE B

A-1JUL25

Fund Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice ☐ (check if Yes)

[illegible]

Date: _____

Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-1d
07/01/2026 - 06/30/2027
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 940 Howard Street
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-1JUL26

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

Program Name: Clinical Assistance Program

ACE Control #:

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

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Training	2,326	10							2,326	10

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	10				10

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$216,355				\$216,355.00
Fringe Benefits	\$1,876				\$1,876.00
Total Personnel Expenses	\$218,231				\$218,231.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$14,195				\$14,195.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$14,195				\$14,195.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$232,426				\$232,426.00
Indirect Expenses	\$34,864				\$34,864.00
TOTAL EXPENSES	\$267,290				\$267,290.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

F-1d
07/01/2026 - 06/30/2027
PAGE B

Invoice Number
A-1JUL26

Contract Purchase Order No:

Fund Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

ACE Control #: _____

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

FINAL Invoice ☐ (check if Yes)

DETAIL - PERSONNEL EXPENDITURES						
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Clinical Assistant Program Coordinator	0.91667	\$37,441				\$37,441.00
Cohort Participants - Part Time, Benefits Ineligible: Phlebotomist	0.29000	\$14,477				\$14,477.00
Cohort Participants - Part Time, Benefits Ineligible: Clinical Assistant	1.73000	\$82,763				\$82,763.00
Clinical Assistant Program Coordinator	1.11000	\$81,674				\$81,674.00
TOTAL SALARIES	4.04667	\$216,355				\$216,355.00

Certified By: _____

Date: _____

Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-1e
07/01/2027 - 06/30/2028
PAGE A

Contractor: **San Francisco AIDS Foundation**
Address: **940 Howard Street**
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-1JUL27

Telephone: **415-487-3000**
Fax:

CHEP

Contract Purchase Order No:

Funding Source: **GF**

Department ID-Authority ID:

Project ID-Activity ID:

Program Name: **Clinical Assistance Program**

ACE Control #:

Invoice Period: **07/1/27 - 07/31/27**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Training	2,326	10							2,326	10

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	10				10

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$216,355				\$216,355.00
Fringe Benefits	\$1,876				\$1,876.00
Total Personnel Expenses	\$218,231				\$218,231.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$14,195				\$14,195.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$14,195				\$14,195.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$232,426				\$232,426.00
Indirect Expenses	\$34,864				\$34,864.00
TOTAL EXPENSES	\$267,290				\$267,290.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to: **AidsOffice@sfdph.org**

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

F-1e
07/01/2027 - 06/30/2028
PAGE B

Invoice Number
A-1JUL27

Contract Purchase Order No:

Fund Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

ACE Control #: _____

Invoice Period: 07/1/27 - 07/31/27

FINAL Invoice ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES						
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Clinical Assistant Program Coordinator	0.91667	\$37,441				\$37,441.00
Cohort Participants - Part Time, Benefits Ineligible: Phlebotomist	0.29000	\$14,477				\$14,477.00
Cohort Participants - Part Time, Benefits Ineligible: Clinical Assistant	1.73000	\$82,763				\$82,763.00
Clinical Assistant Program Coordinator	1.11000	\$81,674				\$81,674.00
TOTAL SALARIES	4.04667	\$216,355				\$216,355.00

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

Certified By: _____

Date: _____

Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-1f
07/01/2028 - 06/30/2029
PAGE A

Contractor: San Francisco AIDS Foundation Address: 940 Howard Street San Francisco, CA 94103 Telephone: 415-487-3000 Fax:	Contract ID # 1000024734	Invoice Number A-1JUL28	Contract Purchase Order No:
	CHEP	Funding Source: GF	Department ID-Authority ID:
Program Name: Clinical Assistance Program ACE Control #:		Project ID-Activity ID:	Invoice Period: 07/1/28 - 07/31/28
		FINAL Invoice ☐ (check if Yes)	

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Training	2,326	10							2,326	10

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	10				10

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$216,355				\$216,355.00
Fringe Benefits	\$1,876				\$1,876.00
Total Personnel Expenses	\$218,231				\$218,231.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$14,195				\$14,195.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$14,195				\$14,195.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$232,426				\$232,426.00
Indirect Expenses	\$34,864				\$34,864.00
TOTAL EXPENSES	\$267,290				\$267,290.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____
 Title: _____

Send to: AidsOffice@sfdph.org Attn: Accounts Payable	By: _____ (DPH Authorized Signatory)	Date: _____

F-1f
07/01/2028 - 06/30/2029
PAGE B

Invoice Number
A-1JUL28

Contract Purchase Order No:

Fund Source: GF

Department ID-Authority ID:

Program Name: Clinical Assistance Program

Project ID-Activity ID:

ACE Control #: _____

Invoice Period: 07/1/28 - 07/31/28

FINAL Invoice ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES						
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Clinical Assistant Program Coordinator	0.91667	\$37,441				\$37,441.00
Cohort Participants - Part Time, Benefits Ineligible: Phlebotomist	0.29000	\$14,477				\$14,477.00
Cohort Participants - Part Time, Benefits Ineligible: Clinical Assistant	1.73000	\$82,763				\$82,763.00
Clinical Assistant Program Coordinator	1.11000	\$81,674				\$81,674.00
TOTAL SALARIES	4.04667	\$216,355				\$216,355.00

Certified By: _____

Date: _____

Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-1g
07/01/2029 - 06/30/2030
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 940 Howard Street
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-1JUL29

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

Program Name: Clinical Assistance Program

ACE Control #:

Invoice Period: 07/1/29 - 07/31/29

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Training	2,326	10							2,326	10

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	10				10

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$216,355				\$216,355.00
Fringe Benefits	\$1,876				\$1,876.00
Total Personnel Expenses	\$218,231				\$218,231.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$14,195				\$14,195.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$14,195				\$14,195.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$232,426				\$232,426.00
Indirect Expenses	\$34,864				\$34,864.00
TOTAL EXPENSES	\$267,290				\$267,290.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

F-1g
07/01/2029 - 06/30/2030
PAGE B

Invoice Number
A-1JUL29

Contract Purchase Order No:

Fund Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

ACE Control #: _____

Invoice Period: 07/1/29 - 07/31/29

FINAL Invoice ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES						
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Clinical Assistant Program Coordinator	0.91667	\$37,441				\$37,441.00
Cohort Participants - Part Time, Benefits Ineligible: Phlebotomist	0.29000	\$14,477				\$14,477.00
Cohort Participants - Part Time, Benefits Ineligible: Clinical Assistant	1.73000	\$82,763				\$82,763.00
Clinical Assistant Program Coordinator	1.11000	\$81,674				\$81,674.00
TOTAL SALARIES	4.04667	\$216,355				\$216,355.00

Certified By: _____

Date: _____

Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-2c
07/01/2025 - 06/30/2026
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 940 Howard Street
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-2JUL25

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

Program Name: Clinical Services Sustainability

ACE Control #:

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Clinical Services	12	5,100							12	5,100
Prevention and Treatment Medication	12	5,100							12	5,100

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	10200				10,200

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$432,346				\$432,346.00
Fringe Benefits	\$116,733				\$116,733.00
Total Personnel Expenses	\$549,079				\$549,079.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$39,258				\$39,258.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,363				\$1,363.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$5,191				\$5,191.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$45,812				\$45,812.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$594,891				\$594,891.00
Indirect Expenses	\$89,236				\$89,236.00
TOTAL EXPENSES	\$684,127				\$684,127.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

F-2c
07/01/2025 - 06/30/2026
PAGE B

Invoice Number
A-2JUL25

Fund Source:	GF

Project ID-Activity ID:

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice ☐ (check if Yes)

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Registered Nurse	1.16000	\$151,867				\$151,867.00
Nurse Practitioner	1.36000	\$228,145				\$228,145.00
Sr. Director of Clinical Services	0.25000	\$52,334				\$52,334.00
TOTAL SALARIES	2.7700	\$432,346				\$432,346.00

Certified By: _____

Title: _____

Contract ID# 1000024734

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-2d
07/01/2026 - 06/30/2027
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 940 Howard Street
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-2JUL26

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

Program Name: Clinical Services Sustainability

ACE Control #:

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

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Clinical Services	12	5,100							12	5,100
Prevention and Treatment Medication	12	5,100							12	5,100

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	10200				10,200

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$432,346				\$432,346.00
Fringe Benefits	\$116,733				\$116,733.00
Total Personnel Expenses	\$549,079				\$549,079.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$39,258				\$39,258.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,363				\$1,363.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$5,191				\$5,191.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$45,812				\$45,812.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$594,891				\$594,891.00
Indirect Expenses	\$89,236				\$89,236.00
TOTAL EXPENSES	\$684,127				\$684,127.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

F-2d
07/01/2026 - 06/30/2027
PAGE B

A-2JUL26

Fund Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

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

FINAL Invoice ☐ (check if Yes)

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Registered Nurse	1.16000	\$151,867				\$151,867.00
Nurse Practitioner	1.36000	\$228,145				\$228,145.00
Sr. Director of Clinical Services	0.25000	\$52,334				\$52,334.00
TOTAL SALARIES	2.7700	\$432,346				\$432,346.00

Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-2e
07/01/2027 - 06/30/2028
PAGE A

Contractor: San Francisco AIDS Foundation Address: 940 Howard Street San Francisco, CA 94103 Telephone: 415-487-3000 Fax:	Contract ID # 1000024734	Invoice Number A-2JUL27	Contract Purchase Order No:
	CHEP	Funding Source: GF	Department ID-Authority ID:
Program Name: Clinical Services Sustainability ACE Control #:		Project ID-Activity ID:	Invoice Period: 07/1/27 - 07/31/27
		FINAL Invoice ☐ (check if Yes)	

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Clinical Services	12	5,100							12	5,100
Prevention and Treatment Medication	12	5,100							12	5,100

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	10200				10,200

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$432,346				\$432,346.00
Fringe Benefits	\$116,733				\$116,733.00
Total Personnel Expenses	\$549,079				\$549,079.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$39,258				\$39,258.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,363				\$1,363.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$5,191				\$5,191.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$45,812				\$45,812.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$594,891				\$594,891.00
Indirect Expenses	\$89,236				\$89,236.00
TOTAL EXPENSES	\$684,127				\$684,127.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____
 Title: _____

Send to: AidsOffice@sfdph.org Attn: Accounts Payable	By: _____ (DPH Authorized Signatory)	Date: _____

F-2e
07/01/2027 - 06/30/2028
PAGE B

FINAL Invoice ☐ (check if Yes)

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Registered Nurse	1.16000	\$151,867				\$151,867.00
Nurse Practitioner	1.36000	\$228,145				\$228,145.00
Sr. Director of Clinical Services	0.25000	\$52,334				\$52,334.00
TOTAL SALARIES	2.7700	\$432,346				\$432,346.00

Contract ID# 1000024734

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-2f
07/01/2028 - 06/30/2029
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 940 Howard Street
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-2JUL28

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

Program Name: Clinical Services Sustainability

ACE Control #:

Invoice Period: 07/1/28 - 07/31/28

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Clinical Services	12	5,100							12	5,100
Prevention and Treatment Medication	12	5,100							12	5,100

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	10200				10,200

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$432,346				\$432,346.00
Fringe Benefits	\$116,733				\$116,733.00
Total Personnel Expenses	\$549,079				\$549,079.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$39,258				\$39,258.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,363				\$1,363.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$5,191				\$5,191.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$45,812				\$45,812.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$594,891				\$594,891.00
Indirect Expenses	\$89,236				\$89,236.00
TOTAL EXPENSES	\$684,127				\$684,127.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

F-2f
07/01/2028 - 06/30/2029
PAGE B

A-2JUL28

Fund Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/28 - 07/31/28

FINAL Invoice ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES						
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Registered Nurse	1.16000	\$151,867				\$151,867.00
Nurse Practitioner	1.36000	\$228,145				\$228,145.00
Sr. Director of Clinical Services	0.25000	\$52,334				\$52,334.00
TOTAL SALARIES	2.7700	\$432,346				\$432,346.00

Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-2g
07/01/2029 - 06/30/2030
PAGE A

Contractor: San Francisco AIDS Foundation Address: 940 Howard Street San Francisco, CA 94103 Telephone: 415-487-3000 Fax:	Contract ID # 1000024734	Invoice Number A-2JUL29	Contract Purchase Order No:
	CHEP	Funding Source: GF	Department ID-Authority ID:
Program Name: Clinical Services Sustainability ACE Control #:		Project ID-Activity ID:	Invoice Period: 07/1/29 - 07/31/29
		FINAL Invoice (check if Yes)	

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Clinical Services	12	5,100							12	5,100
Prevention and Treatment Medication	12	5,100							12	5,100

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	10200				10,200

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$432,346				\$432,346.00
Fringe Benefits	\$116,733				\$116,733.00
Total Personnel Expenses	\$549,079				\$549,079.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$39,258				\$39,258.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,363				\$1,363.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$5,191				\$5,191.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$45,812				\$45,812.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$594,891				\$594,891.00
Indirect Expenses	\$89,236				\$89,236.00
TOTAL EXPENSES	\$684,127				\$684,127.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org	By: _____ (DPH Authorized Signatory)	Date: _____
Attn: Accounts Payable		

F-2g
07/01/2029 - 06/30/2030
PAGE B

Invoice Number

A-2JUL29

Contract Purchase Order No:

Fund Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/29 - 07/31/29

FINAL Invoice ☐ (check if Yes)

DETAIL - PERSONNEL EXPENDITURES						
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Registered Nurse	1.16000	\$151,867				\$151,867.00
Nurse Practitioner	1.36000	\$228,145				\$228,145.00
Sr. Director of Clinical Services	0.25000	\$52,334				\$52,334.00
TOTAL SALARIES	2.7700	\$432,346				\$432,346.00

Certified By: _____

Date: _____

Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-3c
07/01/2025 - 06/30/2026
PAGE A

Contractor: San Francisco AIDS Foundation Address: 940 Howard Street San Francisco, CA 94103 Telephone: 415-487-3000 Fax:	Contract ID # 1000024734	Invoice Number A-3JUL25	Contract Purchase Order No:
	CHEP	Funding Source: GF	
Program Name: Capacity Building Activities: The Black Health Clinical Assistant Program		Department ID-Authority ID:	
ACE Control #:		Project ID-Activity ID:	
		Invoice Period: 07/1/25 - 07/31/25	
FINAL Invoice ☐ (check if Yes)			

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Rafiki HAP Capacity Building	12	N/A							12	N/A
Rafiki Workforce Development	12	5							12	5

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	5				5

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$238,750				\$238,750.00
Fringe Benefits	\$41,144				\$41,144.00
Total Personnel Expenses	\$279,894				\$279,894.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$21,825				\$21,825.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$17,522				\$17,522.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,052				\$6,052.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$60,000				\$60,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$105,399				\$105,399.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$385,293				\$385,293.00
Indirect Expenses	\$48,477				\$48,477.00
TOTAL EXPENSES	\$433,770				\$433,770.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org	By: _____ (DPH Authorized Signatory)	Date: _____
Attn: Accounts Payable		

F-3c
07/01/2025 - 06/30/2026
PAGE B

A-3JUL25

Fund Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES						
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Clinical Assistance Program Coordinator	0.89000	\$81,679				\$81,679.00
Director, Strut Program and Services	0.20000	\$30,790				\$30,790.00
Program Manager, Health Access Points	0.29000	\$26,883				\$26,883.00
Clinical Assistant Interns	1.73000	\$86,362				\$86,362.00
Director, Black Health	0.12000	\$13,036				\$13,036.00
TOTAL SALARIES	3.23000	\$238,750				\$238,750.00

Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-4c
07/01/2025 - 06/30/2026
PAGE A

Contractor: **San Francisco AIDS Foundation**
Address: **940 Howard Street**
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-4JUL25

Telephone: **415-487-3000**
Fax:

CHEP

Contract Purchase Order No:

Funding Source: **GF**

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: **07/1/25 - 07/31/25**

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Activities: Integration of HIV/STI/HCV Testing	12	N/A							12	N/A

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	N/A				N/A

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF TOTAL BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$225,757				\$225,757.00
Fringe Benefits	\$60,956				\$60,956.00
Total Personnel Expenses	\$286,713				\$286,713.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,132				\$37,132.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,289				\$1,289.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$4,909				\$4,909.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$43,330				\$43,330.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$330,043				\$330,043.00
Indirect Expenses	\$49,506				\$49,506.00
TOTAL EXPENSES	\$379,549				\$379,549.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to: **AidsOffice@sfdph.org**

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

F-4c
07/01/2025 - 06/30/2026
PAGE B

Invoice Number
A-4JUL25

Fund Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice ☐ (check if Yes)

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

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-4d
07/01/2026 - 06/30/2027
PAGE A

Contractor: **San Francisco AIDS Foundation**
Address: **940 Howard Street**
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-4JUL26

Telephone: **415-487-3000**
Fax:

CHEP

Contract Purchase Order No:

Funding Source: **GF**

Department ID-Authority ID:

Project ID-Activity ID:

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

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Activities: Integration of HIV/STI/HCV Testing	12	N/A							12	N/A

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	N/A				N/A

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF TOTAL BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$225,757				\$225,757.00
Fringe Benefits	\$60,956				\$60,956.00
Total Personnel Expenses	\$286,713				\$286,713.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,132				\$37,132.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,289				\$1,289.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$4,909				\$4,909.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$43,330				\$43,330.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$330,043				\$330,043.00
Indirect Expenses	\$49,506				\$49,506.00
TOTAL EXPENSES	\$379,549				\$379,549.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to: **AidsOffice@sfdph.org**

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

F-4d
07/01/2026 - 06/30/2027
PAGE B

Invoice Number
A-4JUL26

Contract Purchase Order No:

Fund Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

ACE Control #: _____

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

FINAL Invoice ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES						
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Capacity Building Manager	0.66667	\$54,207				\$54,207.00
HAP Manager	0.40000	\$37,080				\$37,080.00
Lead Lab Technician	0.55000	\$47,238				\$47,238.00
Manager, Clinical Operations	0.45000	\$58,687				\$58,687.00
Director, Strut Programs and Services	0.12000	\$18,545				\$18,545.00
Associate Vice President of Clinic Administration	0.05000	\$10,000				\$10,000.00
TOTAL SALARIES	2.23667	\$225,757				\$225,757.00

Certified By: _____

Date: _____

Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-4e
07/01/2027 - 06/30/2028
PAGE A

Contractor: **San Francisco AIDS Foundation**
Address: **940 Howard Street**
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-4JUL27

Telephone: **415-487-3000**
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: **GF**

Department ID-Authority ID: _____

Project ID-Activity ID: _____

Program Name: **HAP Capacity Building Activities Program**

ACE Control #: _____

Invoice Period: **07/1/27 - 07/31/27**

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Activities: Integration of HIV/STI/HCV Testing	12	N/A							12	N/A

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	N/A				N/A

EXPENDITURES

	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF TOTAL BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$225,757				\$225,757.00
Fringe Benefits	\$60,956				\$60,956.00
Total Personnel Expenses	\$286,713				\$286,713.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,132				\$37,132.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,289				\$1,289.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$4,909				\$4,909.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$43,330				\$43,330.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$330,043				\$330,043.00
Indirect Expenses	\$49,506				\$49,506.00
TOTAL EXPENSES	\$379,549				\$379,549.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to: **AidsOffice@sfdph.org**

By: _____
(DPH Authorized Signatory)

Date: _____

Attn: Accounts Payable

F-4e
07/01/2027 - 06/30/2028
PAGE B

Invoice Number
A-4JUL27

Fund Source: GF

Project ID-Activity ID:

Invoice Period: 07/1/27 - 07/31/27

FINAL Invoice ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES						
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Capacity Building Manager	0.66667	\$54,207				\$54,207.00
HAP Manager	0.40000	\$37,080				\$37,080.00
Lead Lab Technician	0.55000	\$47,238				\$47,238.00
Manager, Clinical Operations	0.45000	\$58,687				\$58,687.00
Director, Strut Programs and Services	0.12000	\$18,545				\$18,545.00
Associate Vice President of Clinic Administration	0.05000	\$10,000				\$10,000.00
TOTAL SALARIES	2.23667	\$225,757				\$225,757.00

Certified By: _____

Date: _____

Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-4f
07/01/2028 - 06/30/2029
PAGE A

Contractor: **San Francisco AIDS Foundation**
Address: **940 Howard Street**
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-4JUL28

Telephone: **415-487-3000**
Fax:

CHEP

Contract Purchase Order No:

Funding Source: **GF**

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: **07/1/28 - 07/31/28**

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Activities: Integration of HIV/STI/HCV Testing	12	N/A							12	N/A

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	N/A				N/A

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF TOTAL BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$225,757				\$225,757.00
Fringe Benefits	\$60,956				\$60,956.00
Total Personnel Expenses	\$286,713				\$286,713.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,132				\$37,132.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,289				\$1,289.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$4,909				\$4,909.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$43,330				\$43,330.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$330,043				\$330,043.00
Indirect Expenses	\$49,506				\$49,506.00
TOTAL EXPENSES	\$379,549				\$379,549.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to: **AidsOffice@sfdph.org**

By: _____
(DPH Authorized Signatory)

Date: _____

Attn: Accounts Payable

F-4f
07/01/2028 - 06/30/2029
PAGE B

Invoice Number
A-4JUL28

Fund Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/28 - 07/31/28

FINAL Invoice ☐ (check if Yes)

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-4g
07/01/2029 - 06/30/2030
PAGE A

Contractor: **San Francisco AIDS Foundation**
Address: **940 Howard Street**
San Francisco, CA 94103

Telephone: **415-487-3000**
Fax:

Program Name: **HAP Capacity Building Activities Program**

ACE Control #:

Contract ID #
1000024734

Invoice Number
A-4JUL29

Contract Purchase Order No:

Funding Source: **GF**

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: **07/1/29 - 07/31/29**

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Activities: Integration of HIV/STI/HCV Testing	12	N/A							12	N/A

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	N/A				N/A

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF TOTAL BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$225,757				\$225,757.00
Fringe Benefits	\$60,956				\$60,956.00
Total Personnel Expenses	\$286,713				\$286,713.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,132				\$37,132.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,289				\$1,289.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$4,909				\$4,909.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$43,330				\$43,330.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$330,043				\$330,043.00
Indirect Expenses	\$49,506				\$49,506.00
TOTAL EXPENSES	\$379,549				\$379,549.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to: **AidsOffice@sfdph.org**

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

F-4g
07/01/2029 - 06/30/2030
PAGE B

Invoice Number
A-4JUL29

Fund Source: GF

Project ID-Activity ID:

Invoice Period: 07/1/29 - 07/31/29

FINAL Invoice ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES						
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Capacity Building Manager	0.66667	\$54,207				\$54,207.00
HAP Manager	0.40000	\$37,080				\$37,080.00
Lead Lab Technician	0.55000	\$47,238				\$47,238.00
Manager, Clinical Operations	0.45000	\$58,687				\$58,687.00
Director, Strut Programs and Services	0.12000	\$18,545				\$18,545.00
Associate Vice President of Clinic Administration	0.05000	\$10,000				\$10,000.00
TOTAL SALARIES	2.23667	\$225,757				\$225,757.00

Certified By: _____
Title: _____

Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-5c
07/01/2025 - 06/30/2026
PAGE A

Contractor: San Francisco AIDS Foundation Address: 940 Howard Street San Francisco, CA 94103 Telephone: 415-487-3000 Fax:	CHEP	Contract ID # 1000024734	Invoice Number A-5JUL25	Contract Purchase Order No: Funding Source: GF Department ID-Authority ID: Project ID-Activity ID:

Program Name: Health Access Point Gay/MSM

ACE Control #:

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	27,120	10,200							27,120	10,200
Prevention and Treatment Medication	12	N/A							12	N/A
Condom Distribution	12	N/A							12	N/A
Linkage and Navigation	12	865							12	865
Community Engagement and Mobilization	12	276							12	276

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	11,341				11,341

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$653,142				\$653,142.00
Fringe Benefits	\$176,348				\$176,348.00
Total Personnel Expenses	\$829,490				\$829,490.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$93,256				\$93,256.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$5,948				\$5,948.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$22,008				\$22,008.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$208,000				\$208,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$329,212				\$329,212.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,158,702				\$1,158,702.00
Indirect Expenses	\$142,608				\$142,608.00
TOTAL EXPENSES	\$1,301,310				\$1,301,310.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org	By: _____	Date: _____
Attn: Accounts Payable	(DPH Authorized Signatory)	

F-5c
07/01/2025 - 06/30/2026
PAGE B

A-5JUL25

Contract Purchase Order No:

Fund Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/25 - 07/31/25

ACE Control #: _____

FINAL Invoice ☐ (check if Yes)

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Lab Technician	0.64000	\$49,525				\$49,525.00
Lead Lab Technician	0.12000	\$10,306				\$10,306.00
Program Manager, Health Access Point	0.31000	\$28,737				\$28,737.00
Health Navigation	2.16000	\$119,179				\$119,179.00
Manager, Health Navigation	0.61000	\$63,440				\$63,440.00
Registered Nurse	0.78000	\$115,737				\$115,737.00
Nurse Practitioner	0.50000	\$85,147				\$85,147.00
Senior Director, Clinical Services	0.26000	\$54,428				\$54,428.00
Manager, Clinical Operation	0.45000	\$58,156				\$58,156.00
Supervisor, Counselor II	0.70000	\$63,487				\$63,487.00
Associate Vice President of Clinic Administration	0.02500	\$5,000				\$5,000.00
TOTAL SALARIES	6.55500	\$653,142				\$653,142.00

Certified By: _____

Date: _____

Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-5d
07/01/2026 - 06/30/2027
PAGE A

Contractor: San Francisco AIDS Foundation Address: 940 Howard Street San Francisco, CA 94103 Telephone: 415-487-3000 Fax:	CHEP	Contract ID # 1000024734	Invoice Number A-5JUL26	Contract Purchase Order No: Funding Source: GF Department ID-Authority ID: Project ID-Activity ID:

Program Name: Health Access Point Gay/MSM

ACE Control #:

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

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	27,120	10,200							27,120	10,200
Prevention and Treatment Medication	12	N/A							12	N/A
Condom Distribution	12	N/A							12	N/A
Linkage and Navigation	12	865							12	865
Community Engagement and Mobilization	12	276							12	276

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	11,341				11,341

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$653,142				\$653,142.00
Fringe Benefits	\$176,348				\$176,348.00
Total Personnel Expenses	\$829,490				\$829,490.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$93,256				\$93,256.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$5,948				\$5,948.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$22,008				\$22,008.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$208,000				\$208,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$329,212				\$329,212.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,158,702				\$1,158,702.00
Indirect Expenses	\$142,608				\$142,608.00
TOTAL EXPENSES	\$1,301,310				\$1,301,310.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org Attn: Accounts Payable	By: _____ (DPH Authorized Signatory)	Date: _____

F-5d
07/01/2026 - 06/30/2027
PAGE B

A-5JUL26

Contract Purchase Order No:

Fund Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

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

ACE Control #: _____

FINAL Invoice ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES						
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Lab Technician	0.64000	\$49,525				\$49,525.00
Lead Lab Technician	0.12000	\$10,306				\$10,306.00
Program Manager, Health Access Point	0.31000	\$28,737				\$28,737.00
Health Navigation	2.16000	\$119,179				\$119,179.00
Manager, Health Navigation	0.61000	\$63,440				\$63,440.00
Registered Nurse	0.78000	\$115,737				\$115,737.00
Nurse Practitioner	0.50000	\$85,147				\$85,147.00
Senior Director, Clinical Services	0.26000	\$54,428				\$54,428.00
Manager, Clinical Operation	0.45000	\$58,156				\$58,156.00
Supervisor, Counselor II	0.70000	\$63,487				\$63,487.00
Associate Vice President of Clinic Administration	0.02500	\$5,000				\$5,000.00
TOTAL SALARIES	6.55500	\$653,142				\$653,142.00

Certified By: _____

Date:

Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F--5e
07/01/2027 - 06/30/2028
PAGE A

Contractor: San Francisco AIDS Foundation Address: 940 Howard Street San Francisco, CA 94103 Telephone: 415-487-3000 Fax:	Contract ID # 1000024734	Invoice Number A-5JUL27	Contract Purchase Order No: Funding Source: GF Department ID-Authority ID: Project ID-Activity ID:

Program Name: Health Access Point Gay/MSM

ACE Control #:



Invoice Period: 07/1/27 - 07/31/27

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	27,120	10,200							27,120	10,200
Prevention and Treatment Medication	12	N/A							12	N/A
Condom Distribution	12	N/A							12	N/A
Linkage and Navigation	12	865							12	865
Community Engagement and Mobilization	12	276							12	276

	NOC		NOC		NOC		NOC		NOC	
Number of Clients for Appendix		11,341								11,341

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$653,142				\$653,142.00
Fringe Benefits	\$176,348				\$176,348.00
Total Personnel Expenses	\$829,490				\$829,490.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$93,256				\$93,256.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$5,948				\$5,948.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$22,008				\$22,008.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$208,000				\$208,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$329,212				\$329,212.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,158,702				\$1,158,702.00
Indirect Expenses	\$142,608				\$142,608.00
TOTAL EXPENSES	\$1,301,310				\$1,301,310.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org Attn: Accounts Payable	By: _____ Date: _____ (DPH Authorized Signatory)

F--5e
07/01/2027 - 06/30/2028
PAGE B

Invoice Number
A-5JUL27

FINAL Invoice ☐ (check if Yes)

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
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Supervisor, Counselor II	0.70000	\$63,487				\$63,487.00
Associate Vice President of Clinic Administration	0.02500	\$5,000				\$5,000.00
TOTAL SALARIES	6.55500	\$653,142				\$653,142.00

Contract ID# 1000024734

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F--5f
07/01/2028 - 06/30/2029
PAGE A

Contractor: San Francisco AIDS Foundation Address: 940 Howard Street San Francisco, CA 94103 Telephone: 415-487-3000 Fax:	CHEP	Contract ID # 1000024734	Invoice Number A-5JUL28 Contract Purchase Order No: Funding Source: GF Department ID-Authority ID: Project ID-Activity ID:
Program Name: Health Access Point Gay/MSM			
ACE Control #:			

Invoice Period: 07/1/28 - 07/31/28

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	27,120	10,200							27,120	10,200
Prevention and Treatment Medication	12	N/A							12	N/A
Condom Distribution	12	N/A							12	N/A
Linkage and Navigation	12	865							12	865
Community Engagement and Mobilization	12	276							12	276

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	11,341				11,341

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$653,142				\$653,142.00
Fringe Benefits	\$176,348				\$176,348.00
Total Personnel Expenses	\$829,490				\$829,490.00
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Consultant/Subcontractor	\$208,000				\$208,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$329,212				\$329,212.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,158,702				\$1,158,702.00
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TOTAL EXPENSES	\$1,301,310				\$1,301,310.00
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Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org	By: _____	Date: _____
Attn: Accounts Payable (DPH Authorized Signatory)		

F--5f
07/01/2028 - 06/30/2029
PAGE B

Invoice Number
A-5JUL28

FINAL Invoice ☐ (check if Yes)

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
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Contract ID# 1000024734

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F--5g
07/01/2029 - 06/30/2030
PAGE A

Contractor: San Francisco AIDS Foundation Address: 940 Howard Street San Francisco, CA 94103 Telephone: 415-487-3000 Fax:	CHEP	Contract ID # 1000024734	Invoice Number A-5JUL29 Contract Purchase Order No: Funding Source: GF Department ID-Authority ID: Project ID-Activity ID:
Program Name: Health Access Point Gay/MSM ACE Control #:			

Invoice Period: 07/1/29 - 07/31/29

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	27,120	10,200							27,120	10,200
Prevention and Treatment Medication	12	N/A							12	N/A
Condom Distribution	12	N/A							12	N/A
Linkage and Navigation	12	865							12	865
Community Engagement and Mobilization	12	276							12	276

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	11,341				11,341

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$653,142				\$653,142.00
Fringe Benefits	\$176,348				\$176,348.00
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Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,158,702				\$1,158,702.00
Indirect Expenses	\$142,608				\$142,608.00
TOTAL EXPENSES	\$1,301,310				\$1,301,310.00
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Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org Attn: Accounts Payable	By: _____ Date: _____ (DPH Authorized Signatory)

F--5g
07/01/2029 - 06/30/2030
PAGE B

A-5JUL29

Contract Purchase Order No:

Fund Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/29 - 07/31/29

ACE Control #: _____

FINAL Invoice ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES						
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
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Lead Lab Technician	0.12000	\$10,306				\$10,306.00
Program Manager, Health Access Point	0.31000	\$28,737				\$28,737.00
Health Navigation	2.16000	\$119,179				\$119,179.00
Manager, Health Navigation	0.61000	\$63,440				\$63,440.00
Registered Nurse	0.78000	\$115,737				\$115,737.00
Nurse Practitioner	0.50000	\$85,147				\$85,147.00
Senior Director, Clinical Services	0.26000	\$54,428				\$54,428.00
Manager, Clinical Operation	0.45000	\$58,156				\$58,156.00
Supervisor, Counselor II	0.70000	\$63,487				\$63,487.00
Associate Vice President of Clinic Administration	0.02500	\$5,000				\$5,000.00
TOTAL SALARIES	6.55500	\$653,142				\$653,142.00

Certified By: _____

Date: _____

Title: _____



Contract Amendments: Health Access Point Services

File 260170: San Francisco AIDS Foundation

File 260174: Rafiki Coalition for Health & Wellness

File 260209: Instituto Familiar de la Raza, Inc.

Nikole Trainor, MPH, MCHES

**Budget, Contract & Program Operations Manager,
Community Health Equity & Promotion Branch, Population Health Division**

March 25, 2026

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Overview of File 260170: SF AIDS Foundation



- **Contractor:** San Francisco AIDS Foundation (SFAF)
- **Contract Amendment Amount:** \$11,946,338
 - **Total Not to Exceed Amount:** \$23,832,933
- **Timeline:** Total term of January 1, 2023, through June 30, 2030
 - Extends contract term four years from June 30, 2026
- **Contract Summary:** Provides Health Access Point (HAP) Client Direct Services and HAP Service Network capacity building activities
 - **HAP Priority Population:** Gay/MSM Community
 - **Neighborhood:** Castro, SOMA

Overview of File 260174: Rafiki Coalition

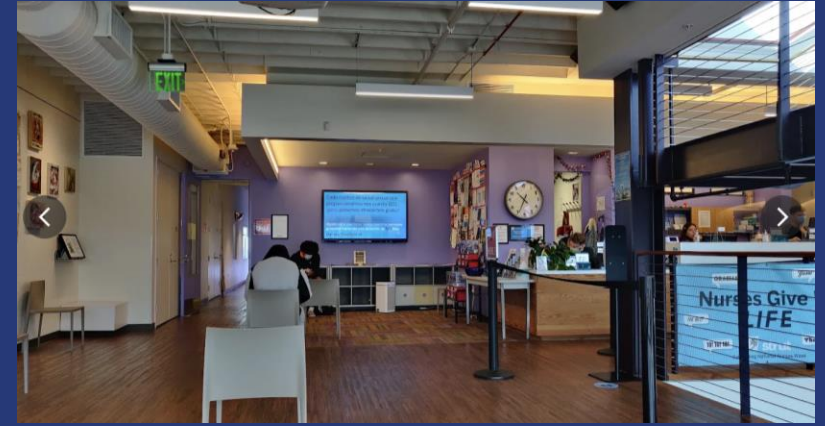


- **Contractor:** Rafiki Coalition for Health & Wellness
- **Contract Amendment Amount:** \$10,670,270
 - **Total Not to Exceed Amount:** \$20,083,870
- **Timeline:** Total term of January 1, 2020, through June 30, 2026
 - Extends contract term four years from June 30, 2026
- **Contract Summary:** Provides Health Access Point Client Direct Services
 - **Priority Population:** Black/African American Community
 - **Neighborhood:** Bayview Hunters Point, Potrero Hill, Sunnydale, Filmore

Overview of File 260209: Instituto Familiar de la Raza, Inc.



- **Contractor:** Instituto Familiar de la Raza, Inc. (IFR)
- **Contract Amendment Amount:** \$9,242,130
 - **Total Not to Exceed Amount:** \$17,087,730
- **Timeline:** Total term of January 1, 2023, through June 30, 2030
 - Extends contract term three years from June 30, 2027
- **Contract Summary:** Provides Health Access Point Client Direct Services
 - **Priority Population:** Latino Community
 - **Neighborhood:** Mission



SFAF: MSM HAP



Rafiki: 5000 3rd Street: Clinical Space Build out in process



IFR: Latino HAP



Conclusion

DPH agrees with the BLA's recommendations.

We respectfully request approval of these contract amendments.

Thank you!

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

Agreement between the City and County of San Francisco and

SAN FRANCISCO AIDS FOUNDATION

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This Agreement is made this 1st day of **January, 2023**, in the City and County of San Francisco (“City”), State of California, by and between **San Francisco AIDS Foundation, 1035 Market Street, Suite 400, San Francisco, CA 94103** (“Contractor”) and City.

Recitals

WHEREAS, the Department of Public Health (“Department”) wishes to secure **Health Access Point Services through an Equity-Focused, Community-Centered, Whole Person Care Approach to Integrated HIV, HCV, and STD Prevention Programs for Affected Communities as well as Health Access Point - Capacity Building Services**; and

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

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through **RFP 4-2019** a Request for Proposal (“RFP”) issued on **September 12, 2019**, in which City selected Contractor as the highest qualified scorer pursuant to the RFP for **Health Access Point Services**; and

WHEREAS, Contractor was selected pursuant to San Francisco Administrative Code Section 21.42 for **Health Access Point – Capacity Building Services**; and

WHEREAS, this Contract is deemed exempt from Chapter 14B of the San Francisco Administrative Code and there is no Local Business Entity (“LBE”) subcontracting participation requirement for this Agreement; and

WHEREAS, approval for the Agreement was obtained on **June 29, 2016** from the Civil Service Commission under PSC number **2006 – 07/08** in the amount of **\$210,000,000** for the period commencing **07/01/2008** and **Continuous**; and

WHEREAS, the City’s Board of Supervisors approved this Agreement by **Resolution No. 024-23** on **February 9, 2023**.

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions apply to this Agreement:

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

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

1.3 **“City Data”** means that data as described in Article 13 of this Agreement which includes, without limitation, all data collected, used, maintained, processed, stored, or generated by or on behalf of the City in connection with this Agreement. City Data includes, without limitation, Confidential Information.

1.4 **“CMD”** means the Contract Monitoring Division of the City.

1.5 **“Confidential Information”** means confidential City information including, but not limited to, personally-identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local,

state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

1.6 “Contractor” or “Consultant” means San Francisco AIDS Foundation, 1035 Market Street, Suite 400, San Francisco, CA 94103.

1.7 “Deliverables” means Contractor’s work product resulting from the Services provided by Contractor to City during the course of Contractor’s performance of the Agreement, including without limitation, the work product described in the “Scope of Services” attached as Appendix A.

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

1.9 “Party” and “Parties” means the City and Contractor either collectively or individually.

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

Article 2 Term of the Agreement

2.1 Term. The term of this Agreement shall commence on **January 1st, 2023** and expire on **June 30th, 2026** unless earlier terminated as otherwise provided herein.

2.2 Options to Extend. The City has **7 (seven)** options to renew the Agreement for a period of listed time span. The City may extend this Agreement beyond the expiration date by exercising an option at the City’s sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, “Modification of this Agreement.”

Option 1: 07/01/2026 – 06/30/2027

Option 2: 07/01/2027 – 06/30/2028

Option 3: 07/01/2028 – 06/30/2029

Option 4: 07/01/2029 – 06/30/2030

Option 5: 07/01/2030 – 06/30/2031

Option 6: 07/01/2031 – 06/30/2032

Option 7: 07/01/2032 – 12/31/2032

Article 3 Financial Matters

3.1 Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation. This Agreement is subject to the budget and fiscal provisions of the City’s Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of

City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

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

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

3.3 Compensation.

3.3.1 Calculation of Charges. Contractor shall provide an invoice to the City on a monthly basis for goods delivered and/or Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for goods and/or Services identified in the invoice that the City, in his or her sole discretion, concludes has been satisfactorily performed. In no event shall the amount of this Agreement exceed **Eleven Million, Eight Hundred Eighty-Six Thousand, Five Hundred Ninety-Five Dollars (\$11,886,595)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges." A portion of payment may be withheld until conclusion of the Agreement if agreed to by both Parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any services covered by this Agreement.

3.3.2 Payment Limited to Satisfactory Services and Delivery of Goods. Contractor is not entitled to any payments from City until City approves the goods and/or Services delivered pursuant to this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory delivery of goods and/or Services even if the unsatisfactory character may not have been apparent or detected at the time such payment was made. Goods and/or Services delivered pursuant to this Agreement that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

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

3.3.4 Invoice Format. Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City and include a unique invoice number and a specific invoice date. Payment shall be made by City as specified in Section 3.3.7, or in such alternate manner as the Parties have mutually agreed upon in writing. All invoices must show the PeopleSoft Purchase Order ID Number, PeopleSoft Supplier Name and ID, Item numbers (if applicable), complete description of goods delivered or Services performed, sales/use tax (if applicable), contract payment terms and contract

price. Invoices that do not include all required information or contain inaccurate information will not be processed for payment.

3.3.5 Reserved. (LBE Payment and Utilization Tracking System)

3.3.6 Getting paid by the City for Goods and/or Services.

(a) The City and County of San Francisco utilizes the Paymode-X[®] service offered by Bank of America Merrill Lynch to pay City contractors. Contractor must sign up to receive electronic payments to be paid under this Agreement. To sign up for electronic payments, visit http://portal.paymode.com/city_countyofsanfrancisco.

(b) At the option of the City, Contractor may be required to submit invoices directly in the City's financial and procurement system (PeopleSoft) via eSettlement. Refer to <https://sfcitypartner.sfgov.org/pages/training.aspx> for more information on eSettlement. For access to PeopleSoft eSettlement, submit a request through sfemployeeportalsupport@sfgov.org.

3.3.7 Grant Funded Contracts.

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

(b) Reserved. (Grant Terms)

3.3.8 Payment Terms.

(a) **Payment Due Date:** Unless City notifies the Contractor that a dispute exists, Payment shall be made within 30 calendar days, measured from (1) the delivery of goods and/or the rendering of services or (2) the date of receipt of the invoice, whichever is later. Payment is deemed to be made on the date on which City has issued a check to Contractor or, if Contractor has agreed to electronic payment, the date on which City has posted electronic payment to Contractor.

(b) Reserved. (Payment Discount Terms)

3.4 Audit and Inspection of Records.

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

Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and

all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

3.4.2 If Contractor expends less than \$750,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

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

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

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

3.6 (Reserved). Payment of Prevailing Wages

3.7 Contract Amendments; Budgeting Revisions.

3.7.1 Formal Contract Amendment: Contractor shall not be entitled to an increase in the Compensation or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

3.7.2 City Revisions to Program Budgets: The City shall have authority, without the execution of a Formal Amendment, to purchase additional Services and/or make changes to the work in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the Compensation or the Term by use of a written City Revision to Program Budget.

3.7.3 City Program Scope Reduction. In order to preserve the Agreement and enable Contractor to continue to perform work albeit potentially on a reduced basis, the City shall have authority during the Term of the Agreement, without the execution of a Formal Amendment, to reduce scope, temporarily suspend the Agreement work, and/or convert the Term to month-to-month (Program Scope Reduction), by use of a written Revision to Program Budgets, executed by the Director of Health, or his or her designee, and Contractor. Contractor understands and agrees that the City's right to effect a Program Scope Reduction is intended to serve a public purpose and to protect the public fisc and is not intended to cause harm to or penalize Contractor. Contractor provides City with a full and final release of all claims arising from a Program Scope Reduction. Contractor further agrees that it will not sue the City for damages arising directly or indirectly from a City Program Scope Reduction

Article 4 Services and Resources

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

4.2 Personnel

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

4.2.2 Contractor Vaccination Policy.

(a) Contractor acknowledges that it has read the requirements of the 38th Supplement to Mayoral Proclamation Declaring the Existence of a Local Emergency ("Emergency Declaration"), dated February 25, 2020, and the Contractor Vaccination Policy for City Contractors issued by the City Administrator ("Contractor Vaccination Policy"), as those documents may be amended from time to time. A copy of the Contractor Vaccination Policy can be found at: <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors>.

(b) A Contract subject to the Emergency Declaration is an agreement between the City and any other entity or individual and any subcontract under such agreement, where Covered Employees of the Contractor or Subcontractor work in-person with City employees in connection with the work or services performed under the agreement at a City owned, leased, or controlled facility. Such agreements include, but are not limited to, professional services contracts, general services contracts, public works contracts, and grants. Contract includes such agreements currently in place or entered into during the term of the Emergency Declaration. Contract does not include an agreement with a state or federal governmental entity or agreements that do not involve the City paying or receiving funds.

(c) In accordance with the Contractor Vaccination Policy, Contractor agrees that:

(i) Where applicable, Contractor shall ensure it complies with the requirements of the Contractor Vaccination Policy pertaining to Covered Employees, as they are defined under the Emergency Declaration and the Contractor Vaccination Policy, and insure such Covered Employees are either fully vaccinated for COVID-19 or obtain from Contractor an exemption based on medical or religious grounds; and

(ii) If Contractor grants Covered Employees an exemption based on medical or religious grounds, Contractor will promptly notify City by completing and submitting the Covered Employees Granted Exemptions Form ("Exemptions Form"), which can be found at <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors> (navigate to "Exemptions" to download the form).

(d) The City reserves the right to impose a more stringent COVID-19 vaccination policy for the San Francisco Department of Public Health, acting in its sole discretion.

4.3 Subcontracting.

4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.3.2 City's execution of this Agreement constitutes its approval of the subcontractors listed below.

a. Subcontractors named in Appendices B

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

4.4.1 **Independent Contractor.** For the purposes of this Section 4.4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this Section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City

shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

4.4.2 Payment of Employment Taxes and Other Expenses. Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to this Section 4.4 shall be solely limited to the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this Section.

4.5 Assignment. The Services to be performed by Contractor are personal in character. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, hypothecated, transferred, or delegated by Contractor, or, where the Contractor is a joint venture, a joint venture partner, (collectively referred to as an "Assignment") unless first approved by City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City's approval of any such Assignment is subject to the Contractor demonstrating to City's reasonable satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor's obligations under this Agreement and any other documents to be assigned, (ii) not forbidden by applicable law from transacting business or entering into contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

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

Article 5 Insurance and Indemnity

5.1 Insurance.

5.1.1 Required Coverages. Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(a) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations. **Policy must include Abuse and Molestation coverage.**

(b) 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.

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

(d) Professional Liability Insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 for each claim with respect to negligent acts, errors or omissions in connection with the Services.

(e) **Reserved. (Technology Errors and Omissions Liability Coverage)**

(f) Cyber and Privacy Insurance with limits of not less than \$5,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

(g) **Reserved. (Pollution Liability Insurance)**

5.1.2 Additional Insured Endorsements

(a) The Commercial General Liability policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(b) The Commercial Automobile Liability Insurance policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(c) **Reserved. (Pollution Auto Liability Insurance Additional Insured Endorsement)**

5.1.3 **Reserved. (Workers Compensation Insurance Waiver of Subrogation Endorsement)**

5.1.4 Primary Insurance Endorsements

(a) The Commercial General Liability policy shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

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

(c) **Reserved. (Pollution Liability Insurance Primary Insurance Endorsement)**

5.1.5 Other Insurance Requirements

(a) Thirty (30) days' advance written notice shall be provided to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City email address: insurance-contractsr410@sfdph.org.

(b) 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 Agreement term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

(c) Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

(d) 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.

(e) 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.

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

5.2 Indemnification.

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

administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

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

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

Article 6 Liability of the Parties

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

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

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

Article 7 Payment of Taxes

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

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

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

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

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

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

7.3 **Withholding.** Contractor agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Contractor further acknowledges and agrees that City may withhold any payments due to Contractor under this Agreement if Contractor is delinquent in the payment of any amount required to be paid to the City under the San Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Contractor, without interest, upon Contractor coming back into compliance with its obligations.

Article 8 Termination and Default

8.1 Termination for Convenience

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Termination for Default; Remedies.

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

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

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	Article 13	Data and Security

(a) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default is not cured within ten days after written notice thereof from City to Contractor. If Contractor defaults a second time in the same manner as a prior default cured by Contractor, City may in its sole discretion immediately terminate the Agreement for default or grant an additional period not to exceed five days for Contractor to cure the default.

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

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

8.2.3 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, in accordance with San Francisco Administrative Code Section 21.33 (Procedure Upon Contractor's Failure to Deliver) where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. Further, in accordance with San Francisco Administrative Code Section 10.27.1 (Controller may Offset), City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City. This Section 8.2.3 shall survive termination of this Agreement.

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

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

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

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

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

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts – Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	Article 13	Data and Security
		Appendix E	Business Associate Agreement

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

Article 9 Rights In Deliverables

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

9.2 **Works for Hire.** If, in connection with Services, Contractor or its subcontractors creates Deliverables including, without limitation, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes, or any other original works of authorship, whether in digital or any other format, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works shall be the property of the City. If any Deliverables created by Contractor or its subcontractor(s) under this Agreement are ever determined not to be works for hire under U.S. law, Contractor hereby assigns all

Contractor's copyrights to such Deliverables to the City, agrees to provide any material and execute any documents necessary to effectuate such assignment, and agrees to include a clause in every subcontract imposing the same duties upon subcontractor(s). With City's prior written approval, Contractor and its subcontractor(s) may retain and use copies of such works for reference and as documentation of their respective experience and capabilities.

Article 10 Additional Requirements Incorporated by Reference

10.1 Laws Incorporated by Reference. The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at http://www.amlegal.com/codes/client/san-francisco_ca/.

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

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

10.4 Consideration of Salary History. Contractor shall comply with San Francisco Administrative Code Chapter 12K, the Consideration of Salary History Ordinance or "Pay Parity Act." Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in the City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee's salary history without that employee's authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Chapter 12K. Information about and the text of Chapter 12K is available on the web at <https://sfgov.org/olse/consideration-salary-history>. Contractor is required to comply with all of the applicable provisions of 12K, irrespective of the listing of obligations in this Section.

10.5 Nondiscrimination Requirements.

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

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

spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section 12B.2.

10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance.

Contractor shall comply with all applicable provisions of Chapter 14B (“LBE Ordinance”). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

10.7 Minimum Compensation Ordinance. If Administrative Code Chapter 12P applies to this contract, Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P, including a minimum hourly gross compensation, compensated time off, and uncompensated time off. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. Information about and the text of the Chapter 12P is available on the web at <http://sfgov.org/olse/mco>. Contractor is required to comply with all of the applicable provisions of 12P, irrespective of the listing of obligations in this Section. By signing and executing this Agreement, Contractor certifies that it complies with Chapter 12P.

10.8 Health Care Accountability Ordinance. If Administrative Code Chapter 12Q applies to this contract, Contractor shall comply with the requirements of Chapter 12Q. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission. Information about and the text of the Chapter 12Q, as well as the Health Commission’s minimum standards, is available on the web at <http://sfgov.org/olse/hcao>. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q. Any Subcontract entered into by Contractor shall require any Subcontractor with 20 or more employees to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section.

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

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

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

10.11 Limitations on Contributions. By executing this Agreement, Contractor acknowledges its obligations under Section 1.126 of the City’s Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or

lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

10.12 Reserved. (Slavery Era Disclosure)

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

10.14 Consideration of Criminal History in Hiring and Employment Decisions.

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

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

10.15 Public Access to Nonprofit Records and Meetings. If Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit

organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

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

10.17 Distribution of Beverages and Water.

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

10.17.2 Packaged Water Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

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

10.18.1 Contractor shall comply with San Francisco Environment Code Chapter 8, which provides that except as expressly permitted by the application of Sections 802(b) and 803(b) of the San Francisco Environment Code, Contractor shall not provide any items to the City in performance of this contract which are tropical hardwoods, tropical hardwood wood products, virgin redwood or virgin redwood wood products. Contractor is subject to the penalty and enforcement provisions of Chapter 8.

10.19 Preservative Treated Wood Products. Contractor shall comply with the provisions of San Francisco Environment Code Chapter 13, which requires that each Contractor purchasing preservative-treated wood products on behalf of the City, shall only purchase such products from the list of alternatives adopted by the Department of the Environment pursuant to Section 1302 of Chapter 13, unless otherwise granted an exemption by the terms of that Chapter.

Article 11 General Provisions

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

To CITY:	Office of Contract Management and Compliance Department of Public Health 101 Grove Street, Room 402 San Francisco, California 94102	e-mail: Nora.macias@sfdph.org
And:	Patricia Erwin CHEP 25 VAN NESS STREET, SUITE 500 SAN FRANCISCO, CA 94102	e-mail: Patricia.erwin@sfdph.org
To CONTRACTOR:	SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET, SUITE 400 SAN FRANCISCO, CA 94103	e-mail: ttermeer@sfaf.org

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

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

11.3 Incorporation of Recitals. The matters recited above are hereby incorporated into and made part of this Agreement.

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

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

11.6 Dispute Resolution Procedure.

11.6.1 Negotiation; Alternative Dispute Resolution. The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.36, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the Parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this Section.

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

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

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

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

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

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

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

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

11.13 Order of Precedence. Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFP, and Contractor's proposal dated November 25, 2019. The RFP and Contractor's proposal are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal. If the Appendices to this Agreement include any standard printed terms from the Contractor, Contractor agrees that in the event of discrepancy, inconsistency, gap, ambiguity, or conflicting language between the City's terms and Contractor's printed terms attached, the City's terms shall take precedence, followed by the procurement issued by the department, Contractor's proposal, and Contractor's printed terms, respectively.

11.14 Notification of Legal Requests. Contractor shall immediately notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to City's Data, and in no event later than 24 hours after it receives the request. Contractor shall not respond to Legal Requests related to City without first notifying City other than to notify the requestor that the information sought is potentially covered under a non-disclosure agreement. Contractor shall retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

Article 12 Department Specific Terms

12.1 Third Party Beneficiaries. No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

12.2 Exclusion Lists and Employee Verification. Upon hire and monthly thereafter, Contractor will check the exclusion lists published by the Office of the Inspector General (OIG), General

Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency. Proof of checking these lists must be retained for seven years.

12.3 Certification Regarding Lobbying.

12.3.1 Contractor certifies to the best of its knowledge and belief that: No federally appropriated funds have been paid or will be paid, by or on behalf of Contractor to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

12.3.2 If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, Contractor shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

12.3.3 Contractor shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

12.3.4 This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

12.4 Materials Review. Contractor agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. Contractor agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. City agrees to conduct the review in a manner which does not impose unreasonable delays on Contractor's work, which may include review by members of target communities.

12.5 Emergency Response. Contractor will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The Plan should include site specific plans to respond at the time of an emergency (emergency response plans) and plans to continue essential services after a disaster (continuity of operations plans). The agency-wide plan should address disaster coordination between and among service sites. Contractor will update the Agency/site(s) plan as needed and Contractor will train all employees regarding the provisions of the plan for their Agency/site(s). Contractor will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan and a continuity of operations plan for each of its service sites. Contractor is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, Contractor's employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as Contractor's prime contacts with Community Programs in the event of a declared emergency.

Article 13 Data and Security

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

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

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

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

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

The parties acknowledge that CONTRACTOR will:

1. ☒ **Do at least one** or more of the following:
 - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
 - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or
 - C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

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

- a. **Appendix E SFDPH Business Associate Agreement (BAA) (v8/3/2022)**
 1. SFDPH Attestation 1 PRIVACY (06-07-2017)

2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

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

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

13.4 Management of City Data and Confidential Information.

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

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

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

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

Article 14 MacBride And Signature

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

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

CITY

CONTRACTOR

Recommended by:

SAN FRANCISCO AIDS FOUNDATION

DocuSigned by:

Greg Wagner

Grant Colfax, MD

Director of Health

Department of Public Health

3/6/2023 | 12:21:17 PST

DocuSigned by:

Tyler A. Termeer

Tyler Termeer

Chief Executive Office

1035 Market Street, Suite 400

San Francisco, CA 94103

2/16/2023 | 8:22:19 PST

Supplier ID: 0000011638

Approved as to Form:

David Chiu

City Attorney

DocuSigned by:

Louise Simpson

Deputy City Attorney

2/27/2023 | 10:07:31 PST

Approved:

Sailaja Kurella

Director of the Office of Contract Administration and

Purchaser

DocuSigned by:

Sailaja Kurella

78EAE44AB01C4E0...

3/13/2023 | 10:53:20 PDT

Appendices

A: Scope of Services	F: Invoice
B: Calculation of Charges	G: Dispute Resolution
C: Insurance Waiver Reserved	H: COVID Reserved
D: FEMA Emergency & Exigency Contracts Requirements Reserved	I: COVID Invoice(s) Reserved
E: HIPAA Business Associate Agreement	J: Grant Terms Reserved
	K: Data Access and Sharing Terms

Appendix A

Scope of Services

1. Terms

A. Contract Administrator:

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

B. Reports:

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

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

C. Evaluation:

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

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

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. 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.

H. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

I. 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 employees, agents, subcontractors including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

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 for any mode of service hereunder, Contractor shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

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:

Contractor recognizes that funding for this Agreement is provided to the City through federal, state or private foundation awards. Contractor agrees to comply with the provisions of the City's

agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto:

Appendix A-1	Training Academy & Clinical Assistance Program
Appendix A-2	Clinical Services Sustainability
Appendix A-3	Capacity Building Activities: The Black Health Clinical Assistant Program
Appendix A-4	HAP Capacity Building Activities Program
Appendix A-5	Health Access Point Gay/MSM

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

**San Francisco AIDS Foundation
Health Access Point HAP (Health Access Point for MSM)**

**Appendix A-1
01/01/23 – 06/30/26
General Fund**

1. IDENTIFIER:

PROGRAM NAME: San Francisco AIDS Foundation - **Training Academy & Clinical Assistant Program**

ADDRESS: 1035 Market, Suite 400; San Francisco, CA 94103

PROGRAM PRIMARY CONTACT: LB Honey-Brooks, lb Brooks@sfaf.org

Jenny Hsieh, jhsieh@sfaf.org

Michelle Lee, mlee@sfaf.org

NATURE OF DOCUMENT: New Contract/Original ☒ Contract Amendment ☐ Internal Contract Revision: ☐

2. GOAL STATEMENT:

The Training Academy & Clinical Assistant Program's goal is to create a workforce development pipeline that can support the Health Access Point (HAP) network with ongoing professional development, paid internship opportunities, and a trained applicant pool with experience in roles that can support HAP activities.

3. TARGET POPULATION:

San Francisco AIDS Foundation serve all ethnicities and populations, with a focused expertise to address the unique needs of this program's priority communities. The Training Academy & Clinical Assistant Program will engage individuals from the Health Access Point's (HAP) priority communities:

1. Latinx communities
2. Gay, bisexual, and queer (GBQ) men & MSM communities
3. Trans and nonbinary communities
4. Asian and Pacific Islander (API) communities
5. Black and African American communities
6. People who use drugs
7. Young people

4. MODALITIES and INTERVENTIONS:

Service Description:

SFAF's Training Academy & Clinical Assistant Program is a structural intervention that aims to engage priority communities impacted by HIV, HCV, and STI health disparities in community health-focused employment opportunities.

The Training Academy & Clinical Assistant Program follows the citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STI rates
- Eliminate racial disparities in access to services and health outcomes

San Francisco AIDS Foundation
Health Access Point HAP (Health Access Point for MSM)

Appendix A-1
01/01/23 – 06/30/26
General Fund

Capacity Building Modalities:

Year One, B-1: January 1, 2023-June 30, 2023 (6 months)

Capacity Building Start-Up Activities:			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 General Fund / App A-1, B-1	<u>Training Academy:</u> 1 UOS = 1 month of start-up planning activities; 3 months = 3 UOS	3	NA
	<u>Clinical Assistant Program:</u> 1 UOS = 1 month of start-up planning activities for the Clinical Assistant Program; 1 month = 3 UOS	3	NA
Total UOS and UDC		6	N/A
Capacity Building Implementation Activities:			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 General Fund / App A-1, B-1	<u>Training Academy:</u> 1 UOS = 1 hour of training and/or professional development provided to HAP network members and/or CHEP funded; 1 UDC = 1 unduplicated participant CBOs; 30 unduplicated individuals x 1.5 hours x 6 trainings = 270 UOS	270	30
	<u>Clinical Assistant Program:</u> 1 UOS = 1 hour of training or field experience completed by a clinical assistant; 1 UDC = 1 clinical assistant; 5 assistants x (20 hours of training + 80 hours of field experience) = 500 UOS	500	5
Total UOS and UDC		770	35

Year Two, B-1a: July 1, 2023-June 30, 2024

Capacity Building Implementation Activities			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 General Fund / App A-1, B-1a	<u>Training Academy:</u> 1 UOS = 1 hour of training and/or professional development provided to HAP network members and/or CHEP funded; 1 UDC = 1 unduplicated participant CBOs; 55 unduplicated individuals x 1.5 hours x 6 trainings = 495 UOS	495	55
	<u>Training Academy:</u> 1 UOS = 1 hour of HIV test counselor training; 2 trainings x 25 hours of training x 10 participants/trainings = 500 UOS	500	20
	<u>Clinical Assistant Program:</u> 1 UOS = 1 hour of training or field experience completed by a clinical assistant; 1 UDC = 1 clinical assistant; 10 assistants x (20 hours of training + 80 hours of field experience) = 1,000 UOS	1,000	10
Total UOS and UDC		1,995	85

**San Francisco AIDS Foundation
Health Access Point HAP (Health Access Point for MSM)**

**Appendix A-1
01/01/23 – 06/30/26
General Fund**

Year Three, B-1b: July 1, 2024-June 30, 2025

Capacity Building Implementation Activities			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 – 6/30/25 General Fund / App A-1, B-1b	<u>Training Academy:</u> 1 UOS = 1 hour of training and/or professional development provided to HAP network members and/or CHEP funded; 1 UDC = 1 unduplicated participant CBOs; 55 unduplicated individuals x 1.5 hours x 6 trainings = 495 UOS	495	55
	<u>Training Academy:</u> 1 UOS = 1 hour of HIV test counselor training; 2 trainings x 25 hours of training x 10 participants/trainings = 500 UOS	500	20
	<u>Clinical Assistant Program:</u> 1 UOS = 1 hour of training or field experience completed by a clinical assistant; 1 UDC = 1 clinical assistant; 10 assistants x (20 hours of training + 80 hours of field experience) = 1,000 UOS	1,000	10
Total UOS and UDC		1,995	85

Year Four, B-1b: July 1, 2025-June 30, 2026

Capacity Building Implementation Activities			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 General Fund / App A-1, B-1c	<u>Training Academy:</u> 1 UOS = 1 hour of training and/or professional development provided to HAP network members and/or CHEP funded; 1 UDC = 1 unduplicated participant CBOs; 55 unduplicated individuals x 1.5 hours x 6 trainings = 495 UOS	495	55
	<u>Training Academy:</u> 1 UOS = 1 hour of HIV test counselor training; 2 trainings x 25 hours of training x 10 participants/trainings = 500 UOS	500	20
	<u>Clinical Assistant Program:</u> 1 UOS = 1 hour of training or field experience completed by a clinical assistant; 1 UDC = 1 clinical assistant; 10 assistants x (20 hours of training + 80 hours of field experience) = 1,000 UOS	1,000	10
Total UOS and UDC		1,995	85

5. METHODOLOGY/Service Delivery Description:

January 1, 2023-June 30, 2023

**San Francisco AIDS Foundation
Health Access Point HAP (Health Access Point for MSM)**

**Appendix A-1
01/01/23 – 06/30/26
General Fund**

Proposed activities require different start-up and implementation needs.

Capacity Building Start Up Activities:

- The Community Health Worker Training Academy will sustain existing activities (see below) as well as initiate 3 months of start planning activities (3 UOS) related to HAP implementation efforts. This includes:
 - Conducting an assessment of HAP learning needs, goals, and priorities
 - Establishing contact lists of all HAP-participating organizations
 - Establishing an MOU with CHLI for future partnership activities
 - Convening HAP-participating organizations for an overview of and introduction to the Community Health Worker Training Academy
- The Clinical Assistant Program requires 3 months of start-up planning activities (3 UOS). This includes:
 - Hiring a project manager to launch the program
 - Developing program curriculum and training materials
 - Recruiting 5 clinical assistants for the first cohort

Capacity Building Activities:

- Community Health Worker Training Academy: Between January 1, 2023 and June 30, 2023, the Community Health Worker Training Academy (CHW-TA) will conduct training and professional development services for community health workers from CHEP-funded community-based organizations, with a focus on staff directly supporting Health Access Point Network activities. During this time, 30 unduplicated participants will engage in CHW-TA training. All combined, these 30 participants will complete more than 270 hours of training. In addition to “live” meeting spaces, training and professional development includes an asynchronous learning experience with access to 12 self-paced training modules on an SFAF-hosted learning management platform.
- HIV Test Counselor Trainings: Between January 1, 2023 and June 30, 2023, the CHW-TA will conduct two HIV Test Counselor Trainings to certify individuals in HIV, HCV, and STI testing and counseling.
- The Clinical Assistant Program will begin implementation activities in April 2023. This includes:
 - Onboarding and training the inaugural clinical assistant cohort (5 interns will be hired and begin in Spring 2023)
 - Assigning clinical assistants to 80+ hours of rotating field experience within SFAF’s various programs (with a focus on clinical services)
 - Graduating the inaugural cohort and assisting them to identify and secure community health employment opportunities, with a focus on opportunities within the HAP Network
 - Beginning recruitment and promotion efforts for the Summer 2023 cohort
 - Cohort evaluation and feedback

6. OBJECTIVES and MEASUREMENTS:

All objectives and descriptions of how objectives will be measured are contained in the CHEP document entitled “CHEP Performance Objectives FY22-23.”

7. SUBCONTRACTORS & CONSULTANTS:

- a. SFAF is responsible for the performance of its subcontractors and consultants in this Agreement.

**San Francisco AIDS Foundation
Health Access Point HAP (Health Access Point for MSM)**

**Appendix A-1
01/01/23 – 06/30/26
General Fund**

- b. SFAF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFAF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- c. SFAF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. SFAF must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.
- d. SFAF acknowledges that it will provide to the City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
- e. SFAF will develop and execute subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
- f. Any such subcontract agreements will be kept on file with SFAF, with a copy sent to the Department of Public Health's Program Director associated with this engagement.
- g. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

8. CONTINUOUS QUALITY IMPROVEMENT:

The Training Academy and Clinical Assistant Program uses a continuous quality improvement approach.

This includes obtaining and analyzing feedback from:

- Participant evaluations
- Clinical Assistant Intern feedback
- Shifts in local public health landscape (e.g., adding MPX curriculum to the test counselor trainings)
- HAP Network (specifically, understanding employer needs)

Feedback is then incorporated into future trainings and learning spaces. It is also used to improve the Clinical Assistant experience.

9. DATA COLLECTION AND REPORTING REQUIREMENTS:

SFAF complies with all CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- CHEP Internal Data Manager (Quarterly Submission/Upload)

**San Francisco AIDS Foundation
Health Access Point HAP (Health Access Point for MSM)**

**Appendix A-1
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- Quarterly narrative report
- Other systems/processes as requested

Assigned CHEP Program Liaison will provide technical assistance & training on all above data collection systems.

10. REQUIRED LANGUAGE:

REQUIRED TRAINING

- a. HIV, HCV, and STD Skills Certification
- b. Harm Reduction
- c. Overdose Response/Naloxone Administration (DOPE Project or internal)
 - i. How to use Fentanyl Test Strips
- d. Syringe Access and Disposal (TBD)
- e. Trauma Informed Systems
- f. Clear Impact Score Card
- g. Other skills building trainings as required

ADDITIONAL CONTRACT REQUIREMENTS

- h. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff).
- i. Required participation in HAP Network Monthly Meetings (TBD by SOC).
- j. Implementation of Harm Reduction/Substance use policy
- k. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

**San Francisco AIDS Foundation
Health Access Point HAP (Health Access Point for MSM)**

**Appendix A-2
01/01/23 – 06/30/26
General Fund**

1. IDENTIFIER:

PROGRAM NAME: San Francisco AIDS Foundation - **Clinical Services Sustainability Program**

ADDRESS: 1035 Market, Suite 400; San Francisco, CA 94103

PROGRAM PRIMARY CONTACT: LB Honey-Brooks, lbrooks@sfaf.org

Jenny Hsieh, jhsieh@sfaf.org
Michelle Lee, mlee@sfaf.org

NATURE OF DOCUMENT: New Contract/Original ☒ Contract Amendment ☐ Internal Contract Revision: ☐

2. GOAL STATEMENT:

The Clinical Services Sustainability program's goal is to sustain current clinical services provided at San Francisco AIDS Foundation.

3. TARGET POPULATION:

San Francisco AIDS Foundation serve all ethnicities and populations, with a focused expertise to address the unique needs of this program's priority communities. Services focus on all priority communities experiencing sexual health disparities in San Francisco who are: a) unaware of their HIV serostatus; b) at risk for STI and/or HCV, regardless of HIV serostatus; c) aware that they are HIV-positive but are not engaged in care; and/or d) HIV-negative and not engaged or retained on PrEP.

This includes:

1. Latinx communities
2. Gay, bisexual, and queer (GBQ) men & MSM communities
3. Trans and nonbinary communities
4. Asian and Pacific Islander (API) communities
5. Black and African American communities
6. People who use drugs
7. Young people

4. MODALITIES and INTERVENTIONS:

Service Description:

SFAF will meet the needs of communities experiencing sexual health disparities. Services provide an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STI status. The program follows the citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STI rates
- Eliminate racial disparities in access to services and health outcomes

Program Standard of Care Service Modalities:

Year One, B-2: January 1, 2023-June 30, 2023 (6 months)

A. Integrated HIV, HCV, and STD testing*			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 General Fund / App A-2, B-2	HIV testing - encounter 1 HIV testing encounter per 1 UOS; testing encounters = 2,000 UOS	2,000	N/A
	HCV testing - tests administered 1 HCV test administered per 1 UOS; 400 HCV tests administered = 400 UOS	400	N/A
	STI (gonorrhea/chlamydia) testing - screening administered 1 chlamydia/gonorrhea screening administered per 1 UOS; 3,500 screenings administered = 3,500 UOS	3,500	N/A
	STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 3,000 screenings administered = 3,000 UOS	3,000	N/A
	Monkey Pox (MPX) screening - screening administered 1 MPX screening administered per 1 UOS; 25 screenings administered = 25 UOS	25	N/A
Total UOS and UDC		8,925	N/A
B. Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 General Fund / App A-2, B-2	PrEP Navigation - clients engaged 1 client engaged in PrEP Program per 1 UDC; 275 clients engaged during 6-month period = 275 UDC	In-Kind	275
	PEP Navigation - clients engaged 1 client connected to PEP per 1 UDC; 15 PEP clients = 15 UDC	In-Kind	15
Total UOS and UDC		N/A	290
C. Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 General Fund / App A-2, B-2	Treatment - Encounters 1 treatment encounter = 1 UOS; 250 STI treatment encounter (Chlamydia, Gonorrhea, Syphilis, MPX) = 250 UOS	250	N/A
Total UOS and UDC		250	N/A

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Year Two, B-2a: July 1, 2023-June 30, 2024

A. Integrated HIV, HCV, and STD testing*			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 General Fund / App A-2, B-2a	HIV testing - encounter 1 HIV testing encounter per 1 UOS; 4,000 testing encounters = 4,000 UOS	4,000	N/A
	HCV testing - tests administered 1 HCV test administered per 1 UOS; 800 HCV tests administered = 800 UOS	800	N/A
	STI (gonorrhea/chlamydia) testing - screening administered 1 chlamydia/gonorrhea screening administered per 1 UOS; 7,000 screenings administered = 7,000 UOS	7,000	N/A
	STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 3,000 screenings administered = 3,000 UOS	3,000	N/A
	Monkey Pox (MPX) screening - screening administered 1 MPX screening administered per 1 UOS; 25 screenings administered = 25 UOS	25	N/A
	Total UOS and UDC	14,825	N/A
B. Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 General Fund / App A-2, B-2a	PrEP Navigation - clients engaged 1 client engaged in PrEP Program per 1 UDC; 550 clients engaged during 12-month period = 550 UDC	N/A	550
	PEP Navigation - clients engaged 1 client connected to PEP per 1 UDC; 30 PEP clients = 30 UDC	N/A	30
Total UOS and UDC		N/A	580
C. Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 General Fund / App A-2, B-2a	Treatment - Encounters 1 treatment encounter = 1 UOS; 500 STI treatment encounter (Chlamydia, Gonorrhea, Syphilis, MPX) = 500 UOS	500	N/A
Total UOS and UDC		500	N/A

Year Three, B-2b: July 1, 2024-June 30, 2025

A. Integrated HIV, HCV, and STD testing*			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 – 6/30/25	HIV testing - encounter 1 HIV testing encounter per 1 UOS; 4,000 testing encounters = 4,000 UOS	4,000	N/A

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General Fund / App A-2, B-2b	HCV testing - tests administered 1 HCV test administered per 1 UOS; 800 HCV tests administered = 800 UOS	800	N/A
	STI (gonorrhea/chlamydia) testing - screening administered 1 chlamydia/gonorrhea screening administered per 1 UOS; 7,000 screenings administered = 7,000 UOS	7,000	N/A
	STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 3,000 screenings administered = 3,000 UOS	3,000	N/A
	Monkey Pox (MPX) screening - screening administered 1 MPX screening administered per 1 UOS; 25 screenings administered = 25 UOS	25	N/A
Total UOS and UDC		14,825	N/A
B. Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 – 6/30/25 General Fund / App A-2, B-2b	PrEP Navigation - clients engaged 1 client engaged in PrEP Program per 1 UDC; 550 clients engaged during 12-month period = 550 UDC	N/A	550
	PEP Navigation - clients engaged 1 client connected to PEP per 1 UDC; 30 PEP clients = 30 UDC	N/A	30
Total UOS and UDC			580
C. Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 – 6/30/25 General Fund / App A-2, B-2b	Treatment - Encounters 1 treatment encounter = 1 UOS; 500 STI treatment encounter (Chlamydia, Gonorrhea, Syphilis, MPX) = 500 UOS	500	N/A
Total UOS and UDC		500	N/A

Year Four, B-2c: July 1, 2025-June 30, 2026

A. Integrated HIV, HCV, and STD testing*			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 General Fund / App A-2, B-2c	HIV testing - encounter 1 HIV testing encounter per 1 UOS; 4,000 testing encounters = 4,000 UOS	4,000	N/A
	HCV testing - tests administered 1 HCV test administered per 1 UOS; 800 HCV tests administered = 800 UOS	800	N/A
	STI (gonorrhea/chlamydia) testing - screening administered 1 chlamydia/gonorrhea screening administered per 1 UOS; 7,000 screenings administered = 7,000 UOS	7,000	N/A

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	STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 3,000 screenings administered = 3,000 UOS	3,000	N/A
	Monkey Pox (MPX) screening - screening administered 1 MPX screening administered per 1 UOS; 25 screenings administered = 25 UOS	25	N/A
Total UOS and UDC		14,825	N/A
B. Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 General Fund / App A-2, B-2c	PrEP Navigation - clients engaged 1 client engaged in PrEP Program per 1 UDC; 550 clients engaged during 12-month period = 550 UDC	N/A	550
	PEP Navigation - clients engaged 1 client connected to PEP per 1 UDC; 30 PEP clients = 30 UDC	N/A	30
Total UOS and UDC			580
C. Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 General Fund / App A-2, B-2c	Treatment - Encounters 1 treatment encounter = 1 UOS; 500 STI treatment encounter (Chlamydia, Gonorrhea, Syphilis, MPX) = 500 UOS	500	N/A
	Total UOS and UDC	500	N/A

Definitions:

Linkage: Linkage services are defined as a warm hand-off to a service, typically a one-time occurrence with minimal complexity. Linkage services differ from a referral in that the service is followed-up on to ensure successful linkage to services. The purpose of linkage services is to ensure that a client is successfully linked to care.

Warm hand-off: is defined as a face-to-face interaction, where the service providers have an open line of communication.

Navigation: Navigation services guide clients through and around barriers in complex health care systems and ensure timely and appropriate care or treatment. Navigation services should help clients address barriers in their own lives that are preventing them from accessing care. Additionally, navigation services are tailored to each individual client to ensure client needs are being met, including mobile services and after hour services. Navigation services usually span a few months in time (1-3 months).

Case Management: Case management services are similar to navigation services; except they span a longer period of time (4-12 months).

5. METHODOLOGY/Service Delivery Description:

A. Integrated HIV, HCV, and STD testing

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The standard of care for the MSM Health Access Point will be the provision of integrated HIV, HCV, and STI testing provided on an opt-out basis. This standard will apply at all SFAF testing sites, including Glide, and at least 80% of all testing experiences across both organizations will involve a comprehensive, integrated testing regimen that includes all relevant HIV, STI, and HCV tests. In some cases, clients will wish to receive only one or two tests based on specific symptoms or because of contact with an STI-positive partner, while other clients may have a preference to avoid a blood draw for syphilis.

SFAF offers integrated HIV, HCV, and STI testing and treatment; linkage to HIV care; PEP; daily and event-driven PrEP; gender affirming services; anal health services; hepatitis A and B vaccinations and flu shots; and more. A multi-racial, bilingual, and SFDPH-certified counseling and testing team is available at all SFAF testing locations to provide supportive, client-centered, and trauma-informed testing, treatment, and referral and navigation services that focus on creating a safe, welcoming, and comfortable environment for all clients.

In Year 1 (January 1, 2023-June 30, 2024):

- 2000 HIV testing encounters
- 400 HCV tests
- 3,500 Chlamydia/Gonorrhea screenings
- 3,000 syphilis screenings
- 25 Monkey Pox (MPX) screenings

In Year 2 and beyond:

- 4000 HIV testing encounters
- 800 HCV tests
- 7,000 Chlamydia/Gonorrhea screenings
- 3,000 syphilis screenings
- 25 Monkey Pox (MPX) screenings

All eligible clients accessing testing and treatment services will be referred to navigation services, including PrEP benefits navigation, HCV treatment, and HIV care.

B. Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services

SFAF will minimize barriers to needed treatment, retention, benefits enrollment, and support for clients through comprehensive access to HIV, STI and HCV treatment, PrEP and PEP, HIV care and ongoing retention in care support across all SFAF sites.

In Year 1 (January 1, 2023-June 30, 2023):

- Link HIV-Negative Clients to PrEP: SFAF will engage individuals in PrEP services. This includes sustaining existing participants as well as enrolling new ones. SFAF will provide education and counseling regarding PrEP and PEP to all HIV-negative clients, including working to leverage the confirmation of a positive STI or HCV test result as a moment when clients may be more willing to consider PrEP initiation. PrEP is available at all SFAF locations, and SFAF testing clients who are interested in PrEP will be linked to a Benefits Navigator who will assess any potential barriers to PrEP enrollment or adherence and provide referral and linkage support to any services that may be required prior to PrEP enrollment; the navigator will make every effort

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to complete the enrollment during that visit or will set them up with an enrollment appointment if needed. Navigators will also continually identify and provide additional levels of support for clients who are most likely to miss appointments, providing personal outreach, support, and appointment reminders to help secure retention.

- Link newly diagnosed individuals to HIV care: SFAF will link all newly diagnosed individuals to HIV care, including options to start HIV treatment immediately. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. **[In-Kind]**
- Link previously diagnosed individuals who are out of care to HIV care: SFAF will link those who are out of care to interim HIV care while a longer-term solution is identified for ongoing HIV treatment and care. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. **[In-Kind]**
- Linkage to HCV treatment: SFAF will link all those living with HCV to in-house treatment and care options. Individuals enrolled in the HCV care program may also access onsite storage for their medications. **[In-Kind]**
- Link Eligible HIV-negative Clients to PEP: **SFAF will provide PEP to clients.**
- STI treatment: All individuals accessing SFAF testing service will be eligible for on-site STI diagnosis and treatment. Individuals who test positive for an STI and were not presumptively treated at the initial appointment will be contacted by a nurse and scheduled for a treatment visit.
- Primary care: SFAF will link individuals living with HIV and HCV to a primary care provider. For those who are at-risk of disengaging from care, this may also include “tandem” coordination of medical care between the MSM HAP and a primary care provider. **[In-Kind]**

In Year 2 and beyond:

- Link HIV-Negative Clients to PrEP: SFAF will engage individuals in PrEP services. This includes sustaining existing participants as well as enrolling new ones. SFAF will provide education and counseling regarding PrEP and PEP to all HIV-negative clients, including working to leverage the confirmation of a positive STI or HCV test result as a moment when clients may be more willing to consider PrEP initiation. PrEP is available at all SFAF locations, and SFAF testing clients who are interested in PrEP will be linked to a Benefits Navigator who will assess any potential barriers to PrEP enrollment or adherence and provide referral and linkage support to any services that may be required prior to PrEP enrollment; the navigator will make every effort to complete the enrollment during that visit or will set them up with an enrollment appointment if needed. Navigators will also continually identify and provide additional levels of support for clients who are most likely to miss appointments, providing personal outreach, support, and appointment reminders to help secure retention.
- Link newly diagnosed individuals to HIV care: SFAF will link all newly diagnosed individuals to HIV care, including options to start HIV treatment immediately. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. **[In-Kind]**
- Link previously diagnosed individuals who are out of care to HIV care: SFAF will link those who are out of care to interim HIV care while a longer-term solution is identified for ongoing HIV

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treatment and care. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. *[In-Kind]*

- Linkage to HCV treatment: SFAF will link all those living with HCV to in-house treatment and care options. Individuals enrolled in the HCV care program may also access onsite storage for their medications. [In-Kind]
- Link Eligible HIV-negative Clients to PEP: **SFAF will provide PEP to clients.**
- STI treatment: All individuals accessing SFAF testing service will be eligible for on-site STI diagnosis and treatment. Individuals who test positive for an STI and were not presumptively treated at the initial appointment will be contacted by a nurse and scheduled for a treatment visit.
- Primary care: The MSM HAP will link individuals living with HIV and HCV to a primary care provider. For those who are at-risk of disengaging from care, this may also include “tandem” coordination of medical care between the MSM HAP and a primary care provider. *[In-Kind]*

C. Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage

SFAF provides access to PrEP and ART; HCV treatment; STI treatment; and medication storage options. The MSM HAP will conduct STI treatment encounters (1 UOS = 1 STI treatment encounter).

SFAF benefits navigation staffing will provide linkage to same-day PREP and connect individuals newly diagnosed with HIV to same-day ART. Benefits navigators also engage individuals living with HIV but who are out of care into services, including Interim ART. Clinicians conduct PrEP assessments, provide STI treatments, and administer rapid and interim ART for individuals living with HIV, and support clients through HCV treatment. Services provided by nurses and nurse practitioners in consultation with SFAF’s medical director.

6. OBJECTIVES and MEASUREMENTS:

N/A

Program Evaluation will be measured by HIV/STI/HEP C surveillance data submission and population level indicators.

7. SUBCONTRACTORS & CONSULTANTS:

- a. SFAF is responsible for the performance of its subcontractors and consultants in this Agreement.
- b. SFAF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFAF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- c. SFAF assumes all liability for all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases.

SFAF must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.

- d. SFAF acknowledges that it will provide to the City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
- e. SFAF will develop and execute subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
- f. Any such subcontract agreements will be kept on file with SFAF, with a copy sent to the Department of Public Health's Program Director associated with this engagement.
- g. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

8. CONTINUOUS QUALITY IMPROVEMENT:

Each program at SFAF reviews data at least every six months and based on the available data refines practices and develops a set of action items to improve program quality. Reviewing both process and outcome data leads on-the-ground changes to ensure that the deliverables are being met and that the most successful strategies are enhanced.

SFAF adheres to the following:

- Current HIV Prevention Section, HIV Testing Policies and Procedures which include CDC and State Guidelines,
- Any relevant guidelines in the San Francisco HIV Prevention Plan,
- All guidelines developed by the HIV Prevention Section required to implement services to meet the objectives in San Francisco's new System of Prevention.

SFAF complies with all Health Commission, Local, State, Federal, and/or Funding Source policies and requirements, including those pertaining to Harm Reduction, the Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

- SFAF collects, tracks, and reports by request on demographics on all participants.
- SFAF has developed a retention protocol with DPH for clients who initiate PrEP that includes at minimum follow-up contact and adherence activities.
- SFAF has developed a system to report on the following:
 - PrEP initiations and time from decision to PrEP initiation,
 - Participants who initiate, stop and if applicable, re-initiate PrEP and their reasons,
 - Barriers for clients to access PrEP, and,
 - Barriers to maintaining the PrEP regimen.
- SFAF assesses, analyzes, and addresses HIV-related stigma in the prioritized population. Such processes include but not be limited to:
 - Client satisfaction,

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- Regular client input into programming, and,
- Maintaining staff reflective of the prioritized population.

9. DATA COLLECTION AND REPORTING REQUIREMENTS:

SFAF complies with all CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- CHEP Internal Data Manager (Quarterly Submission/Upload)
- Quarterly narrative report
- Other systems/processes as requested

Assigned CHEP Program Liaison will provide technical assistance & training on all above data collection systems.

10. REQUIRED LANGUAGE:

REQUIRED TRAINING

- a. HIV, HCV, and STD Skills Certification
- b. Harm Reduction
- c. Overdose Response/Naloxone Administration (DOPE Project or internal)
 - i. How to use Fentanyl Test Strips
- d. Syringe Access and Disposal (TBD)
- e. Trauma Informed Systems
- f. Clear Impact Score Card
- g. Other skills building trainings as required

ADDITIONAL CONTRACT REQUIREMENTS

- h. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff).
- i. Required participation in HAP Network Monthly Meetings (TBD by SOC).
- j. Implementation of Harm Reduction/Substance use policy
- k. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

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General Fund**

1. IDENTIFIER:

PROGRAM NAME: San Francisco AIDS Foundation – **Capacity Building Activities: The Black Health Clinical Assistant Program**
ADDRESS: 1035 Market, Suite 400; San Francisco, CA 94103
PROGRAM PRIMARY CONTACT: LB Honey-Brooks, lb Brooks@sfaf.org
Jenny Hsieh, jhsieh@sfaf.org
Michelle Lee, mlee@sfaf.org

NATURE OF DOCUMENT: New Contract/Original ☒ Contract Amendment ☐ Internal Contract Revision: ☐

2. GOAL STATEMENT:

The Black Health Clinical Assistant Program's goal is to create a workforce development pipeline that can support the Black & African American Health Access Point (HAP) with ongoing professional development, paid internship opportunities, and a trained applicant pool with experience which can support Black & African American HAP activities.

3. TARGET POPULATION:

San Francisco AIDS Foundation serve all ethnicities and populations, with a focused expertise to address the unique cultural needs of this program's priority communities. The Black Health Clinical Assistant Program centers and prioritizes Black and African American individuals who experience sexual health disparities. All qualified individuals are eligible to apply and participate in the Black Health Clinical Assistant Program.

4. MODALITIES and INTERVENTIONS:

Service Description:

The Black Health Clinical Assistant Program is a structural intervention that engages Black and African American individuals impacted by sexual health disparities in community health-focused employment opportunities. The program connects graduates to Black and African American HAP employment opportunities.

The program follows citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STI rates
- Eliminate racial disparities in access to services and health outcomes

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Capacity Building Modalities:
Year One, B-3: January 1, 2023-June 30, 2023 (6 months)

Capacity Building Start-Up Activities:			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 General Fund / App A-3, B-3	<u>Black Health Clinical Assistant Program:</u> 1 UOS = 1 month of start-up planning activities for the Black Health Clinical Assistant Program. 1 month = 3 UOS	3	NA
Total UOS and UDC		3	NA
Capacity Building Implementation Activities:			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 General Fund / App A-3/ B-3	<u>Black Health Clinical Assistant Program:</u> 1 UOS = 1 hour of training or field experience completed by a clinical assistant; 1 UDC = 1 clinical assistant x 12 assistants x (20 hours of training + 80 hours of field experience) = 1,200 UOS	1,200	12
Total UOS and UDC		1,200	12

Year Two, B-3a: July 1, 2023-June 30, 2024

Capacity Building Implementation Activities			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 General Fund / App A-3, B-3a	<u>Clinical Assistant Program:</u> 1 UOS = 1 hour of training or field experience completed by a clinical assistant; 1 UDC = 1 clinical assistant x 24 assistants x (20 hours of training + 80 hours of field experience) = 2,400 UOS	2,400	24
Total UOS and UDC		2,400	24

Year Three, B-3b: July 1, 2024-June 30, 2025

Capacity Building Implementation Activities			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 – 6/30/25 General Fund / App A-3, B-3b	<u>Clinical Assistant Program:</u> 1 UOS = 1 hour of training or field experience completed by a clinical assistant; 1 UDC = 1 clinical assistant x 24 assistants x (20 hours of training + 80 hours of field experience) = 2,400 UOS	2,400	24
Total UOS and UDC		2,400	24

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Year Four, B-3c: July 1, 2025-June 30, 2026

Capacity Building Implementation Activities <i>San Francisco AIDS Foundation</i>			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 General Fund / App A-3, B-3c	<u>Clinical Assistant Program:</u> 1 UOS = 1 hour of training or field experience completed by a clinical assistant; 1 UDC = 1 clinical assistant x 24 assistants x (20 hours of training + 80 hours of field experience) = 2,400 UOS	2,400	24
Total UOS and UDC		2,400	24

5. METHODOLOGY/Service Delivery Description:

January 1, 2023-June 30, 2023

Proposed activities require different start up and implementation needs.

Capacity Building Start Up Activities:

The Black Health Clinical Assistant Program requires 3 months of start-up planning activities (3 UOS). This includes:

- Hiring a project manager to launch the program
- Developing program curriculum and training materials
- Recruiting 4 clinical assistants for the first cohort
- Participating in Black and African American HAP planning activities (e.g., planning meetings)

Capacity Building Activities:

The Black Health Clinical Assistant Program will begin implementation activities in April 2023. This includes:

- Identifying and recruiting eligible clinical interns (Eligibility criteria will be established in partnership with the Black/AA Health Access Point)
- Onboarding and training the inaugural clinical assistant cohort (**12** interns in Spring 2023)
- Assigning clinical assistants to 80+ hours of rotating field experience within SFAF's various programs (with a focus on clinical services)
- Graduating the inaugural cohort and assisting them to identify and secure community health employment opportunities, with a focus on opportunities within the Black & African American HAP, specifically Rafiki Coalition
- Beginning recruitment and promotion efforts for the Summer 2023 cohort
- Cohort evaluation and feedback

6. OBJECTIVES and MEASUREMENTS:

All objectives and descriptions of how objectives will be measured are contained in the CHEP document entitled "CHEP Performance Objectives FY22-23".

January 1, 2023-June 30, 2023

- Clinical Assistant Program:

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- The program will hire and onboard 12 clinical interns before June 30, 2023.
- 9 of the 12 clinical interns will enter paid community health opportunities within 4 months of completing the program with a prioritization of placement at Rafiki Coalition.
- At least one intern initiates phlebotomy training to become a fully certified lab technician.

July 1, 2023-June 30, 2024

- Clinical Assistant Program:
 - Hire and onboard 24 clinical interns through three distinct cohorts.
 - 18 of the 24 clinical interns will enter paid community health opportunities within 4 months of completing the program with a prioritization of placement at Rafiki Coalition.
 - At least 3 interns initiate phlebotomy training and 2 become fully certified lab technicians within 12 months.

7. SUBCONTRACTORS & CONSULTANTS:

- a. SFAF is responsible for the performance of its subcontractors and consultants in this Agreement.
- b. SFAF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFAF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- c. SFAF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. SFAF must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.
- d. SFAF acknowledges that it will provide to the City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
- e. SFAF will develop and execute subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
- f. Any such subcontract agreements will be kept on file with SFAF, with a copy sent to the Department of Public Health's Program Director associated with this engagement.
- g. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

8. CONTINUOUS QUALITY IMPROVEMENT:

The Black Health Clinical Assistant Program will use a continuous quality improvement approach.

This includes obtaining and analyzing feedback from:

- Participant evaluations
- Clinical Assistant Intern feedback
- Shifts in local public health landscape
- Black & African American HAP leaders

These data are incorporated into future trainings and is used to improve the Clinical Assistant experience.

9. DATA COLLECTION AND REPORTING REQUIREMENTS:

SFAF complies with all CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- CHEP Internal Data Manager (Quarterly Submission/Upload)
- Quarterly narrative report
- Other systems/processes as requested

Assigned CHEP Program Liaison will provide technical assistance & training on all above data collection systems.

10. REQUIRED LANGUAGE:

REQUIRED TRAINING

- a. HIV, HCV, and STD Skills Certification
- b. Harm Reduction
- c. Overdose Response/Naloxone Administration (DOPE Project or internal)
 - i. How to use Fentanyl Test Strips
- d. Syringe Access and Disposal (TBD)
- e. Trauma Informed Systems
- f. Clear Impact Score Card
- g. Other skills building trainings as required

ADDITIONAL CONTRACT REQUIREMENTS

- h. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff).
- i. Required participation in HAP Network Monthly Meetings (TBD by SOC).
- j. Implementation of Harm Reduction/Substance use policy
- k. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

San Francisco AIDS Foundation
Health Access Point HAP (Health Access Point for MSM)

Appendix A-4
01/01/23 – 06/30/26
General Fund

1. IDENTIFIER:

PROGRAM NAME: San Francisco AIDS Foundation - **The HAP Capacity Building Activities (HIV/STI/HEP C Infrastructure) Program**

ADDRESS: 1035 Market, Suite 400; San Francisco, CA 94103

PROGRAM PRIMARY CONTACT: LB Honey-Brooks, lbrooks@sfaf.org

Jenny Hsieh, jhsieh@sfaf.org

Michelle Lee, mlee@sfaf.org

NATURE OF DOCUMENT: New Contract/Original ☒ Contract Amendment ☐ Internal Contract Revision: ☐

2. GOAL STATEMENT:

The Health Access Point (HAP) Network Capacity Building Activities program's goal is to provide technical assistance and capacity building support to the HAP Network, with an emphasis on the Black & African American HAP (Rafiki Coalition for Health and Wellness) and the Youth HAP (LYRIC).

3. TARGET POPULATION:

San Francisco AIDS Foundation serve all ethnicities and populations, with a focused expertise to address the unique needs of this program's priority communities. The Health Access Point (HAP) Capacity Building Activities program supports HAPs designed to serve the following priority communities:

1. Latinx communities
2. Gay, bisexual, and queer (GBQ) men & MSM communities
3. Trans and nonbinary communities
4. Asian and Pacific Islander (API) communities
5. Black and African American communities
6. People who use drugs
7. Young people

4. MODALITIES and INTERVENTIONS:

Service Description:

The Health Access Point (HAP) Network Capacity Building Activities program will increase the impact of the seven (7) HAPs, with a focus on the Black & African American HAP (Rafiki Coalition for Health and Wellness) and the Youth HAP (LYRIC).

The program follows the citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STI rates
- Eliminate racial disparities in access to services and health outcomes

Capacity Building Modalities:

Year One, B-4: January 1, 2023-June 30, 2023 (6 months)

Capacity Building Start-Up Activities:			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 General Fund/App A-4/ B-4	1 month = 1 UOS of Capacity Building Start-Up and/or Implementation Activities; 6 months = 6 UOS	6	NA
Total UOS and UDC		6	NA

Year Two, B-4a: July 1, 2023-June 30, 2024

Capacity Building Implementation Activities:			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 General Fund/App A-4/ B-4a	1 month = 1 UOS of Capacity Building Implementation Activities; 12 months = 12 UOS	12	NA
Total UOS and UDC		12	NA

Year Three, B-4b: July 1, 2024-June 30, 2025

Capacity Building Implementation Activities			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 – 6/30/25 General Fund/App A-4/ B-4b	1 month = 1 UOS of Capacity Building Implementation Activities; 12 months = 12 UOS	12	NA
Total UOS and UDC		12	NA

Year Four B-4c: July 1, 2025-June 30, 2026

Capacity Building Implementation Activities			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 - 6/30/26 General Fund/App A-4/ B-4c	1 month = 1 UOS of Capacity Building Implementation Activities; 12 months = 12 UOS	12	NA
Total UOS and UDC		12	NA

5. METHODOLOGY/Service Delivery Description

Year 1: January 1, 2023-June 30, 2023

Capacity Building Start-Up Activities:

- Assess and respond to the Black & African American HAP needs by:
 - Establishing scope of work and capacity building needs
 - Participating in ongoing meetings with the Rafiki Coalition for Health and Wellness and Black/AA HAP partners
- Assess and respond to Youth HAP needs by:
 - Establishing scope of work and capacity building needs
 - Participating in ongoing meetings with LYRIC and Youth HAP partners
- Participate in HAP Network convenings to assess and respond to broader HAP needs (e.g., conduct research, provide resources, provide technical assistance or link to the appropriate technical assistance, etc.).
- Engage and establish contracts with consultants required for Black/AA HAP implementation
 - Manage consultancy activities and ensure timely completion
- Support communication, coordination, and collaboration between HAP leads and subcontractors

Year 2 and beyond: July 1, 2023-June 30, 2026

Capacity Building Activities:

- Implement activities outlined in the developed Scope of Work starting July 1, 2023.
 - Activities will be determined as the HAP needs emerge and may include:
 - Creating policies and procedures for clinical operations
 - Creating forms and intake/registration procedures and protocols
 - Creating service delivery “flows”
 - Supporting LYRIC, Rafiki Coalition for Health and Wellness, and other HAPs with the establishment of necessary licenses and certifications required for operation of clinical services
 - Supporting LYRIC, Rafiki Coalition for Health and Wellness, and other HAPs with the establishment of a compliance infrastructure required for operation of clinical services
 - Creating a short-term plan for service documentation and identify long-term solutions (including scoping out cost, implementation time, etc. for an electronic health records system)
 - Working with LYRIC, Rafiki Coalition for Health and Wellness, and other HAPs to establish short and long-term sites for service delivery
 - Supporting communication, coordination, and collaboration between HAP leads and subcontractors
 - Adapting the Scope of Work to address emerging needs and HAP implementation goals
- Participate in HAP Network convenings to assess and respond to broader HAP needs (e.g., conduct research, provide resources, provide technical assistance or link to the appropriate technical assistance, etc.).
- Establish Scope of Work for Year 3 and beyond
- Manage consultancy activities and ensure timely completion

- Support communication, coordination, and collaboration between HAP leads and subcontractors

6. OBJECTIVES and MEASUREMENTS:

All objectives and descriptions of how objectives will be measured are contained in the CHEP document entitled “CHEP Performance Objectives FY22-23.”

7. SUBCONTRACTORS & CONSULTANTS:

- SFAF is responsible for the performance of its subcontractors and consultants in this Agreement.
- SFAF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFAF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- SFAF assumes all liability for all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. SFAF must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers’ compensation laws and regulations.
- SFAF acknowledges that it will provide to the City a list of any subcontractors and consultants in relation to which it seeks the City’s approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
- SFAF will develop and execute subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
- Any such subcontract agreements will be kept on file with SFAF, with a copy sent to the Department of Public Health’s Program Director associated with this engagement.
- This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

8. CONTINUOUS QUALITY IMPROVEMENT:

Capacity building support will be evaluated in an ongoing manner to ensure that agreed upon activities are completed to the satisfaction of SFAF and our HAP Network partners. The Chief Program Officer and Sr. Director of Community Partnerships & Engagement will solicit ongoing feedback and guidance from the HAP Leads to ensure that capacity building efforts meet HAP needs, goals, and priorities. As a part of SFAF’s commitment to continuous quality improvement, existing scopes of work and consultant contracts will be reviewed and evaluated monthly. Due to the dynamic nature of this work, scopes of work and contracts will be adjusted accordingly.

9. DATA COLLECTION AND REPORTING REQUIREMENTS

SFAF complies with all CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- CHEP Internal Data Manager (Quarterly Submission/Upload)
- Quarterly narrative report
- Other systems/processes as requested

Assigned CHEP Program Liaison will provide technical assistance & training on all above data collection systems.

10. REQUIRED LANGUAGE:

REQUIRED TRAINING

- a. HIV, HCV, and STD Skills Certification
- b. Harm Reduction
- c. Overdose Response/Naloxone Administration (DOPE Project or internal)
 - i. How to use Fentanyl Test Strips
- d. Syringe Access and Disposal (TBD)
- e. Trauma Informed Systems
- f. Clear Impact Score Card
- g. Other skills building trainings as required

ADDITIONAL CONTRACT REQUIREMENTS

- h. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff).
- i. Required participation in HAP Network Monthly Meetings (TBD by SOC).
- j. Implementation of Harm Reduction/Substance use policy
- k. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

**San Francisco AIDS Foundation
Health Access Point HAP (Health Access Point for MSM)**

**Appendix A-5
01/01/23 – 06/30/26
General Fund**

1. IDENTIFIER:

PROGRAM NAME: San Francisco AIDS Foundation - **Health Access Point Program: Gay/MSM**
ADDRESS: 1035 Market, Suite 400; San Francisco, CA 94103
PROGRAM PRIMARY CONTACT: LB Honey-Brooks, lbhoney@sfaf.org
 Jenny Hsieh, jhsieh@sfaf.org
 Michelle Lee, mlee@sfaf.org
NATURE OF DOCUMENT: New Contract/Original ☒ Contract Amendment ☐ Internal Contract Revision: ☐

2. GOAL STATEMENT:

The MSM Health Access Point program will offer population-specific, “one-stop-shop” services using an equity-focused, stigma-free, and low barrier service model.

3. TARGET POPULATION:

San Francisco AIDS Foundation serve all ethnicities and populations, with a focused expertise to address the unique needs of this program’s priority communities. The MSM Health Access Point (HAP) will serve high-risk gay men and other men who have sex with men (MSM) and will also welcome and serve all who are eligible to receive services, including all trans and nonbinary individuals.

San Francisco AIDS Foundation (SFAF) will implement an equity-focused, community-centered, low-barrier, and whole person Health Access Point (HAP) specifically designed to reduce rates of HIV, STI, and HEP C (HCV) infection among high-risk gay men and other men who have sex with men (MSM). The MSM HAP program will operate as a collaborative partnership involving several San Francisco agencies that have extensive experience and success in supporting and serving MSM and trans communities: Glide, Shanti Project, and the San Francisco Community Health Center (SFCHC).

The program focuses on MSM (including a focus on trans and nonbinary individuals) in San Francisco who are: a) unaware of their HIV serostatus; b) at risk for STI and/or HCV, regardless of HIV serostatus; c) aware that they are HIV-positive but are not engaged in care; and/or d) HIV-negative and not engaged or retained on PrEP.

4. MODALITIES and INTERVENTIONS:

Service Description:

This program is a network of agencies/programs with SFAF serving as the lead agency. The HAP provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STI status. The HAP follows the citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STI rates
- Eliminate racial disparities in access to services and health outcomes

San Francisco AIDS Foundation
Health Access Point HAP (Health Access Point for MSM)

Appendix A-5
01/01/23 – 06/30/26
General Fund

Program Standard of Care Service Modalities

Service totals are projections and may adjust as service needs and program capacity become clearer. The funding source for all services is General Fund (unless otherwise noted).

Year One, B-5: January 1, 2023-June 30, 2023 (6 months) & B-5.1, January 1, 2023 – July 31, 2023 (7 months)

A. Integrated HIV, HCV, and STD testing			
Lead: San Francisco AIDS Foundation			
Subcontractor: Glide			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 App A-5, B-5	San Francisco AIDS Foundation HIV testing - encounter 1 HIV testing encounter per 1 UOS; 3,320 testing encounters = 3,320 UOS 1 unduplicated client = 1 UDC; 1,500 UDC	3,320	1,500
	San Francisco AIDS Foundation HCV testing - tests administered 1 HCV test administered per 1 UOS; 625 HCV tests administered = 625 UOS 1 unduplicated client = 1 UDC; 500 UDC	625	500
	San Francisco AIDS Foundation STI (gonorrhea/chlamydia) testing - screening administered 1 chlamydia/gonorrhea screening administered per 1 UOS; 5,000 screenings administered = 5,000 UOS 1 unduplicated client = 1 UDC; 1,500 UDC	5,000	1,500
	San Francisco AIDS Foundation STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 4,250 screenings administered = 4,250 UOS 1 unduplicated client = 1 UDC; 1,500 UDC	4,250	1,500
	San Francisco AIDS Foundation Monkey Pox (MPX) screening - screening administered 1 MPX screening administered per 1 UOS; 25 screenings administered = 25 UOS 1 unduplicated client = 1 UDC; 20 UDC	25	20
	Glide STI (gonorrhea/chlamydia) testing - screening administered 1 gonorrhea/chlamydia screening administered per 1 UOS; 1.0 FTE x 13% Level of Effort x 10 screenings per month x 6 months = 60 UOS 1 unduplicated client = 1 UDC; 30 UDC	60	30
	Glide STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 1.0 FTE x 13% Level of Efforts x 16-17 screenings per month x 6 months = 100 UOS 1 unduplicated client = 1 UDC; 50 UDC	100	50

San Francisco AIDS Foundation
Health Access Point HAP (Health Access Point for MSM)

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Total UOS and UDC		13,380	5,100
Term: 1/1/23 – 7/31/23 App A-5, B-5.1	San Francisco AIDS Foundation HIV testing - encounter 1 HIV testing encounter per 1 UOS; 180 testing encounters = 180 UOS	180	N/A
Total UOS and UDC		180	N/A
B. Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services			
Lead: San Francisco AIDS Foundation Subcontractors: Shanti, Glide			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 App A-5, B-5	San Francisco AIDS Foundation PrEP Navigation - clients engaged 1 client engaged in PrEP Program per 1 UDC; 375 clients engaged during 6-month period = 375 UDC	N/A	375
	San Francisco AIDS Foundation PEP Navigation - clients engaged 1 client connected to PEP per 1 UDC; 20 PEP clients = 20 UDC	N/A	20
	Shanti Case Management - Hours 1 hour of Individual Health Sessions = 1 UOS; 38 ½ hours of individual health sessions per month x 6 months = 230 UOS 1 client engaged in case management = 1 UDC; 13 clients enrolled in case management across 6 months = 13 UDC	230	13
	Shanti Support Groups - Hours 1 hour of support group sessions = 1 UOS; 1.5-hour meeting x 2/week x 22 = 66 UOS 1 client participating in the group = 1 UDC; 25 clients will participate = 25 UDC	66	25
	Glide Navigation - Hours 1 hour of navigation services = 1 UOS; 250 hours of navigation services = 250 UOS 1 client engaged in navigation services = 1 UDC; 20 clients will engage in navigation services = 20 UDC	250	20
Total UOS and UDC		546	453
C. Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)			
Lead: San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 App A-5, B-5	NA; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
D. Overdose prevention (including naloxone distribution)*			

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San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 App A-5, B-5	NA; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
E. Syringe access and disposal*			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 App A-5, B-5	NA; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
F. Condom distribution*			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 App A-5, B-5	<u>San Francisco AIDS Foundation</u> Condom Distribution - Monthly 1 month of condom distribution = 1 UOS; 6 months x 1 month of condom distribution = 6 UOS	6	N/A
Total UOS and UDC		6	N/A
G. Community engagement and mobilization (physical and online, social media)			
Subcontractor: San Francisco Community Health Center			
Period / Funds / App	Mode of Service/Intervention Description	UOS	NOC
Term: 1/1/23 – 6/30/23 App A-5, B-5	<u>San Francisco Community Health Center</u> Events - Hours\$ 1 Event/quarter x 4 hour/event x 2 quarters = 8 UOS 15 clients/quarter x 2 quarters = 30 NOC\$	8	30
	<u>San Francisco Community Health Center:</u> Groups - Hours\$ 3 groups/month x 3 hour/group x 6 months = 54 UOS 3 groups/month x 6 months x 6 participants/group = 108 NOC \$	54	108
Total UOS and UDC		62	138
H. HIV, HCV, STD health education and prevention counseling (integrated into all of the above services, not stand alone)			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 App A-5, B-5	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
I. Basic needs services (examples: food, housing, and employment)			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 App A-5, B-5	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
J. Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage			
San Francisco AIDS Foundation			

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Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 App A-5, B-5	<u>San Francisco AIDS Foundation:</u> Treatment - Encounters 1 treatment encounter = 1 UOS; 325 STI treatment encounter (Chlamydia, Gonorrhea, Syphilis, MPX) = 325 UOS	325	N/A
Total UOS and UDC		325	N/A
K. Mental health services			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 App A-5, B-5	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
L. Primary care			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 App A-5, B-5	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
M. Substance use treatment			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 1/1/23 – 6/30/23 App A-5, B-5	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A

Year Two, B-5a: July 1, 2023-June 30, 2024

A. Integrated HIV, HCV, and STD testing			
Lead: San Francisco AIDS Foundation			
Subcontractors: Glide			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 App A-5, B-5a	<u>San Francisco AIDS Foundation</u> HIV testing - encounter 1 HIV testing encounter per 1 UOS; 7,000 testing encounters = 7,000 UOS 1 unduplicated client = 1 UDC; 3,000 UDC	7,000	3,000
	<u>San Francisco AIDS Foundation</u> HCV testing - tests administered 1 HCV test administered per 1 UOS; 1250 tests administered = 1250 UOS 1 unduplicated client = 1 UDC; 1,000 UDC	1,250	1,000
	<u>San Francisco AIDS Foundation</u> STI (gonorrhea/chlamydia) testing - screening administered	10,000	3,000

San Francisco AIDS Foundation
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	1 chlamydia/gonorrhea screening administered per 1 UOS; 10,000 screenings administered = 10,000 UOS 1 unduplicated client = 1 UDC; 3,000 UDC		
	San Francisco AIDS Foundation STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 8,5000 screenings administered = 8,500 UOS 1 unduplicated client = 1 UDC; 3,000 UDC	8,500	3,000
	San Francisco AIDS Foundation Monkey Pox (MPX) screening - screening administered 1 MPX screening administered per 1 UOS; 50 screenings administered = 50 UOS 1 unduplicated client = 1 UDC; 40 UDC	50	40
	Glide STI (gonorrhea/chlamydia) testing - screening administered 1 gonorrhea/chlamydia screening administered per 1 UOS; 1.0 FTE x 13% Level of Effort x 10 screenings per month x 12 months = 120 UOS 1 unduplicated client = 1 UDC; 60 UDC	120	60
	Glide STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 1.0 FTE x 13% Level of Efforts x 16-17 screenings per month x 12 months = 200 UOS 1 unduplicated client = 1 UDC; 100 UDC	200	100
Total UOS and UDC		27,120	10,200
B. Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services			
Lead: San Francisco AIDS Foundation			
Subcontractor: Shanti			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 App A-5, B-5a	San Francisco AIDS Foundation PrEP Navigation - clients engaged 1 client engaged in PrEP Program per 1 UDC; 750 clients engaged during 12-month period = 750 UDC	N/A	750
	San Francisco AIDS Foundation PEP Navigation - clients engaged 1 client connected to PEP per 1 UDC; 40 PEP clients = 40 UDC	N/A	40
	Shanti Case Management - Hours 1 hour of Individual Health Sessions = 1 UOS; 38 ½ hours of individual health sessions per month x 12 months = 460 UOS 1 client engaged in case management = 1 UDC; 25 clients enrolled in case management across 12 months = 25 UDC	460	25
	Shanti Support Groups - Hours	132	50

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	1 hour of support group sessions = 1 UOS; 1.5-hour meeting x 2/week x 44 = 132 UOS		
	1 client participating in the group = 1 UDC; 50 clients will participate = 50 UDC		
	Glide Navigation - Hours 1 hour of navigation services = 1 UOS; 500 hours of navigation services = 500 UOS		
	1 client engaged in navigation services = 1 UDC; 40 clients will engage in navigation services = 40 UDC	500	40
Total UOS and UDC		1,092	905
C. Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 App A-5, B-5a	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
D. Overdose prevention (including naloxone distribution)			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 App A-5, B-5a	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
E. Syringe access and disposal			
Lead: San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 App A-5, B-5a	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
F. Condom distribution			
Lead: San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 App A-5, B-5a	<u>San Francisco AIDS Foundation</u> Condom Distribution - Monthly 1 month of condom distribution = 1 UOS; 12 months x 1 month of condom distribution = 12 UOS	12	N/A
Total UOS and UDC		12	N/A
G. Community engagement and mobilization (physical and online, social media)			
Subcontractor: San Francisco Community Health Center			
Period / Funds / App	Mode of Service/Intervention Description	UOS	NOC
Term: 7/1/23 – 6/30/24 App A-5, B-5a	<u>San Francisco Community Health Center</u> Events - Hours 1 Event/quarter x 4 hour/event x 4 quarters = 16 UOS 15 clients/quarter x 4 quarters = 60 NOC	16	60

San Francisco AIDS Foundation
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	<u>San Francisco Community Health Center</u> Groups - Hours\$ 6 groups/month x 3 hour/group x 12 months = 108 UOS 6 groups/month x 12 months x 6 participants/group = 216 NOC \$	108	216
Total UOS and NOC		124	276
H. HIV, HCV, STD health education and prevention counseling (integrated into all of the above services, not stand alone)			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 AppA-5, B-5a	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
I. Basic needs services (examples: food, housing, and employment)			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 App A-5, B-5a	N/A; see methodology	N/A	N/A
J. Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 AppA-5, B-5a	<u>San Francisco AIDS Foundation</u> Treatment - Encounters 1 treatment encounter = 1 UOS; 650 STI treatment service encounters (Chlamydia, Gonorrhea, Syphilis, MPX) = 650 UOS	650	N/A
Total UOS and UDC		650	N/A
K. Mental health services			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 App A-5, B-5a	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
L. Primary care			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 App A-5, B-5a	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
M. Substance use treatment			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/23 – 6/30/24 AppA-5, B-5a	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A

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Year Three, B-5b: July 1, 2024-June 30, 2025

A. Integrated HIV, HCV, and STD testing			
Lead: San Francisco AIDS Foundation			
Subcontractors: Glide			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 -6/30/25 App A-5, B-5b	<u>San Francisco AIDS Foundation</u> HIV testing - encounter 1 HIV testing encounter per 1 UOS; 7,000 testing encounters = 7,000 UOS 1 unduplicated client = 1 UDC; 3,000 UDC	7,000	3,000
	<u>San Francisco AIDS Foundation</u> HCV testing - tests administered 1 HCV test administered per 1 UOS; 1250 tests administered = 1,250 UOS 1 unduplicated client = 1 UDC; 1,000 UDC	1,250	1,000
	<u>San Francisco AIDS Foundation</u> STI (gonorrhea/chlamydia) testing - screening administered 1 chlamydia/gonorrhea screening administered per 1 UOS; 10,000 screenings administered = 10,000 UOS 1 unduplicated client = 1 UDC; 3,000 UDC	10,000	3,000
	<u>San Francisco AIDS Foundation</u> STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 8,5000 screenings administered = 8,500 UOS 1 unduplicated client = 1 UDC; 3,000 UDC	8,500	3,000
	<u>San Francisco AIDS Foundation</u> Monkey Pox (MPX) screening - screening administered 1 MPX screening administered per 1 UOS; 50 screenings administered = 50 UOS 1 unduplicated client = 1 UDC; 40 UDC	50	40
	<u>Glide</u> STI (gonorrhea/chlamydia) testing - screening administered 1 gonorrhea/chlamydia screening administered per 1 UOS; 1.0 FTE x 13% Level of Effort x 10 screenings per month x 12 months = 120 UOS 1 unduplicated client = 1 UDC; 60 UDC	120	60
	<u>Glide</u> STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 1.0 FTE x 13% Level of Efforts x 16-17 screenings per month x 12 months = 200 UOS 1 unduplicated client = 1 UDC; 100 UDC	200	100
Total UOS and UDC		27,120	10,200
B. Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services			
Lead: San Francisco AIDS Foundation			

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Subcontractor: Shanti			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 -6/30/25 App A-5, B-5b	<u>San Francisco AIDS Foundation</u> PrEP Navigation - clients engaged 1 client engaged in PrEP Program per 1 UDC; 750 clients engaged during 12-month period = 750 UDC	N/A	750
	<u>San Francisco AIDS Foundation</u> PEP Navigation - clients engaged 1 client connected to PEP per 1 UDC; 40 PEP clients = 40 UDC	N/A	40
	<u>Shanti</u> Case Management - Hours 1 hour of Individual Health Sessions = 1 UOS; 38 ½ hours individual health sessions per month x 12 months = 460 UOS 1 client engaged in case management = 1 UDC; 25 clients enrolled in case management across 12 months = 25 UDC	460	25
	<u>Shanti</u> Support Groups - Hours 1 hour of support group sessions = 1 UOS; 1.5 hour meeting x 2/week x 44 = 132 UOS 1 client participating in the group = 1 UDC; 50 clients will participate = 50 UDC	132	50
	<u>Glide</u> Navigation - Hours 1 hour of navigation services = 1 UOS; 500 hours of navigation services = 500 UOS 1 client engaged in navigation services = 1 UDC; 40 clients will engage in navigation services = 40 UDC	500	40
Total UOS and UDC		1,092	905
C. Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 -6/30/25 App A-5, B-5b	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
D. Overdose prevention (including naloxone distribution)			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 -6/30/25 App A-5, B-5b	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
E. Syringe access and disposal			
Lead: San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC

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Term: 7/1/24 -6/30/25 App A-5, B-5b	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
F. Condom distribution			
Lead: San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 -6/30/25 App A-5, B-5b	San Francisco AIDS Foundation: Condom Distribution - Monthly 1 month of condom distribution = 1 UOS; 12 months x 1 month of condom distribution = 12 UOS	12	N/A
Total UOS and UDC		12	N/A
G. Community engagement and mobilization (physical and online, social media)			
Subcontractor: San Francisco Community Health Center			
Period / Funds / App	Mode of Service/Intervention Description	UOS	NOC
Term: 7/1/24 -6/30/25 App A-5, B-5b	San Francisco Community Health Center Events - Hours 1 Event/quarter x 4 hour/event x 4 quarters = 16 UOS 15 clients/quarter x 4 quarters = 60 NOC	16	60
	San Francisco Community Health Center Groups - Hours 6 groups/month x 3 hour/group x 12 months = 108 UOS 6 groups/month x 12 months x 6 participants/group = 216 NOC	108	216
Total UOS and NOC		124	276
H. HIV, HCV, STD health education and prevention counseling (integrated into all of the above services, not stand alone)			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 -6/30/25 AppA-5, B-5b	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
I. Basic needs services (examples: food, housing, and employment)			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 -6/30/25 App A-5, B-5b	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
J. Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 -6/30/25 AppA-5, B-5b	San Francisco AIDS Foundation: Treatment - Encounters 1 treatment encounter = 1 UOS; 650 STI treatment service encounters (Chlamydia, Gonorrhea, Syphilis, MPX) = 650 UOS	650	N/A
Total UOS and UDC		650	N/A
K. Mental health services			
San Francisco AIDS Foundation			

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Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 -6/30/25 App A-5, B-5b	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
L. Primary care			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 -6/30/25 App A-5, B-5b	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
M. Substance use treatment			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/24 -6/30/25 AppA-5, B-5b	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A

Year Four, B-5c: July 1, 2025-June 30, 2026

A. Integrated HIV, HCV, and STD testing			
Lead: San Francisco AIDS Foundation			
Subcontractors: Glide			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 App A-5, B-5c	<u>San Francisco AIDS Foundation</u> HIV testing - encounter 1 HIV testing encounter per 1 UOS; 7,000 testing encounters = 7,000 UOS 1 unduplicated client = 1 UDC; 3,000 UDC	7,000	3,000
	<u>San Francisco AIDS Foundation</u> HCV testing - tests administered 1 HCV test administered per 1 UOS; 1250 tests administered = 1250 UOS 1 unduplicated client = 1 UDC; 1,000 UDC	1,250	1,000
	<u>San Francisco AIDS Foundation</u> STI (gonorrhea/chlamydia) testing - screening administered 1 chlamydia/gonorrhea screening administered per 1 UOS; 10,000 screenings administered = 10,000 UOS 1 unduplicated client = 1 UDC; 3,000 UDC	10,000	3,000
	<u>San Francisco AIDS Foundation</u> STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 8,5000 screenings administered = 8,500 UOS 1 unduplicated client = 1 UDC; 3,000 UDC	8,500	3,000
	<u>San Francisco AIDS Foundation</u> Monkey Pox (MPX) screening - screening administered 1 MPX screening administered per 1 UOS; 50 screenings administered = 50 UOS	50	40

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	1 unduplicated client = 1 UDC; 40 UDC		
	<u>Glide</u> STI (gonorrhea/chlamydia) testing - screening administered 1 gonorrhea/chlamydia screening administered per 1 UOS; 1.0 FTE x 13% Level of Effort x 10 screenings per month x 12 months = 120 UOS 1 unduplicated client = 1 UDC; 60 UDC	120	60
	<u>Glide</u> STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 1.0 FTE x 13% Level of Efforts x 16-17 screenings per month x 12 months = 200 UOS 1 unduplicated client = 1 UDC; 100 UDC	200	100
Total UOS and UDC		27,120	10,200
B. Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services			
Lead: San Francisco AIDS Foundation			
Subcontractor: Shanti			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 App A-5, B-5c	<u>San Francisco AIDS Foundation</u> PrEP Navigation - clients engaged 1 client engaged in PrEP Program per 1 UDC; 750 clients engaged during 12-month period = 750 UDC	N/A	750
	<u>San Francisco AIDS Foundation</u> PEP Navigation - clients engaged 1 client connected to PEP per 1 UDC; 40 PEP clients = 40 UDC	N/A	40
	<u>Shanti</u> Case Management - Hours 1 hour of Individual Health Sessions = 1 UOS; 38 ½ hours of individual health sessions per month x 12 months = 460 UOS 1 client engaged in case management = 1 UDC; 25 clients enrolled in case management across 12 months = 25 UDC	460	25
	<u>Shanti</u> Support Groups - Hours 1 hour of support group sessions = 1 UOS; 1.5 hour meeting x 2/week x 44 = 132 UOS 1 client participating in the group = 1 UDC; 50 clients will participate = 50 UDC	132	50
	<u>Glide</u> Navigation - Hours 1 hour of navigation services = 1 UOS; 500 hours of navigation services = 500 UOS 1 client engaged in navigation services = 1 UDC; 40 clients will engage in navigation services = 40 UDC	500	40
Total UOS and UDC		1,092	905

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C. Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 App A-5, B-5c	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
D. Overdose prevention (including naloxone distribution)			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 AppA-5, B-5c	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
E. Syringe access and disposal			
Lead: San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 App A-5, B-5c	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
F. Condom distribution			
Lead: San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 App A-5, B-5c	San Francisco AIDS Foundation Condom Distribution - Monthly 1 month of condom distribution = 1 UOS; 12 months x 1 month of condom distribution = 12 UOS	12	N/A
Total UOS and UDC		12	N/A
G. Community engagement and mobilization (physical and online, social media)			
Subcontractor: San Francisco Community Health Center			
Period / Funds / App	Mode of Service/Intervention Description	UOS	NOC
Term: 7/1/25 – 6/30/26 App A-5, B-5c	San Francisco Community Health Center Events - Hours 1 Event/quarter x 4 hour/event x 4 quarters = 16 UOS 15 clients/quarter x 4 quarters = 60 NOC	16	60
	San Francisco Community Health Center Groups - Hours 6 groups/month x 3 hour/group x 12 months = 108 UOS 6 groups/month x 12 months x 6 participants/group = 216 NOC	108	216
Total UOS and NOC		124	276
H. HIV, HCV, STD health education and prevention counseling (integrated into all of the above services, not stand alone)			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 AppA-5, B-5c	N/A; see methodology	N/A	N/A

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Total UOS and UDC		N/A	N/A
I. Basic needs services (examples: food, housing, and employment)			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 App A-5, B-5c	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
J. Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 AppA-5, B-5c	San Francisco AIDS Foundation Treatment - Encounters 1 treatment encounter = 1 UOS; 650 STI treatment service encounters (Chlamydia, Gonorrhea, Syphilis, MPX) = 650 UOS	650	N/A
Total UOS and UDC		650	N/A
K. Mental health services			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 App A-5, B-5c	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
L. Primary care			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 App A-5, B-5c	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A
M. Substance use treatment			
San Francisco AIDS Foundation			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
Term: 7/1/25 – 6/30/26 AppA-5, B-5c	N/A; see methodology	N/A	N/A
Total UOS and UDC		N/A	N/A

Definitions:

Linkage: Linkage services are defined as a warm hand-off to a service, typically a one-time occurrence with minimal complexity. Linkage services differ from a referral in that the service is followed-up on to ensure successful linkage to services. The purpose of linkage services is to ensure that a client is successfully linked to care.

Warm hand-off: is defined as a face-to-face interaction, where the service providers have an open line of communication.

Navigation: Navigation services guide clients through and around barriers in complex health care systems and ensure timely and appropriate care or treatment. Navigation services should help clients address barriers in their own lives that are preventing them from accessing care. Additionally, navigation services are tailored to each individual client to ensure client needs are being met, including mobile services and after hour services. Navigation services usually span a few months in time (1-3 months).

Case Management: Case management services are similar to navigation services; except they span a longer period of time (4-12 months).

5. METHODOLOGY/Service Delivery Description:

A. Integrated HIV, HCV, and STD testing

The standard of care for the MSM Health Access Point will be the provision of integrated HIV, HCV, and STI testing provided on an opt-out basis. This standard will apply at all SFAF testing sites, including Glide, and at least 80% of all testing experiences across both organizations will involve a comprehensive, integrated testing regimen that includes all relevant HIV, STI, and HCV tests. In some cases, clients will wish to receive only one or two tests based on specific symptoms or as a result of contact with an STI-positive partner, while other clients may have a preference to avoid a blood draw for syphilis.

SFAF offers integrated HIV, HCV, and STI testing and treatment; linkage to HIV care; PEP; daily and event-driven PrEP; gender affirming services; anal health services; hepatitis A and B vaccinations and flu shots; and more. A multi-racial, bilingual, and SFDPH-certified counseling and testing team is available at all SFAF testing locations to provide supportive, client-centered, and trauma-informed testing, treatment, and referral and navigation services that focus on creating a safe, welcoming, and comfortable environment for all clients.

Glide also has extensive experience providing HIV, HCV, and STI testing geared to the needs of low-income and marginalized populations. Glide's contribution will focus on engaging MSM experiencing homelessness or unstable housing in the Tenderloin. For Glide clients who have a positive STI test result, they will be linked to treatment at SFAF or another appropriate provider.

Service totals are projections and may adjust as service needs and program capacity become clearer.

In Year 1 (January 1, 2023-June 30, 2024), the MSM HAP will provide:

- 3,500 HIV tests (SFAF)
- 625 HCV tests (SFAF)
- 5,060 Chlamydia/Gonorrhea screenings (SFAF & Glide)
- 4,350 syphilis screenings (SFAF & Glide)
- 25 MPX screenings (SFAF)

In Year 2 and beyond, the MSM HAP will annually provide:

- 7,000 HIV tests (SFAF)
- 1,250 HCV tests (SFAF)
- 10,120 Chlamydia/Gonorrhea screenings (SFAF & Glide)

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- 8,700 syphilis screenings (SFAF & Glide)
- 50 MPX screenings (SFAF)

All eligible clients accessing testing and treatment services will be referred to navigation services, including PrEP benefits navigation, HCV treatment, and HIV care.

B. Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services

The Health Access Point will minimize barriers to needed treatment, retention, benefits enrollment, and support for clients through comprehensive access to HIV, STI and HCV treatment, PrEP and PEP, HIV care and ongoing retention in care support across all SFAF sites.

Glide will link clients in need of navigation services to the MSM HAP. Shanti's case management program will support the ongoing retention needs of MSM living with HIV.

In Year 1 (January 1, 2023-June 30, 2023), SFAF, Shanti, and Glide will provide the following:

- **Linking HIV-Negative Clients to PrEP: SFAF will engage 375 individuals in PrEP services. This includes sustaining existing participants as well as enrolling new ones. Glide will navigate 20 clients in needs of HIV and HCV care, as well as STI treatment, PrEP, and PEP, to care through 250 hours of navigation services.** SFAF and Glide will provide education and counseling regarding PrEP and PEP to all HIV-negative clients, including working to leverage the confirmation of a positive STI or HCV test result as a moment when clients may be more willing to consider PrEP initiation. PrEP is available at all SFAF locations, and SFAF testing clients who are interested in PrEP will be linked to a Benefits Navigator who will assess any potential barriers to PrEP enrollment or adherence and provide referral and linkage support to any services that may be required prior to PrEP enrollment; the navigator will make every effort to complete the enrollment during that visit or will set them up with an enrollment appointment if needed. Navigators will also continually identify and provide additional levels of support for clients who are most likely to miss appointments, providing personal outreach, support, and appointment reminders to help secure retention.
- **Linking newly diagnosed individuals to HIV care:** The MSM HAP will link all newly diagnosed individuals to HIV care, including options to start HIV treatment immediately. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. ***[In-Kind]***
- **Linking previously diagnosed individuals who are out of care to HIV care:** The MSM HAP will link those who are out of care to interim HIV care while a longer-term solution is identified for ongoing HIV treatment and care. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. ***[In-Kind]***
- **Linkage to HCV treatment:** The MSM HAP will link all those living with HCV to in-house treatment and care options. Individuals enrolled in the HCV care program may also access onsite storage for their medications. ***[In-Kind]***
- **Linking Eligible HIV-negative Clients to PEP: SFAF will provide PEP to 20 clients.**

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- STI treatment: All individuals accessing MSM HAP testing service will be eligible for on-site STI diagnosis and treatment. Individuals who test positive for an STI and were not presumptively treated at the initial appointment will be contacted by a nurse and scheduled for a treatment visit.
- Providing support to those living with HIV: **Shanti will engage 13 unduplicated clients in 230 hours of individual health sessions designed to support those living with HIV with a range of supports, including referrals to basic needs, legal issues, mental health services, support groups, community engagement opportunities, and housing resources.** Sessions will also provide assistance with public benefits acquisition.
- Creating community connection through Groups: **Shanti will engage 25 unduplicated clients in ongoing groups for people impacted by HIV.** Groups are typically 1.5 hours in duration and take place twice per week (1.5-hour meeting x 2/week x 22 weeks = 66 UOS). **San Francisco Community Health Center will conduct 3 groups/month for transmen** (3 hours per group with 6 participants/group)
- Primary care: The MSM HAP will link individuals living with HIV and HCV to a primary care provider. For those who are at-risk of disengaging from care, this may also include “tandem” coordination of medical care between the MSM HAP and a primary care provider. *[In-Kind]*

In Year 2 and beyond:

- Linking HIV-Negative Clients to PrEP: **SFAF will engage 750 individuals in PrEP services. This includes sustaining existing participants as well as enrolling new ones. Glide will navigate 40 clients in needs of HIV and HCV care, as well as STI treatment, PrEP, and PEP, to care through 500 hours of navigation services.** SFAF and Glide will provide education and counseling regarding PrEP and PEP to all HIV-negative clients, including working to leverage the confirmation of a positive STI or HCV test result as a moment when clients may be more willing to consider PrEP initiation. PrEP is available at all SFAF locations, and SFAF testing clients who are interested in PrEP will be linked to a Benefits Navigator who will assess any potential barriers to PrEP enrollment or adherence and provide referral and linkage support to any services that may be required prior to PrEP enrollment; the navigator will make every effort to complete the enrollment during that visit or will set them up with an enrollment appointment if needed. Navigators will also continually identify and provide additional levels of support for clients who are most likely to miss appointments, providing personal outreach, support, and appointment reminders to help secure retention.
- Linking newly diagnosed individuals to HIV care: The MSM HAP will link all newly diagnosed individuals to HIV care, including options to start HIV treatment immediately. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. *[In-Kind]*
- Linking previously diagnosed individuals who are out of care to HIV care: The MSM HAP will link those who are out of care to interim HIV care while a longer-term solution is identified for ongoing HIV treatment and care. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. *[In-Kind]*

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- Linkage to HCV treatment: The MSM HAP will link all those living with HCV to in-house treatment and care options. Individuals enrolled in the HCV care program may also access onsite storage for their medications. [In-Kind]
 - Linking Eligible HIV-negative Clients to PEP: **SFAF will provide PEP to 40 clients.**
 - STI treatment: All individuals accessing MSM HAP testing service will be eligible for on-site STI diagnosis and treatment. Individuals who test positive for an STI and were not presumptively treated at the initial appointment will be contacted by a nurse and scheduled for a treatment visit.
 - Providing support to those living with HIV: **Shanti will engage 25 unduplicated clients in 460 hours of individual health sessions designed to support those living with HIV with a range of supports, including referrals to basic needs, legal issues, mental health services, support groups, community engagement opportunities, and housing resources.** Sessions will also provide assistance with public benefits acquisition.
 - Creating community connection through Groups: **Shanti will engage 50 unduplicated clients in ongoing groups for people impacted by HIV.** Groups are typically 1.5 hours in duration and take place twice per week (1.5 hour meeting x 2/week x 44 weeks = 132 UOS). **San Francisco Community Health Center will conduct 3 groups/month for transmen** (3 hours per group with 6 participants/group)
 - Primary care: The MSM HAP will link individuals living with HIV and HCV to a primary care provider. For those who are at-risk of disengaging from care, this may also include “tandem” coordination of medical care between the MSM HAP and a primary care provider. **[In-Kind]**
- C. Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)

The MSM HAP will refer individuals to its in-network harm reduction services for substance use. This includes referring individuals to SFAF’s drop-in counseling services, drop-in groups, outpatient treatment, and contingency management services (The Stonewall Project); SFAF’s harm reduction services at the Harm Reduction Center or mobile sites (Syringe Access Services); or linking individuals to Glide’s harm reduction programming.

Annually, more than 500 MSM, including people who inject drugs (PWID), will receive treatment, support, and referrals for substance use and mental health services through the Stonewall Project across all SFAF sites.

These services are currently supported through other DPH contracts and additional funding streams. Staffing includes health educators, licensed counselors, and program managers and coordinators. **[In-Kind]**

D. Syringe access and disposal

SFAF and Glide will utilize existing funding to distribute and dispose of syringes for the MSM HAP.

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**Appendix A-5
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General Fund**

SFAF's Harm Reduction Center, 5 weekly mobile syringe access sites, and outreach serve approximately 18,000 unduplicated People who Use Drug (PWUD) annually, including members of the MSM HAP. Staffing includes health educators, program managers and coordinators. *[In-Kind]*

E. Overdose prevention (including naloxone distribution)

SFAF provides overdose education and distributes naloxone through a separate and distinct CHEP contract. Clients accessing MSM HAP services will have access to robust overdose prevention education and naloxone. In FY22, SFAF trained 10,932 individuals to reverse overdoses. These individuals reported reversing 5,847 overdoses. *[In-Kind]*

F. Condom distribution

SFAF distributes safer sex supplies across all of its sites and locations. **SFAF will distribute safer sex supplies each month (1 UOS = 1 month of condom distribution).**

G. Community engagement and mobilization (physical and online, social media)

To best serve the wide range of MSM individuals and their sexual networks, San Francisco Community Health Center will engage trans and nonbinary communities who have sex with men (e.g., TSM or non-binary individuals who have sex with nonbinary individuals assigned male at birth) through community engagement and mobilization efforts.

In Year 1 (January 1, 2023-June 30, 2023), the MSM HAP proposes:

This includes conducting quarterly MSM HAP events and weekly groups. **SFCHC proposes hosting 2 events (each 4 hours long) for 15 clients (8 UOS and 30 NOC). Additionally, SFCHC will host 3 groups/month (3 groups/month x 3 hours/group x 6 months = 54 UOS and 3 groups/month x 6 months x 6 participants/group = 108 NOC).**

In Year 2 (July 1, 2023-June 30, 2024) and beyond, the MSM HAP proposes:

This includes conducting quarterly MSM HAP events and weekly groups. **SFCHC proposes hosting 4 events (each 4 hours long) for 15 clients (16 UOS and 60 NOC). Additionally, SFCHC will host 3 groups/month (3 groups/month x 3 hours/group x 12 months = 108 UOS and 3 groups/month x 12 months x 6 participants/group = 216 NOC).**

Through funding from other revenue streams, SFAF will complete over 1,500 actions at the local, state, or federal levels, giving over 200 clients and community members a direct participating voice in the fight for health justice. Additionally, more than 3.6 million people will access health education information on HIV, HCV, other STIs and harm reduction on the SFAF.org, tweaker.org and bhocpartners.org websites and through media partnerships annually. *[In-kind]*

H. HIV, HCV, STD health education and prevention counseling*

Comprehensive risk-reduction and supportive counseling will be provided to all new clients and those who request it, regardless of test results, with discussion and offer of PrEP to those who might benefit, with an emphasis on HIV-negative clients who test positive for syphilis or a rectal STI.

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SFAF uses an Express model for persons who have already participated in an initial, comprehensive testing visit which will be used by roughly 25% of SFAF testing clients. During their first Magnet testing visit, all clients are required to participate in direct, one-on-one counseling as part of their testing experience. Clients who do not face specific barriers to testing participation are then given the option of accessing Express services at their next appointment as a strategy for encouraging them to test more frequently by reducing the appointment length, wait time, and redundant information. This approach is also extremely effective for persons on PrEP, who can utilize Express testing for two of the four annual required visits. The Express model allows clients to register at a kiosk, get their blood drawn, self-collect oral and rectal samples (with clear instructions shared through a sex-positive video shown in the bathroom), and be on their way. Health education is conducted by lab technicians, nurses, and nurse practitioners. *[In-kind]*

I. Services to meet basic needs services (examples: food, housing, and employment)*

Through funding from other revenue streams, SFAF provides basic needs services to MSM HAP clients experiencing food insecurity, housing instability, and transportation barriers. This includes provision of healthy snacks, hygiene supplies (socks and underwear), and transportation assistance to medical appointments through our partnership with UberHealth.

Upon registration, MSM HAP client will be asked about their interest in case management services and internally referred to eligible programs. Clients identifying needs are referred to either Benefits Navigators, health educators, services navigators, or case managers internally for individual support. These roles provide internal and external referrals to food programs and pantries, housing and shelter programs, as well as support with public benefits acquisition. Many of SFAF's social support programs offer meals and basic needs as well. Efforts are tracked and documented in eClinicalWorks.

SFAF also provides employment opportunities through the Clinical Assistant program as well as incentivized client leadership opportunities. *[In-kind]*

J. Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage

SFAF provides access to PrEP and ART; HCV treatment; STI treatment; and medication storage options.

MSM HAP benefits navigation staffing will provide linkage to same-day PREP and connect individuals newly diagnosed with HIV to same-day ART. Benefits navigators also engage individuals living with HIV but who are out of care into services, including Interim ART. Clinicians conduct PrEP assessments, provide STI treatments, and administer rapid and interim ART for individuals living with HIV, and support clients through HCV treatment. Services provided by nurses and nurse practitioners in consultation with SFAF's medical director.

K. Mental health services

SFAF provides referrals to clients seeking mental health services to SFCHC as well as a network of mental health providers like AHP. Referrals are tracked in eClinicalWorks. For those enrolled in case management and benefits navigation services, successful referrals are tracked. The MSM HAP will establish a system to track its MSM HAP referrals across organizations. *[In-kind]*

L. Primary care

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SFAF will continue to refer clients seeking primary care services to appropriate medical homes. SFCHC, an FQHC, also provides primary care to MSM HAP individuals. *[In-kind]*

M. Substance use treatment

Through efforts funded through other complementary revenue streams, at least 900 Gay / MSM, including people who inject drugs (PWID), will receive treatment, support, and referrals for substance use and mental health services through the Stonewall Project across all SFAF sites. *[In-kind]*

6. OBJECTIVES and MEASUREMENTS:

All objectives and descriptions of how objectives will be measured are contained in the CHEP document entitled “CHEP Performance Objectives FY22-23.”

7. SUBCONTRACTORS & CONSULTANTS:

- a. SFAF is responsible for the performance of its subcontractors and consultants in this Agreement.
- b. SFAF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFAF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- c. SFAF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. SFAF must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers’ compensation laws and regulations.
- d. SFAF acknowledges that it will provide to the City a list of any subcontractors and consultants in relation to which it seeks the City’s approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
- e. SFAF will develop and execute subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
- f. Any such subcontract agreements will be kept on file with SFAF, with a copy sent to the Department of Public Health’s Program Director associated with this engagement.
- g. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

8. CONTINUOUS QUALITY IMPROVEMENT:

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Each program at SFAF reviews data at least every six months and based on the available data refines practices and develops a set of action items to improve program quality. Reviewing both process and outcome data leads on-the-ground changes to ensure that the deliverables are being met and that the most successful strategies are enhanced.

SFAF adheres to the following:

- Current HIV Prevention Section, HIV Testing Policies and Procedures which include CDC and State Guidelines,
- Any relevant guidelines in the San Francisco HIV Prevention Plan,
- All guidelines developed by the HIV Prevention Section required to implement services to meet the objectives in San Francisco's new System of Prevention.

SFAF complies with all Health Commission, Local, State, Federal, and/or Funding Source policies and requirements, including those pertaining to Harm Reduction, the Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

- SFAF collects, tracks, and reports by request on demographics on all participants.
- SFAF has developed a retention protocol with DPH for clients who initiate PrEP that includes at minimum follow-up contact and adherence activities.
- SFAF has developed a system to report on the following:
 - PrEP initiations and time from decision to PrEP initiation,
 - Participants who initiate, stop and if applicable, re-initiate PrEP and their reasons,
 - Barriers for clients to access PrEP, and,
 - Barriers to maintaining the PrEP regimen.
- SFAF assesses, analyzes, and addresses HIV-related stigma in the prioritized population. Such processes include but not be limited to:
 - Client satisfaction,
 - Regular client input into programming, and,
 - Maintaining staff reflective of the prioritized population.

9. DATA COLLECTION AND REPORTING REQUIREMENTS:

SFAF complies with all CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information.

Systems/processes used to collect and submit data will include:

- Evaluation Web
- CHEP Internal Data Manager (Quarterly Submission/Upload)
- Quarterly narrative report
- Other systems/processes as requested

Assigned CHEP Program Liaison will provide technical assistance & training on all above data collection systems.

10. REQUIRED LANGUAGE:

11. REQUIRED TRAINING

- a. HIV, HCV, and STD Skills Certification

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- b. Harm Reduction
- c. Overdose Response/Naloxone Administration (DOPE Project or internal)
 - i. How to use Fentanyl Test Strips
- d. Syringe Access and Disposal (TBD)
- e. Trauma Informed Systems
- f. Clear Impact Score Card
- g. Other skills building trainings as required

12. ADDITIONAL CONTRACT REQUIREMENTS

- a. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff).
- b. Required participation in HAP Network Monthly Meetings (TBD by SOC).
- c. Implementation of Harm Reduction/Substance use policy
- d. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

Appendix B Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

Appendix B	Budget Summary
Appendix B-1, B-1.1, B-1a, B-1b, B-1c	Training Academy & Clinical Assistance Program
Appendix B-2, B-2a, B-1b, B-1c	Clinical Services Sustainability
Appendix B-3, B-3a, B-3b, B-1c	Capacity Building Activities: The Black Health Clinical Assistant Program
Appendix B-4, B-4a, B-4b, B-4c	HAP Capacity Building Activities Program
Appendix B-5, B-5a, B-5b, B-5c	Health Access Point Gay/MSM

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$1,273,564** 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 as specified in Section 3.7 Contract Amendments; Budgeting Revisions. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

	Term	Funding Source	Amount
Original Agreement	01/01/2023 – 06/30/2023	GF	\$225,000
Original Agreement	01/01/2023 – 06/30/2023	GF	\$315,433
Original Agreement	01/01/2023 – 06/30/2023	GF	\$200,000
Original Agreement	01/01/2023 – 06/30/2023	GF	\$175,000
Original Agreement	01/01/2023 – 06/30/2023	GF	\$600,000
Original Agreement	01/01/2023 – 07/31/2023	CDC	\$5,000
Original Agreement	07/01/2023 – 06/30/2024	GF	\$450,000
Original Agreement	07/01/2023 – 06/30/2024	GF	\$630,866
Original Agreement	07/01/2023 – 06/30/2024	GF	\$400,000
Original Agreement	07/01/2023 – 06/30/2024	GF	\$350,000
Original Agreement	07/01/2023 – 06/30/2024	GF	\$1,200,000
Original Agreement	07/01/2024 – 06/30/2025	GF	\$450,000

Original Agreement	07/01/2024 – 06/30/2025	GF	\$630,866
Original Agreement	07/01/2024 – 06/30/2025	GF	\$400,000
Original Agreement	07/01/2024 – 06/30/2025	GF	\$350,000
Original Agreement	07/01/2024 – 06/30/2025	GF	\$1,200,000
Original Agreement	07/01/2025 – 06/30/2026	GF	\$450,000
Original Agreement	07/01/2025 – 06/30/2026	GF	\$630,866
Original Agreement	07/01/2025 – 06/30/2026	GF	\$400,000
Original Agreement	07/01/2025 – 06/30/2026	GF	\$350,000
Original Agreement	07/01/2025 – 06/30/2026	GF	<u>\$1,200,000</u>
Total Award:			\$10,613,031
Contingency:			<u>\$1,273,564</u>
(This equals the total NTE)Total			\$11,886,595

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

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

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

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

MOU OR CONTRACT NUMBER							Appendix B, Page3
DPH Section: Community Health Equity and Promotion (CHEP)							Contract Term : 1/1/2023 - 6/30/2026
Check one: ☒ Original Agreement ☐ Amendment ☐ Revision to Program Budgets							
CONTRACT NOTIFICATION DATE							
Agency Name: San Francisco AIDS Foundation							
Program/Provider Name:	Training Academy & Clinical Assistance Program	Clinical Services Sustainability	Capacity Building Activities (Rafiki): The Black Health Clinical Assistant Program	HAP Capacity Building Activities Program	Health Access Point: Gay/MSM	Health Access Point: Gay/MSM	TOTALS
Appendix Number:	A-1 / B-1	A-2 / B-2	A-3 / B-3	A-4 / B-4	A-5 / B-5	A-5 / B-51.1	
Appendix Term:	1/1/2023 - 6/30/2023	1/1/2023 - 6/30/2023	1/1/2023 - 6/30/2023	1/1/2023 - 6/30/2023	1/1/2023 - 6/30/2023	01/01/23-07/31/23	
EXPENSES							
Salaries	\$ 143,480	\$ 196,593	\$ 142,537	\$ 37,500	\$ 329,449	\$ -	\$ 849,559
Employee Benefits	\$ 29,236	\$ 53,080	\$ 15,675	\$ 10,125	\$ 88,951	\$ -	\$ 197,067
Total Personnel Expenses	\$ 172,716	\$ 249,673	\$ 158,212	\$ 47,625	\$ 418,400	\$ -	\$ 1,046,626
Employee Fringe Benefit Rate	20.4%	27.0%	11.0%	27.0%	27.0%	0.0%	
Operating Expense	\$ 22,936	\$ 24,617	\$ 15,701	\$ 104,549	\$ 103,339	\$ 4,348	\$ 275,490
Subtotal Direct Costs	\$ 195,652	\$ 274,290	\$ 173,913	\$ 152,174	\$ 521,739	\$ 4,348	\$ 1,322,116
Indirect Cost Amount	\$ 29,348	\$ 41,143	\$ 26,087	\$ 22,826	\$ 78,261	\$ 652	\$ 198,317
Indirect Cost Rate (%)	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	
Total Expenses	\$ 225,000	\$ 315,433	\$ 200,000	\$ 175,000	\$ 600,000	\$ 5,000	\$ 1,520,433
REVENUES & FUNDING SOURCES							
DPH Funding Sources							
HHS RWPA EtHE							\$ -
CHEP EHE							\$ -
HHS General Fund							\$ -
CHEP General Fund	\$ 225,000	\$ 315,433	\$ 200,000	\$ 175,000	\$ 600,000		\$ 1,515,433
PS20-2010 CDC: CFDA 93.940						\$ 5,000	\$ 5,000
Total DPH Revenues	\$ 225,000	\$ 315,433	\$ 200,000	\$ 175,000	\$ 600,000	\$ 5,000	\$ 1,520,433
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 225,000	\$ 315,433	\$ 200,000	\$ 175,000	\$ 600,000	\$ 5,000	\$ 1,520,433
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	
Prepared By							

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

MOU OR CONTRACT NUMBER						Appendix B, Page 4	
DPH Section: Community Health Equity and Promotion (CHEP)						Contract Term : 7/1/2023 - 6/30/2026	
Check one: ☒ Original Agreement ☐ Amendment ☐ Revision to Program Budgets							
CONTRACT NOTIFICATION DATE							
Agency Name: San Francisco AIDS Foundation							
Program/Provider Name:	Training Academy & Clinical Assistance Program	Clinical Services Sustainability	Capacity Building Activities (Rafiki): The Black Health Clinical Assistant Program	HAP Capacity Building Activities Program	Health Access Point: Gay/MSM	TOTALS	
Appendix Number:	A-1 / B-1a	A-2 / B-2a	A-3 / B-3a	A-4 / B-4a	A-5 / B-5b		
Appendix Term:	7/1/2023 - 6/30/2024	7/1/2023 - 6/30/2024	7/1/2023 - 6/30/2024	7/1/2023 - 6/30/2024	7/1/2023 - 6/30/2024		
EXPENSES							
Salaries	\$ 286,960	\$ 393,188	\$ 285,073	\$ 75,000	\$ 658,898	\$ 1,699,119	
Employee Benefits	\$ 58,471	\$ 106,161	\$ 31,351	\$ 20,250	\$ 177,902	\$ 394,135	
Total Personnel Expenses	\$ 345,431	\$ 499,349	\$ 316,424	\$ 95,250	\$ 836,800	\$ 2,093,254	
Employee Fringe Benefit Rate	20.4%	27.0%	11.0%	27.0%	27.0%		
Operating Expense	\$ 45,873	\$ 49,231	\$ 31,402	\$ 209,098	\$ 206,678	\$ 542,282	
Subtotal Direct Costs	\$ 391,304	\$ 548,580	\$ 347,826	\$ 304,348	\$ 1,043,478	\$ 2,635,536	
Indirect Cost Amount	\$ 58,696	\$ 82,286	\$ 52,174	\$ 45,652	\$ 156,522	\$ 395,330	
Indirect Cost Rate (%)	15.0%	15.0%	15.0%	15.0%	15.0%		
Total Expenses	\$ 450,000	\$ 630,866	\$ 400,000	\$ 350,000	\$ 1,200,000	\$ 3,030,866	
REVENUES & FUNDING SOURCES							
DPH Funding Sources							
HHS RWPA EtHE						\$ -	
CHEP EHE						\$ -	
HHS General Fund						\$ -	
CHEP General Fund	\$ 450,000	\$ 630,866	\$ 400,000	\$ 350,000	\$ 1,200,000	\$ 3,030,866	
PS20-2010 CDC: CFDA 93.940						\$ -	
Total DPH Revenues	\$ 450,000	\$ 630,866	\$ 400,000	\$ 350,000	\$ 1,200,000	\$ 3,030,866	
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Revenues (DPH and Non-DPH)	\$ 450,000	\$ 630,866	\$ 400,000	\$ 350,000	\$ 1,200,000	\$ 3,030,866	
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)		
Prepared By							

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

Appendix B, Page 5

DPH Section: **Community Health Equity and Promotion (CHEP)**

Contract Term : 7/1/2024 - 6/30/2025

Check one: ☒ Original Agreement ☐ Amendment ☐ Revision to Program Budgets**CONTRACT NOTIFICATION DATE**Agency Name: **San Francisco AIDS Foundation**

Program/Provider Name:	Training Academy & Clinical Assistance Program	Clinical Services Sustainability	Capacity Building Activities (Rafiki): The Black Health Clinical Assistant Program	HAP Capacity Building Activities Program	Health Access Point: Gay/MSM	TOTALS
Appendix Number:	A-1 / B-1b	A-2 / B-2b	A-3 / B-3b	A-4 / B-4b	A-5 / B-5c	
Appendix Term:	7/1/2024 - 6/30/2025	7/1/2024 - 6/30/2025	7/1/2024 - 6/30/2025	7/1/2024 - 6/30/2025	7/1/2024 - 6/30/2025	
EXPENSES						
Salaries	\$ 286,960	\$ 393,188	\$ 285,073	\$ 75,000	\$ 658,898	\$ 1,699,119
Employee Benefits	\$ 58,471	\$ 106,161	\$ 31,351	\$ 20,250	\$ 177,902	\$ 394,135
Total Personnel Expenses	\$ 345,431	\$ 499,349	\$ 316,424	\$ 95,250	\$ 836,800	\$ 2,093,254
Employee Fringe Benefit Rate	20.4%	27.0%	11.0%	27.0%	27.0%	
Operating Expense	\$ 45,873	\$ 49,231	\$ 31,402	\$ 209,098	\$ 206,678	\$ 542,282
Subtotal Direct Costs	\$ 391,304	\$ 548,580	\$ 347,826	\$ 304,348	\$ 1,043,478	\$ 2,635,536
Indirect Cost Amount	\$ 58,696	\$ 82,286	\$ 52,174	\$ 45,652	\$ 156,522	\$ 395,330
Indirect Cost Rate (%)	15.0%	15.0%	15.0%	15.0%	15.0%	
Total Expenses	\$ 450,000	\$ 630,866	\$ 400,000	\$ 350,000	\$ 1,200,000	\$ 3,030,866
REVENUES & FUNDING SOURCES						
DPH Funding Sources						
HHS RWPA EtHE						\$ -
CHEP EHE						\$ -
HHS General Fund						\$ -
CHEP General Fund	\$ 450,000	\$ 630,866	\$ 400,000	\$ 350,000	\$ 1,200,000	\$ 3,030,866
PS20-2010 CDC: CFDA 93.940						\$ -
Total DPH Revenues	\$ 450,000	\$ 630,866	\$ 400,000	\$ 350,000	\$ 1,200,000	\$ 3,030,866
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 450,000	\$ 630,866	\$ 400,000	\$ 350,000	\$ 1,200,000	\$ 3,030,866
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	
Prepared By						

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

MOU OR CONTRACT NUMBER						Appendix B, Page 6	
DPH Section: Community Health Equity and Promotion (CHEP)						Contract Term : 7/1/2025 - 6/30/2026	
Check one: ☒ Original Agreement ☐ Amendment ☐ Revision to Program Budgets							
CONTRACT NOTIFICATION DATE							
Agency Name: San Francisco AIDS Foundation							
Program/Provider Name:	Training Academy & Clinical Assistance Program	Clinical Services Sustainability	Capacity Building Activities (Rafiki): The Black Health Clinical Assistant Program	HAP Capacity Building Activities Program	Health Access Point: Gay/MSM	TOTALS	GRAND TOTAL
Appendix Number:	A-1 / B-1c	A-2 / B-2c	A-3 / B-3c	A-4 / B-4c	A-5 / B-5d		
Appendix Term:	7/1/2025 - 6/30/2026	7/1/2025 - 6/30/2026	7/1/2025 - 6/30/2026	7/1/2025 - 6/30/2026	7/1/2025 - 6/30/2026		
EXPENSES							
Salaries	\$ 286,960	\$ 393,188	\$ 285,073	\$ 75,000	\$ 658,898	\$ 1,699,119	\$ 5,946,916
Employee Benefits	\$ 58,471	\$ 106,161	\$ 31,351	\$ 20,250	\$ 177,902	\$ 394,135	\$ 1,379,472
Total Personnel Expenses	\$ 345,431	\$ 499,349	\$ 316,424	\$ 95,250	\$ 836,800	\$ 2,093,254	\$ 7,326,388
Employee Fringe Benefit Rate	20.4%	27.0%	11.0%	27.0%	27.0%		
Operating Expense	\$ 45,873	\$ 49,231	\$ 31,402	\$ 209,098	\$ 206,678	\$ 542,282	\$ 1,902,336
Subtotal Direct Costs	\$ 391,304	\$ 548,580	\$ 347,826	\$ 304,348	\$ 1,043,478	\$ 2,635,536	\$ 9,228,724
Indirect Cost Amount	\$ 58,696	\$ 82,286	\$ 52,174	\$ 45,652	\$ 156,522	\$ 395,330	\$ 1,384,307
Indirect Cost Rate (%)	15.0%	15.0%	15.0%	15.0%	15.0%		
Total Expenses	\$ 450,000	\$ 630,866	\$ 400,000	\$ 350,000	\$ 1,200,000	\$ 3,030,866	\$ 10,613,031
REVENUES & FUNDING SOURCES							
DPH Funding Sources							
HHS RWPA EHE						\$ -	\$ -
CHEP EHE						\$ -	\$ -
HHS General Fund						\$ -	\$ -
CHEP General Fund	\$ 450,000	\$ 630,866	\$ 400,000	\$ 350,000	\$ 1,200,000	\$ 3,030,866	\$ 10,608,031
PS20-2010 CDC: CFDA 93.940						\$ -	\$ -
Total DPH Revenues	\$ 450,000	\$ 630,866	\$ 400,000	\$ 350,000	\$ 1,200,000	\$ 3,030,866	\$ 10,613,031
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 450,000	\$ 630,866	\$ 400,000	\$ 350,000	\$ 1,200,000	\$ 3,030,866	\$ 10,613,031
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)		
Prepared By							

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1/1/2023 - 6/30/2023

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		CAPACITY BUILDING Start-up Activities		CAPACITY BUILDING Implementation Activities		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Director, Learning and Development	0.238	13,515	50%	13,515	50%	27,030
Manager, Learning and Development	0.50	21,875	50%	21,875	50%	43,750
Clinical Assistance Program Coordinator	0.50	18,750	50%	18,750	50%	37,500
Cohort Participants - Part Time, Benefits	0.76923	17,600	50%	17,600	50%	35,200
Total FTE & Salaries	2.00673	71,740	50%	71,740	50%	143,480
Fringe Benefits	27%	14,618	50%	14,618	50%	29,236
Total Personnel Expenses		86,358	50%	86,358	50%	172,716
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		8,769	50%	8,769	50%	17,538
Total Materials and Supplies		1,540	50%	1,539	50%	3,079
Total General Operating		1,160	50%	1,159	50%	2,319
Total Staff Travel			0%		0%	-
Consultants/Subcontractor:			0%		0%	-
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		11,469	50%	11,467	50%	22,936
Total Direct Expenses		97,827	50%	97,825	50%	195,652
Indirect Expenses	15.0%	14,674	50%	14,674	50%	29,348
TOTAL EXPENSES		112,501	50%	112,499	50%	225,000
Unit of Service Type	Months		Hours			
Number of UOS per Service Mode	6		770		776	
Cost Per UOS by Service Mode	\$18,750.18		\$146.11		N/A	
Number of UDC/NOC per Service Mode	N/A		35		35	

BUDGET JUSTIFICATION**1a) SALARIES****1/1/2023 - 6/30/2023**

Staff Position 1	Director, Learning and Development				
Duties related to this program and UDC served	The Project Manager will lead subcontractor and vendor coordination, convene and facilitate all collaborators, assist with data collection, data analysis, interpretation and key takeaways to assist in writing of final report.				
Degree, license, experience	Ability to design and implement multi-layered program initiatives with complex goals and deliverables. Requires a high school diploma.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	113,810	0.475	6	0.238	\$ 27,030
Staff Position 2:	Manager, Learning and Development				
Duties re program and UDC served	Roles include liasoning, event hosts, providing backend support to training participants.				
Degree, license exp	BA degree and at least 1 year experience of Training experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	87,500	1.00	6	0.50	\$ 43,750
Staff Position 3:	Clinical Assistance Program Coordinator				
Duties re prog/UDC	Coordinator will partake in developing a robust Sexual Health Clinical Training , will train a cohort of five Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff.				
Degree, license exp	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity i.e., a public health organization. CA Phlebotomy License & cA HIV Test Counselor Certification and two year of experience in Supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	75,000	1.00	6	0.50	\$ 37,500
Staff Position 4:	Cohort Participants - Part Time, Benefits Ineligible				
Duties related to this program and UDC served	The Cohort Participants (also known as Clinical Assistants) will partake in a robust Sexual Health Clinical Training with the San Francisco AIDS Foundation Health Equity Training Academy. The training will provide an opportunity to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$22 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	45,760	1.53846	6	0.76923	\$ 35,200
Total FTE, Base:		4.01346	Annualized:	2.00673	
				Total Salaries:	\$ 143,480

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO.			
	FICA	\$	8,283.42
	SUI	\$	563.06
	Health/Life	\$	16,242.00
	Disability	\$	86.62
	WC	\$	649.68
	Retirement Plan	\$	3,410.82
		\$	-
		\$	-
		Total Fringe Benefit:	\$ 29,236
		Fringe Benefit %:	27.00%
		TOTAL SALARIES/BENEFITS:	\$ 172,716

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month (excluding cohort FTE).	\$1,181.05	\$ 17,538
Total Occupancy:			\$ 17,538

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month (excluding cohort FTE).	\$41.00	\$ 609
Program Materials	Materials directly related to cohort participation, including but not limited to those needed for cohort gatherings and cohort work spaces. \$494 per participant, for 5 participants.	\$494	\$ 2,470
Total Materials & Supplies:			\$ 3,079

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month (excluding cohort FTE).	\$156.15	\$ 2,319
Total General Operating:			\$ 2,319

				TOTAL OPERATING EXPENSES:	\$	22,936
				TOTAL DIRECT COSTS:	\$	195,652
Please list here the personnel and ledger expenses that are included in your shared costs?				Amount		
TOTAL SALARIES/BENEFITS:					\$	172,716
TOTAL OPERATING EXPENSES:					\$	22,936
4) INDIRECT COS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$	29,348
				TOTAL EXPENSES:	\$	225,000

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION CHEP General Fund

Service Modes:		CAPACITY BUILDING Implementation Activities		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Director, Learning and Development	0.475	54,060	100%	54,060
Manager, Learning and Development	1.00	87,500	100%	87,500
Clinical Assistance Program Coordinato	1.00	75,000	100%	75,000
Cohort Participants - Part Time, Benefits	1.53846	70,400	100%	70,400
Total FTE & Salaries	4.01346	286,960	100%	286,960
Fringe Benefits	27%	58,471	100%	58,471
Total Personnel Expenses		345,431	100%	345,431
Operating Expenses		Expense	%	Totals
Total Occupancy		35,077	100%	35,077
Total Materials and Supplies		6,158	100%	6,158
Total General Operating		4,638	100%	4,638
Total Staff Travel			0%	-
Consultants/Subcontractor:			0%	-
Other (specify):				
			0%	-
			0%	-
Total Operating Expenses		45,873	100%	45,873
Total Direct Expenses		391,304	100%	391,304
Indirect Expenses 15.0%		58,696	100%	58,696
TOTAL EXPENSES		450,000	100%	450,000
Unit of Service Type		Hours		
Number of UOS per Service Mode		1,995		1,995
Cost Per UOS by Service Mode		\$225.57		N/A
Number of UDC/NOC per Service Mode		85		85

BUDGET JUSTIFICATION**1a) SALARIES****7/1/2023 - 6/30/2024**

Staff Position 1	Director, Learning and Development				
Duties related to this program and UDC served	The Project Manager will lead subcontractor and vendor coordination, convene and facilitate all collaborators, assist with data collection, data analysis, interpretation and key takeaways to assist in writing of final report.				
Degree, license, experience	Ability to design and implement multi-layered program initiatives with complex goals and deliverables. Requires a high school diploma.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	113,810	0.475	12	0.475	\$ 54,060
Staff Position 2:	Manager, Learning and Development				
Duties re program and UDC served	Roles include liasoning, event hosts, providing backend support to training participants.				
Degree, license exp	BA degree and at least 1 year experience of Training experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	87,500	1.00	12	1.00	\$ 87,500
Staff Position 3:	Clinical Assistance Program Coordinator				
Duties re prog/UDC	Coordinator will partake in developing a robust Sexual Health Clinical Training , will train a cohort of five Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff.				
Degree, license exp	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity i.e., a public health organization. CA Phlebotomy License & cA HIV Test Counselor Certification and two year of experience in Supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	75,000	1.00	12	1.00	\$ 75,000
Staff Position 4:	Cohort Participants - Part Time, Benefits Ineligible				
Duties related to this program and UDC served	The Cohort Participants (also known as Clinical Assistants) will partake in a robust Sexual Health Clinical Training with the San Francisco AIDS Foundation Health Equity Training Academy. The training will provide an opportunity to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$22 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	45,760	1.53846	12	1.53846	\$ 70,400
Total FTE, Base:		4.01346	Annualized:	4.01346	
				Total Salaries:	\$ 286,960

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
	FICA	\$	16,566.84
	SUI	\$	1,126.11
	Health/Life	\$	32,484.00
	Disability	\$	173.25
	WC	\$	1,299.36
	Retirement Plan	\$	6,821.64
		\$	-
		\$	-
		Total Fringe Benefit:	\$ 58,471
		Fringe Benefit %:	27.00%
		TOTAL SALARIES/BENEFITS:	\$ 345,431

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month (excluding cohort FTE).	\$1,181.05	\$ 35,077
Total Occupancy:			\$ 35,077

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month (excluding cohort FTE).	\$41.00	\$ 1,218
Program Materials	Materials directly related to cohort participation, including but not limited to those needed for cohort gatherings and cohort work spaces. \$494 per participant, for 10 participants.	\$494	\$ 4,940
Total Materials & Supplies:			\$ 6,158

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month (excluding cohort FTE).	\$156.15	\$ 4,638
Total General Operating:			\$ 4,638

				TOTAL OPERATING EXPENSES:	\$ 45,873
				TOTAL DIRECT COSTS:	\$ 391,304
Please list here the personnel and ledger expenses that are included in your shared costs?				Amount	
TOTAL SALARIES/BENEFITS:				\$	345,431
TOTAL OPERATING EXPENSES:				\$	45,873
4) INDIRECT COS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 58,696
				TOTAL EXPENSES:	\$ 450,000

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION CHEP General Fund

Service Modes:		CAPACITY BUILDING Implementation Activities		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Director, Learning and Development	0.475	54,060	100%	54,060
Manager, Learning and Development	1.00	87,500	100%	87,500
Clinical Assistance Program Coordinator	1.00	75,000	100%	75,000
Cohort Participants - Part Time, Benefits	1.53846	70,400	100%	70,400
Total FTE & Salaries	4.01346	286,960	100%	286,960
Fringe Benefits	27%	58,471	100%	58,471
Total Personnel Expenses		345,431	100%	345,431
Operating Expenses		Expense	%	Totals
Total Occupancy		35,077	100%	35,077
Total Materials and Supplies		6,158	100%	6,158
Total General Operating		4,638	100%	4,638
Total Staff Travel			0%	-
Consultants/Subcontractor:			0%	-
Other (specify):				
			0%	-
			0%	-
Total Operating Expenses		45,873	100%	45,873
Total Direct Expenses		391,304	100%	391,304
Indirect Expenses	15.0%	58,696	100%	58,696
TOTAL EXPENSES		450,000	100%	450,000
Unit of Service Type		Hours		
Number of UOS per Service Mode		1,995		1,995
Cost Per UOS by Service Mode		\$225.57		N/A
Number of UDC/NOC per Service Mode		85		85

BUDGET JUSTIFICATION**1a) SALARIES****7/1/2024 - 6/30/2025**

Staff Position 1	Director, Learning and Development				
Duties related to this program and UDC served	The Project Manager will lead subcontractor and vendor coordination, convene and facilitate all collaborators, assist with data collection, data analysis, interpretation and key takeaways to assist in writing of final report.				
Degree, license, experience	Ability to design and implement multi-layered program initiatives with complex goals and deliverables. Requires a high school diploma.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	113,810	0.475	12	0.475	\$ 54,060
Staff Position 2:	Manager, Learning and Development				
Duties re program and UDC served	Roles include liasoning, event hosts, providing backend support to training participants.				
Degree, license exp	BA degree and at least 1 year experience of Training experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	87,500	1.00	12	1.00	\$ 87,500
Staff Position 3:	Clinical Assistance Program Coordinator				
Duties re prog/UDC	Coordinator will partake in developing a robust Sexual Health Clinical Training , will train a cohort of five Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff.				
Degree, license exp	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity i.e., a public health organization. CA Phlebotomy License & cA HIV Test Counselor Certification and two year of experience in Supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	75,000	1.00	12	1.00	\$ 75,000
Staff Position 4:	Cohort Participants - Part Time, Benefits Ineligible				
Duties related to this program and UDC served	The Cohort Participants (also known as Clinical Assistants) will partake in a robust Sexual Health Clinical Training with the San Francisco AIDS Foundation Health Equity Training Academy. The training will provide an opportunity to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$22 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	45,760	1.53846	12	1.53846	\$ 70,400
Total FTE, Base:		4.01346	Annualized:	4.01346	
				Total Salaries:	\$ 286,960

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
	FICA	\$	16,566.84
	SUI	\$	1,126.11
	Health/Life	\$	32,484.00
	Disability	\$	173.25
	WC	\$	1,299.36
	Retirement Plan	\$	6,821.64
		\$	-
		\$	-
		Total Fringe Benefit:	\$ 58,471
		Fringe Benefit %:	27.00%
		TOTAL SALARIES/BENEFITS:	\$ 345,431

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month (excluding cohort FTE).	\$1,181.05	\$ 35,077
Total Occupancy:			\$ 35,077

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Sh	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month (excluding cohort FTE).	\$41.00	\$ 1,218
Program Materials	Materials directly related to cohort participation, including but not limited to those needed for cohort gatherings and cohort work spaces. \$494 per participant, for 10 participants.	\$494	\$ 4,940
Total Materials & Supplies:			\$ 6,158

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month (excluding cohort FTE).	\$156.15	\$ 4,638
Total General Operating:			\$ 4,638

				TOTAL OPERATING EXPENSES:	\$ 45,873
				TOTAL DIRECT COSTS:	\$ 391,304
Please list here the personnel and ledger expenses that are included in your shared costs?				Amount	
TOTAL SALARIES/BENEFITS:				\$	345,431
TOTAL OPERATING EXPENSES:				\$	45,873
4) INDIRECT COS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 58,696
				TOTAL EXPENSES:	\$ 450,000

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION CHEP General Fund

Service Modes:		CAPACITY BUILDING Implementation Activities		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Director, Learning and Development	0.475	54,060	100%	54,060
Manager, Learning and Development	1.00	87,500	100%	87,500
Clinical Assistance Program Coordinator	1.00	75,000	100%	75,000
Cohort Participants - Part Time, Benefits	1.53846	70,400	100%	70,400
Total FTE & Salaries	4.01346	286,960	100%	286,960
Fringe Benefits	27%	58,471	100%	58,471
Total Personnel Expenses		345,431	100%	345,431
Operating Expenses		Expense	%	Totals
Total Occupancy		35,077	100%	35,077
Total Materials and Supplies		6,158	100%	6,158
Total General Operating		4,638	100%	4,638
Total Staff Travel			0%	-
Consultants/Subcontractor:			0%	-
Other (specify):				
			0%	-
			0%	-
Total Operating Expenses		45,873	100%	45,873
Total Direct Expenses		391,304	100%	391,304
Indirect Expenses	15.0%	58,696	100%	58,696
TOTAL EXPENSES		450,000	100%	450,000
Unit of Service Type	Hours			
Number of UOS per Service Mode	1,995		1,995	
Cost Per UOS by Service Mode	\$225.57		N/A	
Number of UDC/NOC per Service Mode	85		85	

BUDGET JUSTIFICATION**1a) SALARIES****7/1/2025 - 6/30/2026**

Staff Position 1	Director, Learning and Development				
Duties related to this program and UDC served	The Project Manager will lead subcontractor and vendor coordination, convene and facilitate all collaborators, assist with data collection, data analysis, interpretation and key takeaways to assist in writing of final report.				
Degree, license, experience	Ability to design and implement multi-layered program initiatives with complex goals and deliverables. Requires a high school diploma.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	113,810	0.475	12	0.475	\$ 54,060
Staff Position 2:	Manager, Learning and Development				
Duties re program and UDC served	Roles include liasoning, event hosts, providing backend support to training participants.				
Degree, license exp	BA degree and at least 1 year experience of Training experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	87,500	1.00	12	1.00	\$ 87,500
Staff Position 3:	Clinical Assistance Program Coordinator				
Duties re prog/UDC	Coordinator will partake in developing a robust Sexual Health Clinical Training , will train a cohort of five Clinical Assistants to provide HIV prevention, tratment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff.				
Degree, license exp	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity i a public health organization. CA Phlebotomy License & cA HIV Test Counselor Certification and two year of experience in Supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	75,000	1.00	12	1.00	\$ 75,000
Staff Position 4:	Cohort Participants - Part Time, Benefits Ineligible				
Duties related to this program and UDC served	The Cohort Participants (also known as Clinical Assistants) will partake in a robust Sexual Health Clinical Training with the San Francisco AIDS Foundation Health Equity Training Academy. The training will provide an opportunity to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$22 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	45,760	1.53846	12	1.53846	\$ 70,400
Total FTE, Base:		4.01346	Annualized:	4.01346	
				Total Salaries:	\$ 286,960

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
	FICA	\$	16,566.84
	SUI	\$	1,126.11
	Health/Life	\$	32,484.00
	Disability	\$	173.25
	WC	\$	1,299.36
	Retirement Plan	\$	6,821.64
		\$	-
		\$	-
		Total Fringe Benefit:	\$ 58,471
		Fringe Benefit %:	27.00%
		TOTAL SALARIES/BENEFITS:	\$ 345,431

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month (excluding cohort FTE).	\$1,181.05	\$ 35,077
Total Occupancy:			\$ 35,077

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month (excluding cohort FTE).	\$41.00	\$ 1,218
Program Materials	Materials directly related to cohort participation, including but not limited to those needed for cohort gatherings and cohort work spaces. \$494 per participant, for 10 participants	\$494	\$ 4,940
Total Materials & Supplies:			\$ 6,158

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month (excluding cohort FTE).	\$156.15	\$ 4,638
Total General Operating:			\$ 4,638

				TOTAL OPERATING EXPENSES:	\$ 45,873
				TOTAL DIRECT COSTS:	\$ 391,304
Please list here the personnel and ledger expenses that are included in your shared costs?				Amount	
TOTAL SALARIES/BENEFITS:				\$	345,431
TOTAL OPERATING EXPENSES:				\$	45,873
4) INDIRECT COS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 58,696
				TOTAL EXPENSES:	\$ 450,000

INTEGRATED HCV/HIV TESTING PROGRAM

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		LINKAGE AND NAVIGATION		PREVENTION AND TREATMENT MEDICATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Registered Nurse	0.40	41,283	95%		0%	2,173	5%	43,456
Nurse Practitioner	0.40	49,471	95%		0%	2,604	5%	52,075
Manager of Registered Nurses	0.40	49,471	95%		0%	2,604	5%	52,075
Manager of Nurse Practitioners	0.175	25,315	95%		0%	1,332	5%	26,647
Director of Clinical Services	0.1134	21,223	95%		0%	1,117	5%	22,340
Total FTE & Salaries	1.4884	186,763	95%	-	0%	9,830	5%	196,593
Fringe Benefits	27%	50,426	95%	-	0%	2,654	5%	53,080
Total Personnel Expenses		237,189	95%	-	0%	12,484	5%	249,673
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		20,040	95%		0%	1,055	5%	21,095
Total Materials and Supplies		695	95%		0%	37	5%	732
Total General Operating		2,650	95%		0%	140	5%	2,790
Total Staff Travel		-	0%		0%	-	0%	-
Consultants/Subcontractor:		-	0%		0%	-	0%	-
Other (specify):								
			0%		0%		0%	-
			0%		0%		0%	-
Total Operating Expenses		23,385	95%	-		1,232	5%	24,617
Total Direct Expenses		260,574	95%	-	0%	13,716	5%	274,290
Indirect Expenses	15.0%	39,085	95%	-	0%	2,057	5%	41,142
TOTAL EXPENSES		299,659	95%	-	0%	15,773	5%	315,432
Unit of Service Type		Encounters		Hours		Encounters		
Number of UOS per Service Mode		8,925		N/A		250		9,175
Cost Per UOS by Service Mode		\$33.58		\$0.00		\$63.10		N/A
Number of UDC/NOC per Service Mode		N/A		290		N/A		290

BUDGET JUSTIFICATION**1a) SALARIES****1/1/2023 - 6/30/2023**

Staff Position 1	Registered Nurse				
Duties related to this program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license, experience	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	108,641	0.80	6	0.40	\$ 43,456
Staff Position 2:	Nurse Practitioner				
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	130,188	0.80	6	0.40	\$ 52,075
Staff Position 3:	Manager of Registered Nurses				
Duties re prog/UDC	Provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	130,188	0.80	6	0.40	\$ 52,075
Staff Position 4:	Manager of Nurse Practitioners				

Duties related to this program and UDC served	The Nurse Practitioner provides advanced sexual health care and takes an active leadership role for the daily clinical operations, under a scope of practice with the Medical Director. The Nurse Practitioner serves as the primary interface with clients seeking screening for sexually health services, Hepatitis C treatment, Pre Exposure Prophylaxis (PrEP) and non-Occupational Post Exposure Prophylaxis (nPEP) services. Provides direct clinical services as defined by clinic protocols and treatment guidelines including but not limited to obtaining medical history and physical, specimen collection, high-volume phlebotomy, administration of treatments, performing point of care lab tests, management of Hepatitis C, PrEP and nPEP care, client counseling, and education. Assists the Director of Nursing in developing, implementing and evaluating best practices, protocols, policies and procedures. Ensures Confidential Morbidity Reports are submitted to the Department of Public Health and addresses any submission issues.				
Degree, license exp	Master's degree in Nursing required. Current California Registered Nurse and Nurse Practitioner license. Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire. Employee must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing. Current DEA and California Furnishing license required. Current Health Care Provider Basic Life Support (BLS) certification required. Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire. Training in Good Clinical Practices, research ethics, and IATA shipping preferred. At least one year experience in outpatient sexual health clinic preferred. At least one year experience in clinical research preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	152,271	0.35	6	0.175	\$ 26,647
Staff Position 5: Director of Clinical Services					
Duties re program and UDC served	Responsible for overseeing the day to day operations at all SFAF clinical sites. Primary responsibilities include supervising the managers of the lab technician and services navigation teams, ensuring compliance with lab regulations at all SFAF sites (i.e., staff competencies, proficiency testing, and quality assurance under Moderate Complexity CLIA regulations), oversees clinical licensing, ensures supply availability at all clinical sites, updating client and laboratory related policies and best practices when indicated, and oversees clinical partnerships with San Francisco Department of Public Health and community-based organizations.				
Degree, license exp	Bachelor's Degree highly regarded; 3 years of managing and supervising staff required; Possession and maintenance of a State of California Certification as a Phlebotomist I or II; Basic Life Support (BLS) certification for Health Care Providers required; Knowledge of Title 22, Title 24, HIPAA and other regulations related to healthcare; Preferred experience in sexual health screenings and prevention.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	197,000	0.2268	6	0.1134	\$ 22,340
Total FTE, Base:		2.9768	Annualized:	1.4884	
				Total Salaries:	\$ 196,593

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO.	
FICA	\$ 15,039.36
SUI	\$ 1,022.28
Health/Life	\$ 29,488.95
Disability	\$ 157.27
WC	\$ 1,179.56
Retirement Plan	\$ 6,192.68
	\$ -

	\$	-
	Total Fringe Benefit:	\$ 53,080
	Fringe Benefit %:	27.00%
	TOTAL SALARIES/BENEFITS:	\$ 249,673

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month.	\$1,181.05	\$ 21,095
Total Occupancy:			\$ 21,095

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month.	\$41.00	\$ 732
Total Materials & Supplies:			\$ 732

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month.	\$156.15	\$ 2,790
Total General Operating:			\$ 2,790

TOTAL OPERATING EXPENSES:	\$ 24,617
TOTAL DIRECT COSTS:	\$ 274,290

Please list here the personnel and ledger expenses that are included in your shared costs?

				Amount	
TOTAL SALARIES/BENEFITS:				\$	249,673
TOTAL OPERATING EXPENSES:				\$	24,617
4) INDIRECT COS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 41,143
				TOTAL EXPENSES:	\$ 315,433

INTEGRATED HCV/HIV TESTING PROGRAM

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		LINKAGE AND NAVIGATION		PREVENTION AND TREATMENT MEDICATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Registered Nurse	0.80	82,567	95%		0%	4,346	5%	86,913
Nurse Practitioner	0.80	98,942	95%		0%	5,208	5%	104,150
Manager of Registered Nurses	0.80	98,942	95%		0%	5,208	5%	104,150
Manager of Nurse Practitioners	0.35	50,630	95%		0%	2,665	5%	53,295
The Nurse Practitioner provides advance	0.2268	42,446	95%		0%	2,234	5%	44,680
Total FTE & Salaries	2.9768	373,527	95%	-	0%	19,661	5%	393,188
Fringe Benefits	27%	100,852	95%	-	0%	5,309	5%	106,161
Total Personnel Expenses		474,379	95%	-	0%	24,970	5%	499,349
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		40,078	95%		0%	2,109	5%	42,187
Total Materials and Supplies		1,391	95%		0%	73	5%	1,464
Total General Operating		5,301	95%		0%	279	5%	5,580
Total Staff Travel		-	0%		0%	-	0%	-
Consultants/Subcontractor:		-	0%		0%	-	0%	-
Other (specify):								
			0%		0%		0%	-
			0%		0%		0%	-
Total Operating Expenses		46,770	95%	-		2,461	5%	49,231
Total Direct Expenses		521,149	95%	-	0%	27,431	5%	548,580
Indirect Expenses	15.0%	78,171	95%	-	0%	4,115	5%	82,286
TOTAL EXPENSES		599,320	95%	-	0%	31,546	5%	630,866
Unit of Service Type		Encounters		Hours		Encounters		
Number of UOS per Service Mode		14,825		N/A		500		15,325
Cost Per UOS by Service Mode		\$40.43		\$0.00		\$63.10		N/A
Number of UDC/NOC per Service Mode		N/A		580		N/A		580

BUDGET JUSTIFICATION**1a) SALARIES****7/1/2023 - 6/30/2024**

Staff Position 1	Registered Nurse				
Duties related to this program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license, experience	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	108,641	0.80	12	0.80	\$ 86,913
Staff Position 2:	Nurse Practitioner				
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	130,188	0.80	12	0.80	\$ 104,150
Staff Position 3:	Manager of Registered Nurses				
Duties re prog/UDC	Provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	130,188	0.80	12	0.80	\$ 104,150
Staff Position 4:	Manager of Nurse Practitioners				

Duties related to this program and UDC served	The Nurse Practitioner provides advanced sexual health care and takes an active leadership role for the daily clinical operations, under a scope of practice with the Medical Director. The Nurse Practitioner serves as the primary interface with clients seeking screening for sexually health services, Hepatitis C treatment, Pre Exposure Prophylaxis (PrEP) and non-Occupational Post Exposure Prophylaxis (nPEP) services. Provides direct clinical services as defined by clinic protocols and treatment guidelines including but not limited to obtaining medical history and physical, specimen collection, high-volume phlebotomy, administration of treatments, performing point of care lab tests, management of Hepatitis C, PrEP and nPEP care, client counseling, and education. Assists the Director of Nursing in developing, implementing and evaluating best practices, protocols, policies and procedures. Ensures Confidential Morbidity Reports are submitted to the Department of Public Health and addresses any submission issues.				
Degree, license exp	Master's degree in Nursing required. Current California Registered Nurse and Nurse Practitioner license. Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire. Employee must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing. Current DEA and California Furnishing license required. Current Health Care Provider Basic Life Support (BLS) certification required. Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire. Training in Good Clinical Practices, research ethics, and IATA shipping preferred. At least one year experience in outpatient sexual health clinic preferred. At least one year experience in clinical research preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	152,271	0.35	12	0.35	\$ 53,295
Staff Position 5:	Director of Clinical Services				
Duties re program and UDC served	Responsible for overseeing the day to day operations at all SFAF clinical sites. Primary responsibilities include supervising the managers of the lab technician and services navigation teams, ensuring compliance with lab regulations at all SFAF sites (i.e., staff competencies, proficiency testing, and quality assurance under Moderate Complexity CLIA regulations), oversees clinical licensing, ensures supply availability at all clinical sites, updating client and laboratory related policies and best practices when indicated, and oversees clinical partnerships with San Francisco Department of Public Health and community-based organizations.				
Degree, license exp	Bachelor's Degree highly regarded; 3 years of managing and supervising staff required; Possession and maintenance of a State of California Certification as a Phlebotomist I or II; Basic Life Support (BLS) certification for Health Care Providers required; Knowledge of Title 22, Title 24, HIPAA and other regulations related to healthcare; Preferred experience in sexual health screenings and prevention.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	197,000	0.2268	12	0.2268	\$ 44,680
Total FTE, Base:		2.9768	Annualized:	2.9768	
				Total Salaries:	\$ 393,188

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO.	
FICA	\$ 30,078.88
SUI	\$ 2,044.58
Health/Life	\$ 58,978.20
Disability	\$ 314.55
WC	\$ 2,359.13
Retirement Plan	\$ 12,385.42
	\$ -

	\$	-
	Total Fringe Benefit:	\$ 106,161
	Fringe Benefit %:	27.00%
	TOTAL SALARIES/BENEFITS:	\$ 499,349

2) OPERATING EXPENSES:

Occupancy:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month.	\$1,181.05	\$ 42,187
Total Occupancy:			\$ 42,187

Materials & Supplies:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month.	\$41.00	\$ 1,464
Total Materials & Supplies:			\$ 1,464

General Operating:			
Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month.	\$156.15	\$ 5,580
Total General Operating:			\$ 5,580

	TOTAL OPERATING EXPENSES:	\$ 49,231
	TOTAL DIRECT COSTS:	\$ 548,580

Please list here the personnel and ledger expenses that are included in your shared costs?

				Amount
TOTAL SALARIES/BENEFITS:				\$ 499,349
TOTAL OPERATING EXPENSES:				\$ 49,231
4) INDIRECT COS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS: \$ 82,286
			TOTAL EXPENSES:	\$ 630,866

INTEGRATED HCV/HIV TESTING PROGRAM

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		LINKAGE AND NAVIGATION		PREVENTION AND TREATMENT MEDICATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Registered Nurse	0.80	82,567	95%		0%	4,346	5%	86,913
Nurse Practitioner	0.80	98,942	95%		0%	5,208	5%	104,150
Manager of Registered Nurses	0.80	98,942	95%		0%	5,208	5%	104,150
Manager of Nurse Practitioners	0.35	50,630	95%		0%	2,665	5%	53,295
The Nurse Practitioner provides advance	0.2268	42,446	95%		0%	2,234	5%	44,680
Total FTE & Salaries	2.9768	373,527	95%	-	0%	19,661	5%	393,188
Fringe Benefits	27%	100,852	95%	-	0%	5,309	5%	106,161
Total Personnel Expenses		474,379	95%	-	0%	24,970	5%	499,349
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		40,078	95%		0%	2,109	5%	42,187
Total Materials and Supplies		1,391	95%		0%	73	5%	1,464
Total General Operating		5,301	95%		0%	279	5%	5,580
Total Staff Travel		-	0%		0%	-	0%	-
Consultants/Subcontractor:		-	0%		0%	-	0%	-
Other (specify):								
			0%		0%		0%	-
			0%		0%		0%	-
Total Operating Expenses		46,770	95%	-		2,461	5%	49,231
Total Direct Expenses		521,149	95%	-	0%	27,431	5%	548,580
Indirect Expenses 15.0%		78,171	95%	-	0%	4,115	5%	82,286
TOTAL EXPENSES		599,320	95%	-	0%	31,546	5%	630,866
Unit of Service Type		Encounters		Hours		Encounters		
Number of UOS per Service Mode		14,825		N/A		500		15,325
Cost Per UOS by Service Mode		\$40.43		\$0.00		\$63.10		N/A
Number of UDC/NOC per Service Mode		N/A		580		N/A		580

BUDGET JUSTIFICATION**1a) SALARIES****7/1/2024 - 6/30/2025**

Staff Position 1	Registered Nurse				
Duties related to this program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license, experience	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	108,641	0.80	12	0.80	\$ 86,913
Staff Position 2:	Nurse Practitioner				
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	130,188	0.80	12	0.80	\$ 104,150
Staff Position 3:	Manager of Registered Nurses				
Duties re prog/UDC	Provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	130,188	0.80	12	0.80	\$ 104,150
Staff Position 4:	Manager of Nurse Practitioners				

Duties related to this program and UDC served	The Nurse Practitioner provides advanced sexual health care and takes an active leadership role for the daily clinical operations, under a scope of practice with the Medical Director. The Nurse Practitioner serves as the primary interface with clients seeking screening for sexually health services, Hepatitis C treatment, Pre Exposure Prophylaxis (PrEP) and non-Occupational Post Exposure Prophylaxis (nPEP) services. Provides direct clinical services as defined by clinic protocols and treatment guidelines including but not limited to obtaining medical history and physical, specimen collection, high-volume phlebotomy, administration of treatments, performing point of care lab tests, management of Hepatitis C, PrEP and nPEP care, client counseling, and education. Assists the Director of Nursing in developing, implementing and evaluating best practices, protocols, policies and procedures. Ensures Confidential Morbidity Reports are submitted to the Department of Public Health and addresses any submission issues.				
Degree, license exp	Master's degree in Nursing required. Current California Registered Nurse and Nurse Practitioner license. Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire. Employee must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing. Current DEA and California Furnishing license required. Current Health Care Provider Basic Life Support (BLS) certification required. Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire. Training in Good Clinical Practices, research ethics, and IATA shipping preferred. At least one year experience in outpatient sexual health clinic preferred. At least one year experience in clinical research preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	152,271	0.35	12	0.35	\$ 53,295
Staff Position 5:	Director of Clinical Services				
Duties re program and UDC served	Responsible for overseeing the day to day operations at all SFAF clinical sites. Primary responsibilities include supervising the managers of the lab technician and services navigation teams, ensuring compliance with lab regulations at all SFAF sites (i.e., staff competencies, proficiency testing, and quality assurance under Moderate Complexity CLIA regulations), oversees clinical licensing, ensures supply availability at all clinical sites, updating client and laboratory related policies and best practices when indicated, and oversees clinical partnerships with San Francisco Department of Public Health and community-based organizations.				
Degree, license exp	Bachelor's Degree highly regarded; 3 years of managing and supervising staff required; Possession and maintenance of a State of California Certification as a Phlebotomist I or II; Basic Life Support (BLS) certification for Health Care Providers required; Knowledge of Title 22, Title 24, HIPAA and other regulations related to healthcare; Preferred experience in sexual health screenings and prevention.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	197,000	0.2268	12	0.2268	\$ 44,680
Total FTE, Base:		2.9768	Annualized:	2.9768	
				Total Salaries:	\$ 393,188

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO	
FICA	\$ 30,078.88
SUI	\$ 2,044.58
Health/Life	\$ 58,978.20
Disability	\$ 314.55
WC	\$ 2,359.13
Retirement Plan	\$ 12,385.42
	\$ -

	\$	-
	Total Fringe Benefit:	\$ 106,161
	Fringe Benefit %:	27.00%
	TOTAL SALARIES/BENEFITS:	\$ 499,349

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month.	\$1,181.05	\$ 42,187
Total Occupancy:			\$ 42,187

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month.	\$41.00	\$ 1,464
Total Materials & Supplies:			\$ 1,464

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month.	\$156.15	\$ 5,580
Total General Operating:			\$ 5,580

TOTAL OPERATING EXPENSES:	\$ 49,231
TOTAL DIRECT COSTS:	\$ 548,580

Please list here the personnel and ledger expenses that are included in your shared costs?

				Amount	
TOTAL SALARIES/BENEFITS:				\$	499,349
TOTAL OPERATING EXPENSES:				\$	49,231
4) INDIRECT COS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 82,286
				TOTAL EXPENSES:	\$ 630,866

INTEGRATED HCV/HIV TESTING PROGRAM

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		LINKAGE AND NAVIGATION		PREVENTION AND TREATMENT MEDICATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Registered Nurse	0.80	82,567	95%		0%	4,346	5%	86,913
Nurse Practitioner	0.80	98,942	95%		0%	5,208	5%	104,150
Manager of Registered Nurses	0.80	98,942	95%		0%	5,208	5%	104,150
Manager of Nurse Practitioners	0.35	50,630	95%		0%	2,665	5%	53,295
Director of Clinical Services	0.2268	42,446	95%		0%	2,234	5%	44,680
Total FTE & Salaries	2.9768	373,527	95%	-	0%	19,661	5%	393,188
Fringe Benefits	27%	100,852	95%	-	0%	5,309	5%	106,161
Total Personnel Expenses		474,379	95%	-	0%	24,970	5%	499,349
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		40,078	95%		0%	2,109	5%	42,187
Total Materials and Supplies		1,391	95%		0%	73	5%	1,464
Total General Operating		5,301	95%		0%	279	5%	5,580
Total Staff Travel		-	0%		0%	-	0%	-
Consultants/Subcontractor:		-	0%		0%	-	0%	-
Other (specify):								
			0%		0%		0%	-
			0%		0%		0%	-
Total Operating Expenses		46,770	95%	-		2,461	5%	49,231
Total Direct Expenses		521,149	95%	-	0%	27,431	5%	548,580
Indirect Expenses	15.0%	78,171	95%	-	0%	4,115	5%	82,286
TOTAL EXPENSES		599,320	95%	-	0%	31,546	5%	630,866
Unit of Service Type		Encounters		Hours		Encounters		
Number of UOS per Service Mode		14,825		N/A		500		15,325
Cost Per UOS by Service Mode		\$40.43		\$0.00		\$63.10		N/A
Number of UDC/NOC per Service Mode		N/A		580		N/A		580

BUDGET JUSTIFICATION**1a) SALARIES****7/1/2025 - 6/30/2026**

Staff Position 1	Registered Nurse				
Duties related to this program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license, experience	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	108,641	0.80	12	0.80	\$ 86,913
Staff Position 2:	Nurse Practitioner				
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	130,188	0.80	12	0.80	\$ 104,150
Staff Position 3:	Manager of Registered Nurses				
Duties re prog/UDC	Provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	130,188	0.80	12	0.80	\$ 104,150
Staff Position 4:	Manager of Nurse Practitioners				

Duties related to this program and UDC served	The Nurse Practitioner provides advanced sexual health care and takes an active leadership role for the daily clinical operations, under a scope of practice with the Medical Director. The Nurse Practitioner serves as the primary interface with clients seeking screening for sexually health services, Hepatitis C treatment, Pre Exposure Prophylaxis (PrEP) and non-Occupational Post Exposure Prophylaxis (nPEP) services. Provides direct clinical services as defined by clinic protocols and treatment guidelines including but not limited to obtaining medical history and physical, specimen collection, high-volume phlebotomy, administration of treatments, performing point of care lab tests, management of Hepatitis C, PrEP and nPEP care, client counseling, and education. Assists the Director of Nursing in developing, implementing and evaluating best practices, protocols, policies and procedures. Ensures Confidential Morbidity Reports are submitted to the Department of Public Health and addresses any submission issues.				
Degree, license exp	Master's degree in Nursing required. Current California Registered Nurse and Nurse Practitioner license. Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire. Employee must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing. Current DEA and California Furnishing license required. Current Health Care Provider Basic Life Support (BLS) certification required. Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire. Training in Good Clinical Practices, research ethics, and IATA shipping preferred. At least one year experience in outpatient sexual health clinic preferred. At least one year experience in clinical research preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	152,271	0.35	12	0.35	\$ 53,295
Staff Position 5: Director of Clinical Services					
Duties re program and UDC served	Responsible for overseeing the day to day operations at all SFAF clinical sites. Primary responsibilities include supervising the managers of the lab technician and services navigation teams, ensuring compliance with lab regulations at all SFAF sites (i.e., staff competencies, proficiency testing, and quality assurance under Moderate Complexity CLIA regulations), oversees clinical licensing, ensures supply availability at all clinical sites, updating client and laboratory related policies and best practices when indicated, and oversees clinical partnerships with San Francisco Department of Public Health and community-based organizations.				
Degree, license exp	Bachelor's Degree highly regarded; 3 years of managing and supervising staff required; Possession and maintenance of a State of California Certification as a Phlebotomist I or II; Basic Life Support (BLS) certification for Health Care Providers required; Knowledge of Title 22, Title 24, HIPAA and other regulations related to healthcare; Preferred experience in sexual health screenings and prevention.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	197,000	0.2268	12	0.2268	\$ 44,680
Total FTE, Base: 2.9768 Annualized: 2.9768					
Total Salaries:					\$ 393,188

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO	
FICA	\$ 30,078.88
SUI	\$ 2,044.58
Health/Life	\$ 58,978.20
Disability	\$ 314.55
WC	\$ 2,359.13
Retirement Plan	\$ 12,385.42
	\$ -

	\$	-
	Total Fringe Benefit:	\$ 106,161
	Fringe Benefit %:	27.00%
	TOTAL SALARIES/BENEFITS:	\$ 499,349

2) OPERATING EXPENSES:

Occupancy:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month.	\$1,181.05	\$ 42,187
Total Occupancy:			\$ 42,187

Materials & Supplies:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month.	\$41.00	\$ 1,464
Total Materials & Supplies:			\$ 1,464

General Operating:			
Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month.	\$156.15	\$ 5,580
Total General Operating:			\$ 5,580

	TOTAL OPERATING EXPENSES:	\$ 49,231
	TOTAL DIRECT COSTS:	\$ 548,580

Please list here the personnel and ledger expenses that are included in your shared costs?

				Amount	
TOTAL SALARIES/BENEFITS:				\$	499,349
TOTAL OPERATING EXPENSES:				\$	49,231
4) INDIRECT COS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 82,286
				TOTAL EXPENSES:	\$ 630,866

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		CAPACITY BUILDING Start-up Activities		CAPACITY BUILDING Implementation Activities		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Clinical Assistance Program Coordinator	0.50	18,750	50%	18,750	50%	37,500
Sr. Director, Community Partnerships and	0.104	10,278	50%	10,279	50%	20,557
Cohort Participants - Part-Time, Benefited	1.84616	42,240	50%	42,240	50%	84,480
Total FTE & Salaries	2.45016	71,268	50%	71,269	50%	142,537
Fringe Benefits	27%	7,837	50%	7,838	50%	15,675
Total Personnel Expenses		79,105	50%	79,107	50%	158,212
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		4,280	50%	4,280	50%	8,560
Total Materials and Supplies		3,004	50%	3,005	50%	6,009
Total General Operating		566	50%	566	50%	1,132
Total Staff Travel		-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		7,850	50%	7,851		15,701
Total Direct Expenses		86,955	50%	86,958	50%	173,913
Indirect Expenses	15.0%	13,043	50%	13,044	50%	26,087
TOTAL EXPENSES		99,998	50%	100,002	50%	200,000
Unit of Service Type		Months		Hours		
Number of UOS per Service Mode		3		1,200		1,203
Cost Per UOS by Service Mode		\$33,332.67		\$83.33		N/A
Number of UDC/NOC per Service Mode		N/A		12		12

BUDGET JUSTIFICATION**1a) SALARIES****1/1/2023 - 6/30/2023**

Staff Position 1	Clinical Assistance Program Coordinator				
Duties related to this program and UDC served	Coordinator will partake in developing a robust Sexual Health Clinical Training , will train a cohort of twelve Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff.				
Degree, license, experience	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity in a public health organization. CA Phlebotomy License & cA HIV Test Counselor Certification and two year of experience in Supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	75,000	1.00	6	0.50	\$ 37,500
Staff Position 2:	Sr. Director, Community Partnerships and Engagement				
Duties re program and UDC served	Program development and implementation of a portfolio of programs serving Black communities, including but not limited to staffing, training, protocols, and materials development; Maintain relationship with subcontractors, establish data reporting systems, and ensure compliance with reporting and contract requirements; Program and service oversight and supervision of staff.				
Degree, license exp	Experience overseeing government funded contracts, designing and implementing new services and programs; Previous experiencing supervising staff; Bachelors degree.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	197,660	0.208	6	0.104	\$ 20,557
Staff Position 3:	Cohort Participants - Part-Time, Benefits Ineligible				
Duties re prog/UDC	The Cohort Participants (also known as Clinical Assistants) will partake in a robust Sexual Health Clinical Training with the San Francisco AIDS Foundation Health Equity Training Academy. The training will provide an opportunity to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 12 participants at \$22/hr, for 20 hrs/week, for 16 weeks.				
Degree, license exp	High school Diploma or equivalent				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	45,760	3.69231	6	1.84616	\$ 84,480
Total FTE, Base:		4.90031	Annualized:	2.45016	
				Total Salaries:	\$ 142,537

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO.	
FICA	\$ 4,441.36
SUI	\$ 301.90
Health/Life	\$ 8,708.55
Disability	\$ 46.45
WC	\$ 348.34

Retirement Plan	\$	1,828.80
	\$	-
	\$	-
Total Fringe Benefit:		\$ 15,675
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 158,212

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month (excluding cohort FTE).	\$1,181.05	\$ 8,560
Total Occupancy:			\$ 8,560

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month (excluding cohort FTE).	\$41.00	\$ 297
Program Materials	Materials directly related to cohort participation, including but not limited to those needed for cohort gatherings and cohort work spaces. \$476 per participant, for 12 participants.	\$476.00	\$ 5,712
Total Materials & Supplies:			\$ 6,009

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$188.67 per FTE per month (excluding cohort FTE).	\$188.67	\$ 1,132
Total General Operating:			\$ 1,132

				TOTAL OPERATING EXPENSES:	\$	15,701
				TOTAL DIRECT COSTS:	\$	173,913
Please list here the personnel and ledger expenses that are included in your shared costs?				Amount		
TOTAL SALARIES/BENEFITS:					\$	158,212
TOTAL OPERATING EXPENSES:					\$	15,701
4) INDIRECT COS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$	26,087
				TOTAL EXPENSES:	\$	200,000

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION CHEP General Fund

Service Modes:		CAPACITY BUILDING Implementation Activities		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Clinical Assistance Program Coordinator	1.00	75,000	100%	75,000
Sr. Director, Community Partnerships and	0.208	41,113	100%	41,113
Cohort Participants - Part-Time, Benefit	3.69231	168,960	100%	168,960
Total FTE & Salaries	4.90031	285,073	100%	285,073
Fringe Benefits	27%	31,351	100%	31,351
Total Personnel Expenses		316,424	100%	316,424
Operating Expenses		Expense	%	Totals
Total Occupancy		17,120	100%	17,120
Total Materials and Supplies		12,018	100%	12,018
Total General Operating		2,264	100%	2,264
Total Staff Travel			0%	-
Consultants/Subcontractor:			0%	-
Other (specify):				
			0%	-
			0%	-
Total Operating Expenses		31,402	100%	31,402
Total Direct Expenses		347,826	100%	347,826
Indirect Expenses	15.0%	52,174	100%	52,174
TOTAL EXPENSES		400,000	100%	400,000
Unit of Service Type		Hours		
Number of UOS per Service Mode		2,400		2,400
Cost Per UOS by Service Mode		\$166.67		N/A
Number of UDC/NOC per Service Mode		24		24

BUDGET JUSTIFICATION**1a) SALARIES****7/1/2023 - 6/30/2024**

Staff Position 1	Clinical Assistance Program Coordinator				
Duties related to this program and UDC served	Coordinator will partake in developing a robust Sexual Health Clinical Training , will train a cohort of twelve Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff.				
Degree, license, experience	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity in a public health organization. CA Phlebotomy License & cA HIV Test Counselor Certification and two year of experience in Supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	75,000	1.00	12	1.00	\$ 75,000
Staff Position 2:	Sr. Director, Community Partnerships and Engagement				
Duties re program and UDC served	Program development and implementation of a portfolio of programs serving Black communities, including but not limited to staffing, training, protocols, and materials development; Maintain relationship with subcontractors, establish data reporting systems, and ensure compliance with reporting and contract requirements; Program and service oversight and supervision of staff.				
Degree, license exp	Experience overseeing government funded contracts, designing and implementing new services and programs; Previous experiencing supervising staff; Bachelors degree.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	197,660	0.208	12	0.208	\$ 41,113
Staff Position 3:	Cohort Participants - Part-Time, Benefits Ineligible				
Duties re prog/UDC	The Cohort Participants (also known as Clinical Assistants) will partake in a robust Sexual Health Clinical Training with the San Francisco AIDS Foundation Health Equity Training Academy. The training will provide an opportunity to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 12 participants at \$22/hr, for 20 hrs/week, for 16 weeks.				
Degree, license exp	High school Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	45,760	3.69231	12	3.69231	\$ 168,960
Total FTE, Base:		4.90031	Annualized:	4.90031	
				Total Salaries:	\$ 285,073

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO.	
FICA	\$ 8,882.64
SUI	\$ 603.79
Health/Life	\$ 17,416.95
Disability	\$ 92.89
WC	\$ 696.68

Retirement Plan	\$	3,657.56
	\$	-
	\$	-
Total Fringe Benefit:		\$ 31,351
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 316,424

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month (excluding cohort FTE).	\$1,181.05	\$ 17,120
Total Occupancy:			\$ 17,120

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month (excluding cohort FTE).	\$41.00	\$ 594
Program Materials	Materials directly related to cohort participation, including but not limited to those needed for cohort gatherings and cohort work spaces. \$476 per participant, for 24 participants.	\$476.00	\$ 11,424
Total Materials & Supplies:			\$ 12,018

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month (excluding cohort FTE).	\$156.15	\$ 2,264
Total General Operating:			\$ 2,264

				TOTAL OPERATING EXPENSES:	\$	31,402
				TOTAL DIRECT COSTS:	\$	347,826
Please list here the personnel and ledger expenses that are included in your shared costs?				Amount		
TOTAL SALARIES/BENEFITS:					\$	316,424
TOTAL OPERATING EXPENSES:					\$	31,402
4) INDIRECT COS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$	52,174
				TOTAL EXPENSES:	\$	400,000

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7/1/2024 - 6/30/2025

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION CHEP General Fund

Service Modes:		CAPACITY BUILDING Implementation Activities		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Clinical Assistance Program Coordinator	1.00	75,000	100%	75,000
Sr. Director, Community Partnerships and	0.208	41,113	100%	41,113
Cohort Participants - Part-Time, Benefit	3.69231	168,960	100%	168,960
Total FTE & Salaries		285,073	100%	285,073
Fringe Benefits	27%	31,351	100%	31,351
Total Personnel Expenses		316,424	100%	316,424
Operating Expenses		Expense	%	Totals
Total Occupancy		17,120	100%	17,120
Total Materials and Supplies		12,018	100%	12,018
Total General Operating		2,264	100%	2,264
Total Staff Travel			0%	-
Consultants/Subcontractor:			0%	-
Other (specify):				
			0%	-
			0%	-
Total Operating Expenses		31,402	100%	31,402
Total Direct Expenses		347,826	100%	347,826
Indirect Expenses 15.0%		52,174	100%	52,174
TOTAL EXPENSES		400,000	100%	400,000
Unit of Service Type		Hours		
Number of UOS per Service Mode		2,400		2,400
Cost Per UOS by Service Mode		\$166.67		N/A
Number of UDC/NOC per Service Mode		24		24

BUDGET JUSTIFICATION**1a) SALARIES**

7/1/2024 - 6/30/2025

Staff Position 1	Clinical Assistance Program Coordinator				
Duties related to this program and UDC served	Coordinator will partake in developing a robust Sexual Health Clinical Training , will train a cohort of twelve Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff.				
Degree, license, experience	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity in a public health organization. CA Phlebotomy License & cA HIV Test Counselor Certification and two year of experience in Supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	75,000	1.00	12	1.00	\$ 75,000
Staff Position 2:	Sr. Director, Community Partnerships and Engagement				
Duties re program and UDC served	Program development and implementation of a portfolio of programs serving Black communities, including but not limited to staffing, training, protocols, and materials development; Maintain relationship with subcontractors, establish data reporting systems, and ensure compliance with reporting and contract requirements; Program and service oversight and supervision of staff.				
Degree, license exp	Experience overseeing government funded contracts, designing and implementing new services and programs; Previous experiencing supervising staff; Bachelors degree.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	197,660	0.208	12	0.208	\$ 41,113
Staff Position 3:	Cohort Participants - Part-Time, Benefits Ineligible				
Duties re prog/UDC	The Cohort Participants (also known as Clinical Assistants) will partake in a robust Sexual Health Clinical Training with the San Francisco AIDS Foundation Health Equity Training Academy. The training will provide an opportunity to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 12 participants at \$22/hr, for 20 hrs/week, for 16 weeks.				
Degree, license exp	High school Diploma or equivalent				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	45,760	3.69231	12	3.69231	\$ 168,960
Total FTE, Base:		4.90031	Annualized:	4.90031	
				Total Salaries:	\$ 285,073

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO.	
FICA	\$ 8,882.64
SUI	\$ 603.79
Health/Life	\$ 17,416.95
Disability	\$ 92.89
WC	\$ 696.68

Retirement Plan	\$	3,657.56
	\$	-
	\$	-
Total Fringe Benefit:		\$ 31,351
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 316,424

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month (excluding cohort FTE).	\$1,181.05	\$ 17,120
Total Occupancy:			\$ 17,120

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month (excluding cohort FTE).	\$41.00	\$ 594
Program Materials	Materials directly related to cohort participation, including but not limited to those needed for cohort gatherings and cohort work spaces. \$476 per participant, for 24 participants.	\$476.00	\$ 11,424
Total Materials & Supplies:			\$ 12,018

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month (excluding cohort FTE).	\$156.15	\$ 2,264
Total General Operating:			\$ 2,264

				TOTAL OPERATING EXPENSES:	\$	31,402
				TOTAL DIRECT COSTS:	\$	347,826
Please list here the personnel and ledger expenses that are included in your shared costs?				Amount		
TOTAL SALARIES/BENEFITS:					\$	316,424
TOTAL OPERATING EXPENSES:					\$	31,402
4) INDIRECT COS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$	52,174
				TOTAL EXPENSES:	\$	400,000

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION CHEP General Fund

Service Modes:		CAPACITY BUILDING Implementation Activities		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Clinical Assistance Program Coordinator	1.00	75,000	100%	75,000
Sr. Director, Community Partnerships and	0.208	41,113	100%	41,113
Cohort Participants - Part-Time, Benefit	3.69231	168,960	100%	168,960
Total FTE & Salaries		285,073	100%	285,073
Fringe Benefits	27%	31,351	100%	31,351
Total Personnel Expenses		316,424	100%	316,424
Operating Expenses		Expense	%	Totals
Total Occupancy		17,120	100%	17,120
Total Materials and Supplies		12,018	100%	12,018
Total General Operating		2,264	100%	2,264
Total Staff Travel			0%	-
Consultants/Subcontractor:			0%	-
Other (specify):				
			0%	-
			0%	-
Total Operating Expenses		31,402	100%	31,402
Total Direct Expenses		347,826	100%	347,826
Indirect Expenses 15.0%		52,174	100%	52,174
TOTAL EXPENSES		400,000	100%	400,000
Unit of Service Type		Hours		
Number of UOS per Service Mode		2,400		2,400
Cost Per UOS by Service Mode		\$166.67		N/A
Number of UDC/NOC per Service Mode		24		24

BUDGET JUSTIFICATION**1a) SALARIES**

7/1/2025 - 6/30/2026

Staff Position 1	Clinical Assistance Program Coordinator				
Duties related to this program and UDC served	Coordinator will partake in developing a robust Sexual Health Clinical Training , will train a cohort of twelve Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff.				
Degree, license, experience	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity in a public health organization. CA Phlebotomy License & cA HIV Test Counselor Certification and two year of experience in Supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	75,000	1.00	12	1.00	\$ 75,000
Staff Position 2:	Sr. Director, Community Partnerships and Engagement				
Duties re program and UDC served	Program development and implementation of a portfolio of programs serving Black communities, including but not limited to staffing, training, protocols, and materials development; Maintain relationship with subcontractors, establish data reporting systems, and ensure compliance with reporting and contract requirements; Program and service oversight and supervision of staff.				
Degree, license exp	Experience overseeing government funded contracts, designing and implementing new services and programs; Previous experiencing supervising staff; Bachelors degree.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	197,660	0.208	12	0.208	\$ 41,113
Staff Position 3:	Cohort Participants - Part-Time, Benefits Ineligible				
Duties re prog/UDC	The Cohort Participants (also known as Clinical Assistants) will partake in a robust Sexual Health Clinical Training with the San Francisco AIDS Foundation Health Equity Training Academy. The training will provide an opportunity to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 12 participants at \$22/hr, for 20 hrs/week, for 16 weeks.				
Degree, license exp	High school Diploma or equivalent				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	45,760	3.69231	12	3.69231	\$ 168,960
Total FTE, Base:					4.90031
Annualized:					4.90031
Total Salaries:					\$ 285,073

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO.	
FICA	\$ 8,882.64
SUI	\$ 603.79
Health/Life	\$ 17,416.95
Disability	\$ 92.89
WC	\$ 696.68

Retirement Plan	\$	3,657.56
	\$	-
	\$	-
Total Fringe Benefit:		\$ 31,351
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 316,424

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month (excluding cohort FTE).	\$1,181.05	\$ 17,120
Total Occupancy:			\$ 17,120

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month (excluding cohort FTE).	\$41.00	\$ 594
Program Materials	Materials directly related to cohort participation, including but not limited to those needed for cohort gatherings and cohort work spaces. \$476 per participant, for 24 participants.	\$476.00	\$ 11,424
Total Materials & Supplies:			\$ 12,018

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month (excluding cohort FTE).	\$156.15	\$ 2,264
Total General Operating:			\$ 2,264

				TOTAL OPERATING EXPENSES:	\$	31,402
				TOTAL DIRECT COSTS:	\$	347,826
Please list here the personnel and ledger expenses that are included in your shared costs?				Amount		
TOTAL SALARIES/BENEFITS:					\$	316,424
TOTAL OPERATING EXPENSES:					\$	31,402
4) INDIRECT COS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$	52,174
				TOTAL EXPENSES:	\$	400,000

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1/1/2023 - 6/30/2023

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION CHEP General Fund

Service Modes:		CAPACITY BUILDING Implementation Activities		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Project Coordinator	0.50	37,500	100%	37,500
Total FTE & Salaries	0.50	37,500	100%	37,500
Fringe Benefits	27%	10,125	100%	10,125
Total Personnel Expenses		47,625	100%	47,625
Operating Expenses		Expense	%	Totals
Total Occupancy		7,086	100%	7,086
Total Materials and Supplies		246	100%	246
Total General Operating		937	100%	937
Total Staff Travel			0%	-
Consultants/Subcontractor:		96,280	100%	96,280
Other (specify):				
			0%	-
			0%	-
Total Operating Expenses		104,549	100%	104,549
Total Direct Expenses		152,174	100%	152,174
Indirect Expenses 15.0%		22,826	100%	22,826
TOTAL EXPENSES		175,000	100%	175,000
Unit of Service Type		Months		
Number of UOS per Service Mode		6		6
Cost Per UOS by Service Mode		\$29,166.68		N/A
Number of UDC/NOC per Service Mode		N/A		N/A

BUDGET JUSTIFICATION**1a) SALARIES****1/1/2023 - 6/30/2023**

Staff Position 1	Project Coordinator				
Duties related to this program and UDC served	Coordinator will partake in developing a robust Sexual Health Training , will train a cohort of six Assistants to provide HIV prevention, treatment and advocacy and support Assistants. Coordinate and supervise Assistants in their work alongside sexual health and volunteers, insurance and benefits navigators, and community program staff.				
Degree, license, experience	A bachelor's degree or equivalent of four years experience in health setting , two years experience in an administrative capacity in a public health organization and 2 year experience in a supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	75,000	1.00	6	0.50	\$ 37,500
	Total FTE, Base:	1.00	Annualized:	0.50	
				Total Salaries:	\$ 37,500

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO		
FICA	\$	2,868.75
SUI	\$	195.00
Health/Life	\$	5,625.00
Disability	\$	30.00
WC	\$	225.00
Retirement Plan	\$	1,181.25
	\$	-
	\$	-
Total Fringe Benefit:		\$ 10,125
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 47,625

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month.	\$1,181.05	\$ 7,086
Total Occupancy:			\$ 7,086

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month.	\$41.00	\$ 246
Total Materials & Supplies:			\$ 246

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month.	\$156.15	\$ 937
Total General Operating:			\$ 937

Consultants/Subcontractors:

Consult/Subcontractor	Service Description	Rate/Formula	Cost
Integrated Testing Consultant	Professional Services consulting on an as-needed basis to support Integrated HIV/STI/HEP C Testing within HAP Network. Time estimated at \$161/hr for 598 hours.	\$161.00	\$ 96,280
Total Consultants/Subcontractors:			\$ 96,280

				TOTAL OPERATING EXPENSES:	\$ 104,549
				TOTAL DIRECT COSTS:	\$ 152,174
Please list here the personnel and ledger expenses that are included in your shared costs?					
					Amount
TOTAL SALARIES/BENEFITS:				\$	47,625
TOTAL OPERATING EXPENSES:				\$	104,549
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 22,826
				TOTAL EXPENSES:	\$ 175,000

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7/1/2023 - 6/30/2024

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION CHEP General Fund

Service Modes:		CAPACITY BUILDING Implementation Activities		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Project Coordinator	1.00	75,000	100%	75,000
Total FTE & Salaries	1.00	75,000	100%	75,000
Fringe Benefits	27%	20,250	100%	20,250
Total Personnel Expenses		95,250	100%	95,250
Operating Expenses		Expense	%	Totals
Total Occupancy		14,172	100%	14,172
Total Materials and Supplies		492	100%	492
Total General Operating		1,874	100%	1,874
Total Staff Travel			0%	-
Consultants/Subcontractor:		192,560	100%	192,560
Other (specify):				
			0%	-
			0%	-
Total Operating Expenses		209,098	100%	209,098
Total Direct Expenses		304,348	100%	304,348
Indirect Expenses 15.0%		45,652	100%	45,652
TOTAL EXPENSES		350,000	100%	350,000
Unit of Service Type		Months		
Number of UOS per Service Mode		12		12
Cost Per UOS by Service Mode		\$29,166.68		N/A
Number of UDC/NOC per Service Mode		N/A		N/A

BUDGET JUSTIFICATION**1a) SALARIES**

7/1/2023 - 6/30/2024

Staff Position 1	Project Coordinator				
Duties related to this program and UDC served	Coordinator will partake in developing a robust Sexual Health Training , will train a cohort of six Assistants to provide HIV prevention, treatment and advocacy and support Assistants. Coordinate and supervise Assistants in their work alongside sexual health and volunteers, insurance and benefits navigators, and community program staff.				
Degree, license, experience	A bachelor's degree or equivalent of four years experience in health setting , two years experience in an administrative capacity in a public health organization and 2 year experience in a supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	75,000	1.00	12	1.00	\$ 75,000
	Total FTE, Base:	1.00	Annualized:	1.00	
				Total Salaries:	\$ 75,000

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO		
FICA	\$	5,737.50
SUI	\$	390.00
Health/Life	\$	11,250.00
Disability	\$	60.00
WC	\$	450.00
Retirement Plan	\$	2,362.50
	\$	-
	\$	-
Total Fringe Benefit:		\$ 20,250
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 95,250

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month.	\$1,181.05	\$ 14,172
Total Occupancy:			\$ 14,172

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month.	\$41.00	\$ 492
Total Materials & Supplies:			\$ 492

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month.	\$156.15	\$ 1,874
Total General Operating:			\$ 1,874

Consultants/Subcontractors:

Consult/Subcontractor	Service Description	Rate/Formula	Cost
Integrated Testing Consultant	Professional Services consulting on an as-needed basis to support Integrated HIV/STI/HEP C Testing within HAP Network. Time estimated at \$161/hr for 1,196 hours.	\$161.00	\$ 192,560
Total Consultants/Subcontractors:			\$ 192,560

				TOTAL OPERATING EXPENSES:	\$ 209,098
				TOTAL DIRECT COSTS:	\$ 304,348
Please list here the personnel and ledger expenses that are included in your shared costs?					
					Amount
TOTAL SALARIES/BENEFITS:				\$	95,250
TOTAL OPERATING EXPENSES:				\$	209,098
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 45,652
				TOTAL EXPENSES:	\$ 350,000

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7/1/2024 - 6/30/2025

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION CHEP General Fund

Service Modes:		CAPACITY BUILDING Implementation Activities		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Project Coordinator	1.00	75,000	100%	75,000
Total FTE & Salaries	1.00	75,000	100%	75,000
Fringe Benefits	27%	20,250	100%	20,250
Total Personnel Expenses		95,250	100%	95,250
Operating Expenses		Expense	%	Totals
Total Occupancy		14,172	100%	14,172
Total Materials and Supplies		492	100%	492
Total General Operating		1,874	100%	1,874
Total Staff Travel			0%	-
Consultants/Subcontractor:		192,560	100%	192,560
Other (specify):				
			0%	-
			0%	-
Total Operating Expenses		209,098	100%	209,098
Total Direct Expenses		304,348	100%	304,348
Indirect Expenses 15.0%		45,652	100%	45,652
TOTAL EXPENSES		350,000	100%	350,000
Unit of Service Type		Months		
Number of UOS per Service Mode		12		12
Cost Per UOS by Service Mode		\$29,166.68		N/A
Number of UDC/NOC per Service Mode		N/A		N/A

1a) SALARIES

7/1/2024 - 6/30/2025

Staff Position 1	Project Coordinator				
Duties related to this program and UDC served	Coordinator will partake in developing a robust Sexual Health Training , will train a choort of six Assistants to provide HIV prevention, tratment and advocacy and support Assistants. Coordinate and supervise Assistants in their work alongside sexual health and volunteers, insurance and benefits navigators, and community program staff.				
Degree, license, experience	A bachelor's degree or equivalent of four years experience in health setting , two years experience in an administrative capacity in a public health organization and 2 year experience in a supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	75,000	1.00	12	1.00	\$ 75,000
	Total FTE, Base:	1.00	Annualized:	1.00	
				Total Salaries:	\$ 75,000

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO		
FICA	\$	5,737.50
SUI	\$	390.00
Health/Life	\$	11,250.00
Disability	\$	60.00
WC	\$	450.00
Retirement Plan	\$	2,362.50
	\$	-
	\$	-
Total Fringe Benefit:		\$ 20,250
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 95,250

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month.	\$1,181.05	\$ 14,172
Total Occupancy:			\$ 14,172

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month.	\$41.00	\$ 492
Total Materials & Supplies:			\$ 492

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month.	\$156.15	\$ 1,874
Total General Operating:			\$ 1,874

Consultants/Subcontractors:

Consult/Subcontractor	Service Description	Rate/Formula	Cost
Integrated Testing Consultant	Professional Services consulting on an as-needed basis to support Integrated HIV/STI/HEP C Testing within HAP Network. Time estimated at \$161/hr for 1,196 hours.	\$161.00	\$ 192,560
Total Consultants/Subcontractors:			\$ 192,560

				TOTAL OPERATING EXPENSES:	\$ 209,098
				TOTAL DIRECT COSTS:	\$ 304,348
Please list here the personnel and ledger expenses that are included in your shared costs?					
					Amount
TOTAL SALARIES/BENEFITS:				\$	95,250
TOTAL OPERATING EXPENSES:				\$	209,098
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 45,652
					TOTAL EXPENSES:
					\$ 350,000

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7/1/2025 - 6/30/2026

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION CHEP General Fund

Service Modes:		CAPACITY BUILDING Implementation Activities		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Project Coordinator	1.00	75,000	100%	75,000
Total FTE & Salaries	1.00	75,000	100%	75,000
Fringe Benefits	27%	20,250	100%	20,250
Total Personnel Expenses		95,250	100%	95,250
Operating Expenses		Expense	%	Totals
Total Occupancy		14,172	100%	14,172
Total Materials and Supplies		492	100%	492
Total General Operating		1,874	100%	1,874
Total Staff Travel			0%	-
Consultants/Subcontractor:		192,560	100%	192,560
Other (specify):				
			0%	-
			0%	-
Total Operating Expenses		209,098	100%	209,098
Total Direct Expenses		304,348	100%	304,348
Indirect Expenses 15.0%		45,652	100%	45,652
TOTAL EXPENSES		350,000	100%	350,000
Unit of Service Type		Months		
Number of UOS per Service Mode		12		12
Cost Per UOS by Service Mode		\$29,166.68		N/A
Number of UDC/NOC per Service Mode		N/A		N/A

1a) SALARIES

7/1/2025 - 6/30/2026

Staff Position 1	Project Coordinator				
Duties related to this program and UDC served	Coordinator will partake in developing a robust Sexual Health Training , will train a cohort of six Assistants to provide HIV prevention, treatment and advocacy and support Assistants. Coordinate and supervise Assistants in their work alongside sexual health and volunteers, insurance and benefits navigators, and community program staff.				
Degree, license, experience	A bachelor's degree or equivalent of four years experience in health setting , two years experience in an administrative capacity in a public health organization and 2 year experience in a supervisory or teaching position				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	75,000	1.00	12	1.00	\$ 75,000
	Total FTE, Base:	1.00	Annualized:	1.00	
				Total Salaries:	\$ 75,000

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO		
FICA	\$	5,737.50
SUI	\$	390.00
Health/Life	\$	11,250.00
Disability	\$	60.00
WC	\$	450.00
Retirement Plan	\$	2,362.50
	\$	-
	\$	-
Total Fringe Benefit:		\$ 20,250
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 95,250

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month.	\$1,181.05	\$ 14,172
Total Occupancy:			\$ 14,172

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month.	\$41.00	\$ 492
Total Materials & Supplies:			\$ 492

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month	\$156.15	\$ 1,874
Total General Operating:			\$ 1,874

Consultants/Subcontractors:

Consult/Subcontractor	Service Description	Rate/Formula	Cost
Integrated Testing Consultant	Professional Services consulting on an as-needed basis to support Integrated HIV/STI/HEP C Testing within HAP Network. Time estimated at \$161/hr for 1,196 hours.	\$161.00	\$ 192,560
Total Consultants/Subcontractors:			\$ 192,560

				TOTAL OPERATING EXPENSES:	\$ 209,098
				TOTAL DIRECT COSTS:	\$ 304,348
Please list here the personnel and ledger expenses that are included in your shared costs?					
					Amount
TOTAL SALARIES/BENEFITS:				\$	95,250
TOTAL OPERATING EXPENSES:				\$	209,098
4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 45,652
					TOTAL EXPENSES:
					\$ 350,000

CAT 4: GAY/MSM HEALTH ACCESS POINT (I-

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		PREVENTION AND TREATMENT MEDICATION		CONDOM DISTRIBUTION		LINKAGE AND NAVIGATION		COMMUNITY ENGAGEMENT AND MOBILIZATION			
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
Lab Technician	1.00	61,696	90%	6,855	10%	-	0%		0%		0%	68,551	
Manager - Lab Technicians	0.50	48,383	90%	5,376	10%	-	0%		0%		0%	53,759	
Manager, Navigation	0.50	17,200	62%	8,323	30%	832	3%	1,387	5%		0%	27,742	
Navigator	0.375	14,124	60%	7,062	30%	706	3%	1,648	7%		0%	23,540	
Associate Director, PrEP & HIV Services	0.15	10,025	62%	4,850	30%	485	3%	808	5%		0%	16,168	
Nurse	0.50	33,718	62%	19,034	35%	1,632	3%		0%		0%	54,384	
Nurse Practitioner	0.275	23,195	62%	13,094	35%	1,122	3%		0%		0%	37,411	
Clinical Services Director	0.25	28,736	60%	19,158	40%	-	0%		0%		0%	47,894	
Total FTE & Salaries	3.55	237,077	72%	83,752	25%	4,777	1%	3,843	1%	-	0%	329,449	
Fringe Benefits	27%	64,010	72%	22,613	25%	1,290	1%	1,038	1%	-	0%	88,951	
Total Personnel Expenses		301,087	72%	106,365	25%	6,067	1%	4,881	1%	-	0%	418,400	
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals	
Total Occupancy			0%		0%		0%		0%		0%	-	
Total Materials and Supplies			0%		0%		0%		0%		0%	-	
Total General Operating		1,669	2%	1,670	2%		0%		0%		0%	3,339	
Total Staff Travel			0%		0%		0%		0%		0%	-	
Consultants/Subcontractor:		25,000	24%		0%		0%	50,000	48%	25,000	24%	100,000	
Other (specify):													
			0%		0%		0%		0%		0%	-	
			0%		0%		0%		0%		0%	-	
Total Operating Expenses		26,669	26%	1,670		-		50,000		25,000		103,339	
Total Direct Expenses		327,756	63%	108,035	21%	6,067	1%	54,881	11%	25,000	5%	521,739	
Indirect Expenses		15.0%	49,164	63%	16,205	21%	910	1%	8,232	11%	3,750	5%	78,261
TOTAL EXPENSES			376,920	63%	124,240	21%	6,977	1%	63,113	11%	28,750	5%	600,000
Unit of Service Type		Encounters		Hours		Months		Hours		Hours			
Number of UOS per Service Mode		13,380		325		6		546		62		14,319	
Cost Per UOS by Service Mode		\$28.18		\$382.28		\$1,162.89		\$115.60		\$463.72		N/A	
Number of UDC/NOC per Service Mode		5,100		N/A		N/A		453		138		5691	

BUDGET JUSTIFICATION**1a) SALARIES****1/1/2023 - 6/30/2023**

Staff Position 1	Lab Technician				
Duties related to this program and UDC served	Performs phlebotomy services for confirmatory HIV antibody testing and RNA testing. Prepares specimen collection for transport to SFDPH laboratory.				
Degree, license, experience	State certified phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	68,551	2.00	6	1.00	\$ 68,551
Staff Position 2:	Manager - Lab Technicians				
Duties re program and UDC served	This position will be responsible for supervising the SFAF-wide lab tech team and working with the Director of Clinical Operations to oversee laboratory services. This position also serves as a lab tech as needed.				
Degree, license exp	Must have an active CPT License with the California Department of Public Health; Experience working with diverse populations including but not limited to LGBTQ+, injection drug users, and unhoused individuals; Must have two years of experience supervising staff; A minimum of three years of experience working in a laboratory setting; Must have two years of experience as a licensed phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	107,518	1.00	6	0.50	\$ 53,759
Staff Position 3:	Manager, Navigation				
Duties re prog/UDC	The Services Navigator is responsible for greeting clients and other visitors and guests, managing the flow of traffic, assessing client and guest needs, scheduling and registering clients for services, explaining and referring people to appropriate services and/or individuals and keeping the lobby areas functioning smoothly. The Services Navigator is responsible for enforcing community expectations and maintaining an environment that is inviting across our Mid Market and Castro locations.				
Degree, license exp	High School diploma or equivalent; Minimum of three years of work in community-based customer service, social work or triage required; Experience with electronic health record systems highly regarded; Experience working with people living with HIV, people who are substance users, have a mental health diagnosis, and/or are experiencing homelessness highly regarded.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	55,483	1.00	6	0.50	\$ 27,742
Staff Position 4:	Navigator				
Duties related to this program and UDC served	Answers phone calls, greets and connects clients and visitors to pertinent services, resources or staff. Screens clients for COVID-19 exposure and/or symptoms. Assess client needs and concerns and provides support, assistance, information and referrals. Obtains patient demographic and verifying insurance information at each visit. Educates clients and visitors about SFAF programs, services and departments. Registers clients for services and schedules client appointments.				
Degree, license exp	HS Diploma, 3 years of experience in customer service, social work, or triage. Experience with an electronic health record system. Experience with target populations.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	62,773	0.75	6	0.375	\$ 23,540

Staff Position 5:	Associate Director, PrEP & HIV Services				
Duties re program and UDC served	Responsible for the development and implementation of community and clinical level navigation interventions that targets the health of clients served in clinical services at SFAF. Supervises and develops Navigators.				
Degree, license exp	Bachelors Degree. Experience in target population, experience and knowledge of navigation interventions and frameworks, extensive knowledge of social support and health services in the region.				
		x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	107,786	0.30	6	0.15	\$ 16,168
Staff Position 6:	Nurse				
Duties re program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	108,767	1.00	6	0.50	\$ 54,384
Staff Position 7:	Nurse Practitioner				
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	136,041	0.55	6	0.275	\$ 37,411
Staff Position 8:	Clinical Services Director				
Duties re program and UDC served	Responsible for overseeing the day to day operations at all SFAF clinical sites. Primary responsibilities include supervising the managers of the lab technician and services navigation teams, ensuring compliance with lab regulations at all SFAF sites (i.e., staff competencies, proficiency testing, and quality assurance under Moderate Complexity CLIA regulations), oversees clinical licensing, ensures supply availability at all clinical sites, updating client and laboratory related policies and best practices when indicated, and oversees clinical partnerships with San Francisco Department of Public Health and community-based organizations.				
Degree, license exp	Bachelor's Degree highly regarded; 3 years of managing and supervising staff required; Possession and maintenance of a State of California Certification as a Phlebotomist I or II; Basic Life Support (BLS) certification for Health Care Providers required; Knowledge of Title 22, Title 24, HIPAA and other regulations related to healthcare; Preferred experience in sexual health screenings and prevention.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	191,574	0.50	6	0.25	\$ 47,894

Total FTE, Base:	7.10	Annualized:	3.55	
			Total Salaries:	\$ 329,449

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO				
	FICA	\$		25,202.85
	SUI	\$		1,713.13
	Health/Life	\$		49,417.35
	Disability	\$		263.56
	WC	\$		1,976.69
	Retirement Plan	\$		10,377.64
		\$		-
		\$		-
			Total Fringe Benefit:	\$ 88,951
			Fringe Benefit %:	27.00%
			TOTAL SALARIES/BENEFITS:	\$ 418,400

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Total Occupancy:			\$ -

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Total Materials & Supplies:			\$ -

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Data Collection	Employee Health Record, eClinicalWorks license - 5 licenses at	525	\$ 3,339

Total General Operating:			\$ 3,339

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Total Staff Travel:			\$	-

Consultants/Subcontractors:

Consult/Subcontractor	Service Description	Rate/Formula	Cost
SFCHC	Subcontract on cost reimbursement basis.	25000	\$ 25,000
Shanti	Subcontract on cost reimbursement basis.	50000	\$ 50,000
Glide	Subcontract on cost reimbursement basis.	25000	\$ 25,000
Total Consultants/Subcontractors:			\$ 100,000

Other Expenses			
Expense Item	Brief Description	Rate/Formula	Cost
Total Other:			\$ -

			TOTAL OPERATING EXPENSES:	\$ 103,339
			TOTAL DIRECT COSTS:	\$ 521,739
Please list here the personnel and ledger expenses that are included in your shared costs?				
				Amount
TOTAL SALARIES/BENEFITS:			\$	418,400
TOTAL OPERATING EXPENSES:			\$	103,339
4) INDIRECT COSTS	Indirect Rate:	15.00%	TOTAL INDIRECT COSTS:	\$ 78,261
			TOTAL EXPENSES:	\$ 600,000

CAT 4: GAY/MSM HEALTH ACCESS POINT (H

PS20-2010 CDC: CFDA 93.940

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Total FTE & Salaries	0.00	-	0%	-
Fringe Benefits	0%	-	0%	-
Total Personnel Expenses		-	0%	-
Operating Expenses		Expense	%	Totals
Total Occupancy			0%	-
Total Materials and Supplies		2,848	100%	2,848
Total General Operating		1,500	100%	1,500
Total Staff Travel			0%	-
Consultants/Subcontractor:			0%	-
Other (specify):				
			0%	-
			0%	-
Total Operating Expenses		4,348	100%	4,348
Total Direct Expenses		4,348	100%	4,348
Indirect Expenses 15.0%		652	100%	652
TOTAL EXPENSES		5,000	100%	5,000
Unit of Service Type		Encounters		
Number of UOS per Service Mode		180		180
Cost Per UOS by Service Mode		\$27.79		N/A
Number of UDC/NOC per Service Mode		N/A		N/A

BUDGET JUSTIFICATION**1a) SALARIES**

1/1/23 - 7/31/23

Staff Position 1	Position 1				
Duties related to this program and UDC served					
Degree, license, experience					
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
				0.00	\$ -
	Total FTE, Base:	0.00	Annualized:	0.00	
				Total Salaries:	\$ -

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO		
Social Security	\$	-
Retirement	\$	-
Medical	\$	-
Dental	\$	-
Unemployment Insurance	\$	-
Disability Insurance	\$	-
Paid Time Off	\$	-
Life Insurance	\$	-
Total Fringe Benefit:		\$ -
Fringe Benefit %:		0.00%
TOTAL SALARIES/BENEFITS:		\$ -

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Total Occupancy:			\$ -

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	Materials to operate the clinic. Includes, but not limited to, vacutainers, alcohol pads, bandaids, test kits, specimen cups, etc.	2848	\$ 2,848

Total Materials & Supplies:			\$ 2,848
General Operating:			
Expense Item	Brief Description	Rate/Formula	Cost
Staff Training	\$1,500 deliverables-based contract for clinical services staff training.	1500	\$ 1,500
Total General Operating:			\$ 1,500

				TOTAL OPERATING EXPENSES:	\$ 4,348
				TOTAL DIRECT COSTS:	\$ 4,348
Please list here the personnel and ledger expenses that are included in your shared costs?				Amount	
Total Materials & Supplies:				\$	2,848
Total General Operating:				\$	1,500
4) INDIRECT COS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 652
				TOTAL EXPENSES:	\$ 5,000

CAT 4: GAY/MSM HEALTH ACCESS POINT (I-

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		PREVENTION AND TREATMENT MEDICATION		CONDOM DISTRIBUTION		LINKAGE AND NAVIGATION		COMMUNITY ENGAGEMENT AND MOBILIZATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Lab Technician	2.00	123,392	90%	13,710	10%	-	0%		0%		0%	137,102
Manager - Lab Technicians	1.00	96,766	90%	10,752	10%	-	0%		0%		0%	107,518
Manager, Navigation	1.00	34,400	62%	16,645	30%	1,664	3%	2,774	5%		0%	55,483
Navigator	0.75	28,248	60%	14,124	30%	1,412	3%	3,296	7%		0%	47,080
Associate Director, PrEP & HIV Service	0.30	20,048	62%	9,701	30%	970	3%	1,617	5%		0%	32,336
Nurse	1.00	67,436	62%	38,068	35%	3,263	3%		0%		0%	108,767
Nurse Practitioner	0.55	46,390	62%	26,188	35%	2,245	3%		0%		0%	74,823
Clinical Services Director	0.50	57,473	60%	38,316	40%	-	0%		0%		0%	95,789
Total FTE & Salaries	7.10	474,153	72%	167,504	25%	9,554	1%	7,687	1%	-	0%	658,898
Fringe Benefits	27%	128,022	72%	45,226	25%	2,579	1%	2,075	1%	-	0%	177,902
Total Personnel Expenses		602,175	72%	212,730	25%	12,133	1%	9,762	1%	-	0%	836,800
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy			0%		0%		0%		0%		0%	-
Total Materials and Supplies			0%		0%		0%		0%		0%	-
Total General Operating		3,339	2%	3,339	2%		0%		0%		0%	6,678
Total Staff Travel			0%		0%		0%		0%		0%	-
Consultants/Subcontractor:		50,000	24%		0%		0%	100,000	48%	50,000	24%	200,000
Other (specify):												
			0%		0%		0%		0%		0%	-
			0%		0%		0%		0%		0%	-
Total Operating Expenses		53,339	26%	3,339		-		100,000		50,000		206,678
Total Direct Expenses		655,514	63%	216,069	21%	12,133	1%	109,762	11%	50,000	5%	1,043,478
Indirect Expenses	15.0%	98,327	63%	32,411	21%	1,820	1%	16,464	11%	7,500	5%	156,522
TOTAL EXPENSES		753,841	63%	248,480	21%	13,953	1%	126,226	11%	57,500	5%	1,200,000
Unit of Service Type		Encounters		Hours		Months		Hours		Hours		
Number of UOS per Service Mode		27,120		650		12		1,092		124		28,998
Cost Per UOS by Service Mode		\$27.80		\$382.28		\$1,162.75		\$115.60		\$463.72		N/A
Number of UDC/NOC per Service Mode		10,200		N/A		N/A		905		276		11381

BUDGET JUSTIFICATION**1a) SALARIES****7/1/2023 - 6/30/2024**

Staff Position 1	Lab Technician				
Duties related to this program and UDC served	Performs phlebotomy services for confirmatory HIV antibody testing and RNA testing. Prepares specimen collection for transport to SFDPH laboratory.				
Degree, license, experience	State certified phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	68,551	2.00	12	2.00	\$ 137,102
Staff Position 2:	Manager - Lab Technicians				
Duties re program and UDC served	This position will be responsible for supervising the SFAF-wide lab tech team and working with the Director of Clinical Operations to oversee laboratory services. This position also serves as a lab tech as needed.				
Degree, license exp	Must have an active CPT License with the California Department of Public Health; Experience working with diverse populations including but not limited to LGBTQ+, injection drug users, and unhoused individuals; Must have two years of experience supervising staff; A minimum of three years of experience working in a laboratory setting; Must have two years of experience as a licensed phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	107,518	1.00	12	1.00	\$ 107,518
Staff Position 3:	Manager, Navigation				
Duties re prog/UDC	The Services Navigator is responsible for greeting clients and other visitors and guests, managing the flow of traffic, assessing client and guest needs, scheduling and registering clients for services, explaining and referring people to appropriate services and/or individuals and keeping the lobby areas functioning smoothly. The Services Navigator is responsible for enforcing community expectations and maintaining an environment that is inviting across our Mid Market and Castro locations.				
Degree, license exp	High School diploma or equivalent; Minimum of three years of work in community-based customer service, social work or triage required; Experience with electronic health record systems highly regarded; Experience working with people living with HIV, people who are substance users, have a mental health diagnosis, and/or are experiencing homelessness highly regarded.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	55,483	1.00	12	1.00	\$ 55,483
Staff Position 4:	Navigator				
Duties related to this program and UDC served	Answers phone calls, greets and connects clients and visitors to pertinent services, resources or staff. Screens clients for COVID-19 exposure and/or symptoms. Assess client needs and concerns and provides support, assistance, information and referrals. Obtains patient demographic and verifying insurance information at each visit. Educates clients and visitors about SFAF programs, services and departments. Registers clients for services and schedules client appointments.				
Degree, license exp	HS Diploma, 3 years of experience in customer service, social work, or triage. Experience with an electronic health record system. Experience with target populations.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	62,773	0.75	12	0.75	\$ 47,080
Staff Position 5:	Associate Director, PrEP & HIV Services				

Duties re program and UDC served	Responsible for the development and implementation of community and clinical level navigation interventions that targets the health of clients served in clinical services at SFAF. Supervises and develops Navigators.				
Degree, license exp	Bachelors Degree. Experience in target population, experience and knowledge of navigation interventions and frameworks, extensive knowledge of social support and health services in the region.				
		x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	107,786	0.30	12	0.30	\$ 32,336
Staff Position 6: Nurse					
Duties re program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	108,767	1.00	12	1.00	\$ 108,767
Staff Position 7: Nurse Practitioner					
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	136,041	0.55	12	0.55	\$ 74,823
Staff Position 8: Clinical Services Director					
Duties re program and UDC served	Responsible for overseeing the day to day operations at all SFAF clinical sites. Primary responsibilities include supervising the managers of the lab technician and services navigation teams, ensuring compliance with lab regulations at all SFAF sites (i.e., staff competencies, proficiency testing, and quality assurance under Moderate Complexity CLIA regulations), oversees clinical licensing, ensures supply availability at all clinical sites, updating client and laboratory related policies and best practices when indicated, and oversees clinical partnerships with San Francisco Department of Public Health and community-based organizations.				
Degree, license exp	Bachelor's Degree highly regarded; 3 years of managing and supervising staff required; Possession and maintenance of a State of California Certification as a Phlebotomist I or II; Basic Life Support (BLS) certification for Health Care Providers required; Knowledge of Title 22, Title 24, HIPAA and other regulations related to healthcare; Preferred experience in sexual health screenings and prevention.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	191,574	0.50	12	0.50	\$ 95,789

Total FTE, Base:		7.10	Annualized:	7.10
				Total Salaries: \$ 658,898

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)				
Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO				
FICA		\$	50,405.70	
SUI		\$	3,426.27	
Health/Life		\$	98,834.70	
Disability		\$	527.12	
WC		\$	3,953.39	
Retirement Plan		\$	20,755.29	
		\$	-	
		\$	-	
Total Fringe Benefit:			\$	177,902
Fringe Benefit %:				27.00%
TOTAL SALARIES/BENEFITS:			\$	836,800

2) OPERATING EXPENSES:

Occupancy:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Total Occupancy:			\$ -
Materials & Supplies:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Total Materials & Supplies:			\$ -
General Operating:			
Expense Item	Brief Description	Rate/Formula	Cost

Data Collection	Employee Health Record, eClinicalWorks license - 5 licenses at \$525 per month, totaling \$31,500 per year. This contract seeks reimbursement for \$6,678 total.	525	\$ 6,678

Total General Operating: \$ 6,678

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate/Formula	Cost

Total Staff Travel: \$ -

Consultants/Subcontractors:

Consult/Subcontractor	Service Description	Rate/Formula	Cost
SFCHC	Subcontract on cost reimbursement basis.	50000	\$ 50,000
Glide	Subcontract on cost reimbursement basis.	100000	\$ 100,000
Shanti	Subcontract on cost reimbursement basis.	50000	\$ 50,000

Total Consultants/Subcontractors: \$ 200,000

Other Expenses	Expense Item	Brief Description	Rate/Formula	Cost
			Total Other:	\$ -

TOTAL OPERATING EXPENSES: \$ 206,678

TOTAL DIRECT COSTS: \$ 1,043,478

Please list here the personnel and ledger expenses that are included in your shared costs?

	Amount
TOTAL SALARIES/BENEFITS:	\$ 836,800
TOTAL OPERATING EXPENSES:	\$ 206,678

4) INDIRECT COSTS Indirect Rate: 15.00% TOTAL INDIRECT COSTS: \$ 156,522

TOTAL EXPENSES: \$ 1,200,000

CAT 4: GAY/MSM HEALTH ACCESS POINT (I-

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		PREVENTION AND TREATMENT MEDICATION		CONDOM DISTRIBUTION		LINKAGE AND NAVIGATION		COMMUNITY ENGAGEMENT AND MOBILIZATION			
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
Lab Technician	2.00	123,392	90%	13,710	10%	-	0%		0%		0%	137,102	
Manager - Lab Technicians	1.00	96,766	90%	10,752	10%	-	0%		0%		0%	107,518	
Manager, Navigation	1.00	34,400	62%	16,645	30%	1,664	3%	2,774	5%		0%	55,484	
Navigator	0.75	28,248	60%	14,124	30%	1,412	3%	3,296	7%		0%	47,080	
Associate Director, PrEP & HIV Service	0.30	20,048	62%	9,701	30%	970	3%	1,617	5%		0%	32,336	
Nurse	1.00	67,436	62%	38,068	35%	3,263	3%		0%		0%	108,767	
Nurse Practitioner	0.55	46,390	62%	26,188	35%	2,245	3%		0%		0%	74,823	
Clinical Services Director	0.50	57,473	60%	38,316	40%	-	0%		0%		0%	95,789	
Total FTE & Salaries	7.10	474,153	72%	167,504	25%	9,554	1%	7,687	1%	-	0%	658,898	
Fringe Benefits	27%	128,022	72%	45,226	25%	2,579	1%	2,075	1%	-	0%	177,902	
Total Personnel Expenses		602,175	72%	212,730	25%	12,133	1%	9,762	1%	-	0%	836,800	
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals	
Total Occupancy			0%		0%		0%		0%		0%	-	
Total Materials and Supplies			0%		0%		0%		0%		0%	-	
Total General Operating		3,339	2%	3,339	2%		0%		0%		0%	6,678	
Total Staff Travel			0%		0%		0%		0%		0%	-	
Consultants/Subcontractor:		50,000	24%		0%		0%	100,000	48%	50,000	24%	200,000	
Other (specify):													
			0%		0%		0%		0%		0%	-	
			0%		0%		0%		0%		0%	-	
Total Operating Expenses		53,339	26%	3,339		-		100,000		50,000		206,678	
Total Direct Expenses		655,514	63%	216,069	21%	12,133	1%	109,762	11%	50,000	5%	1,043,478	
Indirect Expenses		15.0%	98,327	63%	32,411	21%	1,820	1%	16,464	11%	7,500	5%	156,522
TOTAL EXPENSES			753,841	63%	248,480	21%	13,953	1%	126,226	11%	57,500	5%	1,200,000
Unit of Service Type		Encounters		Hours		Months		Hours		Hours			
Number of UOS per Service Mode		27,120		650		12		1,092		124		28,998	
Cost Per UOS by Service Mode		\$27.80		\$382.28		\$1,162.75		\$115.60		\$463.72		N/A	
Number of UDC/NOC per Service Mode		10,200		N/A		N/A		905		276		11381	

BUDGET JUSTIFICATION**1a) SALARIES****7/1/2024 - 6/30/2025**

Staff Position 1	Lab Technician				
Duties related to this program and UDC served	Performs phlebotomy services for confirmatory HIV antibody testing and RNA testing. Prepares specimen collection for transport to SFDPH laboratory.				
Degree, license, experience	State certified phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	68,551	2.00	12	2.00	\$ 137,102
Staff Position 2:	Manager - Lab Technicians				
Duties re program and UDC served	This position will be responsible for supervising the SFAF-wide lab tech team and working with the Director of Clinical Operations to oversee laboratory services. This position also serves as a lab tech as needed.				
Degree, license exp	Must have an active CPT License with the California Department of Public Health; Experience working with diverse populations including but not limited to LGBTQ+, injection drug users, and unhoused individuals; Must have two years of experience supervising staff; A minimum of three years of experience working in a laboratory setting; Must have two years of experience as a licensed phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	107,518	1.00	12	1.00	\$ 107,518
Staff Position 3:	Manager, Navigation				
Duties re prog/UDC	The Services Navigator is responsible for greeting clients and other visitors and guests, managing the flow of traffic, assessing client and guest needs, scheduling and registering clients for services, explaining and referring people to appropriate services and/or individuals and keeping the lobby areas functioning smoothly. The Services Navigator is responsible for enforcing community expectations and maintaining an environment that is inviting across our Mid Market and Castro locations.				
Degree, license exp	High School diploma or equivalent; Minimum of three years of work in community-based customer service, social work or triage required; Experience with electronic health record systems highly regarded; Experience working with people living with HIV, people who are substance users, have a mental health diagnosis, and/or are experiencing homelessness highly regarded.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	55,483	1.00	12	1.00	\$ 55,483
Staff Position 4:	Navigator				
Duties related to this program and UDC served	Answers phone calls, greets and connects clients and visitors to pertinent services, resources or staff. Screens clients for COVID-19 exposure and/or symptoms. Assess client needs and concerns and provides support, assistance, information and referrals. Obtains patient demographic and verifying insurance information at each visit. Educates clients and visitors about SFAF programs, services and departments. Registers clients for services and schedules client appointments.				
Degree, license exp	HS Diploma, 3 years of experience in customer service, social work, or triage. Experience with an electronic health record system. Experience with target populations.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	62,773	0.75	12	0.75	\$ 47,080
Staff Position 5:	Associate Director, PrEP & HIV Services				

Duties re program and UDC served	Responsible for the development and implementation of community and clinical level navigation interventions that targets the health of clients served in clinical services at SFAF. Supervises and develops Navigators.				
Degree, license exp	Bachelors Degree. Experience in target population, experience and knowledge of navigation interventions and frameworks, extensive knowledge of social support and health services in the region.				
		x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	107,786	0.30	12	0.30	\$ 32,336
Staff Position 6: Nurse					
Duties re program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	108,767	1.00	12	1.00	\$ 108,767
Staff Position 7: Nurse Practitioner					
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	136,041	0.55	12	0.55	\$ 74,823
Staff Position 8: Clinical Services Director					
Duties re program and UDC served	Responsible for overseeing the day to day operations at all SFAF clinical sites. Primary responsibilities include supervising the managers of the lab technician and services navigation teams, ensuring compliance with lab regulations at all SFAF sites (i.e., staff competencies, proficiency testing, and quality assurance under Moderate Complexity CLIA regulations), oversees clinical licensing, ensures supply availability at all clinical sites, updating client and laboratory related policies and best practices when indicated, and oversees clinical partnerships with San Francisco Department of Public Health and community-based organizations.				
Degree, license exp	Bachelor's Degree highly regarded; 3 years of managing and supervising staff required; Possession and maintenance of a State of California Certification as a Phlebotomist I or II; Basic Life Support (BLS) certification for Health Care Providers required; Knowledge of Title 22, Title 24, HIPAA and other regulations related to healthcare; Preferred experience in sexual health screenings and prevention.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	191,574	0.50	12	0.50	\$ 95,789

Total FTE, Base:	7.10	Annualized:	7.10	
			Total Salaries:	\$ 658,898

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO				
	FICA	\$		50,405.70
	SUI	\$		3,426.27
	Health/Life	\$		98,834.70
	Disability	\$		527.12
	WC	\$		3,953.39
	Retirement Plan	\$		20,755.29
		\$		-
		\$		-
			Total Fringe Benefit:	\$ 177,902
			Fringe Benefit %:	27.00%
			TOTAL SALARIES/BENEFITS:	\$ 836,800

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Total Occupancy:			\$ -

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Total Materials & Supplies:			\$ -

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost

CAT 4: GAY/MSM HEALTH ACCESS POINT (I-

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		PREVENTION AND TREATMENT MEDICATION		CONDOM DISTRIBUTION		LINKAGE AND NAVIGATION		COMMUNITY ENGAGEMENT AND MOBILIZATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
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Total FTE & Salaries	7.10	474,153	72%	167,504	25%	9,554	1%	7,687	1%	-	0%	658,898
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Total General Operating		3,339	2%	3,339	2%		0%		0%		0%	6,678
Total Staff Travel			0%		0%		0%		0%		0%	-
Consultants/Subcontractor:		50,000	24%		0%		0%	100,000	48%	50,000	24%	200,000
Other (specify):												
			0%		0%		0%		0%		0%	-
			0%		0%		0%		0%		0%	-
Total Operating Expenses		53,339	26%	3,339		-		100,000		50,000		206,678
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TOTAL EXPENSES		753,841	63%	248,480	21%	13,953	1%	126,226	11%	57,500	5%	1,200,000
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BUDGET JUSTIFICATION**1a) SALARIES****7/1/2025 - 6/30/2026**

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Duties re prog/UDC	The Services Navigator is responsible for greeting clients and other visitors and guests, managing the flow of traffic, assessing client and guest needs, scheduling and registering clients for services, explaining and referring people to appropriate services and/or individuals and keeping the lobby areas functioning smoothly. The Services Navigator is responsible for enforcing community expectations and maintaining an environment that is inviting across our Mid Market and Castro locations.				
Degree, license exp	High School diploma or equivalent; Minimum of three years of work in community-based customer service, social work or triage required; Experience with electronic health record systems highly regarded; Experience working with people living with HIV, people who are substance users, have a mental health diagnosis, and/or are experiencing homelessness highly regarded.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	55,483	1.00	12	1.00	\$ 55,483
Staff Position 4:	Navigator				
Duties related to this program and UDC served	Answers phone calls, greets and connects clients and visitors to pertinent services, resources or staff. Screens clients for COVID-19 exposure and/or symptoms. Assess client needs and concerns and provides support, assistance, information and referrals. Obtains patient demographic and verifying insurance information at each visit. Educates clients and visitors about SFAF programs, services and departments. Registers clients for services and schedules client appointments.				
Degree, license exp	HS Diploma, 3 years of experience in customer service, social work, or triage. Experience with an electronic health record system. Experience with target populations.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
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Duties re program and UDC served	Responsible for the development and implementation of community and clinical level navigation interventions that targets the health of clients served in clinical services at SFAF. Supervises and develops Navigators.				
Degree, license exp	Bachelors Degree. Experience in target population, experience and knowledge of navigation interventions and frameworks, extensive knowledge of social support and health services in the region.				
		x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
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Staff Position 6: Nurse					
Duties re program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
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Staff Position 7: Nurse Practitioner					
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	136,041	0.55	12	0.55	\$ 74,823
Staff Position 8: Clinical Services Director					
Duties re program and UDC served	Responsible for overseeing the day to day operations at all SFAF clinical sites. Primary responsibilities include supervising the managers of the lab technician and services navigation teams, ensuring compliance with lab regulations at all SFAF sites (i.e., staff competencies, proficiency testing, and quality assurance under Moderate Complexity CLIA regulations), oversees clinical licensing, ensures supply availability at all clinical sites, updating client and laboratory related policies and best practices when indicated, and oversees clinical partnerships with San Francisco Department of Public Health and community-based organizations.				
Degree, license exp	Bachelor's Degree highly regarded; 3 years of managing and supervising staff required; Possession and maintenance of a State of California Certification as a Phlebotomist I or II; Basic Life Support (BLS) certification for Health Care Providers required; Knowledge of Title 22, Title 24, HIPAA and other regulations related to healthcare; Preferred experience in sexual health screenings and prevention.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	191,574	0.50	12	0.50	\$ 95,789

Total FTE, Base:	7.10	Annualized:	7.10	
			Total Salaries:	\$ 658,898

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)				
Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO				
	FICA	\$		50,405.70
	SUI	\$		3,426.27
	Health/Life	\$		98,834.70
	Disability	\$		527.12
	WC	\$		3,953.39
	Retirement Plan	\$		20,755.29
		\$		-
		\$		-
			Total Fringe Benefit:	\$ 177,902
			Fringe Benefit %:	27.00%
			TOTAL SALARIES/BENEFITS:	\$ 836,800

2) OPERATING EXPENSES:

Occupancy:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
			Total Occupancy: \$ -
Materials & Supplies:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
			Total Materials & Supplies: \$ -
General Operating:			
Expense Item	Brief Description	Rate/Formula	Cost

Appendix C

Insurance Waiver Reserved

Appendix D

FEMA EMERGENCY & EXIGENCY CONTRACTS REQUIREMENTS Reserved

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

RECITALS

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

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

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

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

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

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

1. Definitions.

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

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

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

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

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

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

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

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

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

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

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

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

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

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

2. Obligations of Business Associate.

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

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

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San Francisco Department of Public Health
Business Associate Agreement

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

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

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

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

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

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

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

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

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

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

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents.

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

3. Termination.

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

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

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

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

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

Contractor Name:		Contractor City Vendor ID	

PRIVACY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

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

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

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

Contractor Name:		Contractor City Vendor ID	

DATA SECURITY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

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

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-1
01/01/2023 - 06/30/2023
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-1JAN23

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: _____ GF

Department ID-Authority ID: _____

Program Name: Training Academy & Clinical Assistance Program

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **01/1/23 - 01/31/23**

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Start-up Activities	6	n/a						#####	6	#####
Capacity Building Implementation Activities	770	35							770	35

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	35				35

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$143,480				\$143,480.00
Fringe Benefits	\$29,236				\$29,236.00
Total Personnel Expenses	\$172,716				\$172,716.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$17,538				\$17,538.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$3,079				\$3,079.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,319				\$2,319.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$22,936				\$22,936.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$195,652				\$195,652.00
Indirect Expenses	\$29,348				\$29,348.00
TOTAL EXPENSES	\$225,000				\$225,000.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-1a
07/01/2023 - 06/30/2024
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-1JUL23

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: _____ GF

Department ID-Authority ID: _____

Program Name: Training Academy & Clinical Assistance Program

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **07/1/23 - 07/31/23**

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Implementation Activities	1,995	85							1,995	85

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	85				85

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$286,960				\$286,960.00
Fringe Benefits	\$58,471				\$58,471.00
Total Personnel Expenses	\$345,431				\$345,431.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$35,077				\$35,077.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$6,158				\$6,158.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$4,638				\$4,638.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$45,873				\$45,873.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$391,304				\$391,304.00
Indirect Expenses	\$58,696				\$58,696.00
TOTAL EXPENSES	\$450,000				\$450,000.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

F-1b
07/01/2024 - 06/30/2025
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-1JUL24

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Program Name: Training Academy & Clinical Assistance Program

Funding Source: GF

ACE Control #:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice

(check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Implementation Activities	1,995	85							1,995	85

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	85				85

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$286,960				\$286,960.00
Fringe Benefits	\$58,471				\$58,471.00
Total Personnel Expenses	\$345,431				\$345,431.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$35,077				\$35,077.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$6,158				\$6,158.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$4,638				\$4,638.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$45,873				\$45,873.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$391,304				\$391,304.00
Indirect Expenses	\$58,696				\$58,696.00
TOTAL EXPENSES	\$450,000				\$450,000.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____

Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____

(DPH Authorized Signatory)

Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-1c
07/01/2025 - 06/30/2026
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-1JUL25

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

Program Name: Training Academy & Clinical Assistance Program

ACE Control #:

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Implementation Activities	1,995	85							1,995	85

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	85				85

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$286,960				\$286,960.00
Fringe Benefits	\$58,471				\$58,471.00
Total Personnel Expenses	\$345,431				\$345,431.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$35,077				\$35,077.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$6,158				\$6,158.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$4,638				\$4,638.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$45,873				\$45,873.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$391,304				\$391,304.00
Indirect Expenses	\$58,696				\$58,696.00
TOTAL EXPENSES	\$450,000				\$450,000.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-2
01/01/2023 - 06/30/2023
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-2JAN23

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Program Name: Clinical Services Sustainability

Project ID-Activity ID:

ACE Control #:

Invoice Period: 01/1/23 - 01/31/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	8,925	N/A					#####		8,925	#####
Linkage and Navigation	N/A	290					#####		#####	290
Prevention and Treatment Medication	250	N/A					#####		250	#####

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	290				290

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$196,593				\$196,593.00
Fringe Benefits	\$53,080				\$53,080.00
Total Personnel Expenses	\$249,673				\$249,673.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$21,095				\$21,095.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$732				\$732.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,790				\$2,790.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$24,617				\$24,617.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$274,290				\$274,290.00
Indirect Expenses	\$41,142				\$41,142.00
TOTAL EXPENSES	\$315,432				\$315,432.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

By: _____
(DPH Authorized Signatory)

Date: _____

Attn: Accounts Payable

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-2a
07/01/2023 - 06/30/2024
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-2JUL23

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Program Name: Clinical Services Sustainability

Project ID-Activity ID:

ACE Control #:

Invoice Period: 07/1/23 - 07/31/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	14,825	N/A					#####		14,825	#####
Linkage and Navigation	N/A	580					#####		#####	580
Prevention and Treatment Medication	500	N/A					#####		500	#####

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	580				580

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$393,188				\$393,188.00
Fringe Benefits	\$106,161				\$106,161.00
Total Personnel Expenses	\$499,349				\$499,349.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$42,187				\$42,187.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,464				\$1,464.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$5,580				\$5,580.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$49,231				\$49,231.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$548,580				\$548,580.00
Indirect Expenses	\$82,286				\$82,286.00
TOTAL EXPENSES	\$630,866				\$630,866.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org	By: _____	Date: _____
Attn: Accounts Payable	(DPH Authorized Signatory)	

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-2b
07/01/2024 - 06/30/2025
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-2JUL24

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Program Name: Clinical Services Sustainability

Project ID-Activity ID:

ACE Control #:

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	14,825	N/A					#####		14,825	#####
Linkage and Navigation	N/A	580					#####		#####	580
Prevention and Treatment Medication	500	N/A					#####		500	#####

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	580				580

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$393,188				\$393,188.00
Fringe Benefits	\$106,161				\$106,161.00
Total Personnel Expenses	\$499,349				\$499,349.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$42,187				\$42,187.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,464				\$1,464.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$5,580				\$5,580.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$49,231				\$49,231.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$548,580				\$548,580.00
Indirect Expenses	\$82,286				\$82,286.00
TOTAL EXPENSES	\$630,866				\$630,866.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

By: _____
(DPH Authorized Signatory)

Date: _____

Attn: Accounts Payable

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-2c
07/01/2025 - 06/30/2026
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-2JUL25

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Program Name: Clinical Services Sustainability

Project ID-Activity ID:

ACE Control #:

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	14,825	N/A					#####		14,825	#####
Linkage and Navigation	N/A	580					#####		#####	580
Prevention and Treatment Medication	500	N/A					#####		500	#####

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	580				580

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$393,188				\$393,188.00
Fringe Benefits	\$106,161				\$106,161.00
Total Personnel Expenses	\$499,349				\$499,349.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$42,187				\$42,187.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,464				\$1,464.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$5,580				\$5,580.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$49,231				\$49,231.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$548,580				\$548,580.00
Indirect Expenses	\$82,286				\$82,286.00
TOTAL EXPENSES	\$630,866				\$630,866.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-3
01/01/2023 - 06/30/2023
PAGE A

Contractor: **San Francisco AIDS Foundation**
Address: **1035 Market Street, Suite 400**
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-3JAN23

Contract Purchase Order No:

Telephone: **415-487-3000**
Fax:

CHEP

Funding Source: **GF**

Department ID-Authority ID:

Program Name: **Capacity Building Activities: The Black Health Clinical Assistant Program**

Project ID-Activity ID:

ACE Control #:

Invoice Period: **01/1/23 - 01/31/23**

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Startup Activities	3	N/A						#####	3	#####
Capacity Building Implementation Activities	1,200	12							1,200	12

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	12				12

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$142,537				\$142,537.00
Fringe Benefits	\$15,675				\$15,675.00
Total Personnel Expenses	\$158,212				\$158,212.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$8,560				\$8,560.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$6,009				\$6,009.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$1,132				\$1,132.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$15,701				\$15,701.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$173,913				\$173,913.00
Indirect Expenses	\$26,087				\$26,087.00
TOTAL EXPENSES	\$200,000				\$200,000.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: **AidsOffice@sfdph.org**

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-3a
07/01/2023 - 06/30/2024
PAGE A

Contractor: **San Francisco AIDS Foundation**
Address: **1035 Market Street, Suite 400**
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-3JUL23

Contract Purchase Order No:

Telephone: **415-487-3000**
Fax:

CHEP

Funding Source:

Department ID-Authority ID:

Program Name: **Capacity Building Activities: The Black Health Clinical Assistant Program**

Project ID-Activity ID:

ACE Control #:

Invoice Period: **07/1/23 - 07/31/23**

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Implementation Activities	2,400	24							2,400	24

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	24				24

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$285,073				\$285,073.00
Fringe Benefits	\$31,351				\$31,351.00
Total Personnel Expenses	\$316,424				\$316,424.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$17,120				\$17,120.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$12,018				\$12,018.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,264				\$2,264.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$31,402				\$31,402.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$347,826				\$347,826.00
Indirect Expenses	\$52,174				\$52,174.00
TOTAL EXPENSES	\$400,000				\$400,000.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: **AidsOffice@sfdph.org**

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

F-3b
07/01/2024 - 06/30/2025
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-3JUL24

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Department ID-Authority ID:

Funding Source: GF

Project ID-Activity ID:

Program Name: Capacity Building Activities: The Black Health Clinical Assistant Program

ACE Control #:

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice

(check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Implementation Activities	2,400	24							2,400	24

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	24				24

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$285,073				\$285,073.00
Fringe Benefits	\$31,351				\$31,351.00
Total Personnel Expenses	\$316,424				\$316,424.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$17,120				\$17,120.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$12,018				\$12,018.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,264				\$2,264.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$31,402				\$31,402.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$347,826				\$347,826.00
Indirect Expenses	\$52,174				\$52,174.00
TOTAL EXPENSES	\$400,000				\$400,000.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____

Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

By: _____
(DPH Authorized Signatory)

Date: _____

Attn: Accounts Payable

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-3c
07/01/2025 - 06/30/2026
PAGE A

Contractor: **San Francisco AIDS Foundation**
Address: **1035 Market Street, Suite 400**
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-3JUL25

Contract Purchase Order No:

Telephone: **415-487-3000**
Fax:

CHEP

Funding Source:

Department ID-Authority ID:

Program Name: **Capacity Building Activities: The Black Health Clinical Assistant Program**

Project ID-Activity ID:

ACE Control #:

Invoice Period: **07/1/25 - 07/31/25**

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Implementation Activities	2,400	24							2,400	24

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	24				24

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$285,073				\$285,073.00
Fringe Benefits	\$31,351				\$31,351.00
Total Personnel Expenses	\$316,424				\$316,424.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$17,120				\$17,120.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$12,018				\$12,018.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,264				\$2,264.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$31,402				\$31,402.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$347,826				\$347,826.00
Indirect Expenses	\$52,174				\$52,174.00
TOTAL EXPENSES	\$400,000				\$400,000.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: **AidsOffice@sfdph.org**

By: _____
(DPH Authorized Signatory)

Date: _____

Attn: Accounts Payable

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-4
01/01/2023 - 06/30/2023
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-4JAN23

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Program Name: HAP Capacity Building Activities Program

Project ID-Activity ID:

ACE Control #:

Invoice Period: 01/1/23 - 01/31/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Implementation Activities	6	N/A						#####	6	#####

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix		N/A			#####

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$37,500				\$37,500.00
Fringe Benefits	\$10,125				\$10,125.00
Total Personnel Expenses	\$47,625				\$47,625.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$7,086				\$7,086.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$246				\$246.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$937				\$937.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$96,280				\$96,280.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$104,549				\$104,549.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$152,174				\$152,174.00
Indirect Expenses	\$22,826				\$22,826.00
TOTAL EXPENSES	\$175,000				\$175,000.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-4a
07/01/2023 - 06/30/2024
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-4JUL23

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Program Name: HAP Capacity Building Activities Program

Project ID-Activity ID:

ACE Control #:

Invoice Period: 07/1/23 - 07/31/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Implementation Activities	12	N/A						#####	12	#####

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix		N/A			#####

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$75,000				\$75,000.00
Fringe Benefits	\$20,250				\$20,250.00
Total Personnel Expenses	\$95,250				\$95,250.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$14,172				\$14,172.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$492				\$492.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$1,874				\$1,874.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$192,560				\$192,560.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$209,098				\$209,098.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$304,348				\$304,348.00
Indirect Expenses	\$45,652				\$45,652.00
TOTAL EXPENSES	\$350,000				\$350,000.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

F-4b
07/01/2024 - 06/30/2025
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-4JUL24

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Program Name: HAP Capacity Building Activities Program

Funding Source: GF

ACE Control #:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice

(check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Implementation Activities	12	N/A						#####	12	#####

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix		N/A			#####

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$75,000				\$75,000.00
Fringe Benefits	\$20,250				\$20,250.00
Total Personnel Expenses	\$95,250				\$95,250.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$14,172				\$14,172.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$492				\$492.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$1,874				\$1,874.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$192,560				\$192,560.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$209,098				\$209,098.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$304,348				\$304,348.00
Indirect Expenses	\$45,652				\$45,652.00
TOTAL EXPENSES	\$350,000				\$350,000.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____

Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____

(DPH Authorized Signatory)

Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-4c
07/01/2025 - 06/30/2026
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-4JUL25

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

Program Name: HAP Capacity Building Activities Program

ACE Control #:

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Implementation Activities	12	N/A						#####	12	#####

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix		N/A			#####

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$75,000				\$75,000.00
Fringe Benefits	\$20,250				\$20,250.00
Total Personnel Expenses	\$95,250				\$95,250.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$14,172				\$14,172.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$492				\$492.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$1,874				\$1,874.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$192,560				\$192,560.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$209,098				\$209,098.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$304,348				\$304,348.00
Indirect Expenses	\$45,652				\$45,652.00
TOTAL EXPENSES	\$350,000				\$350,000.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-5
01/01/2023 - 06/30/2023
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-5JAN23

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Program Name: Health Access Point Gay/MSM

Project ID-Activity ID:

ACE Control #:

Invoice Period: 01/1/23 - 01/31/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	13,380	5,100							13,380	5,100
Prevention and Treatment Medication	325	N/A							325	#####
Condom Distribution	6	N/A							6	#####
Linkage and Navigation	546	453							546	453
Community Engagement and Mobilization	62	138							62	138

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix		5691			5,691

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$329,449				\$329,449.00
Fringe Benefits	\$88,951				\$88,951.00
Total Personnel Expenses	\$418,400				\$418,400.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$3,339				\$3,339.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$100,000				\$100,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$103,339				\$103,339.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$521,739				\$521,739.00
Indirect Expenses	\$78,261				\$78,261.00
TOTAL EXPENSES	\$600,000				\$600,000.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-5.1
01/01/2023 - 07/31/2023
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-5JAN23

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: 20-2010 CDC: CFDA 93.9

Department ID-Authority ID:

Program Name: Health Access Point Gay/MSM

Project ID-Activity ID:

ACE Control #:

Invoice Period: 01/1/23 - 01/31/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	180	N/A						#####	180	#####

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix		N/A			#####

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,848				\$2,848.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$1,500				\$1,500.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$4,348				\$4,348.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$4,348				\$4,348.00
Indirect Expenses	\$652				\$652.00
TOTAL EXPENSES	\$5,000				\$5,000.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

By: _____
(DPH Authorized Signatory)

Date: _____

Attn: Accounts Payable

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-5a
07/01/2023 - 06/30/2024
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-5JUL23

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: _____ GF

Department ID-Authority ID: _____

Program Name: Health Access Point Gay/MSM

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **07/1/23 - 07/31/23**

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	27,120	10,200							27,120	10,200
Prevention and Treatment Medication	650	N/A							650	#####
Condom Distribution	12	N/A							12	#####
Linkage and Navigation	1,092	905							1,092	905
Community Engagement and Mobilization	124	276							124	276

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix		11381			11,381

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$658,898				\$658,898.00
Fringe Benefits	\$177,902				\$177,902.00
Total Personnel Expenses	\$836,800				\$836,800.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,678				\$6,678.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$200,000				\$200,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$206,678				\$206,678.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,043,478				\$1,043,478.00
Indirect Expenses	\$156,522				\$156,522.00
TOTAL EXPENSES	\$1,200,000				\$1,200,000.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-5b
07/01/2024 - 06/30/2025
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-5JUL24

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Program Name: Health Access Point Gay/MSM

Project ID-Activity ID:

ACE Control #:

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	27,120	10,200							27,120	10,200
Prevention and Treatment Medication	650	N/A							650	#####
Condom Distribution	12	N/A							12	#####
Linkage and Navigation	1,092	905							1,092	905
Community Engagement and Mobilization	124	276							124	276

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix		11381			11,381

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$658,898				\$658,898.00
Fringe Benefits	\$177,902				\$177,902.00
Total Personnel Expenses	\$836,800				\$836,800.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,678				\$6,678.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$200,000				\$200,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$206,678				\$206,678.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,043,478				\$1,043,478.00
Indirect Expenses	\$156,522				\$156,522.00
TOTAL EXPENSES	\$1,200,000				\$1,200,000.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____
(DPH Authorized Signatory)

Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-5c
07/01/2025 - 06/30/2026
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000024734

Invoice Number
A-5JUL25

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: _____ GF

Department ID-Authority ID: _____

Program Name: Health Access Point Gay/MSM

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **07/1/25 - 07/31/25**

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	27,120	10,200							27,120	10,200
Prevention and Treatment Medication	650	N/A							650	#####
Condom Distribution	12	N/A							12	#####
Linkage and Navigation	1,092	905							1,092	905
Community Engagement and Mobilization	124	276							124	276

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix		11381			11,381

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$658,898				\$658,898.00
Fringe Benefits	\$177,902				\$177,902.00
Total Personnel Expenses	\$836,800				\$836,800.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,678				\$6,678.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$200,000				\$200,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$206,678				\$206,678.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,043,478				\$1,043,478.00
Indirect Expenses	\$156,522				\$156,522.00
TOTAL EXPENSES	\$1,200,000				\$1,200,000.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org	By: _____	Date: _____
Attn: Accounts Payable	(DPH Authorized Signatory)	

Appendix G

Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/apellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- **Step 1** The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- **Step 2** Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- **Step 3** Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken

Appendix G

to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H
Reserved

Appendix I
Reserved

Appendix J
Grant Terms Reserved

APPENDIX K

Data Access and Sharing Terms

Article 1 Access

1.1 Revision to Scope of Access (RSA):

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

1.2 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;

1.2.2 Communicating with the SFDPH IT Service Desk;

1.2.3 Providing Agency Data User(s) details to the City;

1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;

1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and

1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

1.3 SFDPH IT Service Desk.

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

1.4 Deprovisioning Schedule.

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

1.5 Active Directory.

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

1.6 Role Based Access.

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

1.7 Training Requirements.

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

1.8 Agency Data User Confidentiality Agreement.

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

1.9 Corrective Action.

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

1.10 User ID and Password.

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

1.11 Notification of Compromised Password.

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

1.12 Multi Factor Authentication.

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

1.13 Qualified Personnel.

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

1.14 Workstation/Laptop encryption.

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

1.15 Server Security.

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

1.16 Removable media devices.

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

1.17 Antivirus software.

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

1.18 Patch Management.

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

1.19 System Timeout.

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

1.20 Warning Banners.

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

1.21 Transmission encryption.

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

1.23 Intrusion Detection.

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.
of the City.

1.24 Security of PHI.

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

1.25 Data Security and City Data

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

1.26 Data Privacy and Information Security Program.

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

1.27 Disaster Recovery.

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

1.28 Supervision of Data.

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

1.29 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

1.30 No Technical or Administrative Support.

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

1.31 City Audit of Agency and Agency Data Users.

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

1.32 Minimum Necessary.

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

1.33 No Re-Disclosure or Reporting.

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

1.34 Health Information Exchange.

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

1.35 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data

breach in the same manner in which Agency would be so obligated, (2) provide cyber with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 2 Indemnity

2.1 Medical Malpractice Indemnification.

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

- (a) Read information displayed or transmitted by the System accurately and completely;
- (b) Ensure that Agency Data Users are trained on the use of the System;
- (c) Be responsible for decisions made based on the use of the System;
- (d) Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;
- (e) Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;
- (f) Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;
- (g) Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

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

3.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and

- ii. any action pertaining to a breach required by applicable federal and state laws.

3.2.1 Investigation of Breach and Security Incidents: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

- i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
- iii. a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. a description of the probable and proximate causes of the breach or security incident; and
- v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

3.2.2 Written Report: Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3.2.3 Notification to Individuals: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
- ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

3.2.4 Sample Notification to Individuals: If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
- ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

3.3 Media Communications

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

Attachment 1 to Appendix K System Specific Requirements

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

A. SFDPH Care Link Requirements:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website galaxy.epic.com. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Compliance with Epic Terms and Conditions.

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

3. Epic-Provided Terms and Conditions

- a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
- b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

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

- a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at:
<https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:

A. SFDPH myAvatar via WebConnect and VDI:

1. Connectivity.

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

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

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at:
<https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at
https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.

Attachment 2 to Appendix K

Protected Information Destruction Order Purge Certification - Contract ID # 1000024734

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated January 1st, 2023 (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

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

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

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

So Certified

Tyler Termeer

Title: Chief Executive Officer

Date:

Click on this page to be redirected to the Legislative Research Center to view the entirety of this voluminous document

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

First Amendment

THIS **FIRST** AMENDMENT (“Amendment”) is made as of **March 1st, 2025**, in San Francisco, California, by and between **San Francisco AIDS Foundation** (“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 update standard contractual clauses and modify the Agreement as follows:

- a. Replace Appendix A-1 with the attached A-1 to update program activities, required trainings and additional requirements dated 03/01/2025.
- b. Replace Appendix A-2 with the attached A-2 to update program activities, required trainings and additional requirements dated 03/01/2025.
- c. Replace Appendix A-3 with the attached A-3 to update program activities, required trainings and additional requirements dated 03/01/2025.
- d. Replace Appendix A-4 with the attached A-4 to update program activities, required trainings and additional requirements dated 03/01/2025.
- e. Replace Appendix A-5 with the attached A-5 to update program activities, required trainings and additional requirements dated 03/01/2025.
- f. Include Attachment 1 – “Standard of Care Service Description for Integrated HIV, HCV, and STD Testing.”
- g. Replace Appendix B with the attached Appendix B dated 03/01/2025.
- h. Replace B-1b, B-1c, B-2b, B-2c, B-3b, B-3c, B-4b, B-4c, B-5b, B-5c and their corresponding invoices to update funding levels, capturing revised funding amounts dated 03/01/2025.
- i. Replace Appendix E, “Business Associate Agreement”, with updated OCPA & CAT v1/10/2024, Attestation forms 06-07-2017, and Protected Information Destruction Order Purge Certification 01-10-2024.
- j. Replace Appendix K, “Data Access and Sharing Terms”, with the “Third party Computer System Access Agreement (SAA)” dated 01-08-2025; and



**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
Population Health Division – Community Health Equity & Promotion (CHEP)
101 Grove Room 402
San Francisco, CA 94102**

**REQUEST FOR PROPOSALS
RFP No. 4-2019**

**An Equity-Focused, Community-Centered, Whole Person Care Approach to Integrated
HIV, HCV, and STD Prevention Programs for Affected Communities**

SCHEDULE OF EVENTS AND SUBMISSION DEADLINES

ACTIVITY	TIMES	DATES
Solicitation Issued:	NA	September 12, 2019
E-Questions	NA	September 16, 2019 thru September 19, 2019
Bidders' Conference	9:00 a.m. to 12:00 noon	September 26, 2019
Letter of Intent (LOI) Due (Mandatory. Please use template provided in Appendix A-1.)	By 12:00 Noon	October 9, 2019
Qualifications Statements and Proposals Due	By 12:00 Noon	November 25, 2019
		ESTIMATED DATES
Technical Review	NA	December 2019
Oral Presentation & Review	NA	December 2019
Start Date of Service	NA	July 1, 2020

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RFP APPENDICIES: A-1, A-2, AND A-3

A-1 REQUIRED FORMS, New Contracting Information

- 1) Letter of Intent Form
 - Service Category 1.1 thru 1.7
- 2) Qualifications Statement Form
 - Service Category 2.1 thru 2.7
 - 2A Sub-Contract MOU form
- 3) CMD Form 3 – Non-Discrimination Affidavit Form
- 4) DPH General Budget Forms
- 5) MCO HCAO Declaration Forms
- 6) Non Profit MCO Hourly Rate Information
- 7) Insurance Requirements 7.01.2019 (information)
- 8) Website addresses for hyperlinks in RFP

A-2 STANDARD SUPPLIER/VENDOR FORMS:

- This Application Process is only accepting proposals from Approved City Suppliers/Vendors.
- If you are a current City Supplier/Vendor you are not required to complete these forms.
- If you are a potential NEW SUPPLIER/VENDOR with the City and County, the following is required to be completed via the OCA Web Site:
- Please paste to your browser: <https://sfgov.org/oca/qualify-do-business> to learn how to “Qualify to Do Business” with the City and County of San Francisco.

1) Vendor Profile Application/Package

2) CMD Attachment 2: CMD/HRC Requirements for Architecture, Engineering, and Professional Services Contracts

A-3 FOR INFORMATION ONLY

- 1) Standard Legal Agreement Boilerplate Draft Copy (P-600)
- 2) Insurance Requirements 7.01.2019
- 3) LBE Certification Instructions
- 4) LBE Applications
 - LBE Application – Small/Micro/Local Business
 - LBE Application – Non-Profit Entity
- 5) SFDPH Procedures regarding Subcontracting

Standard BAA documents Below:

- 6a) Business Associate Agreement
- 6b) BAA All Attachments

Travel Ban Information:

- 7) Contract Travel Ban Memo/Ban on City Contracts and Travel Involving States with Anti-LGBT Laws **(Amended 9.19.2019)**

MCO Non Profit Minimum Wage Poster:

- 8) July 1, 2019 Non Profit Minimum Wage Rate

RFP 4-2019

I. Introduction

The San Francisco Department of Public Health (SFDPH), Community Health Equity and Promotion Branch (CHEP), is soliciting proposals for **An Equity-Focused, Community-Centered, Whole Person Care Approach to Integrated HIV, HCV, and STD Prevention Programs for Affected Communities**. Each proposal must meet the necessary qualifications and service requirements set forth in this solicitation. Whether a proposal meets these qualifications and service requirements will be determined through the Review and Selection Process described in Section IV. No Proposer shall have any legal or equitable right or obligation to enter into a contract or to perform the work as a result of qualifying for selection.

A. Solicitation Overview

The SFDPH Community Health Equity and Promotion Branch (CHEP) is soliciting proposals to provide **Integrated HIV, HCV, and STD Prevention Programs for Affected Communities in seven (7) separate service categories**, further detailed in Section II "Program Services Specifications".

Please note:

- The Department intends to support seven (7) agreements as result of this solicitation process.
- Successful applicants are limited to negotiating and developing one (1) contract agreement as a result of participating in this RFP process.
- Applicants may submit a proposal to more than one service category.
- Applicants must submit a separate proposals package for each specific service category if applying for more than one service category.
- Applicants who submit multiple proposals will only be eligible to negotiate and secure one contract agreement, limited to one (1) service category.

To participate in this solicitation process, Proposers are required to submit:

- A Letter of Intent (LOI):
 - You must submit a LOI for each separate Service Category that you intend to submit a proposal.
- A Qualifications Statement and Sub-Contractor MOU Form:
 - You must attach a signed Qualification Statement form to each proposal package per Service Category
 - You must attach a signed Sub-Contractor MOU form for each identified sub-contractor
- A complete Proposal Package with all requested documentation by the stated deadlines and according to Submission Requirements in Section III of this solicitation.
- Verification of being a current approved City Supplier/Vendor
- Verification of compliance with the HIPAA Business Associate Addendum
- CMD Form 3
- MCO and HCAO Declaration (copy)

In the event that only one Letter of Intent (LOI) or if one Proposal is submitted for this solicitation or for a specific category within this solicitation, the Department will determine the viability of entering into negotiations with that vendor/supplier. If more than one LOI or if more than one Proposal is received, the process will progress through the submittal steps outlined in this solicitation. Vendors/Suppliers who submit an LOI and then decide to not submit a proposal afterward, should contact the Contracts Unit and communicate their intent to not participate in the RFP.

Prior to submitting your Letter of Intent, please review the Service Category Minimum Qualifications outlined in Section II to determine if your agency is qualified.

Incomplete or non-compliant Proposals will be rejected during Initial Screening. A Technical Review Panel, as described in Section V, Review and Selection Process, will evaluate proposals progressing to the Review and Selection Process.

Opportunities for bidders to ask pre-bid questions will be afforded through a Bidders' Conference or E-questions as specified in Section VI.

Section VI covers Standard Terms and Conditions for Receipt of Proposals, as established by the City and County of San Francisco.

Appeals Procedures for breach of solicitation procedures are covered in Section VIII.

Required forms, standard forms, and informational documents are provided in Appendices A-1, A-2, and A-3. Potential Contractors must have a **registered/valid City and County of San Francisco Supplier ID number** (previously known as the Vendor ID#), and provide your current **Supplier ID number**.

If you **are not registered** as an approved City Supplier, you must begin the process at the time of proposal submission.

- Please go to: <https://sfcitypartner.sfgov.org/> to learn how to "Qualify to Do Business" with the City and County of San Francisco.
- Potential contractors who have questions regarding navigating the "Supplier" portal may send emails to sfcitypartnersupport@sfgov.org for help or questions regarding the PeopleSoft system.

The complete solicitation package is available for download at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts>

Click on **RFP# 4-2019** and follow the instructions.

For questions about solicitation procedures or documents, please contact:

Irene Carmona
SFDPH – Contracts Unit
(415) 554-2778
irene.carmona@sfdph.org

B. Contract Term

The City reserves the option to award initial contract(s) for **original term(s) from one (1) to five (5) years**, and the right to exercise options to extend the original term of the contract(s) for any period(s) not to exceed a **total maximum of ten (10) years** of services from the original contract agreement.

Contract terms allowable are mandated under the “Administrative Code Section 21.9 Multiple Year Contracts; Options to Extend or Renew.”

The City reserves the right to procure services similar or identical to the services specified in this RFP by any other means. No respondent is guaranteed a contract.

The Department reserves the right to issue multiple contracts to multiple vendors that are qualified and that submitted a proposal. Throughout the course of the contract, the Department will monitor the performance of the contractor(s) in accordance with Departmental monitoring procedures and reserves the right to alternate primary providers for non-performance.

The Department reserves the right to solicit services under a new RFP in the event that submitted proposals are not responsive to the service categories outlined in this RFP.

A contract or contract funding notice is not a guarantee of funding for a program or the continuation of services. Annual funding for contracts may vary or change according to the availability of funds. The Department reserves the right to re-open the solicitation to request additional proposals or to resolicit services.

C. Funding

1. Funding Amounts

The **estimated** annual amount of funds available through this RFP is up to **\$8,000,000**, distributed across the service categories as follows:

Summary of Service Categories and Funding Amounts		
#	Service Category	Estimated Amount Available
1	Health Access Point (HAP) for Latinx	\$1,600,000 to \$2,000,000
2	Health Access Point (HAP) for Trans women	\$650,000 to \$800,000
3	Health Access Point (HAP) for People who use drugs, including injecting drugs (PWUD/ID)	\$760,000 to \$930,000
4	Health Access Point (HAP) for Males who have sex with males (MSM), with a focus on Gay males (Gay/MSM)	\$1,000,000 to \$1,200,000
5	Health Access Point (HAP) for Asians and Pacific Islanders (API)	\$540,000 to \$660,000
6	Health Access Point (HAP) for Young Adults (18-24)	\$350,000 to \$500,000
7	Training and Capacity Building for a Health Access Point (HAP) for Black/African Americans	\$1,900,000 to \$2,400,000

The estimated annual amount of funding available to support the services described in this RFP is subject to increase or decrease depending on changes in available Federal, State and local, funding resources; changes in HIV, HCV, and STD prevention priorities as recommended by the HIV Community Planning Council (HCPC), or as determined by CHEP; or other circumstances.

All General Fund funding is based on the City & County of San Francisco “Annual General Fund Budget Approval Process.”

All GRANT funding including “Special Revenue” is determined by the grantor. Annual funding may increase or decrease depending on availability of funds. Grant funding is based on the conditions of the grant award. (“Special Revenue” may be a result of funding from the Federal Government or the State of California)
There are no guarantees of annual funding.

Should additional funds become available after the release of this RFP or after awards from this RFP have been made, SFDPH reserves the right to allocate these additional funds as it deems appropriate according to program planning and service needs, including but not limited to: adjusting the number and/or size of awards; supplementing awards from this RFP with additional funds during service periods; supporting SFDPH-delivered services; or issuing a new solicitation.

San Francisco Minimum Wage Rates:

- **Beginning July 1, 2019, the Minimum Wage Rate is: \$16.50 per hour for Nonprofit and Public Entities, and \$17.66 for For-Profit suppliers.**
- **All contracts supporting hourly staff must comply with this hourly rate.**
- **See MCO requirements in Appendix A-1**
- **System for Award Management (SAM) Registration – Federal Funding Requirement:**
- Agencies/Vendors who receive funding from the Federal Government must register with the System for Award Management (SAM) and renew their membership annually.
- This requirement includes sub-recipients and subcontractors.
- Please complete the registration/renewal process and forward a printout indicating your membership is active.
- No grant funds will be encumbered until SAM membership is active.
- SAM registration can be done here: <https://www.sam.gov/portal/SAM/##11>

2. Funding Sources, Terms, and Restrictions

- Funds for this solicitation will come from one or more of the following: a) the federal Centers for Disease Control and Prevention (CDC) (fiscal year January 1 through December 31); b) the State of California Department of Public Health (fiscal year July 1 through June 30); c) the San Francisco General Fund (fiscal year July 1 through June 30); and d) the federal Substance Abuse and Mental Health Services Administration (SAMHSA) (fiscal year July 1 through June 30). SFDPH reserves the right to determine funding source and to package funds appropriately for specific services and contractors.
- Funds for this solicitation may be renewable annually (dependent on availability of funds, successful performance of contract obligations, compliance with data and reporting requirements and public health priorities, and changes in the epidemic affecting need for services) for a period of up to ten (10) years.
- SFDPH reserves the right to terminate or not to renew a contract funded through this request for proposals (RFP) at any time.
- If the submitted applications to this RFP are deemed not qualified, CHEP reserves the right not to issue awards in any given service category. CHEP may implement a separate process to obtain the services identified in this RFP.
- Funds must be used for programs and services located in San Francisco.
- Funds may not be used for the following:
 - HIV medications
 - Primary care
 - Sexually transmitted disease (STD) treatment (to be discussed during negotiations)
 - Hepatitis C treatment
 - Other medical testing (except HIV, HCV, and STD testing) or treatment
 - Research
 - Cash incentives

- Subcontractors - Allowable Direct Cost.
 - Subcontracted services are allowable as direct costs when necessary to support the final cost objective. As such, these direct costs may be used in the calculation of the prime contractor's indirect cost rate with some limitations. The prime contractor can charge indirect costs on the first \$25,000 of each subcontract at the approved/allowed indirect cost rate. Additional subcontract expenses beyond \$25,000 must be excluded from the indirect rate calculation.
 - Reference: OMB Uniform Guidance Part 200 Subpart A Section 200.68 Modified Total Direct Cost (MTDC)

D. Ban on City Contracts Involving States with Anti LGBT Laws

Per Administrative Code Section 12X prohibits City contracting with companies from states that have enacted laws after June 26, 2015, reversing anti-discrimination protections for LGBT individuals or that permit discrimination against LGBT individuals. Administrative Code Section 12X.5 (a) cites that the City shall not enter into any Contract with a Contractor that has its United States headquarters in a state on the Covered State List or where any or all of the work on the Contract will be performed in a state on the Covered State List.

In accordance with the Administrative Code Section 12X.5 (b), the Contracting Department may waive the requirements of Section 12X.5 in full or in part, if the department determines that strict application of the requirement would not be feasible, would create an undue hardship or practical difficulty, or that similar circumstances otherwise warrant granting of the waiver.

MEMO issued by the "City Administrator" regarding "Ban on City Contracts Involving States with Anti LGBT Laws" is located in attached **Appendix 3** of this solicitation.

E. Guidelines for Reading and Responding to this Specific RFP

Section II.C. "Services Solicited, Proposal Narrative Instructions" describes in detail the seven (7) service categories for which CHEP is seeking services. Since each description has been developed to contain all the information needed to apply to that category, it is not necessary to read the service categories the applicant does not intend to apply to.

The following resources are available to assist applicants:

- **2017 – 2021 San Francisco Integrated HIV Prevention and Care Plan.** This document provides a wide-ranging blueprint, including specific goals, objectives, and strategies, designed to help guide the future of HIV activities in our region. The plan can be found online here: [HIV Community Planning Council Integrated Plan](#)
- **HIV/HCV/STD Roadmap: Stakeholder Engagement Report.** This report summarizes the themes that emerged from an extensive planning process, comprised of SFDPH staff and community stakeholders, for the future of HIV, hepatitis C (HCV), and sexually transmitted disease (STD) programs and services. [Stakeholder Engagement Report](#).

- **2017 HIV Epidemiology Annual Report.** This report presents annual San Francisco HIV surveillance data that is widely used to measure progress toward reducing HIV incidence and improving health outcomes for people living with HIV (PLWH), as well as identify successes and vulnerable populations who are experiencing barriers to HIV prevention, treatment, and care. The report can be found online here: [2017 HIV Epi Report](#).
- **2016 San Francisco Sexually Transmitted Disease Annual Summary.** This report presents annual San Francisco STD surveillance data for syphilis, gonorrhea, and chlamydia, as well as identifies successes and vulnerable populations that are disproportionately affected by these diseases. This RFP uses 2016 STD data. The 2017 San Francisco Sexually Transmitted Disease Annual Summary is now available. The reports can be found online here: [2016 STD Summary](#) and [2017 STD Summary](#)
- **End Hep C SF Strategic Plan, 2017-2019.** This plan details strategic priorities identified by the End Hep C SF Collective Impact Initiative that maximize progress toward HCV elimination in San Francisco. The plan can be found online here: [End Hep C Plan](#).
- **Getting to Zero (GTZ) Strategic Plan, 2015.** This plan describes a comprehensive approach that continues funding for successful efforts and calls for three signature initiatives to begin—1) PrEP expansion; 2) RAPID ART (antiretroviral therapy); and 3) ART Retention—that focus on eliminating new HIV infections, preventing HIV-related disease complications, and reducing the health disparities for HIV infected and affected populations in San Francisco. The plan can be found online here: [GTZ Plan](#).
- **Acronyms/Glossary of Terms:** A glossary of terms and abbreviations used in this RFP appears in **Exhibit 1: 6.4**.
- To minimize the use of abbreviations and make this RFP easier to read, when the term “men who have sex with men (MSM)” is used, it is intended to be inclusive of men who have sex with women (MSM/F), trans men who have sex with men (TMSM), and MSM-injection drug users (MSM-IDU), unless otherwise indicated.
- To access the [highlighted links](#) place your cursor over the [highlighted type](#) and follow the instructions to access links.
- If you **can not** access the highlighted links please refer to the Reference document in Appendix A-1

F. Additional Program Guidelines for Responding to this Specific RFP

1. Program Administrative and Reporting Requirements

The following are CHEP's administrative and reporting requirements. Additional city and SFDPH requirements will apply to all contractors. These will include but are not limited to requirements related to contracting procedures, contract monitoring, cultural competency, client satisfaction surveys, data security, and the Health Insurance Portability and Accountability Act (HIPAA).

Program Administrative and Reporting Requirements	
Requirement	Description
Participation in Special Projects and Studies	Programs will be invited to participate in special projects or studies. Whether participation is mandatory will depend on the project/study.
Training and Technical Assistance	Program staff and volunteers will be required to attend CHEP's trainings as relevant to their job functions. Programs will also be required to work with CHEP's technical assistance team (program liaisons) as needed.
Evaluation and Data Collection Activities	Programs must submit all data as required (see service category descriptions). In addition, periodically, programs will be required to work with CHEP to assess whether program goals and objectives are being met. CHEP may require agencies to periodically write up or present a short summary of data and evaluation findings, including program successes, challenges, and improvements made based on the findings.
Client Satisfaction Survey	CHEP may require programs to conduct a client satisfaction survey/activity in addition to the city requirement.
Program and Continuous Quality Improvement (CQI) Policies and Procedures	All programs must have policies and procedures in place for programs, including a CQI plan, that meet the minimum CHEP requirements.
Program Policies and Procedures	All programs must have policies and procedures in place describing their program protocols, curricula, and other important program-related information.
Client Data Security and Management	All programs must maintain a policy regarding client data security, which includes policy for storage, access, retention and destruction of data.

II. Program Service Specifications

A. Goals and Program Overview

1. Community Health Equity and Promotion Branch (CHEP) Goals

The Community Health Equity and Promotion Branch (CHEP) of the San Francisco Department of Public Health (SFPDH) is focused on ensuring health equity among all communities. This RFP focuses on reaching equity by focusing on the disparities that result in disproportionate levels of HIV, HCV, and STD for some populations. The CHEP mission is that **all people have fair and equal access to the highest quality of prevention, care, and treatment service opportunities in order to attain optimal health in regards to HIV, STD, and HCV status.**

To move toward health equity, CHEP has focused this RFP on populations where the greatest disparities lie, has included disparities as decision-making criteria for funding, and made some significant changes to its expectations of service providers. For example, STD and HCV testing must be available anywhere HIV testing is offered, all providers must demonstrate increased harm reduction services capacity including syringe access and disposal and overdose prevention, and agencies are expected to increase outreach to people experiencing homelessness and people who use drugs. CHEP is committed to the new training, expanded services, and stronger relationships that this new service model requires.

CHEP, Disease Prevention and Control (DPC), and Applied Research, Community Health Epidemiology & Surveillance (ARCHES), and the Population Health Division in SFPDH, in partnership with the HIV Community Planning Council (HCPC), are in alignment with and in support of the following goals:

- Zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate hepatitis C (HCV)
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

2. Services Solicited

CHEP is soliciting prevention services for people at risk for and/or living with HIV, HCV, and/or STD(s). CHEP seeks programs in the categories listed below that:

- Have the expertise and capacity to implement evidence-based, innovative, and culturally appropriate HIV/HCV/STD prevention programs to persons at greatest risk for HIV, STD, and HCV infection or transmission in San Francisco,
- Are willing to aggressively contribute to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination; elimination of HCV; reduction of STD rates; and elimination of racial disparities in access to services and health outcomes; and
- Are committed to working in a spirit of partnership and collaboration with the SFPDH, the HCPC, End Hep C SF, Getting to Zero (GTZ), and other initiatives or programs with the shared purpose of meeting the needs of San Francisco's HIV, HCV, and STD-affected populations.

B. Minimum Qualifications

See **Section C: Services Solicited, Proposal Narrative Instructions, and Review Criteria** for the minimum qualifications required for each specific service category.

- Applicants must submit the Qualifications Statement, **located in Appendix A-1**, certifying that all minimum qualifications are met.
- Proposal packages must meet the specified service category minimum qualifications in order to be approved for RFP review process.
- Proposal packages that do not meet the specified minimum qualifications will be eliminated from the RFP review process.
- Should an applicant be issued an invitation to negotiate (ITN), documentation verifying compliance may be required during the negotiation process.

C. Services Solicited, Proposal Narrative Instructions

Background and Rationale

With scaled up testing starting in 2012, early and widespread treatment, a strong linkage to care program, syringe and condom access, and more recently PrEP, San Francisco (SF) cut new HIV diagnoses by more than half, from 459 in 2010 to 221 in 2017. Data from the National HIV Behavioral Surveillance Survey (NHBS) indicates that the proportion of undiagnosed HIV has plummeted to an estimated 7% among all people living with HIV (PLWH).¹

The data clearly indicates that our current high impact prevention (HIP) strategies have been effective, and that we have been most successful in addressing HIV among men who have sex with men (MSM), the population most affected by HIV for the last 30 years. In terms of new diagnoses, white MSM have benefited the most from current HIP efforts. Even though most new infections continue to occur among white MSM, people of color make up a disproportionate and increasing higher percentage of new diagnoses. Now with only a few hundred new diagnoses each year, getting to zero new HIV infections for all populations, even those with low incidence, will require new and culturally specific strategies to reach them.

In addition to HIV, San Francisco is profoundly impacted by hepatitis C (HCV) and sexually transmitted diseases (STD). There are an estimated 12,000 people with viremic, untreated HCV in SF despite relatively widespread access to curative therapy. San Francisco has one of the highest rates of liver cancer in the U.S., driven by both hepatitis B and C.² There are almost 1,300 San Franciscans who are known to be co-infected with HIV and HCV (most of these are MSM, which is consistent with the epidemiology of HIV in San Francisco). Like many

¹ Raymond HF, Scheer S, Santos G-M, McFarland W. (2016) Examining progress toward the UNAIDS 90-90-90 framework among men who have sex with men, San Francisco, 2014. *AIDS Care*, DOI: 10.1.1080/09540121.2016.1153593

² National Cancer Institute. State Cancer Profiles: Incidence Rate Report of Liver & Bile Duct Cancer, 2009-2013, for United States by County.

communicable diseases, HCV disproportionately impacts marginalized populations, specifically people who inject drugs, people who are homeless or marginally housed, people of color (most notably Black/African Americans), and people living with HIV.³

STDs continue to increase as new HIV diagnoses decline. San Francisco has experienced increases in chlamydia, gonorrhea, and syphilis since 2007. The highest rates of chlamydia, gonorrhea, and syphilis are among gay and other men who have sex with men (Gay/MSM), adolescents and young adults (primarily Black/African Americans), and transgender people.⁴

According to the Centers for Disease Control and Prevention (CDC), health disparities in HIV are inextricably linked to a complex blend of social determinants that influence populations most severely affected by HIV. Health equity is a desirable goal that entails special efforts to improve the health of those who experience social or economic disadvantages. Social determinants of health affect disparities in HIV, viral hepatitis, STD, and tuberculosis (TB). Environmental factors such as housing conditions, social networks, and social support are also key drivers for acquisition and transmission of HIV, viral hepatitis, STDs, and TB. CDC supports efforts to improve the health of populations disproportionately affected by HIV by maximizing the health impact of public health services, reducing disease prevalence, and promoting health equity.

In order to stay in alignment with CDC and achieve San Francisco’s citywide goals of getting to zero new HIV diagnoses, eliminating HCV, and reversing the rising trend of STDs, San Francisco will increase focus on prevention needs in communities of color and the related HIV, HCV, and STD disparities they experience, as well as maintain focus on high prevalence populations (MSM, PWID, and trans women).

SF Roadmap: Stakeholder Perspectives

In Fall 2017, SFPDPH launched a planning process for the future of HIV, HCV, and STD programs and services. This “HIV/HCV/STD Roadmap” effort was inspired by a number of driving forces, including continued disparities, changing needs among affected populations, level or decreasing funding, and the continued existence of disease “silos.” To inform the Roadmap, SFPDPH sought input from SFPDPH staff and community stakeholders.

Stakeholders acknowledged that the landscape of HIV, HCV, and STDs has changed over the last 5-8 years. Epidemiologic profiles have shifted. The impacts of social determinants of health, such as lack of housing, are more pervasive and significant. Some disparities have declined, but others persist. Policy, systems, and environmental factors are different—the Affordable Care Act (ACA) exists (despite its uncertain future), resident tolerance for visible homelessness and drug use is unusually low given SF’s history as a progressive and compassionate city. All of these factors strongly suggest the need for an increased focus on person-centered integrated services and increased innovation to keep up with changing times. In essence, participants in this process expressed that SF has a rich network of services and efforts that form a strong foundation that must be maintained. At the same time, shifts are needed to realize the goals of getting to zero, ending HCV, and turning the curve on STDs.

³ Facente SN, Grebe E, Burk K. Estimated Hepatitis C Prevalence and Key Population Sizes in San Francisco: A Foundation for Elimination. *PLOS ONE*. April 11, 2018 <https://doi.org/10.1371/journal.pone.0195575>

⁴ San Francisco Sexually Transmitted Disease Annual Summary 2016. Available at <https://www.sfdph.org/dph/files/reports/StudiesData/STD/SFSTDAnnlSum2016.pdf>

As a result of the many meetings and dialogues with stakeholders, four high-level core principles for integrated HIV/HCV/STD prevention, care, and treatment emerged:

Core Principle 1: Community- and Person-Centered Approach

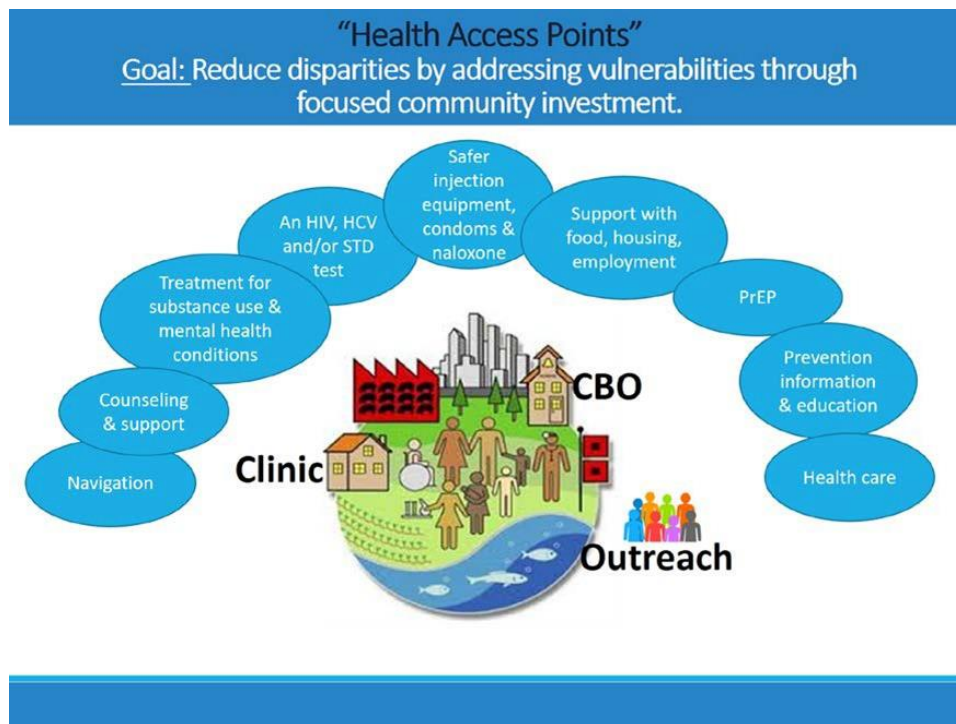
Core Principle 2: Integrated Services

Core Principle 3: Partnerships for Impact and Accountability

Core Principle 4: Sustainability Strategies

Please see the [HIV/HCV/STD Roadmap: Findings from Stakeholder Engagement](#) report for details regarding the implementation strategies for each of the core principles noted above.

The data from the report was used to guide SFDPH's approach to addressing HIV, HCV, and STDs in the coming years and develop a program framework called a "Health Access Point" (HAP) in response to stakeholder recommendations. A HAP is defined as a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status. Although HAPs are population-specific due to the expertise that it entails to engage and deliver services to a specific population, they can provide services to people of all races, ethnicities, and sexualities. Health Access Points (HAP) also allow people who identify with multiple populations to receive services where they feel most comfortable.



“Health Access Point” Attributes

Stigma-free, welcoming, culturally appropriate environment	Interdisciplinary
“Status neutral”	Clinical and community-based elements
Population-specific	Single location, multi-location network, or other approach
Baseline standard of care, for all populations	Shared data, risk assessment, & care plans
Low barrier access: • Mobile and field-based work • Consistent services offered at the same time, same place, same teams • Frequent recurring contacts	Essential for sustainability: • Accountability • Workforce development • Organizational capacity-building



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Category 1: Health Access Point for Latinx

Estimated Amount Available: From \$1,600,000 to \$2,000,000

Number of Awards: 1

1. Background

Latinx communities make up 15% of the SF population, 19% of people living with HIV in SF as of December 2017, and 25% of new HIV diagnoses. Of the HCV cases newly reported to SFPD in 2016 with race/ethnicity information, Latinx accounted for 13.3% of the cases. Chlamydia and gonorrhea rates have been increasing since 2013 among all racial/ethnic groups, including Latinx; syphilis rates increased among Latinx from 2012 to 2015 and declined in 2016, although they remain higher than rates for white residents. Across all diseases, the Latinx subpopulation most affected in terms of absolute number of cases is Latinx MSM. However, more than one fifth (22%) of females living with HIV are Latina. Chlamydia rates in particular are disproportionately high among young Latinas.

Strong clinical and community-based efforts have helped to decrease HIV rates among Latinx MSM. This RFP seeks to build on these successes by taking a community-centered, whole person approach to HIV, HCV, and STD prevention, implemented by and for Latinx populations.

2. Minimum Qualifications

- By Jan 1, 2020 applicant must be a nonprofit agency that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code and be licensed to do business with the City and County of San Francisco. City and County of San Francisco government departments/sections may NOT apply.
- Applicant must have at least three (3) years of experience providing HIV, HCV, and/or STD testing, or similar services to Latinx populations. (If a collaboration, only the agency providing the HIV, HCV, and STD testing must meet this qualification.)

3. Service Description

CHEP seeks to fund a Health Access Point (HAP) to meet the needs of Latinx communities. A HAP is defined as a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status. The HAP should deliver services that contribute to the following citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

Services provided within this HAP must be harm reduction-based, sex-positive, and trauma-informed. Staff at all levels must demonstrate cultural humility in working with Latinx populations. Peer-delivered services must be an integral part of the network. Services must honor the cultural diversity within the Latinx community, and respect and work within Latinx cultural contexts, social systems, institutions, and norms. Services must be provided in (but not limited to) the Mission District. Services, printed materials, and other media/communications must be offered in Spanish and English. Latinx must be included in the design, implementation, and evaluation of services. It is especially important that services address the realities regarding fears about accessing services due to federal immigration policies and practices. Health education is also especially important for immigrant Latinx, who may not have had access to health information in their home countries.

The HAP should ensure that services reach the Latinx population, using both **targeted** efforts (focused on identified primary subpopulations) as well as **broad-based community-wide engagement and mobilization, regardless of HIV, HCV, and STD risk**, to increase awareness, reduce stigma, and reduce barriers to accessing services at the community-level.

4. Population

Programs must be designed to meet the needs of and focus on serving Latinx; however, the program must welcome and serve all who are eligible.

5. Restrictions

- Proposed services must be designed and focus on serving only Latinx and identified primary subpopulations. Services for other populations cannot be part of the proposal, although others may access services.
- Funds for HIV/HCV/STD testing must be used for community-based HIV/HCV/STD testing, not testing in clinical or medical settings.

6. Program Requirements

Required Services

The Latinx HAP shall provide the following “standard of care” services. The services marked with an asterisk (*) must be provided by the lead applicant or one of its subcontractors, with funding from either this RFP or other in-kind resources. The other services can be provided either by the lead applicant or one of its subcontractors, or by other Latinx HAP partners (e.g., via linkage to a HAP collaborating agency, via the collaborating agency providing services on site at the applicant’s service location, or other approach). For services provided by other Latinx HAP partners who are not subcontractors, MOUs and warm hand-off protocols must be in place as appropriate. Each of the following services are described in detail in [Exhibit 1: 6.1](#), including required and preferred elements and performance measures for each service.

- Integrated HIV, HCV, and STD testing*
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*

- Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*
- Syringe access and disposal*
- Overdose prevention (including naloxone distribution)*
- Condom distribution*
- Community engagement and mobilization (physical and online, social media)*
- HIV, HCV, STD health education and prevention counseling, delivered in the context of overall sexual and drug user health (integrated into all of the above services, not stand alone)*
- Services to meet basic needs services (examples: food, housing, and employment)*
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Mental health services
- Primary care
- Substance use treatment

Required Strategies

- **Maintain a workforce that mirrors the populations served.** Applicants and subcontractors should have Latinx staff represented at all levels of the organization. Client-facing positions (e.g., front desk staff, outreach workers, service delivery staff) should demographically reflect the population served.
- **Ensure that some services are delivered by peers.** “Peers” are defined as people with lived experience similar to that of the populations served, and may or may not share demographic characteristics such as race or gender. For example, an agency could create a community advisory board (CAB) and/or hire and train staff to conduct services, such as outreach, client satisfaction surveys, and assemble hygiene kits.
- **Involve the Latinx community in program development.** Include community voices and qualitative lived experience in all aspects of planning, program design and implementation, and service delivery using a systematic and continuous process. Build on community strengths and ensure that cultural and historical barriers (e.g., mistrust of service providers, language barriers) are removed.
- **Take a sex-positive sexual health approach.** Integrate HIV and STD messaging using a sexual health framework. Develop integrated HIV and STD prevention messages that address condoms, PrEP, and why STDs are an important concern. Incorporate integrated sexual health messaging throughout all HIV and STD prevention efforts—for example, PrEP navigation programs, HIV community forums, and social marketing.
- **Provide services using a harm reduction-based, trauma-informed, and cultural humility approach.** See required staff training in [Exhibit 1: 6.3](#).
- **All services must be as low barrier as possible.** “Low barrier” means that as few expectations as possible are placed upon clients and potential clients when they are trying to access services. Examples of low barrier services include mobile services; co-located services (e.g., HCV treatment co-located with methadone services); drop-in services; express services (e.g., testing without talking to a counselor); and services provided at times convenient for the populations such as evenings, weekends, or late at night.
- **Address stigma for clients.** Provide a non-stigmatizing environment.
- **Address community-level stigma.** Increase the social media presence that promotes integrated sexual health messages and provided information on how to access services. Disseminate DPH-approved messaging, including PrEP and U=U messaging. Increase education and innovation around how to

address HIV-related stigma. De-stigmatize substance use through harm reduction education and messaging.

- **Leverage the private healthcare system whenever possible.** People with private insurance should be encouraged and counseled to use their insurance and develop meaningful relationships with primary care providers, when possible.
- **Ensure services are culturally specific.** Develop testing models that incorporate nuances to address different cultural barriers and specific population needs.
- **Build partnerships and collaborations with other organizations. This RFP requires collaboration to ensure populations have access to required services.**

Optional Strategies

- **Offer incentives.** Programs may propose to use non-cash incentives when they are critical for engaging the population of focus, to recruit people for testing, PrEP, treatment, or other service when warranted (e.g., food vouchers, gift cards, cell phones, cell phone credits, etc.).

Compliance

- Comply with CHEP Policies and Operations Manual for HIV/HCV Testing Services in Community-Based Settings, which are subject to modification at any time. The current policies and procedures can be found [HERE](#)
- Comply with SFDPH's Harm Reduction Policy found [HERE](#)
- Comply with SFDPH's Syringe Access and Disposal Program Policies and Guidelines found (being updated)
- Comply with the CHEP's Materials Review Process Guidelines found [HERE](#)

7. Healthy Staff, Agencies, and Collaborations

Healthy Staff

- **Staff training.** SFDPH and its partners are committed to building and maintaining a highly skilled workforce, prepared to deal with the complexity of client and community needs. To that end, agency staff funded through this RFP will be required to participate in the following trainings: racial humility, trauma informed systems (TIS), and harm reduction training of all staff. The staff that must participate in these trainings will be addressed during contract negotiations.
- **Staff pay.** According to Housing and Urban Development (HUD), in SF in 2018, a single adult is considered to be low income if they make less than \$82,200 per year; for a 4-person family the cut-off is \$117,300. (Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>) SFDPH encourages agencies to provide livable wages to staff.

Healthy Agencies

- **Staff retention.** Agencies must have a plan in place to support client-facing staff to prevent burnout and address the vicarious trauma that can occur while working with traumatized populations. Examples of an effective plan include (but are not limited to): staff support group facilitated by a clinician such as an LMFT or LCSW who is also available for individual support as needed. Agencies must allow staff to participate in the San Francisco HIV Frontline Organizing Group (SF HIV FOG), Navigators meetings, and other professional development activities.

Healthy Collaborations

Collaboration with other community-based organizations (CBOs), clinics, and other organizations is required in order to ensure populations have access to required services. Even though two (2) or more agencies are involved, these collaborations should result in one (1) cohesive program for the clients they serve.

8. Additional Considerations

- CHEP will provide:
 - HIV/HCV/STD Skills Certification Training
 - Harm Reduction Training
 - Overdose Prevention Training (via its contract with Harm Reduction Coalition's DOPE Project)
 - Training on STD specimen collection
 - Test kits
 - Condoms, lube, and female condoms
 - Training on Clear Impact Results Scorecard
 - Racial Humility resources
 - Trauma Informed Systems (TIS) training
 - Training on syringe access and disposal
- HAP lead applicant should budget for:
 - Clear Impact Results Scorecard logins (2 per agency at \$1200/annually total)
 - Phlebotomy Training and Certification
 - Condoms and safer sex supplies (if not going through the condom distribution program)
 - Syringe access and disposal supplies (including syringes)

9. Program Evaluation and Accountability

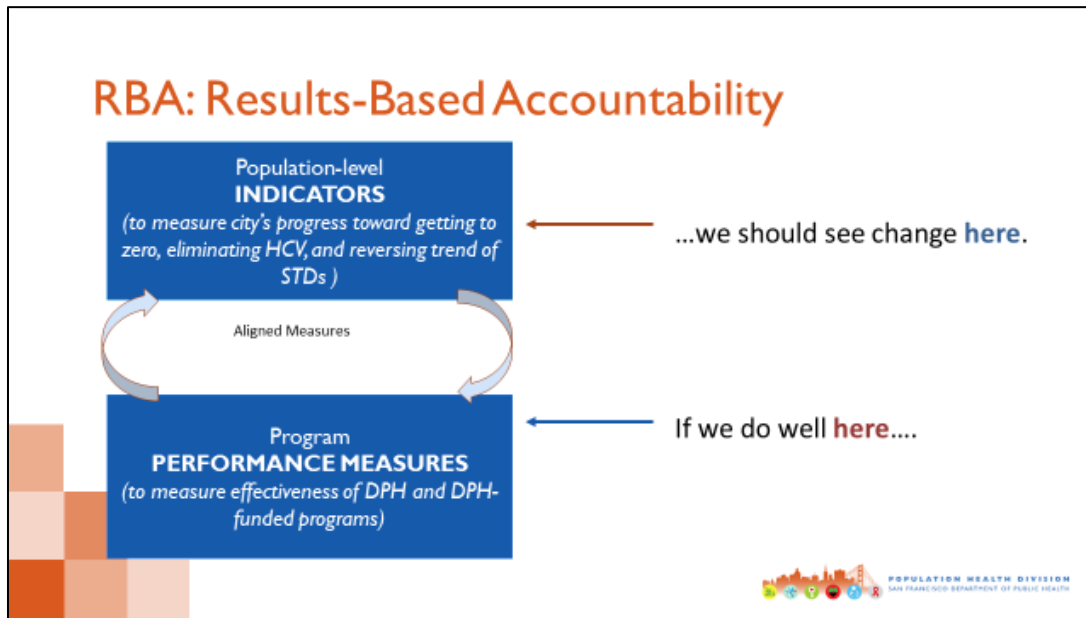
SFDPH seeks to implement program evaluation that allows for flexibility, supports accountability, and encourages innovation. Evaluation findings will be used to improve services, and to hold providers accountable for improving community health. Program innovations are encouraged when accompanied by evaluation plans that can rapidly determine whether the innovations should be adopted, adapted, or abandoned.

Funded programs will be required to use the Results-Based Accountability (RBA) Framework and the Clear Impact Results Scorecard (<https://clearimpact.com/scorecard/>). RBA is a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

A. Performance Measures

A “program performance measure” is a measure used to track the results of the applicant’s specific program. Performance measures and other data collection requirements for each “standard of care” service are provided in [Exhibit 1: 6.1](#).

A “population indicator” is a measure used to track the health outcomes of a particular population group. No single program can be held accountable for changing HIV, HCV, or STD rates among Latinx. However, by collaborating with HAP partner agencies and other relevant entities, SFPDPH expects to see reductions in HIV, HCV, and STD rates among Latinx over the next 3-5 years. SFPDPH will convene regular HAP partner meetings to review relevant population indicators and facilitate discussion and action planning for achieving the desired outcomes.



B. Data Collection and Reporting

Funded programs must comply with all CHEP requirements regarding data collection and submission, which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Evaluation Web
- Clear Impact Results Scorecard
- Annual narrative report
- Other systems/processes as requested

10. Narrative Instructions

Below are the instructions for the narrative portion of the proposal package. Instructions for development and submission of the complete proposal package can be found in **Section III: Submission Requirements**.

- Complete all sections of the narrative as outlined below. Applicants must complete the sections and questions **in the order listed**. (Applicants do not have to address the bullet points within each question in the order listed, just the questions.) Label the beginning of each section as indicated and include each question number, but do not repeat the question text.

- The narrative may not exceed **38 pages** (1.5 spacing between lines). Page numbers for individual sections and questions are guidelines only.
- Describe all the components of the proposed program here, even if some components are funded by another source, and be clear about which portion you are asking CHEP to support. For example, mental health is a component of the proposed program and could be funded by another source.
- In narrative Sections 1-4, describe your program as it will be when it is fully operational. Start-up needs can be discussed in narrative Section 5.
- Be specific.

Section 1: Population of Focus (3 pages)

➤ **Describe:**

- The population of focus your program will serve including subpopulations, age, geography, language, socioeconomic status, and other characteristics.
- The HIV, HCV, and STD risk behaviors and social determinants of health affecting your population,
- Why you have chosen this specific population (including any identified primary subpopulations), and why your program meets their needs. Use epidemiologic, community assessment, and other data to support your argument.

Section 2: Program Design and Effectiveness (29 pages)

Note: In this section of the narrative, collaborative proposals should clearly describe the specific roles and responsibilities of the partners and who will implement which portions of the program.

➤ **Describe your program components.**

A. Program overview (2 pages).

Provide an overview of your program and explain how it represents an equity-focused, stigma-free, low barrier, and whole person health approach to HIV, HCV, and STD prevention for the identified population of focus.

B. Integrated HIV, HCV, and STD testing (6 pages).

Describe your agency's testing model, including:

- Your agency's experience providing HIV, HCV, and STD testing. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.
- The number of testing experiences (by primary subpopulations, if applicable) your program will provide (i.e. 2,000 testing experiences for trans women and 10,000 for Gay/MSM). Provide the rationale for those numbers. **CHEP's goal is to conduct 50,000 testing experiences annually citywide.** An experience is defined as getting at least one (1) of five (5) tests (HIV, HCV, gonorrhea, chlamydia, and/or syphilis) in a single visit (See Integrated HIV, HCV, and STD testing in [Exhibit 1: 6.1](#). For example, a client can receive one (1) test, all five (5), or anything in between and it is considered an "experience".

- **Recruitment, Retention:**
The strategies and interventions you will use to recruit people for HIV, HCV, and STD testing and encourage them to return for testing at least every 6 months, and the evidence or experience supporting the effectiveness of these activities.
The HIV, HCV, and STD testing barriers for this population, including identified primary subpopulations. Describe how your program will address these barriers.
Where and when your agency will provide HIV, HCV, and STD testing and why these sites and venues are appropriate.
- **Testing Flow:**
The flow of services at the testing location(s). Describe how this will help your agency to provide the proposed number of experiences, provide the required and optional services you are proposing, and meet client needs.
Describe any relevant technologies being used, e.g. if conducting rapid testing, how you will ensure that confirmatory blood draws are obtained, if using drop 'n' go/express model, please describe the process that will be utilized and how patient time will be minimized.
Describe your plan for getting people to return for their results.
How will your agency will ensure that clients who do not receive counseling as a part of a testing experience still receive HIV, HCV, and STD health information, risk reduction, support, and appropriate prevention messages?
- **Data and Quality Assurance:**
Demonstrate how your agency will track these experiences, how your agency will integrate client-level data collection into the flow of services, without creating unnecessary burden for clients. Describe how you will conduct training and quality assurance to meet the requirements of the CHEP Policies and Operations Manual for HIV and HCV Testing Services in Community-Based Settings (found [HERE](#)).

C. Linkage and Navigation (3 pages).

Describe your criteria and processes for linkage within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how linkage and/or navigation will occur related to:

- HIV-negative, HCV- and STD-unknown status clients to HIV/HCV/STD testing within the program.
- HIV-negative clients to PrEP within the program or to a PrEP navigator.
- Newly diagnosed HIV-positive clients to care within program or to LINC.
- Clients that have a STD to treatment within the program or other provider.
- HCV-positive clients to HCV treatment within program or to a HCV navigator.
- Sexual and/or needle-sharing partners of HIV, HCV, and/or STD-positive clients, to HIV, HCV, and/or STD testing within the program (or elsewhere).
- Clients to other services/HAPs, if client needs cannot be met within the program.
- Out-of-care HIV-positive clients to LINC.
- How your program will track linkages to ensure they are successful.

- Your agency's experience providing linkage and/or navigation services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

D. Prevention And Treatment Medication: PrEP and ART for HIV; HCV Treatment; STD Treatment, Including Medical Storage (2 pages)

Describe your criteria and processes for ensuring access to prevention and treatment medication within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how prevention and treatment medication will occur related to:

- HIV-negative clients receiving PrEP within the program or other provider.
- Newly diagnosed HIV-positive clients initiating ART within program or other provider.
- HCV-positive clients receiving treatment within program or other provider.
- Clients that have a STD receiving treatment within program or other provider.
- How your program will track prevention and treatment medication initiation and/or completion to ensure it was successful.
- Your agency's experience providing prevention and treatment medication. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

E. Community Engagement (2 pages).

Describe in detail:

- Your agency's experience conducting community engagement activities for population of focus. How long have you been conducting these activities? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

Describe in detail how your program will:

- Build trust within the community and have a consistent presence.
- Partner with other local CBOs, agencies and/or community leaders who have a strong relationship with the community.
- Include community voices and qualitative lived experience in all aspects of planning, program design/implementation, and service delivery. Build on community strengths and ensure that cultural and historical barriers (e.g. mistrust of service providers, language barriers) are removed.
- Build a highly skilled cross-trained workforce that reflects the populations served, has low turnover rates, and is valued and supported.
- Expand or implement peer-delivered services. Involve peers in program development, and use peers to conduct outreach and provide services.
- Increase mobile service delivery (if program is or will be providing mobile service). Provide multidisciplinary mobile services to meet a variety of needs among populations who do not access health care in traditional settings.
- Provide culturally appropriate outreach to community.

F. Syringe Access and Disposal (1 page).

Describe in detail:

- Your agency's experience conducting syringe access and disposal services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- Describe how you will conduct quality assurance to meet the requirements of the CHEP Syringe Access and Disposal Program Policy and Guidelines located [HERE](#).
- Your program's plans for integrating the provision of safer injection supplies during the course of other services for clients in need, in a seamless, discrete, and non-stigmatizing way.
- Any preferred elements from the Syringe Access and Disposal table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- How you will reach and meet the specific cultural needs of PWID, including any PWID subpopulations (e.g. MSM, youth, women, and trans women and men, people experiencing homelessness) within your agency's population of focus and create a safe and welcoming environment for them.
- How your data will be tracked for number of syringes distributed and number of syringes collected.
- Your program's syringe disposal plan.

G. Harm reduction services for substance use (including opioids, stimulants, alcohol, tobacco, and cannabis (2 pages)).

Describe in detail:

- Your agency's experience providing substance use harm reduction services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program
- How your program will ensure ALL staff participate in ongoing harm reduction training. How staff training will be tracked.
- Your program's mechanism for assessing client needs on an ongoing, systematic basis for substance use including opioids, stimulants, alcohol, tobacco, and cannabis.
- How your program will integrate harm reduction principles and the SFDPH Harm Reduction Policy into program design and delivery and put them into practice in a meaningful and impactful way.

H. Overdose Prevention (2 pages).

Describe in detail:

- Your agency's experience with overdose prevention and response. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.

- How you will meet the required elements of overdose prevention. How your program will integrate overdose prevention and response into your existing program.
- Any preferred elements from the overdose prevention table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- What overdose prevention materials your agency will make available to clients.
- How your program will ensure ALL client facing staff participate in annual overdose prevention and response training. Describe how the program will track training.
- How your program will host at least one overdose prevention training for clients annually. How will this be tracked?

I. Mental Health (1 page).

Describe in detail:

- Your agency's experience providing mental health services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How your program will integrate culturally appropriate, stigma-free, mental health support into your existing program (e.g. onsite or through linkages to other program).
- How your program will confirm and track linkages to mental health services.

J. Condom Distribution (1 page).

Describe in detail:

- How your program will ensure condoms and other safe sex supplies are easily accessible on site, during outreach, and in mobile facilities.
- The sex-positive and meaningful messaging and education your agency will provide to emphasize that condoms are relevant, particularly for STD prevention.

K. Basic Needs (1 page).

Describe in detail:

- Your program's experience providing basic needs to your population of focus and/or any subpopulations.
- How your program will integrate the provision of basic needs into existing program for the population of focus and/or any subpopulations of focus.

➤ **Describe your program as a whole.**

A. Program Cohesiveness (2 pages).

Describe how the various program components (see below) work together to form one logical, cohesive program. Include a discussion of service times and locations that shows how the program components are linked together. Collaborative proposals: Discuss how the collaborators will work together to provide one cohesive and seamless program. Note: Please see [Exhibit 1: 6.1](#) for details on the program components listed below.

- Integrated HIV, HCV, and STD testing
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, and other services
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Syringe access and disposal
- Overdose prevention (including naloxone distribution)
- Condom distribution
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Community engagement and mobilization (physical and online, social media)
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Services to meet basic needs services (examples: food, housing, employment)
- Primary care
- Substance use treatment
- Mental health services

B. Cross-program Elements (2 pages).

Describe:

- How your program will address the specific cultural needs of your population of focus and/or subgroups within your population of focus.
 - Any incentives you plan to use. Provide a strong justification for why they are needed as well as evidence or experience supporting their effectiveness. If you are proposing cash incentives, justify why cash is preferred to a non-cash incentive and describe how you will manage cash on the premises.
 - How your program will ensure health education and prevention counseling is delivered in the context of overall sexual health and harm reduction and integrated into all of the standard of care services (not stand alone).
- Staffing Plan (2 pages).
Describe your staffing plan (including volunteers) for service delivery. (Describe staffing for data and evaluation in Section 4.) Describe who will provide which services. What percent of their time is allocated to service delivery? What are the staff members' responsibilities and percent full-time equivalent (FTE)? You may include a one-page organization chart or visual that represents the collaboration as an attachment.

Section 3: Data Collection, Evaluation, and Quality Assurance (2 pages)

- **(1 page) Describe your plans for collecting and managing the data for the standard of care services ([Exhibit 1: 6.1](#)), including:**
 - Your staffing plan for supporting data collection and management.
 - Your methods and processes for collecting, entering, and reporting client-level data.
 - If you are currently a CHEP contractor, whether your data submissions were on time and complete for the year 2019.
 - If you are not currently a CHEP contractor, whether data submissions for other funders were on time and complete for the year 2019.
- **(1 page) Describe your staffing plan and general process for program evaluation, including:**
 - Staff assigned to program evaluation. Indicate which staff position will be responsible for leading the program evaluation efforts, and how much time will be devoted to it.
 - How you will review and assess the extent to which your program is meeting its objectives.
 - What you will do if you learn the program is not meeting its objectives.
 - How you will use data/evaluation findings to improve the program.

Section 4: Organizational and Fiscal Capacity (3 pages)

- **(1 page) Describe** the agency's experience conducting recruitment and retention with Latinx population and/or specific subpopulations. What types of activities have you done in the past, and how successful have they been at engaging the population(s)? If relevant, include a summary of any data demonstrating your capacity to reach this population and/or specific subpopulations, such as program attendance records, a list of venues where you routinely conduct outreach, or other data.
- **(1 page) Describe** your ability to recruit and retain qualified staff, staff reflective of the population being served, peers, and volunteers. Discuss all of the above, not just staff in general. What staff development/training opportunities will you offer or require? What is the approximate average length of stay for both front-line staff and staff in leadership positions?
- **Budget Detail Booklet:**
 - Complete the Budget Detail and Justification Booklet for a 12 Month Period
 - If you are requesting start up funds please, submit a separate Detail and Justification.

- Applicants who are LBE Certified will receive additional points.
- This will be added to the “Technical Review Score”.
 - See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

11. Scoring Criteria and Rating System

The proposal review process is described in **Section IV: Review and Selection Process**. This table provides the scoring criteria and rating system for **Category 1 proposals**.

Category 1: Health Access Point (HAP) for Latinx			
Question Number	Scoring Criteria	Max. Pts. per Criterion	Max. Pts. per Question
Section 1: Population of Focus (10 points)			
1	Extent to which the applicant demonstrates an understanding of the needs of the population of focus	4	10
	Extent to which the program focuses on the population of focus	2	
	Understanding of risk behaviors and social determinants of health affecting the population of focus.	4	
Section 2: Program Design and Effectiveness (67 points)			
2A	Extent to which program takes an equity-focused, stigma-free, low barrier, and whole person health approach	5	5
2B	Ability of the recruitment/retention plan to result in the proposed number of testing experiences among the population of focus	2	8
	Extent to which the integrated HIV, HCV, and STD testing model and flow of services (including any state-certified test counseling and data collection) is seamless and minimizes barriers to testing	2	
	Extent to which the needs of clients testing HIV-negative or HIV-positive will be met (through state certified counseling and/or other means)	2	
	Ability to which quality assurance plan for HIV, HCV, and STD integrated testing will result in high quality service.	2	
2C	Ability of proposed program to link and navigate clients (within or outside of the program) to LINC S , PrEP, HCV treatment, STD treatment; and sexual/needle-sharing partners to testing	7	7
2D	Ability of proposed program to ensure clients have access (within or outside program) to PrEP and ART for HIV, HCV treatment, and STD treatment.	7	7
2E	Ability to build trust and rapport and have a consistent presence in the community of the population of focus, as well as include community voices in planning, program design, and implementation	3	6
	Extent to which proposed program provides services outside of the agency and in the community, and at various venues in order to engage population of focus	2	
	Extent to which proposed program provides culturally appropriate outreach to population of focus	1	
2F	Ability of proposed program to integrate the provision of safer injection supplies (including data collection) in a seamless, discrete, and non-stigmatizing way	2	4
	Ability of proposed program to reach PWID within population of focus	2	
2G	Extent to which proposed program integrates harm reduction principles into program design and delivery, and put them into practice in a meaningful and impactful way	5	5

2H	Extent to which proposed program integrates overdose prevention and response into existing program services in a seamless way	4	4
2I	Extent to which proposed program integrates mental health support services into existing program in a seamless way	3	3
2J	Extent to which proposed program provides sex-positive and meaningful messaging and education about the relevancy of condom use (particularly for STD prevention)	2	3
	Extent to which proposed program ensures condoms and other safe sex supplies are accessible	1	
2K	Extent to which proposed program ensures the provision of basic needs are available and integrated into existing program services for population of focus	3	3
3A	Extent to which the program design is logical and results in one cohesive effort	1	2
	Appropriateness of times and locations of services for the population of focus	1	
3B	Strength of plan to incorporate the following cross-program elements: a) promote a new testing norm. b) integrate hepatitis C and STD prevention, and c) incentives (if proposed)	2	5
	Extent to which program meets the specific cultural needs of the focus population	3	
3C	Extent to which staffing levels are sufficient given scope of work	2	5
	Extent to which responsibilities are assigned to appropriate staff	1	
	Extent to which it is clear which staff will perform which duties/activities	2	
Section 3: Data Collection, Evaluation, and Quality Assurance (8 points)			
4	Extent to which staffing levels are sufficient given scope of work	1	3
	Efficiency of methods and processes for data collection and entry of client-level data	1	
	Data for 2019 100% on time and complete	1	
5	Extent to which responsibilities are assigned to appropriate staff	2	5
	Extent to which evaluation process will result in continuous program improvement	3	
Section 4: Organizational and Fiscal Capacity (15 points)			
6	Applicant capacity to reach the population of focus and capacity to provide proposed services	5	5
7	Extent to which policies, procedures, practices will lead to recruitment, hiring, and retention of qualified staff	1	2
	Extent to which staff tenure will promote program continuity	1	
8	Budget Detail Expenses are appropriate and support the proposed services.	8	8
	TOTAL POINTS		100
LBE Participation % Points			
	LBE Participation	0-10	0-10

Category 2: Health Access Point (HAP) for Trans Women

Estimated Amount Available: From \$650,000 to \$800,000

Number of Awards: 1

1. Background

Although HIV prevalence has remained stable among trans women throughout the current decade, infection is still highest among this group compared to any other group in San Francisco, a pattern consistent with global trends. Gender-based stigma, discrimination, condomless sex, drug use, homelessness, and lack of job opportunities all contribute to this disparity. From 2006 through 2017, there were 155 trans women newly diagnosed with HIV in San Francisco.⁵ Trans women comprised 3% of all persons diagnosed with HIV in this time period, yet, on average, nearly one-third of the population of trans women in SF had HIV during this same period. Compared to all persons diagnosed with HIV, trans women were more likely to be non-white, PWID, and younger; 43% of newly diagnosed trans women were 18-29 years old. As of December 31, 2017, African Americans and Latinas were the largest racial/ethnic groups represented among all trans women living with HIV in San Francisco. HIV-positive trans women, each accounting for 33% and 34% respectively, and 44% PWID. Limited available data also suggest that transgender residents (majority trans women) have higher rates of STDs than San Francisco residents as a whole. Trans women are also disproportionately affected by HCV in SF. HCV antibody seroprevalence was 23.6% among a cohort of 315 trans women tested in San Francisco in 2016 and 2017.⁶

Programs in San Francisco to prevent HIV among trans women are helping to lower the rate of new infections. This RFP seeks to build on these successes by taking a community-centered, whole person approach to HIV, HCV, and STD prevention, implemented by and for trans women.

2. Minimum Qualifications

- By Jan 1, 2020 applicant must be a nonprofit agency that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code and be licensed to do business with the City and County of San Francisco. City and County of San Francisco government departments/sections may NOT apply.
- Applicant must have at least 3 years of experience providing HIV, HCV, and/or STD testing, or similar services to trans women populations. (If a collaboration, only the agency providing the HIV, HCV, and STD testing must meet this qualification.)

⁵ San Francisco Department of Public Health. HIV Epidemiology Annual Report 2017. Available at <https://www.sfdph.org/dph/comupg/oprograms/HIVepiSec/HIVepiSecReports.asp>

⁶ Hepatitis C seroprevalence and engagement in related care and treatment among trans women. [Erin C. Wilson](#), [Caitlin Turner](#), [Jess Lin](#), [Willi McFarland](#), [Katie Burk](#), [Henry Fisher Raymond](#). *Journal of Viral Hepatitis*: 27 February 2019. <https://doi.org/10.1111/jvh.13089>

3. Service Description

CHEP seeks to fund a Health Access Point (HAP) to meet the needs of trans women. A HAP is defined as a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status. The HAP should deliver services that contribute to the following citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

Services provided within this HAP must be also be harm reduction-based, sex-positive, and trauma-informed. Staff at all levels must demonstrate cultural humility in working with trans women. Peer-delivered services must be an integral part of the network. Trans women must be included in the design, implementation, and evaluation of services.

The HAP should ensure that services reach trans women and/or identified using both **targeted** efforts (focused on these primary subpopulations) as well as **broad-based community-wide engagement and mobilization, regardless of HIV/HCV/STD risk**, to increase awareness, reduce stigma, and reduce barriers to accessing services at the community- level.

4. Population

Programs must be designed to meet the needs of and focus on serving trans women; however, the program must welcome and serve all who are eligible.

5. Restrictions

- Proposed services must be only for trans women and identified primary subpopulations. Proposed services must be only for trans women and identified primary subpopulations. Services for other populations cannot be part of the proposal, although others may access services.
- Funds for HIV/HCV/STD testing must be used for community-based HIV/HCV/STD testing, not testing in clinical or medical settings.

6. Program Requirements

Required Services

The trans women HAP shall provide the following “standard of care” services. The services marked with an asterisk (*) must be provided by the lead applicant or one of its subcontractors, with funding from either this RFP or other in-kind resources. The other services can be provided either by the lead applicant or one of its subcontractors, or by other trans women HAP partners (e.g., via linkage to a HAP collaborating agency, via the collaborating agency providing services on site at the applicant’s service location, or other approach). For services provided by other trans women HAP partners who are not subcontractors, MOUs and warm hand-off protocols must be in place as appropriate. Each of the following services is described in detail in [Exhibit 1: 6.1](#), including required and preferred elements and performance measures for each service.

- Integrated HIV, HCV, and STD testing*
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*
- Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*
- Syringe access & disposal*
- Overdose prevention (including naloxone distribution)*
- Condom distribution*
- Community engagement and mobilization (physical and online, social media)*
- HIV, HCV, STD health education and prevention counseling, delivered in the context of overall sexual and drug user health (integrated into all of the above services, not stand alone)*
- Services to meet basic needs services (examples: food, housing, employment)*
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Mental health services
- Primary care
- Substance use treatment

Required Strategies

- **Maintain a workforce that mirrors the populations served.** Applicants and subcontractors should have trans staff represented at all levels of the organization. Client-facing positions (e.g., front desk staff, outreach workers, service delivery staff) should demographically reflect the population served.
- **Ensure that some services are delivered by peers.** “Peers” are defined as people with lived experience similar to that of the populations served, and may or may not share demographic characteristics such as race or gender. For example, an agency could create a community advisory board (CAB) and/or hire and train staff to conduct services, such as outreach, client satisfaction surveys, and assemble hygiene kits.
- **Involve the trans women community in program development.** Include community voices and qualitative lived experience in all aspects of planning, program design and implementation, and service delivery using a systematic and continuous process. Build on community strengths and ensure that cultural and historical barriers (e.g., mistrust of service providers, language barriers) are removed.
- **Take a sex-positive sexual health approach.** Integrate HIV and STD messaging using a sexual health framework. Develop integrated HIV and STD prevention messages that address condoms, PrEP, and why STDs are an important concern. Incorporate integrated sexual health messaging throughout all HIV and STD prevention efforts—for example, PrEP navigation programs, HIV community forums, and social marketing
- **Provide services using a harm reduction-based, trauma-informed, and cultural humility approach.** See required staff training in [Exhibit 1: 6.3](#).
- **All services must be as low barrier as possible.** “Low barrier” means that as few expectations as possible are placed upon clients and potential clients when they are trying to access services. Examples of low barrier services include: mobile services; co-located services (e.g., HCV treatment co-located with methadone services); drop-in services; express services (e.g., testing without talking to a counselor); and services provided at times convenient for the populations such as evenings, weekends, or late at night.
- **Address stigma for clients.** Provide a non-stigmatizing environment.
- **Address community-level stigma.** Increase the social media presence that promotes integrated sexual health messages and provided information on how to access services. Disseminate DPH-approved

messaging, including PrEP and U=U messaging. Increase education and innovation around how to address HIV-related stigma. De-stigmatize substance use through harm reduction education and messaging.

- **Leverage the private healthcare system whenever possible.** People with private insurance should be encouraged and counseled to use their insurance and develop meaningful relationships with primary care providers, when possible.
- **Ensure services are culturally specific.** Develop testing models that incorporate nuances to address different cultural barriers and specific population needs.
- **Build partnerships and collaborations with other organizations. This RFP requires collaboration to ensure populations have access to required services.**

Optional Strategies

- **Offer incentives.** Programs may propose to use non-cash incentives when they are critical for engaging the population of focus, to recruit people for testing, PrEP, treatment, or other service when warranted (e.g., food vouchers, gift cards, cell phones, cell phone credits, etc.).

Compliance

- Comply with CHEP Policies and Operations Manual for HIV/HCV Testing Services in Community-Based Settings, which are subject to modification at any time. The current policies and procedures can be found [HERE](#)
- Comply with SFDPH's Harm Reduction Policy found [HERE](#)
- Comply with SFDPH's Syringe Access and Disposal Program Policies and Guidelines found (being updated)
- Comply with the CHEP's Materials Review Process Guidelines found [HERE](#)

7. Healthy Staff, Agencies, and Collaborations

Healthy Staff

- **Staff training.** SFDPH and its partners are committed to building and maintaining a highly skilled workforce, prepared to deal with the complexity of client and community needs. To that end, agency staff funded through this RFP will be required to participate in the following trainings: racial humility, trauma informed systems (TIS), and harm reduction training of all staff. The staff that must participate in these trainings will be addressed during contract negotiations.
- **Staff pay.** According to Housing and Urban Development (HUD), in SF in 2018, a single adult is considered to be low income if they make less than \$82,200 per year; for a 4-person family the cut-off is \$117,300. (Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>) SFDPH encourages agencies to provide livable wages to staff.

Healthy Agencies

- **Staff retention.** Agencies must have a plan in place to support client-facing staff to prevent burnout and address the vicarious trauma that can occur while working with traumatized populations. Examples of an effective plan include (but are not limited to): staff support group facilitated by a clinician such as an LMFT or LCSW who is also available for individual support as needed. Agencies must allow staff to

participate in the San Francisco HIV Frontline Organizing Group (SF HIV FOG), Navigator’s meeting, and other professional development activities.

Healthy Collaborations

Collaboration with other community-based organizations (CBOs), clinics, and other organizations is required in order to ensure populations have access to required services. Even though two or more agencies are involved, these collaborations should result in one cohesive program for the clients they serve.

8. Additional Considerations

- CHEP will provide:
 - HIV/HCV/STD Skills Certification Training
 - Harm Reduction Training
 - Overdose Prevention Training (via its contract with Harm Reduction Coalition’s DOPE Project)
 - Training on STD specimen collection
 - Test kits
 - Condoms, lube, and female condoms
 - Training on Clear Impact Results Scorecard
 - Racial Humility resources
 - Trauma informed systems (TIS) training
 - Training on Syringe Access and Disposal
- Health Access Point lead applicant should budget for:
 - Clear Impact Results Scorecard logins (2 per agency at \$1200/annually total)
 - Phlebotomy Training and Certification
 - Condoms and safer sex supplies (if not going through the condom distribution program)
 - Syringe access and disposal supplies (including syringes)

9. Program Evaluation and Accountability

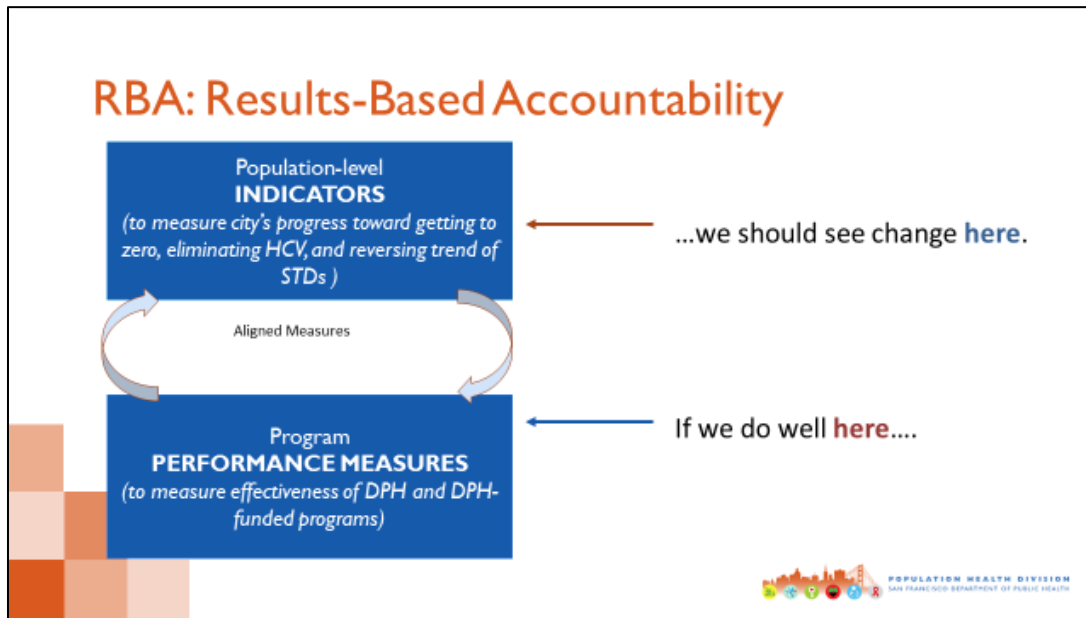
SFDPH seeks to implement program evaluation that allows for flexibility, supports accountability, and encourages innovation. Evaluation findings will be used to improve services, and to hold providers accountable for improving community health. Program innovations are encouraged when accompanied by evaluation plans that can rapidly determine whether the innovations should be adopted, adapted, or abandoned.

Funded programs will be required to use the Results-Based Accountability (RBA) Framework and the Clear Impact Results Scorecard (<https://clearimpact.com/scorecard/>). RBA is a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

A. Performance Measures

A “program performance measure” is a measure used to track the results of the applicant’s specific program. Performance measures and other data collection requirements for each “standard of care” service are provided in **Exhibit 1: 6.1**.

A “population indicator” is a measure used to track the health outcomes of a particular population group. No single program can be held accountable for changing HIV, HCV, or STD rates among trans women. However, by collaborating with HAP partner agencies and other relevant entities, SFPDPH expects to see reductions in HIV, HCV, and STD rates among trans women over the next 3-5 years. SFPDPH will convene regular HAP partner meetings to review relevant population indicators and facilitate discussion and action planning for achieving the desired outcomes.



B. Data Collection and Reporting

Funded programs must comply with all CHEP requirements regarding data collection and submission, which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Evaluation Web
- Clear Impact Results Scorecard
- Annual narrative report
- Other systems/processes as requested

10. Narrative Instructions

Below are the instructions for the narrative portion of the proposal package. Instructions for development and submission of the complete proposal package can be found in **Section III: Submission Requirements**.

- Complete all sections of the narrative as outlined below. Applicants must complete the sections and questions **in the order listed**. (Applicants do not have to address the bullet points within each question in the order listed, just the questions.) Label the beginning of each section as indicated and include each question number, but do not repeat the question text.

- The narrative may not exceed **38 pages** (1.5 spacing between lines). Page numbers for individual sections and questions are guidelines only.
- Describe all the components of the proposed program here, even if some components are funded by another source, and be clear about which portion you are asking CHEP to support. For example, mental health is a component of the proposed program and could be funded by another source.
- In narrative Sections 1-4, describe your program as it will be when it is fully operational. Start-up needs can be discussed in narrative Section 5.
- Be specific.

Section 1: Population of Focus (3 pages)

➤ **Describe:**

- The population of focus your program will serve including subpopulations, age, geography, language, socioeconomic status, and other characteristics.
- The HIV, HCV, and STD risk behaviors and social determinants of health affecting your population,
- Why you have chosen this specific population (including any identified primary subpopulations) and why your program meets their needs. Use epidemiologic, community assessment, and other data to support your argument.

Section 2: Program Design and Effectiveness (29 pages)

Note: In this section of the narrative, collaborative proposals should clearly describe the specific roles and responsibilities of the partners and who will implement which portions of the program.

➤ **Describe your program components.**

A. Program overview (2 pages).

Provide an overview of your program and explain how it represents an equity-focused, stigma-free, low barrier, and whole person health approach to HIV, HCV, and STD prevention for the identified population of focus.

B. Integrated HIV, HCV, and STD testing (6 pages).

Describe your agency's testing model, including:

- Your agency's experience providing HIV, HCV, and STD testing. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.
- The number of testing experiences (by primary subpopulations, if applicable) your program will provide (i.e. 2,000 testing experiences for trans women and 10,000 for Gay/MSM). Provide the rationale for those numbers. **CHEP's goal is to conduct 50,000 testing experiences annually citywide.** An experience is defined as getting at least one (1) of five (5) tests (HIV, HCV, gonorrhea, chlamydia, and/or syphilis) in a single visit (See Integrated HIV, HCV, and STD testing in [Exhibit 1: 6.1](#). For example, a client can receive one (1) test, all five (5), or anything in between and it is considered an "experience".
- Recruitment, Retention:
The strategies and interventions you will use to recruit people for HIV, HCV, and STD testing and

encourage them to return for testing at least every 6 months, and the evidence or experience supporting the effectiveness of these activities.

The HIV, HCV, and STD testing barriers for this population, including identified primary subpopulations. Describe how your program will address these barriers.

Where and when your agency will provide HIV, HCV, and STD testing and why these sites and venues are appropriate.

- **Testing Flow:**

The flow of services at the different testing location(s). Describe how this will help your agency to provide the proposed number of experiences, provide the required and optional services you are proposing, and meet client needs.

Describe any relevant technologies being used, e.g. if conducting rapid testing, how you will ensure that confirmatory blood draws are obtained, if using drop 'n' go/express model, please describe the process that will be utilized and how patient time will be minimized.

Describe your plan for getting people to return for their results.

How your agency will ensure that clients who do not receive counseling as a part of a testing experience still receive HIV, HCV, and STD health information, risk reduction, support, and appropriate prevention messages.

- **Data and Quality Assurance:**

Demonstrate how your agency will track these experiences, how your agency will integrate client-level data collection into the flow of services, without creating unnecessary burden for clients. Describe how you will conduct training and quality assurance to meet the requirements of the CHEP Policies and Operations Manual for HIV and HCV Testing Services in Community-Based Settings (found [HERE](#)).

C. Linkage and Navigation (3 pages).

Describe your criteria and processes for linkage within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how linkage and/or navigation will occur related to:

- HIV-negative, HCV- and STD-unknown status clients to HIV/HCV/STD testing within the program.
- HIV-negative clients to PrEP within the program or to a PrEP navigator.
- Newly diagnosed HIV-positive clients to care within program or to LINC
- Clients that have a STD to treatment within the program or other provider.
- HCV-positive clients to HCV treatment within program or to a HCV navigator.
- Sexual and/or needle-sharing partners of HIV, HCV, and/or STD-positive clients, to HIV, HCV, and/or STD testing within the program (or elsewhere).
- Clients to other services/HAPs, if client needs cannot be met within the program.
- Out-of-care HIV-positive clients to LINC.
- How your program will track linkages to ensure they are successful.
- Your agency's experience providing linkage and/or navigation services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

D. Prevention And Treatment Medication: Prep and ART for HIV; HCV Treatment; STD Treatment, Including Medical Storage (2 pages)

Describe your criteria and processes for ensuring access to prevention and treatment medication within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how prevention and treatment medication will occur related to:

- HIV-negative clients receiving PrEP within the program or other provider.
- Newly diagnosed HIV-positive clients initiating ART within program or other provider.
- HCV-positive clients receiving treatment within program or other provider.
- Clients that have a STD receiving treatment within program or other provider.
- How your program will track prevention and treatment medication initiation and/or completion to ensure it was successful.
- Your agency's experience providing prevention and treatment medication. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

E. Community Engagement (2 pages).

Describe in detail:

- Your agency's experience conducting community engagement activities for population of focus. How long have you been conducting these activities? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

Describe in detail how your program will:

- Build trust within the community and have a consistent presence.
- Partner with other local CBOs, agencies and/or community leaders who have a strong relationship with the community.
- Include community voices and qualitative lived experience in all aspects of planning, program design/implementation, and service delivery. Build on community strengths and ensure that cultural and historical barriers (e.g. mistrust of service providers, language barriers) are removed.
- Build a highly skilled cross-trained workforce that reflects the populations served, has low turnover rates, and is valued and supported.
- Expand or implement peer-delivered services. Involve peers in program development, and use peers to conduct outreach and provide services.
- Increase mobile service delivery (if program is or will be providing mobile service). Provide multidisciplinary mobile services to meet a variety of needs among populations who do not access health care in traditional settings.
- Provide culturally appropriate outreach to community.

F. Syringe Access and Disposal (1 pages).

Describe in detail:

- Your agency's experience conducting syringe access and disposal services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- Describe how you will conduct quality assurance to meet the requirements of the CHEP Syringe Access and Disposal Program Policy and Guidelines located [HERE](#).
- Your program's plans for integrating the provision of safer injection supplies during the course of other services for clients in need, in a seamless, discrete, and non-stigmatizing way.
- Any preferred elements from the Syringe Access and Disposal table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- How you will reach and meet the specific cultural needs of PWID, including any PWID subpopulations (e.g. MSM, youth, women, and trans women and men, homeless) within your agency's population of focus and create a safe and welcoming environment for them.
- How your data will be tracked for number of syringes distributed and number of syringes collected.
- Your program's syringe disposal plan.

G. Harm reduction services for substance use (including opioids, stimulants, alcohol, tobacco, and cannabis (2 pages).

Describe in detail:

- Your agency's experience providing substance use harm reduction services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program
- How your program will ensure ALL staff participate in ongoing harm reduction training. How staff training will be tracked.
- Your program's mechanism for assessing client needs on an ongoing, systematic basis for substance use including opioids, stimulants, alcohol, tobacco, and cannabis.
- How your program will integrate harm reduction principles and the SFDPH Harm Reduction Policy into program design and delivery and put them into practice in a meaningful and impactful way.

H. Overdose Prevention (2 pages).

Describe in detail:

- Your agency's experience with overdose prevention and response. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.

- How you will meet the required elements of overdose prevention. How your program will integrate overdose prevention and response into your existing program.
- Any preferred elements from the overdose prevention table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- What overdose prevention materials your agency will make available to clients.
- How your program will ensure ALL client facing staff participate in annual overdose prevention and response training. Describe how the program will track training.
- How your program will host at least one overdose prevention training for clients annually. How will this be tracked?

I. Mental Health (1 pages).

Describe in detail:

- Your agency's experience providing mental health services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How your program will integrate culturally appropriate, stigma-free, mental health support into your existing program (e.g. onsite or through linkages to other program).
- How your program will confirm and track linkages to mental health services.

J. Condom Distribution (1 pages).

Describe in detail:

- How your program will ensure condoms and other safe sex supplies are easily accessible on site, during outreach, and in mobile facilities.
- The sex-positive and meaningful messaging and education your agency will provide to emphasize that condoms are relevant, particularly for STD prevention.

K. Basic Needs (1 pages).

Describe in detail:

- Your program's experience providing basic needs to your population of focus and/or any subpopulations.
- How your program will integrate the provision of basic needs into existing program for the population of focus and/or any subpopulations of focus.

➤ **Describe your program as a whole.**

A. Program Cohesiveness (2 pages).

Describe how the various program components (see below) work together to form one logical, cohesive program. Include a discussion of service times and locations that shows how the program components are linked together. Collaborative proposals: Discuss how the collaborators will work together to provide one cohesive and seamless program. Note: Please see [Exhibit 1: 6.1](#) for details on the program components listed below.

- Integrated HIV, HCV, and STD testing
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, and other services
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Syringe access and disposal
- Overdose prevention (including naloxone distribution)
- Condom distribution
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Community engagement and mobilization (physical and online, social media)
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Services to meet basic needs services (examples: food, housing, employment)
- Primary care
- Substance use treatment
- Mental health services

B. Cross-program Elements (2 pages).

Describe:

- How your program will address the specific cultural needs of your population of focus and/or subgroups within your population of focus.
- Any incentives you plan to use. Provide a strong justification for why they are needed as well as evidence or experience supporting their effectiveness. If you are proposing cash incentives, justify why cash is preferred to a non-cash incentive and describe how you will manage cash on the premises.
- How your program will ensure health education and prevention counseling is delivered in the context of overall sexual health and harm reduction and integrated into all of the standard of care services (not stand alone).

C. Staffing Plan (2 pages).

Describe your staffing plan (including volunteers) for service delivery. (Describe staffing for data and evaluation in Section 4.) Describe who will provide which services. What percent of their time is allocated to service delivery? What are the staff members' responsibilities and percent full-time equivalent (FTE)? You may include a one-page organization chart or visual that represents the collaboration as an attachment.

Section 3: Data Collection, Evaluation, and Quality Assurance (2 pages)

➤ **(1 page) Describe your plans for collecting and managing the data for the standard of care services ([Exhibit 1: 6.1](#)), including:**

- Your staffing plan for supporting data collection and management.
- Your methods and processes for collecting, entering, and reporting client-level data.

- If you are currently a CHEP contractor, whether your data submissions were on time and complete for the year 2019.
- If you are not currently a CHEP contractor, whether data submissions for other funders were on time and complete for the year 2019.

- **(1 page) Describe your staffing plan and general process for program evaluation, including:**
 - Staff assigned to program evaluation. Indicate which staff position will be responsible for leading the program evaluation efforts, and how much time will be devoted to it.
 - How you will review and assess the extent to which your program is meeting its objectives.
 - What you will do if you learn the program is not meeting its objectives.
 - How you will use data/evaluation findings to improve the program.

Section 4: Organizational and Fiscal Capacity (3 pages)

- **(1 page) Describe the agency's experience conducting recruitment and retention with trans women population and/or specific subpopulations.** What types of activities have you done in the past, and how successful have they been at engaging the population(s)? If relevant, include a summary of any data demonstrating your capacity to reach this population and/or specific subpopulations, such as program attendance records, a list of venues where you routinely conduct outreach, or other data.
- **(1 page) Describe your ability to recruit and retain qualified staff, staff reflective of the population being served, peers, and volunteers.** Discuss all of the above, not just staff in general. What staff development/training opportunities will you offer or require? What is the approximate average length of stay for both front-line staff and staff in leadership positions?
- **Budget Detail Booklet:**
 - Complete the Budget Detail and Justification Booklet for a 12 Month Period
 - If you are requesting start up funds please, submit a separate Detail and Justification.
- **Applicants who are LBE Certified will receive additional points.**
 - **This will be added to the "Technical Review Score".**
 - **See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.**

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

11. Scoring Criteria and Rating System

The proposal review process is described in **Section IV: Review and Selection Process**. This table provides the scoring criteria and rating system for **Category 2 proposals**.

Category 2: Health Access Point (HAP) for Trans women			
Question Number	Scoring Criteria	Max. Pts. per Criterion	Max. Pts. per Question
Section 1: Population of Focus (10 points)			
1	Extent to which the applicant demonstrates an understanding of the needs of the population of focus	4	10
	Extent to which the program focuses on the population of focus	2	
	Understanding of risk behaviors and social determinants of health affecting the population of focus.	4	
Section 2: Program Design and Effectiveness (67 points)			
2A	Extent to which program takes an equity-focused, stigma-free, low barrier, and whole person health approach	5	5
2B	Ability of the recruitment/retention plan to result in the proposed number of testing experiences among the population of focus	2	8
	Extent to which the integrated HIV, HCV, and STD testing model and flow of services (including any state-certified test counseling and data collection) is seamless and minimizes barriers to testing	2	
	Extent to which the needs of clients testing HIV-negative or HIV-positive will be met (through state certified counseling and/or other means)	2	
	Ability to which quality assurance plan for HIV, HCV, and STD integrated testing will result in high quality service.	2	
2C	Ability of proposed program to link and navigate clients (within or outside of the program) to LINC, PrEP, HCV treatment, STD treatment; and sexual/needle-sharing partners to testing	7	7
2D	Ability of proposed program to ensure clients have access (within or outside program) to PrEP and ART for HIV, HCV treatment, and STD treatment.	7	7
2E	Ability to build trust and rapport and have a consistent presence in the community of the population of focus, as well as include community voices in planning, program design, and implementation	3	6
	Extent to which proposed program provides services outside of the agency and in the community, and at various venues in order to engage population of focus	2	
	Extent to which proposed program provides culturally appropriate outreach to population of focus	1	
2F	Ability of proposed program to integrate the provision of safer injection supplies (including data collection) in a seamless, discrete, and non-stigmatizing way	2	4
	Ability of proposed program to reach PWID within population of focus	2	
2G	Extent to which proposed program integrates harm reduction principles into program design and delivery, and put them into practice in a meaningful and impactful way	5	5
2H	Extent to which proposed program integrates overdose prevention and response into existing program services in a seamless way	4	4

2I	Extent to which proposed program integrates mental health support services into existing program in a seamless way	3	3
2J	Extent to which proposed program provides sex-positive and meaningful messaging and education about the relevancy of condom use (particularly for STD prevention)	2	3
	Extent to which proposed program ensures condoms and other safe sex supplies are accessible	1	
2K	Extent to which proposed program ensures the provision of basic needs are available and integrated into existing program services for population of focus	3	3
3A	Extent to which the program design is logical and results in one cohesive effort	1	2
	Appropriateness of times and locations of services for the population of focus	1	
3B	Strength of plan to incorporate the following cross-program elements: a) promote a new testing norm. b) integrate hepatitis C and STD prevention, and c) incentives (if proposed)	2	5
	Extent to which program meets the specific cultural needs of the focus population	3	
3C	Extent to which staffing levels are sufficient given scope of work	2	5
	Extent to which responsibilities are assigned to appropriate staff	1	
	Extent to which it is clear which staff will perform which duties/activities	2	
Section 3: Data Collection, Evaluation, and Quality Assurance (8 points)			
4	Extent to which staffing levels are sufficient given scope of work	1	3
	Efficiency of methods and processes for data collection and entry of client-level data	1	
	Data for 2019 100% on time and complete	1	
5	Extent to which responsibilities are assigned to appropriate staff	2	5
	Extent to which evaluation process will result in continuous program improvement	3	
Section 4: Organizational and Fiscal Capacity (15 points)			
6	Applicant capacity to reach the population of focus and capacity to provide proposed services	5	5
7	Extent to which policies, procedures, practices will lead to recruitment, hiring, and retention of qualified staff	1	2
	Extent to which staff tenure will promote program continuity	1	
8	Budget Detail Expenses are appropriate and support the proposed services.	8	8
	Total Points		100
LBE Participation % Points			
	LBE Participation	0-10	0-10

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Category 3: Health Access Point (HAP) for People who use drugs, including people who inject drugs (PWUD/ID)

Estimated Amount Available: From \$760,000 to \$930,000

Number of Awards: 1

1. Background

People who use drugs, including injecting drugs (PWUD/ID), often experience stigma, trauma, violence, and barriers to care that increase their risks and negatively affect their health outcomes. In San Francisco, substance use is a driver of HIV, hepatitis C (HCV), and sexually transmitted diseases (STDs).

There are approximately 24,500 people who inject drugs (PWID) in San Francisco. End Hep C SF estimates that around 12,000 people (a little less than 2% of the city's population) are actively infected with hepatitis C. Approximately 68% of active HCV infections in San Francisco are among people who inject drugs, despite PWID making up less than 3% of the city's population.⁷

Substance use is associated with HIV acquisition. Heavy alcohol use among MSM has been shown to be independently associated with twice the risk of acquiring HIV. Other substances including cocaine and/or crack, methamphetamine, and poppers are known drivers of HIV transmission among MSM in San Francisco due to their association with impaired risk perception and decision-making regarding injection drug use or unprotected sex.

The number of new diagnoses among MSM-PWID and non-MSM PWID increased in 2017 to 25% from 18%.⁸ Injection drug use was the predominant transmission category for white, Black/African American, and multi-racial females. PWID (including MSM-PWID) are less likely to be linked to care, retained in care, are less likely to achieve viral suppression and have lower probability of survival after being diagnosed with AIDS compared to other groups. Between 2014 and 2017, drug overdose was the 4th leading cause of death among people living with HIV.

STDs rates are high among people who use drugs. In San Francisco, during 2013-2018, the proportion of primary and secondary syphilis cases who reported methamphetamine use in the past year increased among females (15% to 39%) and heterosexual men (17% to 67%). The proportion who reported sex with a PWID in the past 12 months more than doubled among heterosexual men (9% to 23%) and remained high among females (26%).⁹ Similar rising rates of syphilis among females and heterosexual men in the U.S has been reported by the Centers for Disease Control and Prevention (CDC). Between 2013 and 2017, the proportion of females and heterosexual

⁷ <https://journals.plos.org/plosone/article/comments?id=10.1371/journal.pone.0195575>

⁸ San Francisco Department of Public Health. HIV Epidemiology Annual Report 2017. Available at <https://www.sfdph.org/dph/comupg/oprograms/HIVepiSec/HIVepiSecReports.asp>

⁹ SF Monthly STD Report. (2019, April 10).

men with primary and secondary syphilis who reported sex with PWID and use of methamphetamine, injection drugs, and heroin more than doubled.¹⁰

In order to optimize the health of PWUD/ID and reduce HIV/HCV/STD transmission, the complex and interwoven needs they have must be addressed in an effective, culturally competent manner. Services must be easily accessible and integrated into other services.

This RFP seeks to take a community-centered, whole person, integrated approach to HIV, HCV, and STD prevention, implemented by and for PWUD/ID.

2. Minimum Qualifications

- By Jan 1, 2020 applicant must be a nonprofit agency that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code and be licensed to do business with the City and County of San Francisco. City and County of San Francisco government departments/sections may NOT apply.
- Applicant must have at least 3 years of experience providing HIV, HCV, and/or STD testing, or similar services to PWUD/ID. (If a collaboration, only the agency providing the HIV, HCV, and STD testing must meet this qualification.)

3. Service Description

CHEP seeks to fund a Health Access Point (HAP) to meet the needs of PWUD/ID. A HAP is defined as a population specific; one –stop shop or network of agencies/programs with a lead agency that provides an equity-focused stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status. The HAP should deliver services that contribute to the following citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

Services provided within this HAP must be also be culturally specific, harm reduction-based, sex-positive, and trauma-informed. Staff at all levels must demonstrate cultural humility in working with PWUD/ID. Peer-delivered services must be an integral part of the network. PWUD/ID must be included in the design, implementation, and evaluation of services.

The HAP should ensure that services reach PWUD/ID, using both **targeted** efforts (focused on identified primary subpopulations) as well as **broad-based community-wide engagement and mobilization, regardless of HIV/HCV/STD risk**, to increase awareness, reduce stigma, and reduce barriers to accessing services at the community- level.

¹⁰ Centers for Disease Control. Morbidity and Mortality Weekly Report. (2019, February).

4. Population

Programs must be designed to meet the needs of and focus on serving PWUD/ID; however, the program must welcome and serve all who are eligible.

5. Restrictions

- Proposed services must be only for PWUD/ID and identified primary subpopulations. Proposed services must be only for PWUD/ID and identified primary subpopulations. Services for other populations cannot be part of the proposal, although others may access services.
- Funds for HIV/HCV/STD testing must be used for community-based HIV/HCV/STD testing, not testing in clinical or medical settings.

6. Program Requirements

Required Services

The PWUD/ID HAP shall provide the following “standard of care” services. The services marked with an asterisk (*) must be provided by the lead applicant or one of its subcontractors, with funding from either this RFP or other in-kind resources. The other services can be provided either by the lead applicant or one of its subcontractors, or by other trans women HAP partners (e.g., via linkage to a HAP collaborating agency, via the collaborating agency providing services on site at the applicant’s service location, or other approach). For services provided by other PWUD/ID HAP partners who are not subcontractors, MOUs and warm hand-off protocols must be in place as appropriate. Each of the following services is described in detail in [Exhibit 1: 6.1](#), including required and preferred elements and performance measures for each service.

- Integrated HIV, HCV, and STD testing*
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*
- Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*
- Syringe access and disposal*
- Overdose prevention (including naloxone distribution)*
- Condom distribution*
- Community engagement and mobilization (physical and online, social media)*
- HIV, HCV, STD health education and prevention counseling, delivered in the context of overall sexual and drug user health (integrated into all of the above services, not stand alone)*
- Services to meet basic needs services (examples: food, housing, employment)*
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Mental health services
- Primary care
- Substance use treatment

Required Strategies

- **Maintain a workforce that mirrors the populations served.** Applicants and subcontractors should have staff with a lived experience related to substance use represented at all levels of the organization. Client-facing positions (e.g., front desk staff, outreach workers, service delivery staff) should demographically reflect the population served.
- **Ensure that some services are delivered by peers.** “Peers” are defined as people with lived experience similar to that of the populations served, and may or may not share demographic characteristics such as race or gender. For example, an agency could create a community advisory board (CAB) and/or hire and train staff to conduct services, such as outreach, client satisfaction surveys, and assemble hygiene kits.
- **Involve the PWUD/ID community in program development.** Include community voices and qualitative lived experience in all aspects of planning, program design and implementation, and service delivery using a systematic and continuous process. Build on community strengths and ensure that cultural and historical barriers (e.g., mistrust of service providers, language barriers) are removed.
- **Take a sex-positive sexual health approach.** Integrate HIV and STD messaging using a sexual health framework. Develop integrated HIV and STD prevention messages that address condoms, PrEP, and why STDs are an important concern. Incorporate integrated sexual health messaging throughout all HIV and STD prevention efforts—for example, PrEP navigation programs, HIV community forums, and social marketing
- **Provide services using a harm reduction-based, trauma-informed, and cultural humility approach.** See required staff training in [Exhibit 1: 6.3](#).
- **All services must be as low barrier as possible.** “Low barrier” means that as few expectations as possible are placed upon clients and potential clients when they are trying to access services. Examples of low barrier services include: mobile services; co-located services (e.g., HCV treatment co-located with methadone services); drop-in services; express services (e.g., testing without talking to a counselor); and services provided at times convenient for the populations such as evenings, weekends, or late at night.
- **Address stigma for clients.** Provide a non-stigmatizing environment.
- **Address community-level stigma.** Increase the social media presence that promotes integrated sexual health messages and provided information on how to access services. Disseminate DPH-approved messaging, including PrEP and U=U messaging. Increase education and innovation around how to address HIV-related stigma. De-stigmatize substance use through harm reduction education and messaging.
- **Leverage the private healthcare system whenever possible.** People with private insurance should be encouraged and counseled to use their insurance and develop meaningful relationships with primary care providers, when possible.
- **Ensure services are culturally specific.** Develop testing models that incorporate nuances to address different cultural barriers and specific population needs.
- **Build partnerships and collaborations with other organizations. This RFP requires collaboration to ensure populations have access to required services.**

Optional Strategies

- **Offer incentives.** Programs may propose to use non-cash incentives when they are critical for engaging the population of focus, to recruit people for testing, PrEP, treatment, or other service when warranted (e.g., food vouchers, gift cards, cell phones, cell phone credits, etc.).

Compliance

- Comply with CHEP Policies and Operations Manual for HIV/HCV Testing Services in Community-Based Settings, which are subject to modification at any time. The current policies and procedures can be found [HERE](#)
- Comply with SFDPH's Harm Reduction Policy found [HERE](#)
- Comply with SFDPH's Syringe Access and Disposal Program Policies and Guidelines found (being updated)
- Comply with the CHEP's Materials Review Process Guidelines found [HERE](#)

7. Healthy Staff, Agencies, and Collaborations

Healthy Staff

- **Staff training.** SFDPH and its partners are committed to building and maintaining a highly skilled workforce, prepared to deal with the complexity of client and community needs. To that end, agency staff funded through this RFP will be required to participate in the following trainings: racial humility, trauma informed systems (TIS), and harm reduction training of all staff. The staff that must participate in these trainings will be addressed during contract negotiations.
- **Staff pay.** According to Housing and Urban Development (HUD), in SF in 2018, a single adult is considered to be low income if they make less than \$82,200 per year; for a 4-person family the cut-off is \$117,300. (Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>) SFDPH encourages agencies to provide livable wages to staff.

Healthy Agencies

- **Staff retention.** Agencies must have a plan in place to support client-facing staff to prevent burnout and address the vicarious trauma that can occur while working with traumatized populations. Examples of an effective plan include (but are not limited to): staff support group facilitated by a clinician such as an LMFT or LSCW who is also available for individual support as needed. Agencies must allow staff to participate in the San Francisco HIV Frontline Organizing Group (SF HIV FOG), Navigator's meeting, and other professional development activities.

Healthy Collaborations

Collaboration with other community-based organizations (CBOs), clinics, and other organizations is required in order to ensure populations have access to required services. Even though two or more agencies are involved, these collaborations should result in one cohesive program for the clients they serve.

8. Additional Considerations

- CHEP will provide:
 - HIV/HCV/STD Skills Certification Training
 - Harm Reduction Training
 - Overdose Prevention Training (via its contract with Harm Reduction Coalition's DOPE Project)
 - Training on STD specimen collection
 - Test kits

- Condoms, lube, and female condoms
 - Training on Clear Impact Results Scorecard
 - Racial Humility resources
 - Trauma informed systems (TIS) training
 - Training on Syringe Access and Disposal
- Health Access Point lead applicant should budget for:
 - Clear Impact Results Scorecard logins (2 per agency at \$1200/annually total)
 - Phlebotomy Training and Certification
 - Condoms and safer sex supplies (if not going through the condom distribution program)
 - Syringe access and disposal supplies (including syringes)

9. Program Evaluation and Accountability

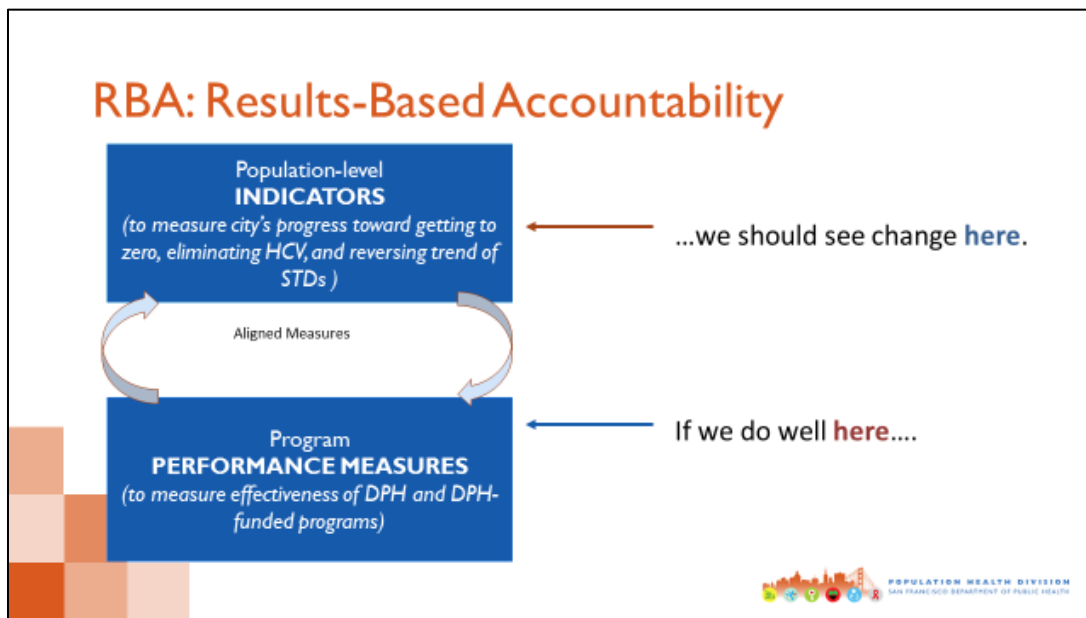
SFDPH seeks to implement program evaluation that allows for flexibility, supports accountability, and encourages innovation. Evaluation findings will be used to improve services, and to hold providers accountable for improving community health. Program innovations are encouraged when accompanied by evaluation plans that can rapidly determine whether the innovations should be adopted, adapted, or abandoned.

Funded programs will be required to use the Results-Based Accountability (RBA) Framework and the Clear Impact Results Scorecard (<https://clearimpact.com/scorecard/>). RBA is a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

A. Performance Measures

A “program performance measure” is a measure used to track the results of the applicant’s specific program. Performance measures and other data collection requirements for each “standard of care” service are provided in **Exhibit 1: 6.1**.

A “population indicator” is a measure used to track the health outcomes of a particular population group. No single program can be held accountable for changing HIV, HCV, or STD rates among PWUD/ID. However, by collaborating with HAP partner agencies and other relevant entities, SFDPH expects to see reductions in HIV, HCV, and STD rates among PWUD/ID over the next 3-5 years. SFDPH will convene regular HAP partner meetings to review relevant population indicators and facilitate discussion and action planning for achieving the desired outcomes.



B. Data Collection and Reporting

Funded programs must comply with all CHEP requirements regarding data collection and submission, which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Evaluation Web
- Clear Impact Results Scorecard
- Annual narrative report
- Other systems/processes as requested

10. Narrative Instructions

Below are the instructions for the narrative portion of the proposal package. Instructions for development and submission of the complete proposal package can be found in **Section III: Submission Requirements**.

- Complete all sections of the narrative as outlined below. Applicants must complete the sections and questions **in the order listed**. (Applicants do not have to address the bullet points within each question in the order listed, just the questions.) Label the beginning of each section as indicated and include each question number, but do not repeat the question text.
- The narrative may not exceed **38 pages** (1.5 spacing between lines). Page numbers for individual sections and questions are guidelines only.
- Describe all the components of the proposed program here, even if some components are funded by another source, and be clear about which portion you are asking CHEP to support. For example, mental health is a component of the proposed program and could be funded by another source.
- In narrative Sections 1-4, describe your program as it will be when it is fully operational. Start-up needs can be discussed in narrative Section 5.
- Be specific.

Section 1: Population of Focus (3 pages)

- **Describe:**
 - The population of focus your program will serve including subpopulations, age, geography, language, socioeconomic status, and other characteristics.
 - The HIV, HCV, and STD risk behaviors and social determinants of health affecting your population,
 - Why you have chosen this specific population (including any identified primary subpopulations) and why your program meets their needs. Use epidemiologic, community assessment, and other data to support your argument.

Section 2: Program Design and Effectiveness (29 pages)

Note: In this section of the narrative, collaborative proposals should clearly describe the specific roles and responsibilities of the partners and who will implement which portions of the program.

- **Describe your program components.**
 - A. Program overview (2 pages).
Provide an overview of your program and explain how it represents an equity-focused, stigma-free, low barrier, and whole person health approach to HIV, HCV, and STD prevention for the identified population of focus.
 - B. Integrated HIV, HCV, and STD testing (6 pages).
Describe your agency's testing model, including:
 - Your agency's experience providing HIV, HCV, and STD testing. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.
 - The number of testing experiences (by primary subpopulations, if applicable) your program will provide (i.e. 2,000 testing experiences for trans women and 10,000 for Gay/MSM). Provide the rationale for those numbers. **CHEP's goal is to conduct 50,000 testing experiences annually citywide.** An experience is defined as getting at least one (1) of five (5) tests (HIV, HCV, gonorrhea, chlamydia, and/or syphilis) in a single visit (See Integrated HIV, HCV, and STD testing in [Exhibit 1: 6.1](#). For example, a client can receive one (1) test, all five (5), or anything in between and it is considered an "experience".
 - Recruitment, Retention:
The strategies and interventions you will use to recruit people for HIV, HCV, and STD testing and encourage them to return for testing at least every 6 months, and the evidence or experience supporting the effectiveness of these activities.
The HIV, HCV, and STD testing barriers for this population, including identified primary subpopulations. Describe how your program will address these barriers.
Where and when your agency will provide HIV, HCV, and STD testing and why these sites and venues are appropriate.

- Testing Flow:

The flow of services at the different testing location(s). Describe how this will help your agency to provide the proposed number of experiences, provide the required and optional services you are proposing, and meet client needs.

Describe any relevant technologies being used, e.g. if conducting rapid testing, how you will ensure that confirmatory blood draws are obtained, if using drop 'n' go/express model, please describe the process that will be utilized and how patient time will be minimized.

Describe your plan for getting people to return for their results.

How your agency will ensure that clients who do not receive counseling as a part of a testing experience still receive HIV, HCV, and STD health information, risk reduction, support, and appropriate prevention messages.

- Data and Quality Assurance:

Demonstrate how your agency will track these experiences, how your agency will integrate client-level data collection into the flow of services, without creating unnecessary burden for clients.

Describe how you will conduct training and quality assurance to meet the requirements of the CHEP Policies and Operations Manual for HIV and HCV Testing Services in Community-Based Settings (found [HERE](#)).

C. Linkage and Navigation (3 pages).

Describe your criteria and processes for linkage within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how linkage and/or navigation will occur related to:

- HIV-negative, HCV- and STD-unknown status clients to HIV/HCV/STD testing within the program.
- HIV-negative clients to PrEP within the program or to a PrEP navigator.
- Newly diagnosed HIV-positive clients to care within program or to LINC
- Clients that have a STD to treatment within the program or other provider.
- HCV-positive clients to HCV treatment within program or to a HCV navigator.
- Sexual and/or needle-sharing partners of HIV, HCV, and/or STD-positive clients, to HIV, HCV, and/or STD testing within the program (or elsewhere).
- Clients to other services/HAPs, if client needs cannot be met within the program.
- Out-of-care HIV-positive clients to LINC.
- How your program will track linkages to ensure they are successful.
- Your agency's experience providing linkage and/or navigation services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

D. Prevention And Treatment Medication: Prep and ART for HIV; HCV Treatment; STD Treatment, Including Medical Storage (2 pages)

Describe your criteria and processes for ensuring access to prevention and treatment medication within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how prevention and treatment medication will occur related to:

- HIV-negative clients receiving PrEP within the program or other provider.
- Newly diagnosed HIV-positive clients initiating ART within program or other provider.
- HCV-positive clients receiving treatment within program or other provider.
- Clients that have a STD receiving treatment within program or other provider.
- How your program will track prevention and treatment medication initiation and/or completion to ensure it was successful.
- Your agency's experience providing prevention and treatment medication. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

E. Community Engagement (2 pages).

Describe in detail:

- Your agency's experience conducting community engagement activities for population of focus. How long have you been conducting these activities? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

Describe in detail how your program will:

- Build trust within the community and have a consistent presence.
- Partner with other local CBOs, agencies and/or community leaders who have a strong relationship with the community.
- Include community voices and qualitative lived experience in all aspects of planning, program design/implementation, and service delivery. Build on community strengths and ensure that cultural and historical barriers (e.g. mistrust of service providers, language barriers) are removed.
- Build a highly skilled cross-trained workforce that reflects the populations served, has low turnover rates, and is valued and supported.
- Expand or implement peer-delivered services. Involve peers in program development, and use peers to conduct outreach and provide services.
- Increase mobile service delivery (if program is or will be providing mobile service). Provide multidisciplinary mobile services to meet a variety of needs among populations who do not access health care in traditional settings.
- Provide culturally appropriate outreach to community.

F. Syringe Access and Disposal (1 pages).

Describe in detail:

- Your agency's experience conducting syringe access and disposal services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- Describe how you will conduct quality assurance to meet the requirements of the CHEP Syringe Access and Disposal Program Policy and Guidelines located [HERE](#).

- Your program's plans for integrating the provision of safer injection supplies during the course of other services for clients in need, in a seamless, discrete, and non-stigmatizing way.
- Any preferred elements from the Syringe Access and Disposal table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- How you will reach and meet the specific cultural needs of PWID, including any PWID subpopulations (e.g. MSM, youth, women, and trans women and men, homeless) within your agency's population of focus and create a safe and welcoming environment for them.
- How your data will be tracked for number of syringes distributed and number of syringes collected.
- Your program's syringe disposal plan.

G. Harm reduction services for substance use (including opioids, stimulants, alcohol, tobacco, and cannabis (2 pages)).

Describe in detail:

- Your agency's experience providing substance use harm reduction services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program
- How your program will ensure ALL staff participate in ongoing harm reduction training. How staff training will be tracked.
- Your program's mechanism for assessing client needs on an ongoing, systematic basis for substance use including opioids, stimulants, alcohol, tobacco, and cannabis.
- How your program will integrate harm reduction principles and the SFDPH Harm Reduction Policy into program design and delivery and put them into practice in a meaningful and impactful way.

H. Overdose Prevention (2 pages).

Describe in detail:

- Your agency's experience with overdose prevention and response. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How you will meet the required elements of overdose prevention. How your program will integrate overdose prevention and response into your existing program.
- Any preferred elements from the overdose prevention table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- What overdose prevention materials your agency will make available to clients.
- How your program will ensure ALL client facing staff participate in annual overdose prevention and response training. Describe how the program will track training.
- How your program will host at least one overdose prevention training for clients annually. How will this be tracked?

I. Mental Health (1 pages).

Describe in detail:

- Your agency's experience providing mental health services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How your program will integrate culturally appropriate, stigma-free, mental health support into your existing program (e.g. onsite or through linkages to other program).
- How your program will confirm and track linkages to mental health services.

J. Condom Distribution (1 pages).

Describe in detail:

- How your program will ensure condoms and other safe sex supplies are easily accessible on site, during outreach, and in mobile facilities.
- The sex-positive and meaningful messaging and education your agency will provide to emphasize that condoms are relevant, particularly for STD prevention.

K. Basic Needs (1 pages).

Describe in detail:

- Your program's experience providing basic needs to your population of focus and/or any subpopulations.
- How your program will integrate the provision of basic needs into existing program for the population of focus and/or any subpopulations of focus.

➤ **Describe your program as a whole.**

A. Program Cohesiveness (2 pages).

Describe how the various program components (see below) work together to form one logical, cohesive program. Include a discussion of service times and locations that shows how the program components are linked together. Collaborative proposals: Discuss how the collaborators will work together to provide one cohesive and seamless program. Note: Please see [Exhibit 1: 6.1](#) for details on the program components listed below.

- Integrated HIV, HCV, and STD testing
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, and other services
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Syringe access and disposal
- Overdose prevention (including naloxone distribution)
- Condom distribution
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)

- Community engagement and mobilization (physical and online, social media)
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Services to meet basic needs services (examples: food, housing, employment)
- Primary care
- Substance use treatment
- Mental health services

B. Cross-program Elements (2 pages).

Describe:

- How your program will address the specific cultural needs of your population of focus and/or subgroups within your population of focus.
- Any incentives you plan to use. Provide a strong justification for why they are needed as well as evidence or experience supporting their effectiveness. If you are proposing cash incentives, justify why cash is preferred to a non-cash incentive and describe how you will manage cash on the premises.
- How your program will ensure health education and prevention counseling is delivered in the context of overall sexual health and harm reduction and integrated into all of the standard of care services (not stand alone).

C. Staffing Plan (2 pages).

Describe your staffing plan (including volunteers) for service delivery. (Describe staffing for data and evaluation in Section 4.) Describe who will provide which services. What percent of their time is allocated to service delivery? What are the staff members' responsibilities and percent full-time equivalent (FTE)? You may include a one-page organization chart or visual that represents the collaboration as an attachment.

Section 3: Data Collection, Evaluation, and Quality Assurance (2 pages)

➤ **(1 page) Describe your plans for collecting and managing the data for the standard of care services ([Exhibit 1: 6.1](#)), including:**

- Your staffing plan for supporting data collection and management.
- Your methods and processes for collecting, entering, and reporting client-level data.
- If you are currently a CHEP contractor, whether your data submissions were on time and complete for the year 2019.
- If you are not currently a CHEP contractor, whether data submissions for other funders were on time and complete for the year 2019.

➤ **(1 page) Describe your staffing plan and general process for program evaluation, including:**

- Staff assigned to program evaluation. Indicate which staff position will be responsible for leading the program evaluation efforts, and how much time will be devoted to it.
- How you will review and assess the extent to which your program is meeting its objectives.

- What you will do if you learn the program is not meeting its objectives.
- How you will use data/evaluation findings to improve the program.

Section 4: Organizational and Fiscal Capacity (3 pages)

- (1 page) Describe the agency’s experience conducting recruitment and retention with the PWUD/ID population and/or specific subpopulations. What types of activities have you done in the past, and how successful have they been at engaging the population(s)? If relevant, include a summary of any data demonstrating your capacity to reach this population and/or specific subpopulations, such as program attendance records, a list of venues where you routinely conduct outreach, or other data.
- (1 page) Describe your ability to recruit and retain qualified staff, staff reflective of the population being served, peers, and volunteers. Discuss all of the above, not just staff in general. What staff development/training opportunities will you offer or require? What is the approximate average length of stay for both front-line staff and staff in leadership positions?
- **Budget Detail Booklet:**
 - Complete the Budget Detail and Justification Booklet for a 12 Month Period
 - If you are requesting start up funds please, submit a separate Detail and Justification.
- **Applicants who are LBE Certified will receive additional points.**
 - **This will be added to the “Technical Review Score”.**
 - **See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.**

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

11. Scoring Criteria and Rating System

The proposal review process is described in **Section IV: Review and Selection Process**. This table provides the scoring criteria and rating system for **Category 3 proposals**.

Category 3: Health Access Point (HAP) for PWUD/ID			
Question Number	Scoring Criteria	Max. Pts. per Criterion	Max. Pts. per Question
Section 1: Population of Focus (10 points)			
1	Extent to which the applicant demonstrates an understanding of the needs of the population of focus	4	10
	Extent to which the program focuses on the population of focus	2	
	Understanding of risk behaviors and social determinants of health affecting the population of focus.	4	
Section 2: Program Design and Effectiveness (67 points)			
2A	Extent to which program takes an equity-focused, stigma-free, low barrier, and whole person health approach	5	5
2B	Ability of the recruitment/retention plan to result in the proposed number of testing experiences among the population of focus	2	8
	Extent to which the integrated HIV, HCV, and STD testing model and flow of services (including any state-certified test counseling and data collection) is seamless and minimizes barriers to testing	2	
	Extent to which the needs of clients testing HIV-negative or HIV-positive will be met (through state certified counseling and/or other means)	2	
	Ability to which quality assurance plan for HIV, HCV, and STD integrated testing will result in high quality service.	2	
2C	Ability of proposed program to link and navigate clients (within or outside of the program) to LINC, PrEP, HCV treatment, STD treatment; and sexual/needle-sharing partners to testing	7	7
2D	Ability of proposed program to ensure clients have access (within or outside program) to PrEP and ART for HIV, HCV treatment, and STD treatment.	7	7
2E	Ability to build trust and rapport and have a consistent presence in the community of the population of focus, as well as include community voices in planning, program design, and implementation	3	6
	Extent to which proposed program provides services outside of the agency and in the community, and at various venues in order to engage population of focus	2	
	Extent to which proposed program provides culturally appropriate outreach to population of focus	1	
2F	Ability of proposed program to integrate the provision of safer injection supplies (including data collection) in a seamless, discrete, and non-stigmatizing way	2	4
	Ability of proposed program to reach PWID within population of focus	2	
2G	Extent to which proposed program integrates harm reduction principles into program design and delivery, and put them into practice in a meaningful and impactful way	5	5
2H	Extent to which proposed program integrates overdose prevention and response into existing program services in a seamless way	4	4

2I	Extent to which proposed program integrates mental health support services into existing program in a seamless way	3	3
2J	Extent to which proposed program provides sex-positive and meaningful messaging and education about the relevancy of condom use (particularly for STD prevention)	2	3
	Extent to which proposed program ensures condoms and other safe sex supplies are accessible	1	
2K	Extent to which proposed program ensures the provision of basic needs are available and integrated into existing program services for population of focus	3	3
3A	Extent to which the program design is logical and results in one cohesive effort	1	2
	Appropriateness of times and locations of services for the population of focus	1	
3B	Strength of plan to incorporate the following cross-program elements: a) promote a new testing norm. b) integrate hepatitis C and STD prevention, and c) incentives (if proposed)	2	5
	Extent to which program meets the specific cultural needs of the focus population	3	
3C	Extent to which staffing levels are sufficient given scope of work	2	5
	Extent to which responsibilities are assigned to appropriate staff	1	
	Extent to which it is clear which staff will perform which duties/activities	2	
Section 3: Data Collection, Evaluation, and Quality Assurance (8 points)			
4	Extent to which staffing levels are sufficient given scope of work	1	3
	Efficiency of methods and processes for data collection and entry of client-level data	1	
	Data for 2019 100% on time and complete	1	
5	Extent to which responsibilities are assigned to appropriate staff	2	5
	Extent to which evaluation process will result in continuous program improvement	3	
Section 4: Organizational and Fiscal Capacity (15 points)			
6	Applicant capacity to reach the population of focus and capacity to provide proposed services	5	5
7	Extent to which policies, procedures, practices will lead to recruitment, hiring, and retention of qualified staff	1	2
	Extent to which staff tenure will promote program continuity	1	
8	Budget Detail Expenses are appropriate and support the proposed services.	8	8
	TOTAL POINTS		100
LBE Participation % Points			
	LBE Participation	0-10	0-10

Category 4: Health Access Point (HAP) for Gay men and other men who have sex with men (Gay/MSM)

Estimated Amount Available: \$1,000,000 to \$1,200,000

Number of Awards: 1

1. Background

Gay men and other men who have sex with men (Gay/MSM) are disproportionately affected by HIV, HCV, and STDs in San Francisco. Gay/MSM (including MSM-PWID) represent 74% of new HIV cases in 2017.¹¹ White MSM account for the highest percentage (41%) of new diagnoses in 2017. HIV infection rates reveal disparities among communities of color. Black/African Americans had the highest rate of new infections (116 per 100,000 people) followed by Latinx (68 per 100,000 people), compared with 39 per 100,000 for white men. In SF, MSM account for nearly 13% of those infected with HCV, and almost three-quarters of Gay/MSM infected with HCV are co-infected with HIV.¹² Gay/MSM have the highest prevalence rates of gonorrhea, chlamydia, and early syphilis.¹³ Gay/MSM also overwhelmingly account for the majority of HIV and STD co-infected cases (>95%).

Strong clinical and community-based efforts have helped to significantly decrease HIV incidence among Gay/MSM, especially white MSM. This RFP seeks to build on these successes by taking a community-centered, whole person approach to HIV, HCV, and STD prevention, in order to see continued decreases among Gay/MSM overall, and to decrease disparities among Gay/MSM of color.

2. Minimum Qualifications

- By Jan 1, 2020 applicant must be a nonprofit agency that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code and be licensed to do business with the City and County of San Francisco. City and County of San Francisco government departments/sections may NOT apply.
- Applicant must have at least 3 years of experience providing HIV, HCV, and/or STD testing, or similar services to Gay/MSM. (If a collaboration, only the agency providing the HIV, HCV, and STD testing must meet this qualification.)

¹¹ San Francisco Department of Public Health. HIV Epidemiology Annual Report 2017. Available at <https://www.sfdph.org/dph/comupg/oprograms/HIVepiSec/HIVepiSecReports.asp>

¹² <https://journals.plos.org/plosone/article/comments?id=10.1371/journal.pone.0195575>

¹³ San Francisco Sexually Transmitted Disease Annual Summary 2016. Available at <https://www.sfdph.org/dph/files/reports/StudiesData/STD/SFSTDAnnlSum2016.pdf>

3. Service Description

CHEP seeks to fund a Health Access Point (HAP) to meet the needs of Gay/MSM. A HAP is defined as a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status. The HAP should deliver services that contribute to the following citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

Services provided within this HAP must be also be culturally specific, harm reduction-based, sex-positive, and trauma-informed. Staff at all levels must demonstrate cultural humility in working with Gay/MSM. Peer-delivered services must be an integral part of the network. Gay/MSM must be included in the design, implementation, and evaluation of services.

The HAP should ensure that services reach all Gay/MSM, using both **targeted** efforts (focused on identified primary subpopulations) as well as **broad-based community-wide engagement and mobilization, regardless of HIV/HCV/STD risk**, to increase awareness, reduce stigma, and reduce barriers to accessing services at the community- level.

4. Population

Programs must be designed to meet the needs of Gay/MSM (including MSM-IDU), regardless of race/ethnicity, age, socioeconomic status, neighborhood, or other factors; however, the program must welcome and serve all who are eligible.

5. Restrictions

- Proposed services must be only for Gay/MSM and identified primary subpopulations. Proposed services must be only for Gay/MSM and identified primary subpopulations. Services for other populations cannot be part of the proposal, although others may access services.
- Funds for HIV/HCV/STD testing must be used for community-based HIV/HCV/STD testing, not testing in clinical or medical settings.

6. Program Requirements

Required Services

The Gay/MSM HAP shall provide the following “standard of care” services. The services marked with an asterisk (*) must be provided by the lead applicant or one of its subcontractors, with funding from either this RFP or other in-kind resources. The other services can be provided either by the lead applicant or one of its subcontractors, or by other Gay/MSM HAP partners (e.g., via linkage to a HAP collaborating agency, via the collaborating agency providing services on site at the applicant’s service location, or other approach). For

services provided by other Gay/MSM HAP partners who are not subcontractors, MOUs and warm hand-off protocols must be in place as appropriate. Each of the following services is described in detail in [Exhibit 1: 6.1](#), including required and preferred elements and performance measures for each service.

- Integrated HIV, HCV, and STD testing*
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*
- Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*
- Syringe access and disposal*
- Overdose prevention (including naloxone distribution)*
- Condom distribution*
- Community engagement and mobilization (physical and online, social media)*
- HIV, HCV, STD health education and prevention counseling, delivered in the context of overall sexual and drug user health (integrated into all of the above services, not stand alone)*
- Services to meet basic needs services (examples: food, housing, employment)*
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Mental health services
- Primary care
- Substance use treatment

Required Strategies

- **Maintain a workforce that mirrors the populations served.** Applicants and subcontractors should have Gay/MSM staff represented at all levels of the organization. Client-facing positions (e.g., front desk staff, outreach workers, service delivery staff) should demographically reflect the population served.
- **Ensure that some services are delivered by peers.** “Peers” are defined as people with lived experience similar to that of the populations served, and may or may not share demographic characteristics such as race or gender. For example, an agency could create a community advisory board (CAB) and/or hire and train staff to conduct services, such as outreach, client satisfaction surveys, and assemble hygiene kits.
- **Involve the Gay/MSM community in program development.** Include community voices and qualitative lived experience in all aspects of planning, program design and implementation, and service delivery using a systematic and continuous process. Build on community strengths and ensure that cultural and historical barriers (e.g., mistrust of service providers, language barriers) are removed.
- **Take a sex-positive sexual health approach.** Integrate HIV and STD messaging using a sexual health framework. Develop integrated HIV and STD prevention messages that address condoms, PrEP, and why STDs are an important concern. Incorporate integrated sexual health messaging throughout all HIV and STD prevention efforts – for example, PrEP navigation programs, HIV community forums, and social marketing
- **Provide services using a harm reduction-based, trauma-informed, and cultural humility approach.** See required staff training in [Exhibit 1: 6.3](#).
- **All services must be as low barrier as possible.** “Low barrier” means that as few expectations as possible are placed upon clients and potential clients when they are trying to access services. Examples of low barrier services include: mobile services; co-located services (e.g., HCV treatment co-located with

methadone services); drop-in services; express services (e.g., testing without talking to a counselor); and services provided at times convenient for the populations such as evenings, weekends, or late at night.

- **Address stigma for clients.** Provide a non-stigmatizing environment.
- **Address community-level stigma.** Increase the social media presence that promotes integrated sexual health messages and provided information on how to access services. Disseminate DPH-approved messaging, including PrEP and U=U messaging. Increase education and innovation around how to address HIV-related stigma. De- stigmatize substance use through harm reduction education and messaging.
- **Leverage the private healthcare system whenever possible.** People with private insurance should be encouraged and counseled to use their insurance and develop meaningful relationships with primary care providers, when possible.
- **Ensure services are culturally specific.** Develop testing models that incorporate nuances to address different cultural barriers and specific population needs.
- **Build partnerships and collaborations with other organizations. This RFP requires collaboration to ensure populations have access to required services.**

Optional Strategies

- **Offer incentives.** Programs may propose to use non-cash incentives when they are critical for engaging the population of focus, to recruit people for testing, PrEP, treatment, or other service when warranted (e.g., food vouchers, gift cards, cell phones, cell phone credits, etc.).

Compliance

- Comply with CHEP Policies and Operations Manual for HIV/HCV Testing Services in Community-Based Settings, which are subject to modification at any time. The current policies and procedures can be found [HERE](#)
- Comply with SFDPH's Harm Reduction Policy found [HERE](#)
- Comply with SFDPH's Syringe Access and Disposal Program Policies and Guidelines found (being updated)
- Comply with the CHEP's Materials Review Process Guidelines found [HERE](#)

7. Healthy Staff, Agencies, and Collaborations

Healthy Staff

- **Staff training.** SFDPH and its partners are committed to building and maintaining a highly skilled workforce, prepared to deal with the complexity of client and community needs. To that end, agency staff funded through this RFP will be required to participate in the following trainings: racial humility, trauma informed systems (TIS), and harm reduction training of all staff. The staff that must participate in these trainings will be addressed during contract negotiations.
- **Staff pay.** According to Housing and Urban Development (HUD), in SF in 2018, a single adult is considered to be low income if they make less than \$82,200 per year; for a 4-person family the cut-off is \$117,300. (Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>) SFDPH encourages agencies to provide livable wages to staff.

Healthy Agencies

- **Staff retention.** Agencies must have a plan in place to support client-facing staff to prevent burnout and address the vicarious trauma that can occur while working with traumatized populations. Examples of an effective plan include (but are not limited to): staff support group facilitated by a clinician such as an LMFT or LCSW who is also available for individual support as needed. Agencies must allow staff to participate in the San Francisco HIV Frontline Organizing Group (SF HIV FOG), Navigator's meeting, and other professional development activities.

Healthy Collaborations

Collaboration with other community-based organizations (CBOs), clinics, and other organizations is required in order to ensure populations have access to required services. Even though two (2) or more agencies are involved, these collaborations should result in one (1) cohesive program for the clients they serve.

8. Additional Considerations

- CHEP will provide:
 - HIV/HCV/STD Skills Certification Training
 - Harm Reduction Training
 - Overdose Prevention Training (via its contract with Harm Reduction Coalition's DOPE Project)
 - Training on STD specimen collection
 - Test kits
 - Condoms, lube, and female condoms
 - Training on Clear Impact Results Scorecard
 - Racial Humility resources
 - Trauma informed systems (TIS) training
 - Training on Syringe Access and Disposal
- Health Access Point lead applicant should budget for:
 - Clear Impact Results Scorecard logins (2 per agency at \$1200/annually total)
 - Phlebotomy Training and Certification
 - Condoms and safer sex supplies (if not going through the condom distribution program)
 - Syringe access and disposal supplies (including syringes)

9. Program Evaluation and Accountability

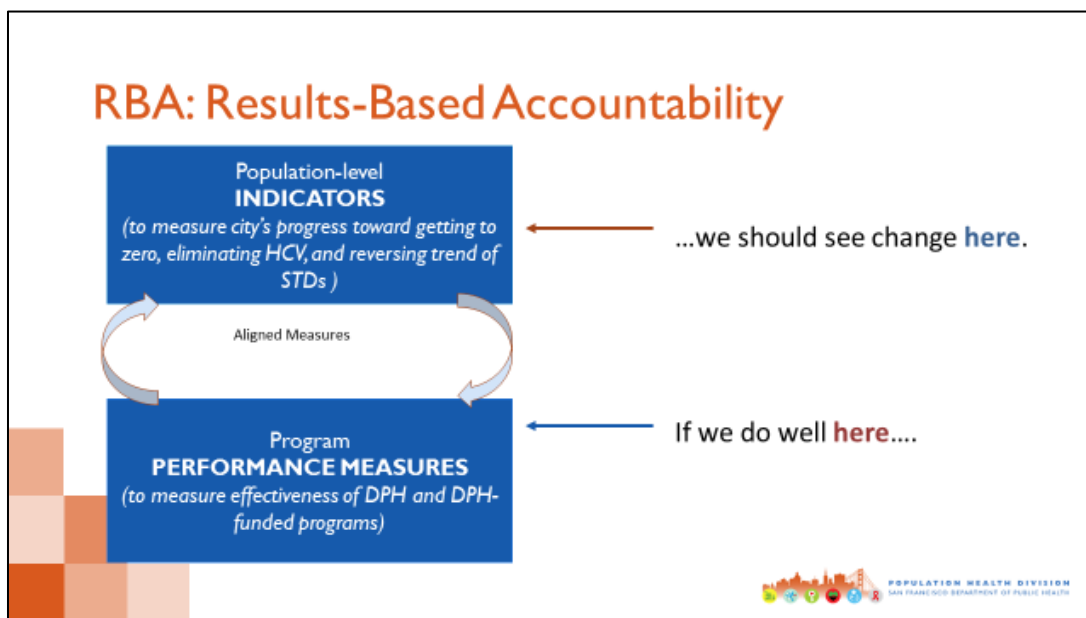
SFDPH seeks to implement program evaluation that allows for flexibility, supports accountability, and encourages innovation. Evaluation findings will be used to improve services, and to hold providers accountable for improving community health. Program innovations are encouraged when accompanied by evaluation plans that can rapidly determine whether the innovations should be adopted, adapted, or abandoned.

Funded programs will be required to use the Results-Based Accountability (RBA) Framework and the Clear Impact Results Scorecard (<https://clearimpact.com/scorecard/>). RBA is a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

A. Performance Measures

A “program performance measure” is a measure used to track the results of the applicant’s specific program. Performance measures and other data collection requirements for each “standard of care” service are provided in [Exhibit 1: 6.1](#).

A “population indicator” is a measure used to track the health outcomes of a particular population group. No single program can be held accountable for changing HIV, HCV, or STD rates among Gay/MSM. However, by collaborating with HAP partner agencies and other relevant entities, SFDPH expects to see reductions in HIV, HCV, and STD rates among MSM over the next 3-5 years. SFDPH will convene regular HAP partner meetings to review relevant population indicators and facilitate discussion and action planning for achieving the desired outcomes.



B. Data Collection and Reporting

Funded programs must comply with all CHEP requirements regarding data collection and submission, which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Evaluation Web
- Clear Impact Results Scorecard
- Annual narrative report
- Other systems/processes as requested

10. Narrative Instructions

Below are the instructions for the narrative portion of the proposal package. Instructions for development and submission of the complete proposal package can be found in **Section III: Submission Requirements**.

- Complete all sections of the narrative as outlined below. Applicants must complete the sections and questions **in the order listed**. (Applicants do not have to address the bullet points within each question in the order listed, just the questions.) Label the beginning of each section as indicated and include each question number, but do not repeat the question text.
- The narrative may not exceed **38 pages** (1.5 spacing between lines). Page numbers for individual sections and questions are guidelines only.
- Describe all the components of the proposed program here, even if some components are funded by another source, and be clear about which portion you are asking CHEP to support. For example, mental health is a component of the proposed program and could be funded by another source.
- In narrative Sections 1-4, describe your program as it will be when it is fully operational. Start-up needs can be discussed in narrative Section 5.
- Be specific.

Section 1: Population of Focus (3 pages)

- **Describe:**
 - The population of focus your program will serve including subpopulations, age, geography, language, socioeconomic status, and other characteristics.
 - The HIV, HCV, and STD risk behaviors and social determinants of health affecting your population,
 - Why you have chosen this specific population (including any identified primary subpopulations) and why your program meets their needs. Use epidemiologic, community assessment, and other data to support your argument.

Section 2: Program Design and Effectiveness (29 pages)

Note: In this section of the narrative, collaborative proposals should clearly describe the specific roles and responsibilities of the partners and who will implement which portions of the program.

- **Describe your program components.**

A. Program overview (2 pages).

Provide an overview of your program and explain how it represents an equity-focused, stigma-free, low barrier, and whole person health approach to HIV, HCV, and STD prevention for the identified population of focus.

B. Integrated HIV, HCV, and STD testing (6 pages).

Describe your agency's testing model, including:

- Your agency's experience providing HIV, HCV, and STD testing. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.
- The number of testing experiences (by primary subpopulations, if applicable) your program will

provide (i.e. 2,000 testing experiences for trans women and 10,000 for Gay/MSM). Provide the rationale for those numbers. **CHEP's goal is to conduct 50,000 testing experiences annually citywide.** An experience is defined as getting at least one (1) of five (5) tests (HIV, HCV, gonorrhea, chlamydia, and/or syphilis) in a single visit (See Integrated HIV, HCV, and STD testing in **Appendix A-1, 6.1**). For example, a client can receive one (1) test, all five (5), or anything in between and it is considered an "experience".

- **Recruitment, Retention**

The strategies and interventions you will use to recruit people for HIV, HCV, and STD testing and encourage them to return for testing at least every 6 months, and the evidence or experience supporting the effectiveness of these activities.

The HIV, HCV, and STD testing barriers for this population, including identified primary subpopulations. Describe how your program will address these barriers.

Where and when your agency will provide HIV, HCV, and STD testing and why these sites and venues are appropriate.

- **Testing Flow**

The flow of services at the different testing location(s). Describe how this will help your agency to provide the proposed number of experiences, provide the required and optional services you are proposing, and meet client needs.

Describe any relevant technologies being used, e.g. if conducting rapid testing, how you will ensure that confirmatory blood draws are obtained, if using drop 'n' go/express model, please describe the process that will be utilized and how patient time will be minimized.

Describe your plan for getting people to return for their results.

How your agency will ensure that clients who do not receive counseling as a part of a testing experience still receive HIV, HCV, and STD health information, risk reduction, support, and appropriate prevention messages.

- **Data and Quality Assurance:**

Demonstrate how your agency will track these experiences, how your agency will integrate client-level data collection into the flow of services, without creating unnecessary burden for clients. Describe how you will conduct training and quality assurance to meet the requirements of the CHP Policies and Operations Manual for HIV and HCV Testing Services in Community-Based Settings (found [HERE](#)).

C. Linkage and Navigation (3 pages).

Describe your criteria and processes for linkage within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how linkage and/or navigation will occur related to:

- HIV-negative, HCV- and STD-unknown status clients to HIV/HCV/STD testing within the program.
- HIV-negative clients to PrEP within the program or to a PrEP navigator.
- Newly diagnosed HIV-positive clients to care within program or to LINC
- Clients that have a STD to treatment within the program or other provider.
- HCV-positive clients to HCV treatment within program or to a HCV navigator.

- Sexual and/or needle-sharing partners of HIV, HCV, and/or STD-positive clients, to HIV, HCV, and/or STD testing within the program (or elsewhere).
- Clients to other services/HAPs, if client needs cannot be met within the program.
- Out-of-care HIV-positive clients to LINC.
- How your program will track linkages to ensure they are successful.
- Your agency's experience providing linkage and/or navigation services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

D. Prevention And Treatment Medication: Prep and ART for HIV; HCV Treatment; STD Treatment, Including Medical Storage (2 pages)

Describe your criteria and processes for ensuring access to prevention and treatment medication within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how prevention and treatment medication will occur related to:

- HIV-negative clients receiving PrEP within the program or other provider.
- Newly diagnosed HIV-positive clients initiating ART within program or other provider.
- HCV-positive clients receiving treatment within program or other provider.
- Clients that have a STD receiving treatment within program or other provider.
- How your program will track prevention and treatment medication initiation and/or completion to ensure it was successful.
- Your agency's experience providing prevention and treatment medication. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

E. Community Engagement (2 pages).

Describe in detail:

- Your agency's experience conducting community engagement activities for population of focus. How long have you been conducting these activities? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

Describe in detail how your program will:

- Build trust within the community and have a consistent presence.
- Partner with other local CBOs, agencies and/or community leaders who have a strong relationship with the community.
- Include community voices and qualitative lived experience in all aspects of planning, program design/implementation, and service delivery. Build on community strengths and ensure that cultural and historical barriers (e.g. mistrust of service providers, language barriers) are removed.
- Build a highly skilled cross-trained workforce that reflects the populations served, has low turnover rates, and is valued and supported.

- Expand or implement peer-delivered services. Involve peers in program development, and use peers to conduct outreach and provide services.
- Increase mobile service delivery (if program is or will be providing mobile service). Provide multidisciplinary mobile services to meet a variety of needs among populations who do not access health care in traditional settings.
- Provide culturally appropriate outreach to community.

F. Syringe Access and Disposal (1 pages).

Describe in detail:

- Your agency's experience conducting syringe access and disposal services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- Describe how you will conduct quality assurance to meet the requirements of the CHEP Syringe Access and Disposal Program Policy and Guidelines located [HERE](#).
- Your program's plans for integrating the provision of safer injection supplies during the course of other services for clients in need, in a seamless, discrete, and non-stigmatizing way.
- Any preferred elements from the Syringe Access and Disposal table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- How you will reach and meet the specific cultural needs of PWID, including any PWID subpopulations (e.g. MSM, youth, women, and trans women and men, homeless) within your agency's population of focus and create a safe and welcoming environment for them.
- How your data will be tracked for number of syringes distributed and number of syringes collected.
- Your program's syringe disposal plan.

G. Harm reduction services for substance use (including opioids, stimulants, alcohol, tobacco, and cannabis (2 pages)).

Describe in detail:

- Your agency's experience providing substance use harm reduction services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program
- How your program will ensure ALL staff participate in ongoing harm reduction training. How staff training will be tracked.
- Your program's mechanism for assessing client needs on an ongoing, systematic basis for substance use including opioids, stimulants, alcohol, tobacco, and cannabis.
- How your program will integrate harm reduction principles and the SFDPH Harm Reduction Policy into program design and delivery and put them into practice in a meaningful and impactful way.

H. Overdose Prevention (2 pages).

Describe in detail:

- Your agency's experience with overdose prevention and response. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How you will meet the required elements of overdose prevention. How your program will integrate overdose prevention and response into your existing program.
- Any preferred elements from the overdose prevention table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- What overdose prevention materials your agency will make available to clients.
- How your program will ensure ALL client facing staff participate in annual overdose prevention and response training. Describe how the program will track training.
- How your program will host at least one overdose prevention training for clients annually. How will this be tracked?

I. Mental Health (1 page).

Describe in detail:

- Your agency's experience providing mental health services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How your program will integrate culturally appropriate, stigma-free, mental health support into your existing program (e.g. onsite or through linkages to other program).
- How your program will confirm and track linkages to mental health services.

J. Condom Distribution (1 page).

Describe in detail:

- How your program will ensure condoms and other safe sex supplies are easily accessible on site, during outreach, and in mobile facilities.
- The sex-positive and meaningful messaging and education your agency will provide to emphasize that condoms are relevant, particularly for STD prevention.

K. Basic Needs (1 page).

Describe in detail:

- Your program's experience providing basic needs to your population of focus and/or any subpopulations.
- How your program will integrate the provision of basic needs into existing program for the population of focus and/or any subpopulations of focus.

➤ **Describe your program as a whole.**

A. Program Cohesiveness (2 pages).

Describe how the various program components (see below) work together to form one logical, cohesive program. Include a discussion of service times and locations that shows how the program components are linked together. Collaborative proposals: Discuss how the collaborators will work together to provide one cohesive and seamless program. Note: Please see [Exhibit 1: 6.1](#) for details on the program components listed below.

- Integrated HIV, HCV, and STD testing
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, and other services
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Syringe access and disposal
- Overdose prevention (including naloxone distribution)
- Condom distribution
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Community engagement and mobilization (physical and online, social media)
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Services to meet basic needs services (examples: food, housing, employment)
- Primary care
- Substance use treatment
- Mental health services

B. Cross-program Elements (2 pages).

Describe:

- How your program will address the specific cultural needs of your population of focus and/or subgroups within your population of focus.
- Any incentives you plan to use. Provide a strong justification for why they are needed as well as evidence or experience supporting their effectiveness. If you are proposing cash incentives, justify why cash is preferred to a non-cash incentive and describe how you will manage cash on the premises.
- How your program will ensure health education and prevention counseling is delivered in the context of overall sexual health and harm reduction and integrated into all of the standard of care services (not stand alone).

C. Staffing Plan (2 pages).

Describe your staffing plan (including volunteers) for service delivery. (Describe staffing for data and evaluation in Section 4.) Describe who will provide which services. What percent of their time is allocated to service delivery? What are the staff members' responsibilities and percent full-time equivalent (FTE)? You may include a one-page organization chart or visual that represents the collaboration as an attachment.

Section 3: Data Collection, Evaluation, and Quality Assurance (2 pages)

- (1 page) **Describe your plans for collecting and managing the data for the standard of care services (Exhibit 1: 6.1), including:**
 - Your staffing plan for supporting data collection and management.
 - Your methods and processes for collecting, entering, and reporting client-level data.
 - If you are currently a CHEP contractor, whether your data submissions were on time and complete for the year 2019.
 - If you are not currently a CHEP contractor, whether data submissions for other funders were on time and complete for the year 2019.
- (1 page) **Describe your staffing plan and general process for program evaluation, including:**
 - Staff assigned to program evaluation. Indicate which staff position will be responsible for leading the program evaluation efforts, and how much time will be devoted to it.
 - How you will review and assess the extent to which your program is meeting its objectives.
 - What you will do if you learn the program is not meeting its objectives.
 - How you will use data/evaluation findings to improve the program.

Section 4: Organizational and Fiscal Capacity (3 pages)

- (1 page) **Describe the agency's experience conducting recruitment and retention with the Gay/MSM population and/or specific subpopulations.** What types of activities have you done in the past, and how successful have they been at engaging the population(s)? If relevant, include a summary of any data demonstrating your capacity to reach this population and/or specific subpopulations, such as program attendance records, a list of venues where you routinely conduct outreach, or other data.
- (1 page) **Describe your ability to recruit and retain qualified staff, staff reflective of the population being served, peers, and volunteers.** Discuss all of the above, not just staff in general. What staff development/training opportunities will you offer or require? What is the approximate average length of stay for both front-line staff and staff in leadership positions?

➤ **Budget Detail Booklet:**

- Complete the Budget Detail and Justification Booklet for a 12 Month Period
- If you are requesting start up funds please, submit a separate Detail and Justification.

➤ **Applicants who are LBE Certified will receive additional points.**

- **This will be added to the “Technical Review Score”.**
- **See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.**

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

11. Scoring Criteria and Rating System

The proposal review process is described in **Section IV: Review and Selection Process**. This table provides the scoring criteria and rating system for **Category 4 proposals**.

Category 4: Health Access Point (HAP) for Gay/MSM			
Question Number	Scoring Criteria	Max. Pts. per Criterion	Max. Pts. per Question
Section 1: Population of Focus (10 points)			
1	Extent to which the applicant demonstrates an understanding of the needs of the population of focus	4	10
	Extent to which the program focuses on the population of focus	2	
	Understanding of risk behaviors and social determinants of health affecting the population of focus	4	
Section 2: Program Design and Effectiveness (67 points)			
2A	Extent to which program takes an equity-focused, stigma-free, low barrier, and whole person health approach	5	5
2B	Ability of the recruitment/retention plan to result in the proposed number of testing experiences among the population of focus	2	8
	Extent to which the integrated HIV, HCV, and STD testing model and flow of services (including any state-certified test counseling and data collection) is seamless and minimizes barriers to testing	2	
	Extent to which the needs of clients testing HIV-negative or HIV-positive will be met (through state certified counseling and/or other means)	2	
	Ability to which quality assurance plan for HIV, HCV, and STD integrated testing will result in high quality service	2	
2C	Ability of proposed program to link and navigate clients (within or outside of the program) to LINC, PrEP, HCV treatment, STD treatment; and sexual/needle-sharing partners to testing	7	7
2D	Ability of proposed program to ensure clients have access (within or outside program) to PrEP and ART for HIV, HCV treatment, and STD treatment.	7	7
2E	Ability to build trust and rapport and have a consistent presence in the community of the population of focus, as well as include community voices in planning, program design, and implementation	3	6
	Extent to which proposed program provides services outside of the agency and in the community, and at various venues in order to engage population of focus	2	
	Extent to which proposed program provides culturally appropriate outreach to population of focus	1	
2F	Ability of proposed program to integrate the provision of safer injection supplies (including data collection) in a seamless, discrete, and non-stigmatizing way	2	4
	Ability of proposed program to reach PWID within population of focus	2	
2G	Extent to which proposed program integrates harm reduction principles into program design and delivery, and put them into practice in a meaningful and impactful way	5	5
2H	Extent to which proposed program integrates overdose prevention and response into existing program services in a seamless way	4	4

2I	Extent to which proposed program integrates mental health support services into existing program in a seamless way	3	3
2J	Extent to which proposed program provides sex-positive and meaningful messaging and education about the relevancy of condom use (particularly for STD prevention)	2	3
	Extent to which proposed program ensures condoms and other safe sex supplies are accessible	1	
2K	Extent to which proposed program ensures the provision of basic needs are available and integrated into existing program services for population of focus	3	3
3A	Extent to which the program design is logical and results in one cohesive effort	1	2
	Appropriateness of times and locations of services for the population of focus	1	
3B	Strength of plan to incorporate the following cross-program elements: a) promote a new testing norm. b) integrate hepatitis C and STD prevention, and c) incentives (if proposed)	2	5
	Extent to which program meets the specific cultural needs of the focus population	3	
3C	Extent to which staffing levels are sufficient given scope of work	2	5
	Extent to which responsibilities are assigned to appropriate staff	1	
	Extent to which it is clear which staff will perform which duties/activities	2	
Section 3: Data Collection, Evaluation, and Quality Assurance (8 points)			
4	Extent to which staffing levels are sufficient given scope of work	1	3
	Efficiency of methods and processes for data collection and entry of client-level data	1	
	Data for 2019 100% on time and complete	1	
5	Extent to which responsibilities are assigned to appropriate staff	2	5
	Extent to which evaluation process will result in continuous program improvement	3	
Section 4: Organizational and Fiscal Capacity (15 points)			
6	Applicant capacity to reach the population of focus and capacity to provide proposed services	5	5
7	Extent to which policies, procedures, practices will lead to recruitment, hiring, and retention of qualified staff	1	2
	Extent to which staff tenure will promote program continuity	1	
8	Budget Detail Expenses are appropriate and support the proposed services.	8	8
	TOTAL POINTS		100
LBE Participation % Points			
	LBE Participation	0-10	0-10

Category 5: Health Access Point (HAP) for Asians and Pacific Islanders

Estimated Amount Available: From \$540,000 to \$660,000

Number of Awards: 1

1. Background

In the United States from 2011 to 2015, HIV diagnoses increased by 28% among Asians and Pacific Islanders (API), and by 35% among Asian gay and bisexual men. Although HIV rates in these communities are still relatively low, high levels of stigma leave many living with HIV undiagnosed and untreated.¹⁴

In San Francisco, trends in race/ethnicity show small increases in the proportion of API newly diagnosed with HIV since 2012. Early syphilis rates declined moderately from 2015 to 2016 across all race/ethnicity groups except API, among whom there was a 22.4% increase.¹⁵ Although hepatitis B (HBV) disproportionately impacts the API community, levels of HCV have been and remain low. API individuals accounted for 8.1% of the HCV cases newly reported to SFPD in 2016 that contained race/ethnicity information.

Strong clinical and community-based efforts have helped to significantly decrease (50%) new HIV diagnoses since 2012. This RFP seeks to build on this success by taking a community-centered, whole person approach to HIV, HCV, and STD prevention.

2. Minimum Qualifications

- By Jan 1, 2020 applicant must be a nonprofit agency that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code and be licensed to do business with the City and County of San Francisco. City and County of San Francisco government departments/sections may NOT apply.
- Applicant must have at least 3 years of experience providing HIV, HCV, and/or STD testing, or similar services to API. (If a collaboration, only the agency providing the HIV, HCV, and STD testing must meet this qualification.)

3. Service Description

CHEP seeks to fund a Health Access Point (HAP) to meet the needs of API. A HAP is defined as a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status. The HAP should deliver services that contribute to the following citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination

¹⁴ AmfAR. HIV Among Asian-Americans and Pacific Islanders—A Problem Too Often in the Shadows. Published Friday. (2019, May 17).

¹⁵ San Francisco Sexually Transmitted Disease Annual Summary 2016. Available at <https://www.sfdph.org/dph/files/reports/StudiesData/STD/SFSTDAnnlSum2016.pdf>

- Eliminate HCV
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

Services provided within this HAP must be also be culturally specific, harm reduction-based, sex-positive, and trauma-informed. Staff at all levels must demonstrate cultural humility in working with API. Peer-delivered services must be an integral part of the network. API must be included in the design, implementation, and evaluation of services.

The HAP should ensure that services reach all API, using both **targeted** efforts (focused on identified primary subpopulations) as well as **broad-based community-wide engagement and mobilization, regardless of HIV/HCV/STD risk**, to increase awareness, reduce stigma, and reduce barriers to accessing services at the community- level.

4. Population

Programs must be designed to meet the needs of API, regardless of age, socioeconomic status, neighborhood, or other factors; however, the program must welcome and serve all who are eligible.

5. Restrictions

- Proposed services must be only for API and identified primary subpopulations. Proposed services must be only for API and identified primary subpopulations. Services for other populations cannot be part of the proposal, although others may access services.
- Funds for HIV/HCV/STD testing must be used for community-based HIV/HCV/STD testing, not testing in clinical or medical settings.

6. Program Requirements

Required Services

The API HAP shall provide the following “standard of care” services. The services marked with an asterisk (*) must be provided by the lead applicant or one of its subcontractors, with funding from either this RFP or other in-kind resources. The other services can be provided either by the lead applicant or one of its subcontractors, or by other API HAP partners (e.g., via linkage to a HAP collaborating agency, via the collaborating agency providing services on site at the applicant’s service location, or other approach). For services provided by other API HAP partners who are not subcontractors, MOUs and warm hand-off protocols must be in place as appropriate. Each of the following services is described in detail in [Exhibit 1: 6.1](#), including required and preferred elements and performance measures for each service.

- Integrated HIV, HCV, and STD testing*
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*
- Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*
- Syringe access and disposal*
- Overdose prevention (including naloxone distribution)*
- Condom distribution*

- Community engagement and mobilization (physical and online, social media)*
- HIV, HCV, STD health education and prevention counseling, delivered in the context of overall sexual and drug user health (integrated into all of the above services, not stand alone)*
- Services to meet basic needs services (examples: food, housing, employment)*
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Mental health services
- Primary care
- Substance use treatment

Required Strategies

- **Maintain a workforce that mirrors the populations served.** Applicants and subcontractors should have API staff represented at all levels of the organization. Client-facing positions (e.g., front desk staff, outreach workers, service delivery staff) should demographically reflect the population served.
- **Ensure that some services are delivered by peers.** “Peers” are defined as people with lived experience similar to that of the populations served, and may or may not share demographic characteristics such as race or gender. For example, an agency could create a community advisory board (CAB) and/or hire and train staff to conduct services, such as outreach, client satisfaction surveys, and assemble hygiene kits.
- **Involve the API community in program development.** Include community voices and qualitative lived experience in all aspects of planning, program design and implementation, and service delivery using a systematic and continuous process. Build on community strengths and ensure that cultural and historical barriers (e.g., mistrust of service providers, language barriers) are removed.
- **Take a sex-positive sexual health approach.** Integrate HIV and STD messaging using a sexual health framework. Develop integrated HIV and STD prevention messages that address condoms, PrEP, and why STDs are an important concern. Incorporate integrated sexual health messaging throughout all HIV and STD prevention efforts—for example, PrEP navigation programs, HIV community forums, and social marketing
- **Provide services using a harm reduction-based, trauma-informed, and cultural humility approach.** See required staff training in [Exhibit 1: 6.3](#).
- **All services must be as low barrier as possible.** “Low barrier” means that as few expectations as possible are placed upon clients and potential clients when they are trying to access services. Examples of low barrier services include mobile services; co-located services (e.g., HCV treatment co-located with methadone services); drop-in services; express services (e.g., testing without talking to a counselor); and services provided at times convenient for the populations such as evenings, weekends, or late at night.
- **Address stigma for clients.** Provide a non-stigmatizing environment.
- **Address community-level stigma.** Increase the social media presence that promotes integrated sexual health messages and provided information on how to access services. Disseminate DPH-approved messaging, including PrEP and U=U messaging. Increase education and innovation around how to address HIV-related stigma. De- stigmatize substance use through harm reduction education and messaging.
- **Leverage the private healthcare system whenever possible.** People with private insurance should be encouraged and counseled to use their insurance and develop meaningful relationships with primary care providers, when possible.
- **Ensure services are culturally specific.** Develop testing models that incorporate nuances to address different cultural barriers and specific population needs.

- **Build partnerships and collaborations with other organizations. This RFP requires collaboration to ensure populations have access to required services.**

Optional Strategies

- **Offer incentives.** Programs may propose to use non-cash incentives when they are critical for engaging the population of focus, to recruit people for testing, PrEP, treatment, or other service when warranted (e.g., food vouchers, gift cards, cell phones, cell phone credits, etc.).

Compliance

- Comply with CHEP Policies and Operations Manual for HIV/HCV Testing Services in Community-Based Settings, which are subject to modification at any time. The current policies and procedures can be found [HERE](#)
- Comply with SFDPH's Harm Reduction Policy found [HERE](#)
- Comply with SFDPH's Syringe Access and Disposal Program Policies and Guidelines found (being updated)
- Comply with the CHEP's Materials Review Process Guidelines found [HERE](#)

7. Healthy Staff, Agencies, and Collaborations

Healthy Staff

- **Staff training.** SFDPH and its partners are committed to building and maintaining a highly skilled workforce, prepared to deal with the complexity of client and community needs. To that end, agency staff funded through this RFP will be required to participate in the following trainings: racial humility, trauma informed systems (TIS), and harm reduction training of all staff. The staff that must participate in these trainings will be addressed during contract negotiations.
- **Staff pay.** According to Housing and Urban Development (HUD), in SF in 2018, a single adult is considered to be low income if they make less than \$82,200 per year; for a 4-person family the cut-off is \$117,300. (Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>) SFDPH encourages agencies to provide livable wages to staff.

Healthy Agencies

- **Staff retention.** Agencies must have a plan in place to support client-facing staff to prevent burnout and address the vicarious trauma that can occur while working with traumatized populations. Examples of an effective plan include (but are not limited to): staff support group facilitated by a clinician such as an LMFT or LCSW who is also available for individual support as needed. Agencies must allow staff to participate in the San Francisco HIV Frontline Organizing Group (SF HIV FOG), Navigator's meeting, and other professional development activities.

Healthy Collaborations

Collaboration with other community-based organizations (CBOs), clinics, and other organizations is required in order to ensure populations have access to required services. Even though two or more agencies are involved, these collaborations should result in one cohesive program for the clients they serve.

8. Additional Considerations

- CHEP will provide:
 - HIV/HCV/STD Skills Certification Training
 - Harm Reduction Training
 - Overdose Prevention Training (via its contract with Harm Reduction Coalition’s DOPE Project)
 - Training on STD specimen collection
 - Test kits
 - Condoms, lube, and female condoms
 - Training on Clear Impact Results Scorecard
 - Racial Humility resources
 - Trauma informed systems (TIS) training
 - Training on Syringe Access and Disposal
- Health Access Point lead applicant should budget for:
 - Clear Impact Results Scorecard logins (2 per agency at \$1200/annually total)
 - Phlebotomy Training and Certification
 - Condoms and safer sex supplies (if not going through the condom distribution program)
 - Syringe access and disposal supplies (including syringes)

9. Program Evaluation and Accountability

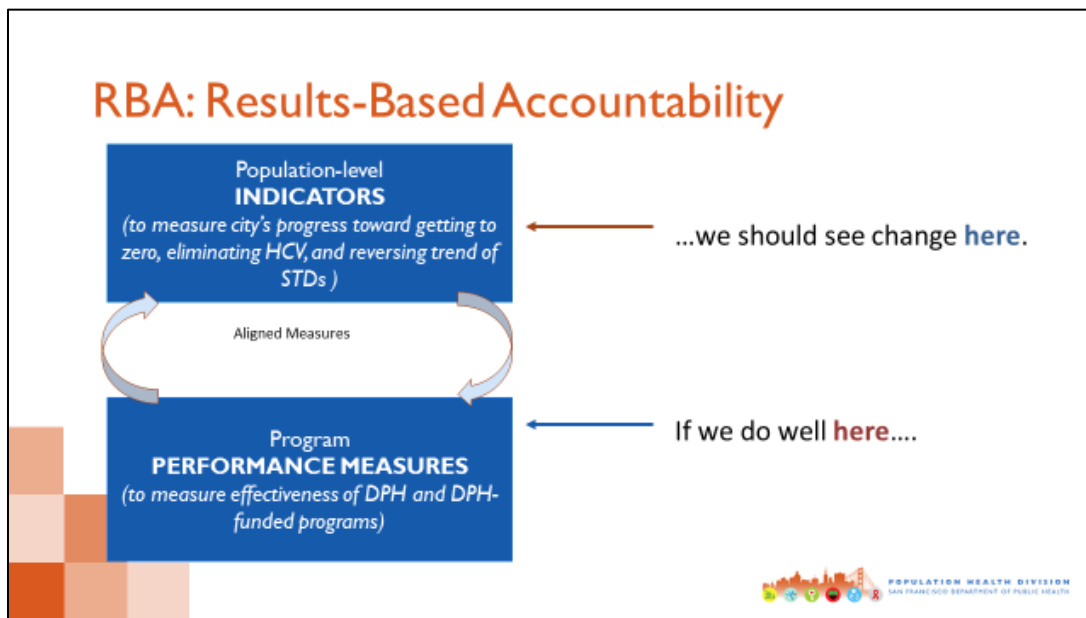
SFDPH seeks to implement program evaluation that allows for flexibility, supports accountability, and encourages innovation. Evaluation findings will be used to improve services, and to hold providers accountable for improving community health. Program innovations are encouraged when accompanied by evaluation plans that can rapidly determine whether the innovations should be adopted, adapted, or abandoned.

Funded programs will be required to use the Results-Based Accountability (RBA) Framework and the Clear Impact Results Scorecard (<https://clearimpact.com/scorecard/>). RBA is a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

A. Performance Measures

A “program performance measure” is a measure used to track the results of the applicant’s specific program. Performance measures and other data collection requirements for each “standard of care” service are provided in [Exhibit 1: 6.1](#).

A “population indicator” is a measure used to track the health outcomes of a particular population group. No single program can be held accountable for changing HIV, HCV, or STD rates among API. However, by collaborating with HAP partner agencies and other relevant entities, SFDPH expects to see reductions in HIV, HCV, and STD rates among API over the next 3-5 years. SFDPH will convene regular HAP partner meetings to review relevant population indicators and facilitate discussion and action planning for achieving the desired outcomes.



B. Data Collection and Reporting

Funded programs must comply with all CHEP requirements regarding data collection and submission, which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Evaluation Web
- Clear Impact Results Scorecard
- Annual narrative report
- Other systems/processes as requested

10. Narrative Instructions

Below are the instructions for the narrative portion of the proposal package. Instructions for development and submission of the complete proposal package can be found in **Section III: Submission Requirements**.

- Complete all sections of the narrative as outlined below. Applicants must complete the sections and questions **in the order listed**. (Applicants do not have to address the bullet points within each question in the order listed, just the questions.) Label the beginning of each section as indicated and include each question number, but do not repeat the question text.
- The narrative may not exceed **38 pages** (1.5 spacing between lines). Page numbers for individual sections and questions are guidelines only.
- Describe all the components of the proposed program here, even if some components are funded by another source, and be clear about which portion you are asking CHEP to support. For example, mental health is a component of the proposed program and could be funded by another source.
- In narrative Sections 1-4, describe your program as it will be when it is fully operational. Start-up needs can be discussed in narrative Section 5.
- Be specific.

Section 1: Population of Focus (3 pages)

➤ Describe:

- The population of focus your program will serve including subpopulations, age, geography, language, socioeconomic status, and other characteristics.
- The HIV, HCV, and STD risk behaviors and social determinants of health affecting your population,
- Why you have chosen this specific population (including any identified primary subpopulations) and why your program meets their needs. Use epidemiologic, community assessment, and other data to support your argument.

Section 2: Program Design and Effectiveness (29 pages)

Note: In this section of the narrative, collaborative proposals should clearly describe the specific roles and responsibilities of the partners and who will implement which portions of the program.

➤ Describe your program components.

A. Program overview (2 pages).

Provide an overview of your program and explain how it represents an equity-focused, stigma-free, low barrier, and whole person health approach to HIV, HCV, and STD prevention for the identified population of focus.

B. Integrated HIV, HCV, and STD testing (6 pages).

Describe your agency's testing model, including:

- Your agency's experience providing HIV, HCV, and STD testing. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.
- The number of testing experiences (by primary subpopulations, if applicable) your program will provide (i.e. 2,000 testing experiences for trans women and 10,000 for Gay/MSM). Provide the rationale for those numbers. **CHEP's goal is to conduct 50,000 testing experiences annually citywide.** An experience is defined as getting at least one (1) of five (5) tests (HIV, HCV, gonorrhea, chlamydia, and/or syphilis) in a single visit (See Integrated HIV, HCV, and STD testing in [Exhibit-1: 6.1](#). For example, a client can receive one (1) test, all five (5), or anything in between and it is considered an "experience".
- Recruitment, Retention:
The strategies and interventions you will use to recruit people for HIV, HCV, and STD testing and encourage them to return for testing at least every 6 months, and the evidence or experience supporting the effectiveness of these activities.
The HIV, HCV, and STD testing barriers for this population, including identified primary subpopulations. Describe how your program will address these barriers.
Where and when your agency will provide HIV, HCV, and STD testing and why these sites and venues are appropriate
- Testing Flow:
The flow of services at the different testing location(s). **Describe how this will help your agency to provide the proposed number of experiences, provide the required and optional services**

you are proposing, and meet client needs.

Describe any relevant technologies being used, e.g. if conducting rapid testing, how you will ensure that confirmatory blood draws are obtained, if using drop 'n' go/express model, please describe the process that will be utilized and how patient time will be minimized.

Describe your plan for getting people to return for their results.

How your agency will ensure that clients who do not receive counseling as a part of a testing experience still receive HIV, HCV, and STD health information, risk reduction, support, and appropriate prevention messages.

- **Data and Quality Assurance:**

Demonstrate how your agency will track these experiences, how your agency will integrate client-level data collection into the flow of services, without creating unnecessary burden for clients. Describe how you will conduct training and quality assurance to meet the requirements of the CHEP Policies and Operations Manual for HIV and HCV Testing Services in Community-Based Settings (found [HERE](#)).

C. Linkage and Navigation (3 pages).

Describe your criteria and processes for linkage within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how linkage and/or navigation will occur related to:

- HIV-negative, HCV- and STD-unknown status clients to HIV/HCV/STD testing within the program.
- HIV-negative clients to PrEP within the program or to a PrEP navigator.
- Newly diagnosed HIV-positive clients to care within program or to LINCIS
- Clients that have a STD to treatment within the program or other provider.
- HCV-positive clients to HCV treatment within program or to a HCV navigator.
- Sexual and/or needle-sharing partners of HIV, HCV, and/or STD-positive clients, to HIV, HCV, and/or STD testing within the program (or elsewhere).
- Clients to other services/HAPs, if client needs cannot be met within the program.
- Out-of-care HIV-positive clients to LINCIS.
- How your program will track linkages to ensure they are successful.
- Your agency's experience providing linkage and/or navigation services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

D. **Prevention And Treatment Medication: Prep and ART for HIV; HCV Treatment; STD Treatment, Including Medical Storage (2 pages)**

Describe your criteria and processes for ensuring access to prevention and treatment medication within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how prevention and treatment medication will occur related to:

- HIV-negative clients receiving PrEP within the program or other provider.
- Newly diagnosed HIV-positive clients initiating ART within program or other provider.
- HCV-positive clients receiving treatment within program or other provider.

- Clients that have a STD receiving treatment within program or other provider.
- How your program will track prevention and treatment medication initiation and/or completion to ensure it was successful.
- Your agency's experience providing prevention and treatment medication. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

E. Community Engagement (2 pages).

Describe in detail:

- Your agency's experience conducting community engagement activities for population of focus. How long have you been conducting these activities? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

Describe in detail how your program will:

- Build trust within the community and have a consistent presence.
- Partner with other local CBOs, agencies and/or community leaders who have a strong relationship with the community.
- Include community voices and qualitative lived experience in all aspects of planning, program design/implementation, and service delivery. Build on community strengths and ensure that cultural and historical barriers (e.g. mistrust of service providers, language barriers) are removed.
- Build a highly skilled cross-trained workforce that reflects the populations served, has low turnover rates, and is valued and supported.
- Expand or implement peer-delivered services. Involve peers in program development, and use peers to conduct outreach and provide services.
- Increase mobile service delivery (if program is or will be providing mobile service). Provide multidisciplinary mobile services to meet a variety of needs among populations who do not access health care in traditional settings.
- Provide culturally appropriate outreach to community.

F. Syringe Access and Disposal (1 page).

Describe in detail:

- Your agency's experience conducting syringe access and disposal services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- Describe how you will conduct quality assurance to meet the requirements of the CHEP Syringe Access and Disposal Program Policy and Guidelines located [HERE](#).
- Your program's plans for integrating the provision of safer injection supplies during the course of other services for clients in need, in a seamless, discrete, and non-stigmatizing way.

- Any preferred elements from the Syringe Access and Disposal table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- How you will reach and meet the specific cultural needs of PWID, including any PWID subpopulations (e.g. MSM, youth, women, and trans women and men, homeless) within your agency's population of focus and create a safe and welcoming environment for them.
- How your data will be tracked for number of syringes distributed and number of syringes collected.
- Your program's syringe disposal plan.

G. Harm reduction services for substance use (including opioids, stimulants, alcohol, tobacco, and cannabis (2 pages)).

Describe in detail:

- Your agency's experience providing substance use harm reduction services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program
- How your program will ensure ALL staff participate in ongoing harm reduction training. How staff training will be tracked.
- Your program's mechanism for assessing client needs on an ongoing, systematic basis for substance use including opioids, stimulants, alcohol, tobacco, and cannabis.
- How your program will integrate harm reduction principles and the SFDPH Harm Reduction Policy into program design and delivery and put them into practice in a meaningful and impactful way.

H. Overdose Prevention (2 pages).

Describe in detail:

- Your agency's experience with overdose prevention and response. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How you will meet the required elements of overdose prevention. How your program will integrate overdose prevention and response into your existing program.
- Any preferred elements from the overdose prevention table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- What overdose prevention materials your agency will make available to clients.
- How your program will ensure ALL client facing staff participate in annual overdose prevention and response training. Describe how the program will track training.
- How your program will host at least one overdose prevention training for clients annually. How will this be tracked?

I. Mental Health (1 page).

Describe in detail:

- Your agency's experience providing mental health services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How your program will integrate culturally appropriate, stigma-free, mental health support into your existing program (e.g. onsite or through linkages to other program).
- How your program will confirm and track linkages to mental health services.

J. Condom Distribution (1 page).

Describe in detail:

- How your program will ensure condoms and other safe sex supplies are easily accessible on site, during outreach, and in mobile facilities.
- The sex-positive and meaningful messaging and education your agency will provide to emphasize that condoms are relevant, particularly for STD prevention.

K. Basic Needs (1 page).

Describe in detail:

- Your program's experience providing basic needs to your population of focus and/or any subpopulations.
- How your program will integrate the provision of basic needs into existing program for the population of focus and/or any subpopulations of focus.

➤ **Describe your program as a whole.**

A. Program Cohesiveness (2 pages).

Describe how the various program components (see below) work together to form one logical, cohesive program. Include a discussion of service times and locations that shows how the program components are linked together. Collaborative proposals: Discuss how the collaborators will work together to provide one cohesive and seamless program. Note: Please see [Exhibit 1: 6.1](#) for details on the program components listed below.

- Integrated HIV, HCV, and STD testing
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, and other services
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Syringe access and disposal
- Overdose prevention (including naloxone distribution)
- Condom distribution
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Community engagement and mobilization (physical and online, social media)

- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Services to meet basic needs services (examples: food, housing, employment)
- Primary care
- Substance use treatment
- Mental health services

B. Cross-program Elements (2 pages).

Describe:

- How your program will address the specific cultural needs of your population of focus and/or subgroups within your population of focus.
- Any incentives you plan to use. Provide a strong justification for why they are needed as well as evidence or experience supporting their effectiveness. If you are proposing cash incentives, justify why cash is preferred to a non-cash incentive and describe how you will manage cash on the premises.
- How your program will ensure health education and prevention counseling is delivered in the context of overall sexual health and harm reduction and integrated into all of the standard of care services (not stand alone).

C. Staffing Plan (2 pages).

Describe your staffing plan (including volunteers) for service delivery. (Describe staffing for data and evaluation in Section 4.) Describe who will provide which services. What percent of their time is allocated to service delivery? What are the staff members' responsibilities and percent full-time equivalent (FTE)? You may include a one-page organization chart or visual that represents the collaboration as an attachment.

Section 3: Data Collection, Evaluation, and Quality Assurance (2 pages)

➤ (1 page) **Describe your plans for collecting and managing the data for the standard of care services ([Exhibit 1: 6.1](#)), including:**

- Your staffing plan for supporting data collection and management.
- Your methods and processes for collecting, entering, and reporting client-level data.
- If you are currently a CHEP contractor, whether your data submissions were on time and complete for the year 2019.
- If you are not currently a CHEP contractor, whether data submissions for other funders were on time and complete for the year 2019.

➤ (1 page) **Describe your staffing plan and general process for program evaluation, including:**

- Staff assigned to program evaluation. Indicate which staff position will be responsible for leading the program evaluation efforts, and how much time will be devoted to it.
- How you will review and assess the extent to which your program is meeting its objectives.
- What you will do if you learn the program is not meeting its objectives.
- How you will use data/evaluation findings to improve the program.

Section 4: Organizational and Fiscal Capacity (3 pages)

- (1 page) **Describe the agency's experience conducting recruitment and retention with API population and/or specific subpopulations.** What types of activities have you done in the past, and how successful have they been at engaging the population(s)? If relevant, include a summary of any data demonstrating your capacity to reach this population and/or specific subpopulations, such as program attendance records, a list of venues where you routinely conduct outreach, or other data.
- (1 page) **Describe your ability to recruit and retain qualified staff, staff reflective of the population being served, peers, and volunteers.** Discuss all of the above, not just staff in general. What staff development/training opportunities will you offer or require? What is the approximate average length of stay for both front-line staff and staff in leadership positions?
- **Budget Detail Booklet:**
 - Complete the Budget Detail and Justification Booklet for a 12 Month Period
 - If you are requesting start up funds please, submit a separate Detail and Justification.
- **Applicants who are LBE Certified will receive additional points.**
 - This will be added to the "Technical Review Score".
 - See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

11. Scoring Criteria and Rating System

The proposal review process is described in **Section IV: Review and Selection Process**. This table provides the scoring criteria and rating system for **Category 5 proposals**.

Category 5: Health Access Point (HAP) for API			
Question Number	Scoring Criteria	Max. Pts. per Criterion	Max. Pts. per Question
Section 1: Population of Focus (10 points)			
1	Extent to which the applicant demonstrates an understanding of the needs of the population of focus	4	10
	Extent to which the program focuses on the population of focus	2	
	Understanding of risk behaviors and social determinants of health affecting the population of focus	4	
Section 2: Program Design and Effectiveness (67 points)			
2A	Extent to which program takes an equity-focused, stigma-free, low barrier, and whole person health approach	5	5
2B	Ability of the recruitment/retention plan to result in the proposed number of testing experiences among the population of focus	2	8
	Extent to which the integrated HIV, HCV, and STD testing model and flow of services (including any state-certified test counseling and data collection) is seamless and minimizes barriers to testing	2	
	Extent to which the needs of clients testing HIV-negative or HIV-positive will be met (through state certified counseling and/or other means)	2	
	Ability to which quality assurance plan for HIV, HCV, and STD integrated testing will result in high quality service.	2	
2C	Ability of proposed program to link and navigate clients (within or outside of the program) to LINC, PrEP, HCV treatment, STD treatment; and sexual/needle-sharing partners to testing	7	7
2D	Ability of proposed program to ensure clients have access (within or outside program) to PrEP and ART for HIV, HCV treatment, and STD treatment.	7	7
2E	Ability to build trust and rapport and have a consistent presence in the community of the population of focus, as well as include community voices in planning, program design, and implementation	3	6
	Extent to which proposed program provides services outside of the agency and in the community, and at various venues in order to engage population of focus	2	
	Extent to which proposed program provides culturally appropriate outreach to population of focus	1	
2F	Ability of proposed program to integrate the provision of safer injection supplies (including data collection) in a seamless, discrete, and non-stigmatizing way	2	4
	Ability of proposed program to reach PWID within population of focus	2	
2G	Extent to which proposed program integrates harm reduction principles into program design and delivery, and put them into practice in a meaningful and impactful way	5	5
2H	Extent to which proposed program integrates overdose prevention and response into existing program services in a seamless way	4	4

2I	Extent to which proposed program integrates mental health support services into existing program in a seamless way	3	3
2J	Extent to which proposed program provides sex-positive and meaningful messaging and education about the relevancy of condom use (particularly for STD prevention)	2	3
	Extent to which proposed program ensures condoms and other safe sex supplies are accessible	1	
2K	Extent to which proposed program ensures the provision of basic needs are available and integrated into existing program services for population of focus	3	3
3A	Extent to which the program design is logical and results in one cohesive effort	1	2
	Appropriateness of times and locations of services for the population of focus	1	
3B	Strength of plan to incorporate the following cross-program elements: a) promote a new testing norm. b) integrate hepatitis C and STD prevention, and c) incentives (if proposed)	2	5
	Extent to which program meets the specific cultural needs of the focus population	3	
3C	Extent to which staffing levels are sufficient given scope of work	2	5
	Extent to which responsibilities are assigned to appropriate staff	1	
	Extent to which it is clear which staff will perform which duties/activities	2	
Section 3: Data Collection, Evaluation, and Quality Assurance (8 points)			
4	Extent to which staffing levels are sufficient given scope of work	1	3
	Efficiency of methods and processes for data collection and entry of client-level data	1	
	Data for 2019 100% on time and complete	1	
5	Extent to which responsibilities are assigned to appropriate staff	2	5
	Extent to which evaluation process will result in continuous program improvement	3	
Section 4: Organizational and Fiscal Capacity (15 points)			
6	Applicant capacity to reach the population of focus and capacity to provide proposed services	5	5
7	Extent to which policies, procedures, practices will lead to recruitment, hiring, and retention of qualified staff	1	2
	Extent to which staff tenure will promote program continuity	1	
8	Budget Detail Expenses are appropriate and support the proposed services.	8	8
	TOTAL POINTS		100
LBE Participation % Points			
	LBE Participation	0-10	0-10

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Category 6: Health Access Point (HAP) for Youth (18-24)

Estimated Amount Available: From \$350,000 to \$500,000

Number of Awards: 1

1. Background

Adolescents and young adults (AYA) are disproportionately impacted by HIV in the U.S. A combination of individual, social, and structural barriers such as stigma and lack of confidential insurance coverage in accessing HIV testing, effective prevention methods such as PrEP, and HIV care drive this disparity.¹⁶ In San Francisco, adolescents (current age 13-17 years) and young adults (current age 18-24 years) represent 12% of new HIV diagnosis, and less than 1% of persons living with HIV in the city. Although adolescents and young adults make up small numbers, three-quarters were MSM (either with or without a history of injecting drugs), and PrEP uptake is lowest of any age group.

In 2016, case rates for chlamydia, gonorrhea, and syphilis increased for adolescents and young adults in SF. Racial/ethnic disparities for chlamydia and gonorrhea remain large, particularly for Black/African American adolescents/young adults.¹⁷

HCV infection rates, driven by the country's opioid epidemic, are rising fastest among young people, contributing to more than 19,000 annual hepatitis C-related deaths in the U.S. in recent years. In SF, there is a high incidence of HCV among young PWIDs.

Strong clinical and community-based efforts have helped to significantly decrease new HIV infections by 50% since 2012. This RFP seeks to build on this success by taking a community-centered, whole person approach to HIV, HCV, and STD prevention, implemented by and for youth.

2. Minimum Qualifications

- By Jan 1, 2020 applicant must be a nonprofit agency that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code and be licensed to do business with the City and County of San Francisco. City and County of San Francisco government departments/sections may NOT apply.
- Applicant must have at least 3 years of experience providing HIV, HCV, and/or STD testing, or similar services to youth adults. (If a collaboration, only the agency providing the HIV, HCV, and STD testing must meet this qualification.)

¹⁶ https://www.gettingtozerosf.org/our_work/adolescent-young-adult/

¹⁷ San Francisco Sexually Transmitted Disease Annual Summary 2016. Available at <https://www.sfdph.org/dph/files/reports/StudiesData/STD/SFSTDAnnSum2016.pdf>

3. Service Description

CHEP seeks to fund a Health Access Point (HAP) to meet the needs of young adults. A HAP is defined as a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status. The HAP should deliver services that contribute to the following citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

Services provided within this HAP must also be culturally specific, harm reduction-based, sex-positive, and trauma-informed. Staff at all levels must demonstrate cultural humility in working with young adults. Peer-delivered services must be an integral part of the network. Young adults must be included in the design, implementation, and evaluation of services.

The HAP should ensure that services reach all young adults, using both **targeted** efforts (focused on identified primary subpopulations) as well as **broad-based community-wide engagement and mobilization, regardless of HIV/HCV/STD risk**, to increase awareness, reduce stigma, and reduce barriers to accessing services at the community-level.

4. Population

Programs must be designed to meet the needs of young adults (aged 18-24), regardless of race, socioeconomic status, neighborhood, or other factors; however, the program must welcome and serve all who are eligible.

5. Restrictions

- Proposed services must be only for youth and identified primary subpopulations. Proposed services must be only for youth and identified primary subpopulations. Services for other populations cannot be part of the proposal, although others may access services.
- Funds for HIV/HCV/STD testing must be used for community-based HIV/HCV/STD testing, not testing in clinical or medical settings.

6. Program Requirements

Required Services

The HAP for young adults shall provide the following “standard of care” services. The services marked with an asterisk (*) must be provided by the lead applicant or one of its subcontractors, with funding from either this RFP or other in-kind resources. The other services can be provided either by the lead applicant or one of its subcontractors, or by other youth HAP partners (e.g., via linkage to a HAP collaborating agency, via the collaborating agency providing services on site at the applicant’s service location, or other approach). For services provided by other young adult HAP partners who are not subcontractors, MOUs and warm hand-off

protocols must be in place as appropriate. Each of the following services is described in detail in [Exhibit 1: 6.1](#), including required and preferred elements and performance measures for each service.

- Integrated HIV, HCV, and STD testing*
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*
- Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*
- Syringe access and disposal*
- Overdose prevention (including naloxone distribution)*
- Condom distribution*
- Community engagement and mobilization (physical and online, social media)*
- HIV, HCV, STD health education and prevention counseling, delivered in the context of overall sexual and drug user health (integrated into all of the above services, not stand alone)*
- Services to meet basic needs services (examples: food, housing, employment)*
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Mental health services
- Primary care
- Substance use treatment

Required Strategies

- **Maintain a workforce that mirrors the populations served.** Applicants and subcontractors should have young adult staff represented at all levels of the organization. Client-facing positions (e.g., front desk staff, outreach workers, service delivery staff) should demographically reflect the population served.
- **Ensure that some services are delivered by peers.** “Peers” are defined as people with lived experience similar to that of the populations served, and may or may not share demographic characteristics such as race or gender. For example, an agency could create a community advisory board (CAB) and/or hire and train staff to conduct services, such as outreach, client satisfaction surveys, and assemble hygiene kits.
- **Involve the young adult community in program development.** Include community voices and qualitative lived experience in all aspects of planning, program design and implementation, and service delivery using a systematic and continuous process. Build on community strengths and ensure that cultural and historical barriers (e.g., mistrust of service providers, language barriers) are removed.
- **Take a sex-positive sexual health approach.** Integrate HIV and STD messaging using a sexual health framework. Develop integrated HIV and STD prevention messages that address condoms, PrEP, and why STDs are an important concern. Incorporate integrated sexual health messaging throughout all HIV and STD prevention efforts—for example, PrEP navigation programs, HIV community forums, and social marketing
- **Provide services using a harm reduction-based, trauma-informed, and cultural humility approach.** See required staff training in [Exhibit 1: 6.3](#).
- **All services must be as low barrier as possible.** “Low barrier” means that as few expectations as possible are placed upon clients and potential clients when they are trying to access services. Examples of low barrier services include mobile services; co-located services (e.g., HCV treatment co-located with

methadone services); drop-in services; express services (e.g., testing without talking to a counselor); and services provided at times convenient for the populations such as evenings, weekends, or late at night.

- **Address stigma for clients.** Provide a non-stigmatizing environment.
- **Address community-level stigma.** Increase the social media presence that promotes integrated sexual health messages and provided information on how to access services. Disseminate DPH-approved messaging, including PrEP and U=U messaging. Increase education and innovation around how to address HIV-related stigma. De-stigmatize substance use through harm reduction education and messaging.
- **Leverage the private healthcare system whenever possible.** People with private insurance should be encouraged and counseled to use their insurance and develop meaningful relationships with primary care providers, when possible.
- **Ensure services are culturally specific.** Develop testing models that incorporate nuances to address different cultural barriers and specific population needs.
- **Build partnerships and collaborations with other organizations. This RFP requires collaboration to ensure populations have access to required services.**

Optional Strategies

- **Offer incentives.** Programs may propose to use non-cash incentives when they are critical for engaging the population of focus, to recruit people for testing, PrEP, treatment, or other service when warranted (e.g., food vouchers, gift cards, cell phones, cell phone credits, etc.).

Compliance

- Comply with CHEP Policies and Operations Manual for HIV/HCV Testing Services in Community-Based Settings, which are subject to modification at any time. The current policies and procedures can be found [HERE](#)
- Comply with SFDPH's Harm Reduction Policy found [HERE](#)
- Comply with SFDPH's Syringe Access and Disposal Program Policies and Guidelines found (being updated)
- Comply with the CHEP's Materials Review Process Guidelines found [HERE](#)

7. Healthy Staff, Agencies, and Collaborations

Healthy Staff

- **Staff training.** SFDPH and its partners are committed to building and maintaining a highly skilled workforce, prepared to deal with the complexity of client and community needs. To that end, agency staff funded through this RFP will be required to participate in the following trainings: racial humility, trauma informed systems (TIS), and harm reduction training of all staff. The staff that must participate in these trainings will be addressed during contract negotiations.
- **Staff pay.** According to Housing and Urban Development (HUD), in SF in 2018, a single adult is considered to be low income if they make less than \$82,200 per year; for a 4-person family the cut-off is \$117,300. (Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>) SFDPH encourages agencies to provide livable wages to staff.

Healthy Agencies

- **Staff retention.** Agencies must have a plan in place to support client-facing staff to prevent burnout and address the vicarious trauma that can occur while working with traumatized populations. Examples of an effective plan include (but are not limited to): staff support group facilitated by a clinician such as an LMFT or LSCW who is also available for individual support as needed. Agencies must allow staff to participate in the San Francisco HIV Frontline Organizing Group (SF HIV FOG), Navigator's meeting, and other professional development activities.

Healthy Collaborations

Collaboration with other community-based organizations (CBOs), clinics, and other organizations is required in order to ensure populations have access to required services. Even though two or more agencies are involved, these collaborations should result in one cohesive program for the clients they serve.

8. Additional Considerations

- CHEP will provide:
 - HIV/HCV/STD Skills Certification Training
 - Harm Reduction Training
 - Overdose Prevention Training (via its contract with Harm Reduction Coalition's DOPE Project)
 - Training on STD specimen collection
 - Test kits
 - Condoms, lube, and female condoms
 - Training on Clear Impact Results Scorecard
 - Racial Humility resources
 - Trauma informed systems (TIS) training
 - Training on Syringe Access and Disposal
- Health Access Point lead applicant should budget for:
 - Clear Impact Results Scorecard logs (2 per agency at \$1200/annually total)
 - Phlebotomy Training and Certification
 - Condoms and safer sex supplies (if not going through the condom distribution program)
 - Syringe access and disposal supplies (including syringes)

9. Program Evaluation and Accountability

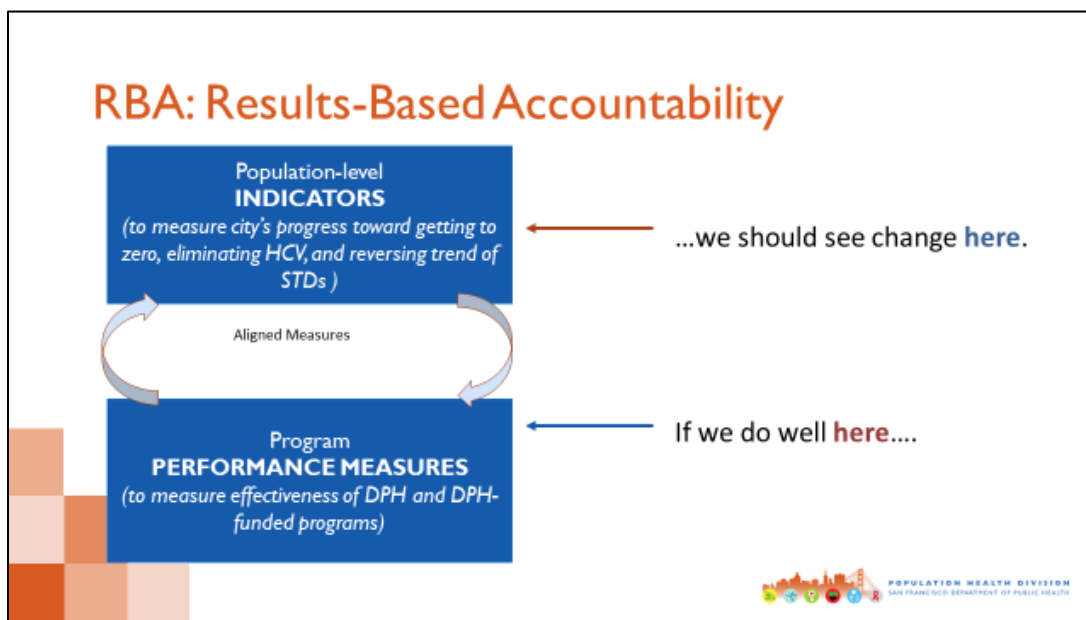
SFDPH seeks to implement program evaluation that allows for flexibility, supports accountability, and encourages innovation. Evaluation findings will be used to improve services, and to hold providers accountable for improving community health. Program innovations are encouraged when accompanied by evaluation plans that can rapidly determine whether the innovations should be adopted, adapted, or abandoned.

Funded programs will be required to use the Results-Based Accountability (RBA) Framework and the Clear Impact Results Scorecard (<https://clearimpact.com/scorecard/>). RBA is a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

A. Performance Measures

A “program performance measure” is a measure used to track the results of the applicant’s specific program. Performance measures and other data collection requirements for each “standard of care” service are provided in [Exhibit 1: 6.1](#).

A “population indicator” is a measure used to track the health outcomes of a particular population group. No single program can be held accountable for changing HIV, HCV, or STD rates among youth. However, by collaborating with HAP partner agencies and other relevant entities, SFPDPH expects to see reductions in HIV, HCV, and STD rates among youth over the next 3-5 years. SFPDPH will convene regular HAP partner meetings to review relevant population indicators and facilitate discussion and action planning for achieving the desired outcomes.



B. Data Collection and Reporting

Funded programs must comply with all CHEP requirements regarding data collection and submission, which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Evaluation Web
- Clear Impact Results Scorecard
- Annual narrative report
- Other systems/processes as requested

10. Narrative Instructions

Below are the instructions for the narrative portion of the proposal package. Instructions for development and submission of the complete proposal package can be found in **Section III: Submission Requirements**.

- Complete all sections of the narrative as outlined below. Applicants must complete the sections and questions **in the order listed**. (Applicants do not have to address the bullet points within each question in the order listed, just the questions.) Label the beginning of each section as indicated and include each question number, but do not repeat the question text.
- The narrative may not exceed **38 pages** (1.5 spacing between lines). Page numbers for individual sections and questions are guidelines only.
- Describe all the components of the proposed program here, even if some components are funded by another source, and be clear about which portion you are asking CHEP to support. For example, mental health is a component of the proposed program and could be funded by another source.
- In narrative Sections 1-4, describe your program as it will be when it is fully operational. Start-up needs can be discussed in narrative Section 5.
- Be specific.

Section 1: Population of Focus (3 pages)

- **Describe:**
 - The population of focus your program will serve including subpopulations, age, geography, language, socioeconomic status, and other characteristics.
 - The HIV, HCV, and STD risk behaviors and social determinants of health affecting your population,
 - Why you have chosen this specific population (including any identified primary subpopulations) and why your program meets their needs. Use epidemiologic, community assessment, and other data to support your argument.

Section 2: Program Design and Effectiveness (29 pages)

Note: In this section of the narrative, collaborative proposals should clearly describe the specific roles and responsibilities of the partners and who will implement which portions of the program.

- **Describe your program components.**
 - A. Program overview (2 pages).
Provide an overview of your program and explain how it represents an equity-focused, stigma-free, low barrier, and whole person health approach to HIV, HCV, and STD prevention for the identified population of focus.
 - B. Integrated HIV, HCV, and STD testing (6 pages).
Describe your agency's testing model, including:
 - Your agency's experience providing HIV, HCV, and STD testing. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.
 - The number of testing experiences (by primary subpopulations, if applicable) your program will provide (i.e. 2,000 testing experiences for trans women and 10,000 for Gay/MSM). Provide the

rationale for those numbers. **CHEP's goal is to conduct 50,000 testing experiences annually citywide.** An experience is defined as getting at least one (1) of five (5) tests (HIV, HCV, gonorrhea, chlamydia, and/or syphilis) in a single visit (See Integrated HIV, HCV, and STD testing in [Exhibit 1: 6.1](#). For example, a client can receive one (1) test, all five (5), or anything in between and it is considered an "experience".

- Recruitment, Retention:

The strategies and interventions you will use to recruit people for HIV, HCV, and STD testing and encourage them to return for testing at least every 6 months, and the evidence or experience supporting the effectiveness of these activities.

The HIV, HCV, and STD testing barriers for this population, including identified primary subpopulations. Describe how your program will address these barriers.

Where and when your agency will provide HIV, HCV, and STD testing and why these sites and venues are appropriate.

- Testing Flow:

The flow of services at the different testing location(s). Describe how this will help your agency to provide the proposed number of experiences, provide the required and optional services you are proposing, and meet client needs.

Describe any relevant technologies being used, e.g. if conducting rapid testing, how you will ensure that confirmatory blood draws are obtained, if using drop 'n' go/express model, please describe the process that will be utilized and how patient time will be minimized.

Describe your plan for getting people to return for their results.

How your agency will ensure that clients who do not receive counseling as a part of a testing experience still receive HIV, HCV, and STD health information, risk reduction, support, and appropriate prevention messages.

- Data and Quality Assurance:

Demonstrate how your agency will track these experiences, how your agency will integrate client-level data collection into the flow of services, without creating unnecessary burden for clients. Describe how you will conduct training and quality assurance to meet the requirements of the CHP Policies and Operations Manual for HIV and HCV Testing Services in Community-Based Settings (found [HERE](#)).

C. Linkage and Navigation (3 pages).

Describe your criteria and processes for linkage within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how linkage and/or navigation will occur related to:

- HIV-negative, HCV- and STD-unknown status clients to HIV/HCV/STD testing within the program.
- HIV-negative clients to PrEP within the program or to a PrEP navigator.
- Newly diagnosed HIV-positive clients to care within program or to LINC
- Clients that have a STD to treatment within the program or other provider.
- HCV-positive clients to HCV treatment within program or to a HCV navigator.

- Sexual and/or needle-sharing partners of HIV, HCV, and/or STD-positive clients, to HIV, HCV, and/or STD testing within the program (or elsewhere).
- Clients to other services/HAPs, if client needs cannot be met within the program.
- Out-of-care HIV-positive clients to LINC.
- How your program will track linkages to ensure they are successful.
- Your agency's experience providing linkage and/or navigation services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

D. Prevention And Treatment Medication: Prep and ART for HIV; HCV Treatment; STD Treatment, Including Medical Storage (2 pages)

Describe your criteria and processes for ensuring access to prevention and treatment medication within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how prevention and treatment medication will occur related to:

- HIV-negative clients receiving PrEP within the program or other provider.
- Newly diagnosed HIV-positive clients initiating ART within program or other provider.
- HCV-positive clients receiving treatment within program or other provider.
- Clients that have a STD receiving treatment within program or other provider.
- How your program will track prevention and treatment medication initiation and/or completion to ensure it was successful.
- Your agency's experience providing prevention and treatment medication. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

E. Community Engagement (2 pages).

Describe in detail:

- Your agency's experience conducting community engagement activities for population of focus. How long have you been conducting these activities? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

Describe in detail how your program will:

- Build trust within the community and have a consistent presence.
- Partner with other local CBOs, agencies and/or community leaders who have a strong relationship with the community.
- Include community voices and qualitative lived experience in all aspects of planning, program design/implementation, and service delivery. Build on community strengths and ensure that cultural and historical barriers (e.g. mistrust of service providers, language barriers) are removed.
- Build a highly skilled cross-trained workforce that reflects the populations served, has low turnover rates, and is valued and supported.

- Expand or implement peer-delivered services. Involve peers in program development, and use peers to conduct outreach and provide services.
- Increase mobile service delivery (if program is or will be providing mobile service). Provide multidisciplinary mobile services to meet a variety of needs among populations who do not access health care in traditional settings.
- Provide culturally appropriate outreach to community.

F. Syringe Access and Disposal (1 page).

Describe in detail:

- Your agency's experience conducting syringe access and disposal services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- Describe how you will conduct quality assurance to meet the requirements of the CHEP Syringe Access and Disposal Program Policy and Guidelines located [HERE](#).
- Your program's plans for integrating the provision of safer injection supplies during the course of other services for clients in need, in a seamless, discrete, and non-stigmatizing way.
- Any preferred elements from the Syringe Access and Disposal table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- How you will reach and meet the specific cultural needs of PWID, including any PWID subpopulations (e.g. MSM, youth, women, and trans women and men, homeless) within your agency's population of focus and create a safe and welcoming environment for them.
- How your data will be tracked for number of syringes distributed and number of syringes collected.
- Your program's syringe disposal plan.

G. Harm reduction services for substance use (including opioids, stimulants, alcohol, tobacco, and cannabis (2 pages)).

Describe in detail:

- Your agency's experience providing substance use harm reduction services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program
- How your program will ensure ALL staff participate in ongoing harm reduction training. How staff training will be tracked.
- Your program's mechanism for assessing client needs on an ongoing, systematic basis for substance use including opioids, stimulants, alcohol, tobacco, and cannabis.
- How your program will integrate harm reduction principles and the SFDPH Harm Reduction Policy into program design and delivery and put them into practice in a meaningful and impactful way.

H. Overdose Prevention (2 pages).

Describe in detail:

- Your agency's experience with overdose prevention and response. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How you will meet the required elements of overdose prevention. How your program will integrate overdose prevention and response into your existing program.
- Any preferred elements from the overdose prevention table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- What overdose prevention materials your agency will make available to clients.
- How your program will ensure ALL client facing staff participate in annual overdose prevention and response training. Describe how the program will track training.
- How your program will host at least one overdose prevention training for clients annually. How will this be tracked?

I. Mental Health (1 page).

Describe in detail:

- Your agency's experience providing mental health services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How your program will integrate culturally appropriate, stigma-free, mental health support into your existing program (e.g. onsite or through linkages to other program).
- How your program will confirm and track linkages to mental health services.

J. Condom Distribution (1 page).

Describe in detail:

- How your program will ensure condoms and other safe sex supplies are easily accessible on site, during outreach, and in mobile facilities.
- The sex-positive and meaningful messaging and education your agency will provide to emphasize that condoms are relevant, particularly for STD prevention.

K. Basic Needs (1 page).

Describe in detail:

- Your program's experience providing basic needs to your population of focus and/or any subpopulations.
- How your program will integrate the provision of basic needs into existing program for the population of focus and/or any subpopulations of focus.

➤ **Describe your program as a whole.**

A. Program Cohesiveness (2 pages).

Describe how the various program components (see below) work together to form one logical, cohesive program. Include a discussion of service times and locations that shows how the program components are linked together. Collaborative proposals: Discuss how the collaborators will work together to provide one cohesive and seamless program. Note: Please see [Exhibit 1: 6.1](#) for details on the program components listed below.

- Integrated HIV, HCV, and STD testing
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, and other services
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Syringe access and disposal
- Overdose prevention (including naloxone distribution)
- Condom distribution
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Community engagement and mobilization (physical and online, social media)
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Services to meet basic needs services (examples: food, housing, employment)
- Primary care
- Substance use treatment
- Mental health services

B. Cross-program Elements (2 pages).

Describe:

- How your program will address the specific cultural needs of your population of focus and/or subgroups within your population of focus.
- Any incentives you plan to use. Provide a strong justification for why they are needed as well as evidence or experience supporting their effectiveness. If you are proposing cash incentives, justify why cash is preferred to a non-cash incentive and describe how you will manage cash on the premises.
- How your program will ensure health education and prevention counseling is delivered in the context of overall sexual health and harm reduction and integrated into all of the standard of care services (not stand alone).

C. Staffing Plan (2 pages).

Describe your staffing plan (including volunteers) for service delivery. (Describe staffing for data and evaluation in Section 4.) Describe who will provide which services. What percent of their time is allocated to service delivery? What are the staff members' responsibilities and percent full-time equivalent (FTE)? You may include a one-page organization chart or visual that represents the collaboration as an attachment.

Section 3: Data Collection, Evaluation, and Quality Assurance (2 pages)

- **(1 page) Describe your plans for collecting and managing the data for the standard of care services (Exhibit 1: 6.1), including:**
 - Your staffing plan for supporting data collection and management.
 - Your methods and processes for collecting, entering, and reporting client-level data.
 - If you are currently a CHEP contractor, whether your data submissions were on time and complete for the year 2019.
 - If you are not currently a CHEP contractor, whether data submissions for other funders were on time and complete for the year 2019.
- **(1 page) Describe your staffing plan and general process for program evaluation, including:**
 - Staff assigned to program evaluation. Indicate which staff position will be responsible for leading the program evaluation efforts, and how much time will be devoted to it.
 - How you will review and assess the extent to which your program is meeting its objectives.
 - What you will do if you learn the program is not meeting its objectives.
 - How you will use data/evaluation findings to improve the program.

Section 4: Organizational and Fiscal Capacity (3 pages)

- **(1 page) Describe the agency's experience conducting recruitment and retention with the Youth (18-24) population and/or specific subpopulations.** What types of activities have you done in the past, and how successful have they been at engaging the population(s)? If relevant, include a summary of any data demonstrating your capacity to reach this population and/or specific subpopulations, such as program attendance records, a list of venues where you routinely conduct outreach, or other data.
- **(1 page) Describe your ability to recruit and retain qualified staff, staff reflective of the population being served, peers, and volunteers.** Discuss all of the above, not just staff in general. What staff development/training opportunities will you offer or require? What is the approximate average length of stay for both front-line staff and staff in leadership positions?
- **Budget Detail Booklet:**
 - Complete the Budget Detail and Justification Booklet for a 12 Month Period
 - If you are requesting start up funds please, submit a separate Detail and Justification.

- Applicants who are LBE Certified will receive additional points.
 - This will be added to the “Technical Review Score”.
 - See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

11. Scoring Criteria and Rating System

The proposal review process is described in **Section IV: Review and Selection Process**. This table provides the scoring criteria and rating system for **Category 6 proposals**.

Category 6: Health Access Point (HAP) for Youth (18-24)			
Question Number	Scoring Criteria	Max. Pts. per Criterion	Max. Pts. per Question
Section 1: Population of Focus (10 points)			
1	Extent to which the applicant demonstrates an understanding of the needs of the population of focus	4	10
	Extent to which the program focuses on the population of focus	2	
	Understanding of risk behaviors and social determinants of health affecting the population of focus	4	
Section 2: Program Design and Effectiveness (67 points)			
2A	Extent to which program takes an equity-focused, stigma-free, low barrier, and whole person health approach	5	5
2B	Ability of the recruitment/retention plan to result in the proposed number of testing experiences among the population of focus	2	8
	Extent to which the integrated HIV, HCV, and STD testing model and flow of services (including any state-certified test counseling and data collection) is seamless and minimizes barriers to testing	2	
	Extent to which the needs of clients testing HIV-negative or HIV-positive will be met (through state certified counseling and/or other means)	2	
	Ability to which quality assurance plan for HIV, HCV, and STD integrated testing will result in high quality service.	2	
2C	Ability of proposed program to link and navigate clients (within or outside of the program) to LINC'S, PrEP, HCV treatment, STD treatment; and sexual/needle-sharing partners to testing	7	7
2D	Ability of proposed program to ensure clients have access (within or outside program) to PrEP and ART for HIV, HCV treatment, and STD treatment.	7	7
2E	Ability to build trust and rapport and have a consistent presence in the community of the population of focus, as well as include community voices in planning, program design, and implementation	3	6
	Extent to which proposed program provides services outside of the agency and in the community, and at various venues in order to engage population of focus	2	
	Extent to which proposed program provides culturally appropriate outreach to population of focus	1	
2F	Ability of proposed program to integrate the provision of safer injection supplies (including data collection) in a seamless, discrete, and non-stigmatizing way	2	4
	Ability of proposed program to reach PWID within population of focus	2	
2G	Extent to which proposed program integrates harm reduction principles into program design and delivery, and put them into practice in a meaningful and impactful way	5	5
2H	Extent to which proposed program integrates overdose prevention and response into existing program services in a seamless way	4	4

2I	Extent to which proposed program integrates mental health support services into existing program in a seamless way	3	3
2J	Extent to which proposed program provides sex-positive and meaningful messaging and education about the relevancy of condom use (particularly for STD prevention)	2	3
	Extent to which proposed program ensures condoms and other safe sex supplies are accessible	1	
2K	Extent to which proposed program ensures the provision of basic needs are available and integrated into existing program services for population of focus	3	3
3A	Extent to which the program design is logical and results in one cohesive effort	1	2
	Appropriateness of times and locations of services for the population of focus	1	
3B	Strength of plan to incorporate the following cross-program elements: a) promote a new testing norm. b) integrate hepatitis C and STD prevention, and c) incentives (if proposed)	2	5
	Extent to which program meets the specific cultural needs of the focus population	3	
3C	Extent to which staffing levels are sufficient given scope of work	2	5
	Extent to which responsibilities are assigned to appropriate staff	1	
	Extent to which it is clear which staff will perform which duties/activities	2	
Section 3: Data Collection, Evaluation, and Quality Assurance (8 points)			
4	Extent to which staffing levels are sufficient given scope of work	1	3
	Efficiency of methods and processes for data collection and entry of client-level data	1	
	Data for 2019 100% on time and complete	1	
5	Extent to which responsibilities are assigned to appropriate staff	2	5
	Extent to which evaluation process will result in continuous program improvement	3	
Section 4: Organizational and Fiscal Capacity (15 points)			
6	Applicant capacity to reach the population of focus and capacity to provide proposed services	5	5
7	Extent to which policies, procedures, practices will lead to recruitment, hiring, and retention of qualified staff	1	2
	Extent to which staff tenure will promote program continuity	1	
8	Budget Detail Expenses are appropriate and support the proposed services.	8	8
	TOTAL POINTS		100
LBE Participation % Points			
	LBE Participation	0-10	0-10

Category 7: Training and Capacity Building for a Health Access Point (HAP) for Black/African Americans

Estimated Amount Available: From \$1,900,000 to \$2,400,000

Number of Awards: 1

1. Background

According to the 2018 San Francisco Department of Public Health (SFPDH) Black/African-American Health Report, Black/African-Americans (B/AA) in San Francisco continue to experience disproportionate social, economic, and environmental burdens that impact their living conditions and constrain their life choices. These constraints can ultimately lead to negative health outcomes across the prevention/care continuum.

Although newly diagnosed HIV cases in San Francisco have drastically declined from 532 cases in 2006 to 221 cases in 2017, B/AA continue to be disproportionately affected by HIV. B/AA represent 6% of the total population in San Francisco, yet comprised 12% of people living with HIV in San Francisco, as of December 31, 2017. B/AA women accounted for 37% of women living with HIV in SF.¹⁸ B/AA represent one of the largest racial/ethnic groups among trans women living with HIV (33%) in SF. Also, annual rates of men newly diagnosed with HIV are highest among B/AA (116 per 100,000 vs. 39 per 100,000 for whites in 2017).¹⁹ In terms of HCV, similar disparities persist among the B/AA population; of the 2016 HCV cases newly reported to SFPDH, 24.2% were among B/AA San Franciscans, despite the fact that B/AAs make up 6% of the general population in SF.²⁰

In addition to HIV and HCV, chlamydia and gonorrhea occur at higher rates in B/AA residents in SF and nationally. In 2016, B/AA residents were 2.1 times more likely to have chlamydia, and 1.7 times more likely to have gonorrhea than white residents in SF.²¹ Among adolescents and young adults the racial/ethnic disparities for chlamydia and gonorrhea are large. The rates of chlamydia and gonorrhea among B/AA youth were 4.5 and 3.4 times that of white adolescents and young adults, respectfully.²²

In an effort to address these disparities among the Black/African American community, this RFP seeks to fund capacity building activities with the goal of implementing a Health Access Point (HAP) to improve health outcomes for the B/AA residents by using an equity-focused, community-centered, whole person, integrated approach.

¹⁸ San Francisco Department of Public Health. HIV Epidemiology Annual Report 2017. Available at <https://www.sfdph.org/dph/comupg/oprograms/HIVepiSec/HIVepiSecReports.asp>

¹⁹ San Francisco Department of Public Health. HIV Epidemiology Annual Report 2017. Available at <https://www.sfdph.org/dph/comupg/oprograms/HIVepiSec/HIVepiSecReports.asp>

²⁰ Personal communication with Amy Nishimura for the HCV data and the 2010 census for the population data

²¹ San Francisco Sexually Transmitted Disease Annual Summary 2016. Available at <https://www.sfdph.org/dph/files/reports/StudiesData/STD/SFSTDAnnSum2016.pdf>

²² San Francisco Sexually Transmitted Disease Annual Summary 2016. Available at <https://www.sfdph.org/dph/files/reports/StudiesData/STD/SFSTDAnnSum2016.pdf>

2. Minimum Qualifications

- By January 1, 2020, applicant must be a nonprofit agency that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code and be licensed to do business with the City and County of San Francisco. City and County of San Francisco government departments/sections may NOT apply.
- Applicant must have at least 3 years of experience providing services and resources to Black/African American populations.
- Applicant organization must be located in the community where Black/African Americans reside.
- Applicant must be currently providing services and resources to Black/African Americans.

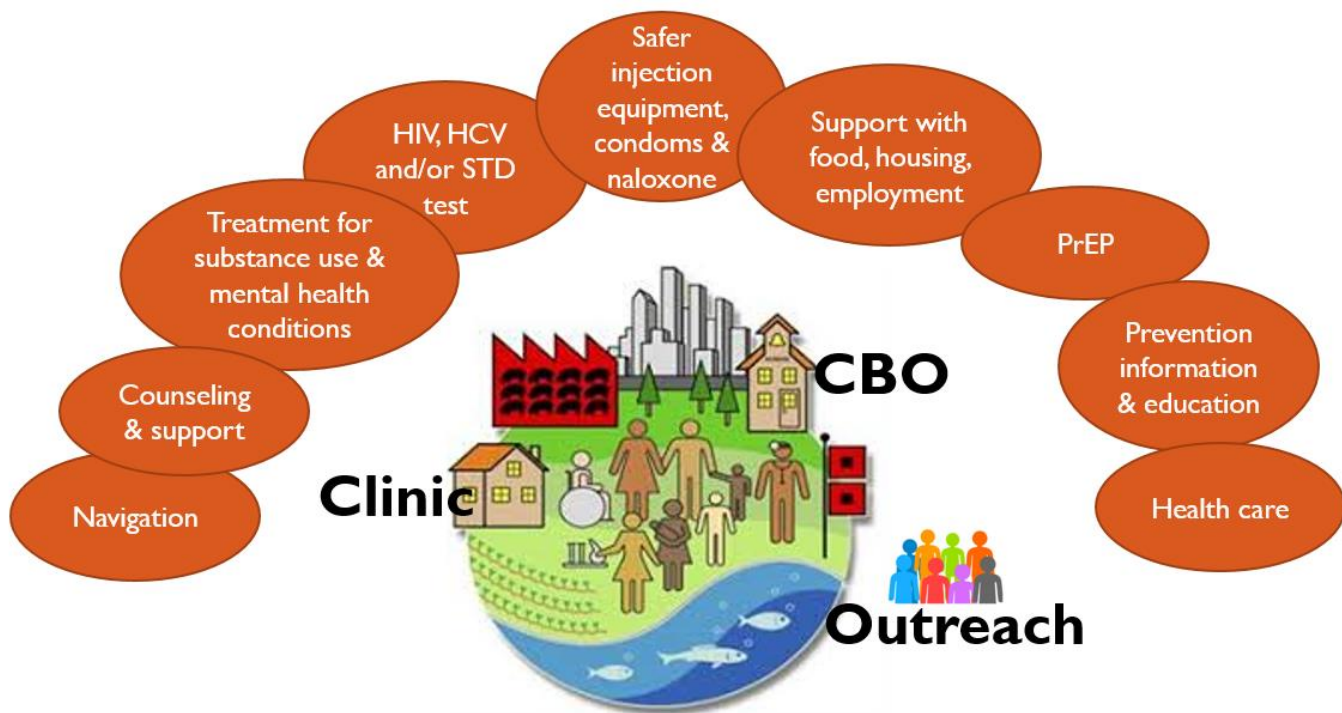
3. Service Description

CHEP seeks to fund capacity building activities with the goal of implementing a Health Access Point (HAP) to meet the needs of the Black/African American community. A HAP is defined as a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services, regardless of HIV, HCV, or STD status. The HAP should deliver services that contribute to the following citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

Services provided within this HAP must also be harm reduction-based, sex-positive, and trauma-informed. Staff at all levels must demonstrate cultural humility in working with Black/African American populations. Peer-delivered services must be an integral part of the network. Services must honor the cultural diversity within the Black/African American community, and respect and work within Black/African American cultural contexts, social systems, institutions, and norms. Services must be provided in (but not limited to) the Bayview Hunter's point and other predominantly Black/African American neighborhoods in San Francisco. Services, printed materials, and other media/communications must resonate with the Black/African American community and community members must be included in the design, implementation, and evaluation of services. It is especially important that services address the realities regarding fears about accessing services due to mistrust of the medical system and racial discrimination in the system. Health education is also especially important for Black/African American residents, who may not have had access to accurate health information within their communities.

The primary subpopulations within the Black/African American community living with or at risk for HIV, HCV, and/or STDs are women, men who have sex with men (MSM), people who inject drugs (PWID) or injected drugs in the past, trans women and men, people experiencing homelessness, previously incarcerated, and youth. The HAP should ensure that services reach these populations using both **targeted** efforts (focused on these primary subpopulations) as well as **broad-based community-wide engagement and mobilization, regardless of HIV/HCV/STD risk**, to increase awareness, reduce stigma, and reduce barriers to accessing services at the community- level.

Example of HAP Model/Network of Services:**Capacity Building Activities:**

The funded agency must have a positive relationship and consistent meaningful engagement with the Black/African American community, provide services and resources to Black/African American residents in San Francisco, but may be less experienced in providing HIV, HCV, and STD prevention/testing services and may need additional technical assistance and capacity building efforts to successfully implement a HAP within its current organizational structure. This capacity building RFP for the Black/African American community is designed to help agencies implement a HAP model/network and build strong collaborations/partnerships with other agencies with the primary goal of reducing disparities among the Black/African American community by addressing vulnerabilities through focused community investment.

Capacity building activities/support include the following, but are not limited to (based on individual agency needs):

- A Shared Data Management System. Development of data collection tools and system to share data with SFDPH and collaborating partners.
- Facility Acquisition. Designated space in organization to provide additional services (e.g. testing room).
- Development of Strong Collaborations & Partnerships. Development of Memorandum of Understandings (MOUs), subcontract agreements to ensure, and comprehensive neighborhood

resource list to ensure clients have access to required services and culturally appropriate educational materials, trainings, and workshops.

- Social Marketing Strategies. Development of materials, campaigns, billboards, social media platform, and/or other strategies to promote new agency services (e.g. Health Access Point)
- Assigned Community Health Equity and Promotion (CHEP) Program Liaison. Facilitate new program model implementation and staff/organizational training and technical assistance.
- Staff Recruitment and Retention. Build agency staff capacity and diversity. Development of support for client-facing staff to prevent burnout

SFDPH will partner closely with the funded agency to ensure the agency receives all of the support (e.g. training, technical assistance, capacity building efforts) it needs in order to implement a HAP. SFDPH will partner with agency during the first funding year to:

- Conduct an assessment of training and capacity needs.
- Develop a plan to build capacity.
- Receive training/s and capacity building efforts.

Some of the funds awarded through this RFP will be allocated towards capacity building activities.

Depending on the needs of the agency, program implementation may not begin immediately in the first funding year, and will begin by the second funding year.

4. Population

Programs must be designed to meet the needs of and focus on serving the Black/African Americans; however, the program must welcome and serve all who are eligible for program services and resources.

5. Restrictions

- Proposed services must be only for Black/African Americans and identified primary subpopulations. Services for other populations cannot be part of the proposal, although others may access services.
- Funds for HIV/HCV/STD testing must be used for community-based HIV/HCV/STD testing, not testing in clinical or medical settings.

6. Program Requirements

Required Services

The Black/African American HAP shall provide the following “standard of care” services. The services marked with an asterisk (*) must be provided by the lead applicant or one of its subcontractors, with funding from either this RFP or other in-kind resources. The other services can be provided either by the lead applicant or one of its subcontractors, or by other Black/African American HAP partners (e.g., via linkage to a HAP partner agency, via the partner agency providing services on site at the applicant’s service location, or other approach). For services provided by other Black/African American HAP partners who are not subcontractors, MOUs and warm hand-off protocols must be in place as appropriate. Each of the following services is described in detail in [Exhibit 1: 6.1](#), including required and preferred elements and performance measures for each service. CHEP assigned Program

Liaison will provide ongoing capacity building assistance to the lead agency to ensure that all program requirements are met.

- Integrated HIV, HCV, and STD testing*
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*
- Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*
- Syringe access and disposal*
- Overdose prevention (including naloxone distribution)*
- Condom distribution*
- Community engagement and mobilization (physical and online, social media)*
- HIV, HCV, STD health education and prevention counseling, delivered in the context of overall sexual and drug user health (integrated into all of the above services, not stand alone)*
- Services to meet basic needs services (examples: food, housing, employment)*
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Mental health services
- Primary care
- Substance use treatment

Required Strategies

- **Maintain a workforce that mirrors the populations served.** Applicants and subcontractors should have Black/African American staff represented at all levels of the organization. Client-facing positions (e.g., front desk staff, outreach workers, service delivery staff) should demographically reflect the population served.
- **Ensure that some services are delivered by peers.** “Peers” are defined as people with lived experience similar to that of the populations served, and may or may not share demographic characteristics such as race or gender. For example, an agency could create a community advisory board (CAB) and/or hire and train staff to conduct services, such as outreach, client satisfaction surveys, and assemble hygiene kits.
- **Involve the Black/African American community in program development.** Include community voices and qualitative lived experience in all aspects of planning, program design and implementation, and service delivery using a systematic and continuous process. Build on community strengths and ensure that cultural and historical barriers (e.g., mistrust of service providers, language barriers) are removed.
- **Take a sex-positive sexual health approach.** Integrate HIV and STD messaging using a sexual health framework. Develop integrated HIV and STD prevention messages that address condoms, PrEP, and why STDs are an important concern. Incorporate integrated sexual health messaging throughout all HIV and STD prevention efforts – for example, PrEP navigation programs, HIV community forums, and social marketing
- **Provide services using a harm reduction-based, trauma-informed, and cultural humility approach.** See required staff training in [Exhibit 1: 6.3](#).
- **All services must be as low barrier as possible.** Low barrier means that as few expectations as possible are placed upon clients and potential clients when they are trying to access services. Examples of low barrier services include mobile services; co-located services (e.g., HCV treatment co-located with

methadone services); drop-in services; express services (e.g., testing without talking to a counselor); and services provided at times convenient for the populations such as evenings, weekends, or late at night.

- **Address stigma for clients.** Provide a non-stigmatizing environment.
- **Address community-level stigma.** Increase the social media presence that promotes integrated sexual health messages and provided information on how to access services. Disseminate DPH-approved messaging, including PrEP and U=U messaging. Increase education and innovation around how to address HIV-related stigma. De-stigmatize substance use through harm reduction education and messaging.
- **Leverage the private healthcare system whenever possible.** People with private insurance should be encouraged and counseled to use their insurance and develop meaningful relationships with primary care providers, when possible.
- **Ensure services are culturally specific.** Develop testing models that incorporate nuances to address different cultural barriers and specific population needs. For example, immigrant Latinx populations may benefit from messaging about testing as an important part of taking care of your health.
- **Build partnerships and collaborations with other organizations. This RFP requires collaboration to ensure populations have access to required services.**

Optional Strategies

- **Offer incentives.** Programs may propose to use non-cash incentives when they are critical for engaging the population of focus, to recruit people for testing, PrEP, treatment, or other service when warranted (e.g., food vouchers, gift cards, cell phones, cell phone credits, etc.).

Compliance

- Comply with CHEP Policies and Operations Manual for HIV/HCV Testing Services in Community-Based Settings, which are subject to modification at any time. The current policies and procedures can be found [HERE](#)
- Comply with SFDPH's Harm Reduction Policy found [HERE](#)
- Comply with SFDPH's Syringe Access and Disposal Program Policies and Guidelines found (being updated)
- Comply with the CHEP's Materials Review Process Guidelines found [HERE](#)

7. Healthy Staff, Agencies, and Collaborations

Healthy Staff

- **Staff training.** SFDPH and its partners are committed to building and maintaining a highly skilled workforce, prepared to deal with the complexity of client and community needs. To that end, agency staff funded through this RFP will be required to participate in the following trainings: racial humility, trauma informed systems (TIS), and harm reduction training of all staff. The staff that must participate in these trainings will be addressed during contract negotiations.
- **Staff pay.** According to Housing and Urban Development (HUD), in SF in 2018, a single adult is considered to be low income if they make less than \$82,200 per year; for a 4-person family the cut-off is \$117,300. (Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>) SFDPH encourages agencies to provide livable wages to staff.

Healthy Agencies

- **Staff retention.** Agencies must have a plan in place to support client-facing staff to prevent burnout and address the vicarious trauma that can occur while working with traumatized populations. Examples of an effective plan include (but are not limited to): staff support group facilitated by a clinician such as an LMFT or LSCW who is also available for individual support as needed. Agencies must allow staff to participate in the San Francisco HIV Frontline Organizing Group (SF HIV FOG), Navigator's meeting, and other professional development activities.

Healthy Collaborations

Collaboration with other community-based organizations (CBOs), clinics, and other organizations is required in order to ensure populations have access to required services. Even though two or more agencies are involved, these collaborations should result in one cohesive program for the clients they serve.

8. Additional Considerations

- CHEP will provide:
 - HIV/HCV/STD Skills Certification Training
 - Harm Reduction Training
 - Overdose Prevention Training (via its contract with Harm Reduction Coalition's DOPE Project)
 - Training on STD specimen collection
 - Test kits
 - Condoms, lube, and female condoms
 - Training on Clear Impact Results Scorecard
 - Racial Humility resources
 - Trauma informed systems (TIS) training
 - Training on Syringe Access and Disposal
- Health Access Point lead applicant should budget for:
 - Clear Impact Results Scorecard logins (2 per agency at \$1200/annually total)
 - Phlebotomy Training and Certification
 - Condoms and safer sex supplies (if not going through the condom distribution program)
 - Syringe access and disposal supplies (including syringes)

9. Program Evaluation and Accountability

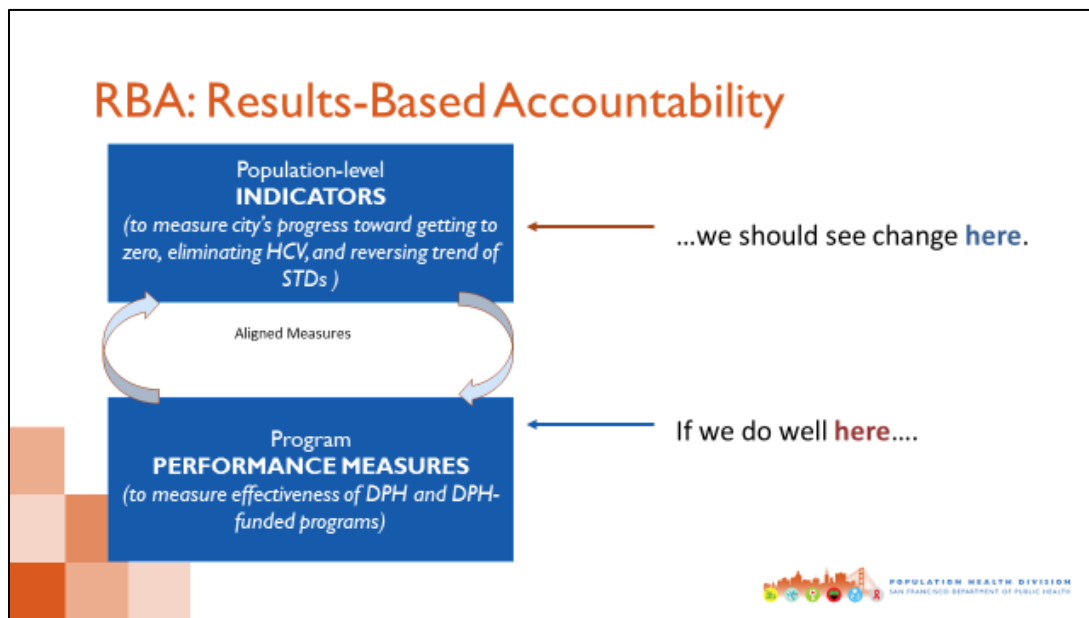
SFDPH seeks to implement program evaluation that allows for flexibility, supports accountability, and encourages innovation. Evaluation findings will be used to improve services, and to hold providers accountable for improving community health. Program innovations are encouraged when accompanied by evaluation plans that can rapidly determine whether the innovations should be adopted, adapted, or abandoned.

Funded programs will be required to use the Results-Based Accountability (RBA) Framework and the Clear Impact Results Scorecard (<https://clearimpact.com/scorecard/>). RBA is a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

A. Performance Measures

A “program performance measure” is a measure used to track the results of the applicant’s specific program. Performance measures and other data collection requirements for each “standard of care” service are provided in [Exhibit 1: 6.1](#).

A “population indicator” is a measure used to track the health outcomes of a particular population group. No single program can be held accountable for changing HIV, HCV, or STD rates among Black/African Americans. However, by collaborating with HAP partner agencies and other relevant entities, SFDPH expects to see reductions in HIV, HCV, and STD rates among Black/African American population over the next 3-5 years. SFDPH will convene regular HAP partner meetings to review relevant population indicators and facilitate discussion and action planning for achieving the desired outcomes.



B. Data Collection and Reporting

Funded programs must comply with all CHEP requirements regarding data collection and submission, which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Evaluation Web
- Clear Impact Results Scorecard
- Annual narrative report
- Other systems/processes as requested

10. Narrative Instructions

Below are the instructions for the narrative portion of the proposal package. Instructions for development and submission of the complete proposal package can be found in **Section III: Submission Requirements**.

- Complete all sections of the narrative as outlined below. Applicants must complete the sections and questions **in the order listed**. (Applicants do not have to address the bullet points within each question in the order listed, just the questions.) Label the beginning of each section as indicated and include each question number, but do not repeat the question text.
- The narrative may not exceed **14 pages** (1.5 spacing between lines). Page numbers for individual sections and questions are guidelines only.
- Be specific.

Section 1: Population of focus (4 pages)

1. Describe your agency's experience providing services to Black/African American residents in SF. What kind of services? How many years of providing services?
2. What is your organization's understanding of the underlying causes of health disparities, and in particular HIV, HCV, and STD health disparities for San Francisco Black/African American residents?

Section 2: Health Access Point (HAP) Model (4 pages)

1. Please describe your organization's experience and capacity to support the Health Access Point (HAP) model, perform the required strategies of the model, and build and sustain collaborative partnerships with community service sites.

Please provide a list of existing organizational partnerships that could support the HAP model (e.g., primary care, substance use, mental health, case management, housing, food, and other services), including a brief description of the nature of the partnership(s) (e.g., partnership members, purpose, partner roles and responsibilities, major accomplishments, number of years in partnership). Applicants should include the list with brief descriptions of the nature of the partnerships under the Appendix of the application. The list will not be counted against the maximum page limit for this section and will not be evaluated under the application scoring process.

Section 3: Organizational and Fiscal Capacity (6 pages)

1. Describe your agency's experience and successes conducting recruitment and retention activities with Black/African American residents in SF. What types of activities have you done in the past, and how successful have they been at engaging the population(s)? If relevant, include a summary of any data demonstrating your capacity to reach this population and/or specific subpopulations, such as program attendance records, a list of venues where you routinely conduct outreach, data on changes in client knowledge; attitudes, behavior, and other data.

2. Describe your agency's experience providing any of the required standard of care services listed below, or other related services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. Please see [Exhibit 1: 6.1](#) for details regarding all of the standard of care services.

- Integrated HIV, HCV, and STD testing
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, and other services
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Syringe access and disposal
- Overdose prevention (including naloxone distribution)
- Condom distribution
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Community engagement and mobilization (physical and online, social media)
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Services to meet basic needs services (examples: food, housing, employment)
- Primary care
- Substance use treatment
- Mental health services

3. Describe your ability to recruit and retain qualified and diverse staff and volunteers. What staff development/training opportunities will you offer or require? What is the approximate average length of stay for both front-line staff and staff in leadership positions?

➤ **Budget Detail Booklet:**

- Complete the Budget Detail and Justification Booklet for a 12 Month Period
- If you are requesting start up funds please, submit a separate Detail and Justification.

➤ **Applicants who are LBE Certified will receive additional points.**

- **This will be added to the "Technical Review Score".**
- **See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.**

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

11. Scoring Criteria and Rating System

The proposal review process is described in **Section IV: Review and Selection Process**. This table provides the scoring criteria and rating system for **Category 7 proposals**.

Category 7: Training and Capacity Building for a Health Access Point (HAP) for Black/African Americans			
Question Number	Scoring Criteria	Max. Pts. per Criterion	Max. Pts. per Question
Section 1: Population of Focus (35 points)			
1	Extent to which the applicant demonstrates an understanding of the needs of the population of focus	15	35
2	Extent to which the program has the experience to provide services to the population of focus	20	
Section 2: Health Access Point (HAP) Model (30 points)			
3	Ability, through the organization’s experience and capacity, to perform the required strategies of the HAP	15	30
	Ability of the organization to build and sustain collaborative partnerships with community services	15	
Section 3: Organizational and Fiscal Capacity (35 points)			
4	Applicant capacity to reach and retain the population of focus	15	15
5	Applicant experience providing the required standard of care services	5	5
6	Extent to which policies, procedures, practices will lead to recruitment, hiring, and retention of qualified staff	1	2
	Extent to which staff tenure will promote program continuity	1	
7	Sufficiency of unrestricted cash reserves	2	3
	Extent to which line of credit is used appropriately	1	
8	Budget Detail Expenses are appropriate and support the proposed services.	10	10
	TOTAL POINTS		100
LBE Participation % Points			
	LBE Participation	0-10	0-10

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EXHIBIT 1: RFP CHEP Resources and Information

6.1: “Standard of Care” Service Descriptions

INTEGRATED HIV, HCV, and STD TESTING

Background

In 2012, San Francisco’s community based testing programs as well as primary and other clinical settings helped to normalize HIV testing as part of regular health maintenance. These strategies have been proven effective, as seen in the reduced number of HIV diagnoses over the years.

In 2017, 221 people received a new HIV diagnoses in San Francisco. As HIV cases decrease, there has been an increase in sexually transmitted disease (STD) rates and hepatitis C (HCV) rates. Anyone who is at risk for HIV is also at risk for becoming infected with HCV and STDs. Studies have shown that people who know they are HIV-positive reduce their sexual risk behavior and the risk of passing it onto others. On a national level, integration of HIV and viral hepatitis has been suggested, and in San Francisco, many of our agencies conduct both tests. Due to the overlapping risk factors for STDs, integrating STD testing would create a person-centered holistic approach to sexual health which will help in achieving the city’s goals of getting to zero new HIV diagnosis, eliminating HCV, and reducing the number of STDs.

Moving forward, SFDPH is taking the initiative to create integrated programs tailored to meet the needs of the community in collaboration with our funded partners. Funded programs are expected to implement innovative integrated HIV, HCV, and STD testing programs with the goal of greatly reducing barriers to accessing testing for anyone in San Francisco.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Ensure that all client-facing staff* develops client centered counseling skills by attending the CHEP’s HIV, HCV, and STD Skills Training. • Perform outreach to recruit people for testing – street based, flyers, venue based, and mobile. • Incorporate health education and counseling in integrated testing activities. (See Health Education and Counseling) • Provide confidential testing for all clients. • Obtain written consent from clients for all tests performed. • Provide clients with rapid HIV & HCV testing. • Allow for self-collected oral, rectal, vaginal swabs for gonorrhea & chlamydia testing.	• Implementation of a “Drop ‘n’ go” or express testing model. • Provide testing at shelters, housing sites, etc. • Testing during late night and weekend hours (8pm-5am = Late, 6am-9am = Early Morning). • Implement a Testing reminder system. • Provide clients with vaccinations for Hep A & Hep B and testing for TB, pregnancy tests, or hormone levels check. • Allow for online results.

Required Elements	Preferred Elements
• Provide clients with blood draw for syphilis testing. • Provide linkage and/or navigation to LINCS, or direct linkage and/or navigation to care for clients to access: ○ Primary care, including HIV care, HCV treatment, and/or PrEP. ○ Provider for STD treatment ○ Other low barrier treatment access points (i.e. SAS, mental health, substance use, etc.) • Agencies providing STD testing ensure follow up on all clients testing positive to ensure they are adequately treated or referred for treatment. • Provide face-to-face disclosure of HIV, HCV, and Std-positive test results. • Inform clients testing positive for STDs to notify their sex partners to be tested/treated in an effort to avoid re-infection. • Provide DPH with name based reporting for all tests. • Implement case reporting as required. • Use of DPH laboratory for all testing. • Use of courier service for delivery of specimens to DPH lab. • Ability to provide health education and counseling upon request or clients' needs. (see health education and counseling section) • Provide mobile testing. • Maintain a rate of 10% unduplicated testing clients. • Allow for geographical diversity with at least 10% of tests conducted done 3 miles from headquarters. • Offer mental health referrals. • Follow DPH Harm Reduction Policy. • Follow DPH HIV, HCV, STD testing Policies and Operations Manual requirements.	

Note: All programs must be able report on all required elements and any chosen preferred elements, to DPH upon request.

Additional Information

- Collectively, programs funded in this building block will be expected to provide 50,000 testing experiences for the entire city. An experience is defined as getting at least one of five tests (HIV, HCV, gonorrhea, chlamydia, and/or syphilis) in a single visit (See Integrated HIV, HCV, and STD testing). For example, a client can receive one test, all five, or anything in between and it's considered an experience.

Data Requirements

1. **Program Performance Measures.** The following measures will be tracked and reported in Clear Impact Results Scorecard. Applicants should include Year 1 targets for these measures in their application. (note: these can be turned into outcome objectives for contracts)
 - **HIV Testing**
 - # of HIV tests to date
 - # of reactive HIV tests to date
 - **HCV Testing**
 - # of HCV tests to date
 - # of reactive HCV antibodies tests
 - # of reactive HCV RNA tests
 - **STD Tests/Screenings**
 - # of syphilis tests
 - # of reactive syphilis tests
 - # of gonorrhea tests
 - # of reactive gonorrhea tests
 - # of chlamydia tests
 - # of reactive chlamydia tests
2. **Data Tracking.** Applicants must track the following measures and supply data to DPH upon request.
 - None

Opt Out Criteria

Applicants **must** provide integrated HIV/HCV/STD testing as part of their proposed program, even if the testing is funded all or in part by another source, with the following exceptions:

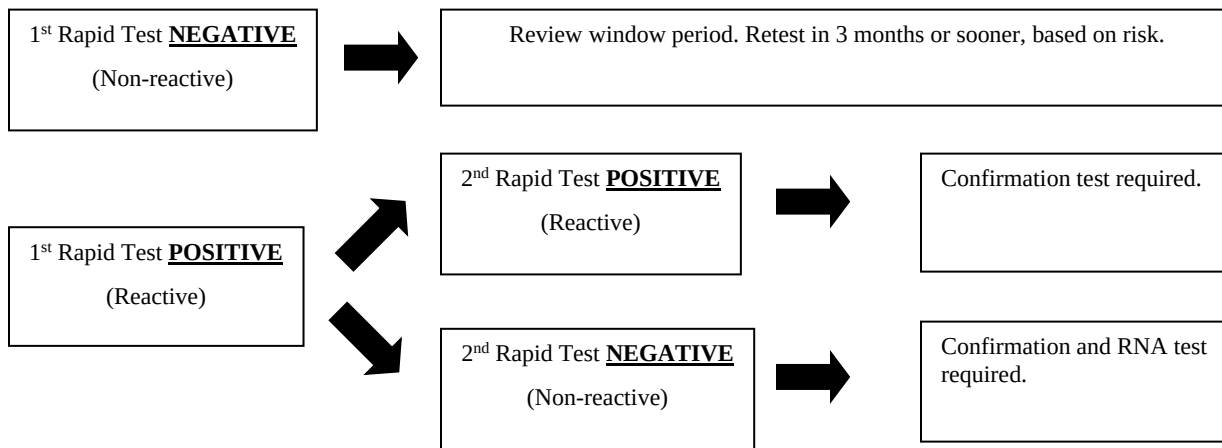
- There is no opportunity to opt out of the required elements of this building block.

***Client-facing staff refers to all those people in an agency or program that may have the opportunity of interacting with a client and can include security guards, front desk staff, volunteers, custodians, and staff providing direct services, coordinators, and directors.**

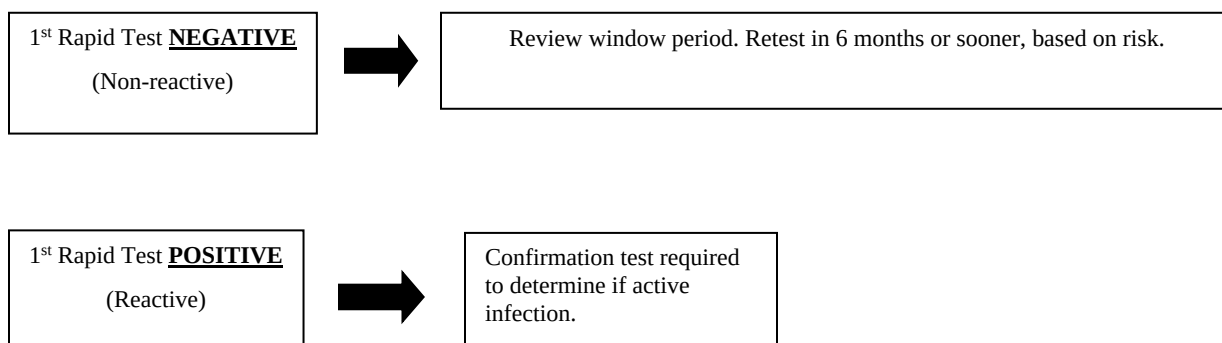
PROTOCOLS

HIV Testing Protocol

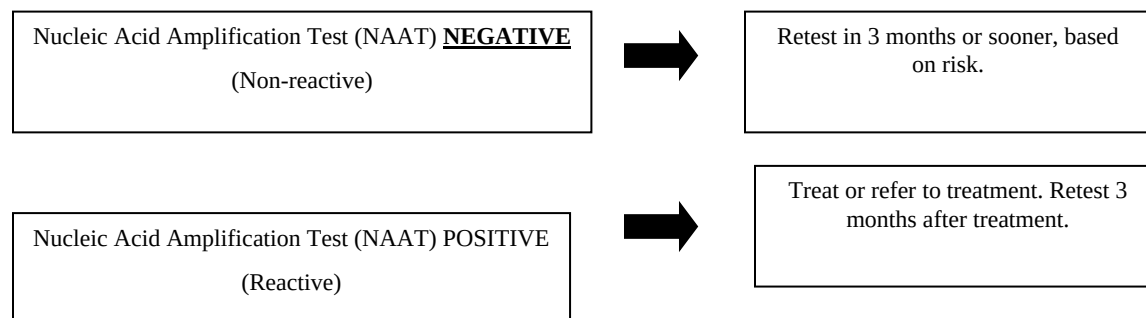
- (Rapid testing programs) Use the following rapid test algorithm:

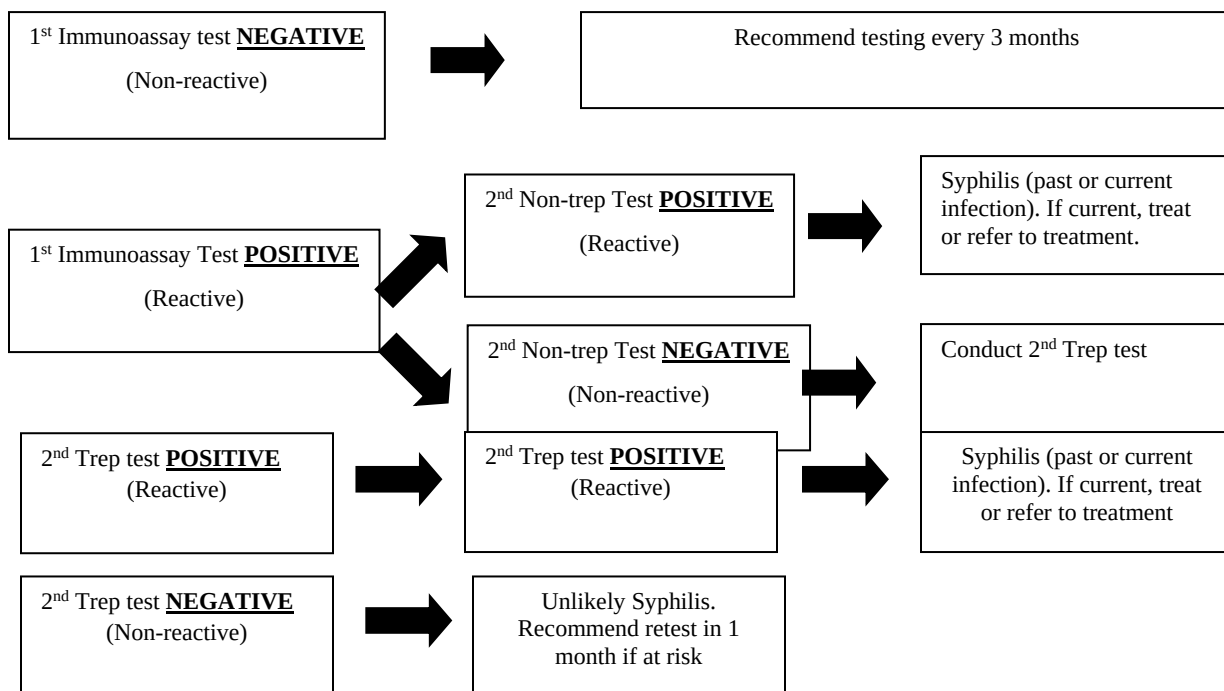


HCV Testing Protocol



Gonorrhea/Chlamydia Testing Protocol – (self) collected oral, rectal, vaginal swab



Syphilis Testing Protocol – blood draw**Drop ‘n’ go/Express Protocol**

This model is for people without symptoms of a sexually transmitted disease who walk into a site for HIV/HCV/STD testing without seeing a clinician.

Example of how this process may look:

1. Client checks in with front desk to fill out consent and other forms. They will request what test they want to receive.
2. Client sees phlebotomist for blood draw for Syphilis and HIV testing.
3. Client uses restroom for self-collected oral, rectal, and/or vaginal swabs.
4. Client is told when test results are ready and how results are given. If client tests negative, they will not hear back from clinic. If client tests reactive, they will get a call from clinic about results and treatment.

LINKAGE AND NAVIGATION

Background

People living with HIV (PLWH), hepatitis C (HCV), and/or a sexually transmitted disease (STD) often face barriers in accessing care. The role of linkage and navigation services is to address and mitigate these barriers. In San Francisco, youth, gay and bi-sexual men of color, transgender women, the marginally housed or experiencing homelessness, and people who inject drugs are at the highest risk of falling out of care. Based on individual needs, navigators help to identify and reduce barriers to care, including access to insurance, benefits, and other support services. Client linkage and navigation services are shown to be positively associated with HIV care and retention, hepatitis C treatment, pre-exposure prophylaxis (PrEP) adherence, and sexually transmitted disease treatment.^{24, 25, 26, 27}

Funded programs must complement existing HIV, HCV, STD and PrEP services. The Linkage, Integration, Navigation, and Comprehensive Services Team (LINCS), identifies, locates, and connects those who test positive for HIV to HIV care services and ensures those who have fallen out of care are re-engaged²⁸. Funded programs must work with LINCS staff to ensure that clients are engaged in HIV care. Additionally, clients living with hepatitis C can access existing hepatitis C linkage programs. These programs ensure that clients have access to hepatitis C testing and treatment, as well as assisting clients through the treatment process. Finally, clients living with an STD, who do not have access to medical care, should be linked to a provider to ensure treatment.

Definitions of Services

Linkage: Linkage services are defined as a warm hand-off to a service, typically a one-time occurrence with minimal complexity. A warm hand-off is defined as a face-to-face interaction, where the service providers have an open line of communication. Linkage services differ from a referral in that the service is followed-up on to ensure successful linkage to services. The purpose of linkage services is to ensure that a client is successfully linked to care.

Navigation: Navigation services guide clients through and around barriers in complex health care systems and ensure timely and appropriate care or treatment. Navigation services should help a client address barriers in their own lives that are preventing them from accessing care. Additionally, navigation services are tailored to each individual client to ensure client needs are being met, including mobile services and after hour services. Navigation services usually span a few months in time (1-3 months).

Case Management: Case management services are similar to navigation services, except they span a longer period of time (4-12 months).

Required and Preferred Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Incorporate health education and counseling in linkage and navigation activities. (See Health Education and Counseling)	• Provide case management (including intensive case management) for people with complex needs, regardless of HIV or HCV status. • Provide evening and weekend linkage and navigation services.

Required Elements	Preferred Elements
• Provide linkage and/or navigation to LINCS, or direct linkage and/or navigation to care for clients to access: ○ Primary care, including HIV care, HCV treatment, and/or PrEP. ○ Provider for STD treatment ○ Other low barrier treatment access points (i.e. SAS, mental health, substance use, etc.) • Ensure all navigators attend monthly navigator meetings at SFDPH. • Ensure all navigators attend training.	

Note: All programs must be able report on all required elements and any chosen preferred elements, to DPH upon request.

Additional Information

Linkage

- Linkage to services must be offered for HIV, HCV, and STD treatment and care. These services should be offered in any instance where a client tests positive for HIV, HCV, or an STD (see Testing Block and Treatment Block). Treatment initiations should be rapid and based on the unique needs of each client. Additionally, HIV-negative clients interested in PrEP should be immediately linked to PrEP navigation or a prescribing provider.

Navigation

- Navigation services should be offered for HIV, HCV and PrEP care. Care navigation should ensure streamlined access to care, and coordination with other providers. Navigation service modalities include:
 - Integrated navigation: Cross-trained navigators that can provide navigation services for HIV, HCV, and PrEP. Or,
 - Designated navigation: Each navigator on staff is designated to a specific need (i.e. HIV, HCV, and PrEP).
- All funded programs must report to LINCS all new HIV-positive clients no more than 24 hours after disclosure. Known HIV-positive clients out of care for more than six months must also be reported to LINCS for re-engagement in care.
- As linkage and navigation services are to be measured for success, agencies must have each client sign a release of information form to ensure program staff can follow-up to ensure successful linkage. Further, agencies should create a memorandum of understanding (MOU) with referral agencies to ensure sharing of patient information and coordination of care.
- As linkage and navigation services are to be measured for success, agencies must have each client sign a release of information form to ensure program staff can follow-up to ensure successful linkage. Further, agencies should create a memorandum of understanding (MOU) with referral agencies to ensure sharing of patient information and coordination of care.

Data Requirements

1. **Program Performance Measures.** The following measures will be tracked and reported in the Performance Scorecard. Applicants should include Year 1 targets for these measures in their application. The following measures will be tracked and reported in Clear Impact Results Scorecard (note: these can be turned into outcome objectives for contracts).
 - # of clients linked to HIV care
 - # of clients linked to HCV care
 - # of clients linked to STD care
 - # of clients provided navigation to PrEP services
 - # of clients provided navigation to HIV services
 - # of clients provided navigation to HCV services
2. **Data Tracking. Applicants must track the following measures and supply data to DPH upon request.**
 - None

Opt Out Criteria

Applicants **must** provide linkage, navigation, and case management services as part of their proposed program, even if the services are funded all or in part by another source, with the following exceptions:

- There is no opportunity to opt out of the required elements of this building block.

-
24. Mizuno, Y., Higa, D.H., Leighton, C.A., Roland, K.B., Deluca, J.B., & Koenig, L.J. (2018). IS HIV patient navigation associated with HIV care continuum outcomes? A systematic review. *AIDS*. DOI: 10.1097/QAD.0000000000001987
 25. HIV ReConnect: Increasing Retention and Re-Engagement. (2017). Getting to Zero and San Francisco Department of Public Health. <http://www.gettingtozerosf.org/wp-content/uploads/2017/06/HIV-ReConnect-Universal.pdf>
 26. Bajis, S., Dore, G.J., Hajarizadeh, B., Cunningham, E.V., Maher, L., & Grebely, J. (August 2017). Interventions to enhance testing, linkage to care and treatment uptake for hepatitis C virus infection among people who inject drugs: A systematic review. *International Journal of Drug Policy*, 47, 34-46.
 27. Spinelli, M.A., Scott, H.M., Vittinghoff, E., Liu, A.Y., Morehead-Gee, A., Gonzalez, R., Gandhi, M. & Buchbinder, S.P. (2018). Brief report: A panel management and patient navigation intervention is associated with earlier PrEP initiation in a safety-net primary care health system. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 79(3), 347–351. doi: 10.1097/QAI.0000000000001828.
 28. Focus Area: Health for People at Risk or Living with HIV. San Francisco Department of Public Health. <https://www.sfdph.org/dph/files/sfchip2/FocusArea-HealthforPeopleatRiskorLivingwithHIV.pdf>

PREVENTION AND TREATMENT MEDICATION: PREP AND ART FOR HIV; HCV TREATMENT; STD TREATMENT, INCLUDING MEDICAL STORAGE

Background

Through The Roadmap Stakeholder Engagement process community stakeholders gave direct input on our prevention efforts to “fully integrate HIV, HCV, STD services...” and to “prioritize HCV and STD services within HIV and other services and systems. “Larger organizations can provide a full system of care, while others focus on specific populations, however access to medications for HIV, HCV and STD treatment is not equal among populations. Therefore, in this new integrated approach, early detection and treatment of curable STDs and HCV, immediate initiation of antiretroviral therapy for the management of HIV, and the provision of PrEP as an HIV prevention tool must become major explicit components of our system of care.

Funded programs in this category must ensure that testing is accompanied by rapid treatment, that medications are equally accessible to all, that PrEP is acceptable and available, that linkages are easy, and that a strong relationship between community and clinical providers exists. All settings should be low-threshold with access to community-based and clinic-based services; this may mean moving clinical services out into the community, or bringing agencies into the clinic.

Building Block Required and Preferred Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Incorporate health education and counseling in treatment provision activities. (See Health Education and Counseling) • Ability to refer to and work with a prescribing clinician directly, or through sub contractual agreement or MOU. • Provide linkage and/or navigation to LINCS, or direct linkage and/or navigation to care for clients to access: ○ Primary care, including HIV treatment, HCV treatment, and/or PrEP. ○ Provider for STD treatment • Other low barrier treatment access points (i.e. SAS, mental health, substance use, etc.). (See Linkage and Navigation)	• Provide a clinician on staff who can prescribe appropriate treatment immediately, on site, and in all low-threshold environments. • Treatment for HIV will be prescribed on site on the same day as diagnosis. • Ensure regular client case conferences • Treatment for HCV will be prescribed on site including low-threshold sites within a week of confirmatory RNA result. • Treatment for STD will be prescribed and delivered on site on the same day as lab results are provided. • PrEP will be prescribed on site on the same day as requested. Medication Storage • HAPs will provide a range of options for medication provision and storage. For example: a) self-serve lockers, b) staff storing it for clients (if allowed by license), c) Directly observed therapy. • Provide incentives for adherence to medications in populations where they are effective.

Note: All programs must be able report on all required elements and any chosen preferred elements, to DPH upon request

Performance Measures. The following measures will be tracked and reported in Clear Impact Results Scorecard. Applicants should include Year 1 targets for these measures in their application. (Note: these can be turned into outcome objectives for contracts)

- % of clients linked to HIV care who initiated ART
- % of clients linked to HCV care who completed treatment
- % of clients linked to STD care who receive treatment
- % of clients provided navigation to PrEP services who initiated treatment

Opt-out criteria

There is no opportunity to opt out of the required elements of this building block

COMMUNITY ENGAGEMENT AND MOBILIZATION

Background

Mobilizing communities is critical to the success of all health prevention strategies, especially HIV, HCV, STDs and overdose prevention. Building a long-lasting relationship with the community ensures that its members are proactive in their individual health, actively engaged in care, and confidently accessing resources and services without the fear of judgment or mistreatment.

To successfully address longstanding health disparities, especially within communities of color and other vulnerable populations, funded programs must implement new approaches to outreach and community engagement that go beyond the agencies “four walls”, traditional efforts such as street health fairs, palm cards and “risk-based” testing only models. Services must be built on a deep foundation and understanding of the strong association between socioeconomic status, health inequities and race due to institutionalized racism. This shift will not always require additional resources, but rather a change in thinking about how we design outreach and community engagement models that also focuses on community basic needs, structural, systemic, personally mediated and internalized racism as key determinants of poor health outcomes and health inequities. This requires transforming the way that services reach and connect with communities in the places they live, work, play, pray as well as building strong partnerships with other community agencies and leaders.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Utilize outreach as a tool to engage community members by disseminating pertinent prevention information and supplies to raise awareness, create visibility for the program, recruit participants, and make appropriate referrals to other services. • Utilize outreach as a means to build rapport and trust with the community. • Develop strong partnerships with other community based organizations and leaders within community. • Implement culturally appropriate efforts to raise awareness about HIV, HCV, STD prevention and treatment options. • Implement culturally appropriate efforts to raise awareness about overdose prevention (i.e. How to access Narcan). • Implement efforts to engage individuals in services that might not otherwise have been reached. • Field-based service delivery for marginalized or under-served populations.	• Schedule engagement events and/or activities during evenings and weekends. • Increase mobile service delivery. • Develop and implement a field-based safety protocol.

Required Elements	Preferred Elements
• Staff must reflect the population being served. • Peer-led efforts. • Expand beyond the “HIV prevention risk group” model. • Incorporate health education in community engagement activities. (See Health Education and Counseling) • Provide low-threshold basic needs services and/or resources. (See Basic Needs)	

Note: All programs must be able report on all required elements and any chosen preferred elements, to DPH upon request.

Data Requirements

1. **Program Performance Measures.** The following measures will be tracked and reported on in the Results Based Accountability (RBA) Scorecard. Applicants should include Year 1 targets for these measures in their application. (note: these can be turned into outcome objectives for contracts)
 - #/% of staff that reflect the community served.
 - # of community engagement activities (including outreach).
2. **Data Tracking.** Applicants must track the following measures and supply data to DPH upon request.
 - Date of community engagement activity/event
 - Was this a peer led effort?
 - How the event was promoted.
 - Brief description of activity/event (including location, number of participants, demographics to the extent known, etc.)
 - Describe services provided (including basic need services or resources, was health education and counseling provided).
 - Describe challenges/barriers; clients are facing to access services (including psychosocial and structural factors, stigma, etc.)
 - Describe any lessons learned or best practices.
 - Describe how the program is addressing challenges/barriers or implementing lessons learned.
 - Describe community partnerships/collaborations (if applicable).

Opt Out Criteria

Applicants **must** provide community engagement as part of their proposed program, even if the services are funded all or in part by another source, with the following exceptions:

- There is no opportunity to opt out of the required elements of this building block.

SYRINGE ACCESS AND DISPOSAL

Background

The San Francisco Department of Public Health (SFDPH) funds the San Francisco AIDS Foundation, Glide, Homeless Youth Alliance, St. James Infirmary, and San Francisco Drug Users Union to provide education, resources, referrals, and support groups for people who inject drugs (PWID). These programs provide sterile injecting equipment to PWID to reduce the likelihood of transmission of HIV and Hepatitis C (HCV) and bacterial infections, which often lead to preventable and costly treatment. They also provide a place where people can safely dispose of used syringes. These programs serve as places where people who use drugs can connect with providers to obtain other services and education to keep them healthy and alive. This includes overdose prevention education, naloxone, HIV, Hepatitis C, and STD testing, supportive counseling, drug use management, and referrals to health and drug treatment services. 2015 estimates indicated there were approximately 22,500 people who inject drugs (PWID) in San Francisco. Recent estimates have put the number of PWIDs closer to 24,500 in 2018.

Funded programs will expand the availability of harm reduction supplies, injection equipment, and syringe disposal to be available in the course of receiving other services. Providing expanded access locations, hours, types of sites – will reduce syringe litter *and* promote access to sterile injecting equipment and other ancillary services (e.g. referrals to health care, drug treatment, naloxone training) that address a variety of needs of PWID and promote connection and engagement.

SFDPH will provide training and certification to CHEP programs to become part of the Syringe Programs (SP) Network, with the goal of improving access to new sterile syringes for PWID. SP Network members will provide syringe access and disposal services to PWID as appropriate during the course of their receiving other services. These services will supplement the large-scale citywide syringe access and disposal program.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Provision of the following safer injection supplies during the course of providing other services: syringes, water, needles, tourniquets, cookers, spoons, filters, water, swabs, vitamin C. • Mandatory syringe sizes: “Small” (31 G, 1 CC), “Medium” (28 G, 0.5 CC), “Large” (27 G, 1 CC) and Musclers. • Provision of FitPacks or small biohazard containers • On site disposal (mounted biohazard containers, etc.). • Provision of current syringe site schedule (posted and in handout form). • Provision of current syringe disposal list including locations of 24 hr. boxes and kiosks.	• All client-facing staff* trained to provide supplies • Supplies provided during outreach ONLY upon client request and with prior approval by DPH • Late night and weekend availability and/or hours not covered by the Syringe Access and disposal programs. • Current SAS programs provide mentorship and training opportunities to (SP) Network providers. • SP Network agencies join Syringe Access Collaborative on a quarterly or bimonthly basis to learn best practices and ensure quality of services.)

Required Elements	Preferred Elements
• All client-facing staff* trained on harm reduction, including working with drug users, and syringe access and disposal response. • Drug Overdose Prevention Education (D.O.P.E.) training to train staff and volunteers to distribute naloxone as well as implement overdose response protocol(s) within and/or around (SP) Network spaces. • Training for all client-facing staff trained in administering Naloxone and recognizing signs of possible overdose. Must have a written overdose response plan. • Syringe clean-up/sweeps around the exterior of the site location on a daily basis during business hours. • Monthly data submission on syringes distributed and returned. • Must have a written disposal plan that includes Stericycle collecting waste on a weekly basis. • All staff must proactively offer linkage to HIV/HCV/STD testing services, overdose prevention, basic needs, and condoms (Refer to “Required Elements” section of building blocks for testing, overdose prevention, basic needs, and condoms). • Follow DPH syringe access protocol. • Provide linkage to recovery and mental health services. • Provide disposal education. • Incorporate health education and counseling in syringe access and disposal activities. (See Health Education and Counseling)	

Note: All programs must be able report on all required elements and any chosen preferred elements, to DPH upon request.

Additional Information

- Applicants need to include a line item in their budget for supplies (including syringes).
- DPH will provide syringe access and disposal training.

Data Requirements

1. **Program Performance Measures.** The following measures will be tracked and reported in the Syringe Access and disposal Dashboard (note: these can be turned into outcome objectives for contracts).
 - # of syringes distributed
 - # of syringes collected by DPH-funded efforts
2. **Data Tracking. Applicants must track** the following measures and supply data to DPH upon request.
 - None

All syringe programs must submit data to CHEP on a monthly basis. **Please review the program policies and guidelines (found [HERE](#)).**

Opt Out Criteria

Applicants **must** provide overdose prevention services as part of their proposed program, even if the services are funded all or in part by another source, with the following exceptions:

- There is no opportunity to opt out of the required elements of this building block.

***Client-facing staff refers to all those people in an agency or program that may have the opportunity of interacting with a client and can include security guards, front desk staff, volunteers, custodians, and staff providing direct services, coordinators, and directors.**

SUBSTANCE USE HARM REDUCTION SERVICES FOR OPIOIDS, STIMULANTS, ALCOHOL, TOBACCO, AND CANNABIS

Background

People who use drugs (PWUD) experience stigma, trauma, violence, and barriers to care that negatively affect health outcomes. In San Francisco, substance use is a driver of HIV, Hepatitis C (HCV) and sexually transmitted diseases (STDs). LGBT communities, PWUD, and those living with mental health challenges experience the highest tobacco use rates and greatest difficulty quitting, putting them at increased risk for tobacco-related harms. Long-term homelessness and displacement are urgent public health concern for people who use drugs. In order to optimize people's health and reduce HIV/HCV/STI transmission, these complexities must be addressed in an effective, culturally competent manner that aligns with SFPDPH's commitment to harm reduction.

There is a need for substance use services beyond traditional, abstinence-based treatment models that are available on demand to meet the full range of our clients' needs. Integrated, harm reduction-based, trauma informed, non-stigmatizing, low threshold, peer-delivered substance use services in community settings can improve health outcomes for PWUD and also have the potential to reduce HIV/HCV/STD transmission and related morbidity and mortality.

SFPDPH funded programs should align with harm reduction principles and the SFPDPH Harm Reduction Policy (found [here](#)), which states that "Harm reduction is a public health philosophy, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. Harm reduction methods and treatment goals are free of judgment or blame and directly involve the client in setting their own goals." Funded programs need to demonstrate how they integrate these principles and policies into program design and delivery and put them into practice in a meaningful and impactful way.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Ensure that ALL staff participate in ongoing harm reduction training. • Assess clients' needs on an ongoing, systematic basis for substance use including opioids, stimulants, alcohol, tobacco, and cannabis. • Use client-centered harm reduction counseling to discuss substance use. • Provide harm reduction information and education for all substances in addition to information regarding treatment models, including medication-assisted treatment (MAT) such as opioid-replacement therapy (ORT), naltrexone, nicotine-replacement therapy (NRT). • Provide Tobacco "Quit Kits" to clients, as needed and requested, as well as information about tobacco reduction/quitting classes. (SFPDPH Tobacco Free Project will deliver the	• Provide harm reduction-based substance use support and education groups • Provide onsite outpatient substance use treatment, including MAT (note: cannot use these funds to pay for medication; this can happen in partnership with other agencies, clinics, etc.) • Provide mobile MAT starts (note: cannot use these funds to pay for medication, can occur in partnership with another agency or program). • Provide gender-specific treatment services. • Provide substance-specific treatment services. • Provide tobacco reduction/quitting class onsite (technical assistance available from SFPDPH Tobacco Free Project). • Provide mobile/field-based brief counseling and referral. • Provide participant-delivered services • Provide weekend and evening services. • Provide medication lockers for participants.

Required Elements	Preferred Elements
kits to funded agencies and will provide information on resources.) • Educate clients about their rights and responsibilities under the SFDPH harm reduction policy, including providing written materials and/or signage in agencies. • Link clients (as needed) to substance use treatment services, including MATs for all substances (opioids, stimulants, alcohol, tobacco). • Develop innovative outreach strategies for PWUD. • Incorporate health education and counseling in harm reduction activities. (See Health Education and Counseling) • Develop an “agency-specific harm reduction policy” (putting SFDPH harm reduction policy into practice). This policy should describe how agency will systematically include PWUD in service design and delivery and create a structure in which clients can provide feedback on their experience to assess an agency’s adherence to harm reduction principles. (Technical Assistance will be available from Harm Reduction Coalition).	• Provide information about drug testing services. • Provide fentanyl testing strips

Note: All programs must be able report on all required elements and any chosen preferred elements, to DPH upon request

Additional Information

- The SFDPH Harm Reduction Training Institute (HRTI), which is a collaboration between Harm Reduction Coalition and SFDPH, is available to provide harm reduction training and technical assistance to funded agencies. Monthly trainings will be provided at 25 Van Ness Avenue, room #610. Trainings can also be provided on-site to funded agencies.
- The SFDPH HRTI is available to provide harm reduction technical assistance to funded agencies. The technical assistance can be used to develop the agency-specific harm reduction policy (see the first bulleted performance measure below)
- The SFDPH Tobacco Free Project will provide “Quit Kits” and informational sessions on tobacco-related resources to all funded agencies.
- The SFDPH Tobacco Free Project will be available to provide technical assistance to agencies interested in implementing on-site tobacco reduction/quit classes to their clients.

Data Requirements

1. **Performance Measures.** The following measures will be tracked and reported in Clear Impact Results Scorecard. Applicants should include Year 1 targets for these measures in their application. (note: these can be turned into outcome objectives for contracts)
 - % of agency staff participating in two harm reduction trainings, provided by SFDPH HRTI (annually).

2. Data Tracking. Applicants must track the following measures and supply data to DPH upon request.

- Technical assistance from SFDPH Harm Reduction Training Institute (HRTI)
- Outreach activities to PWUD
- Referrals to substance use services
- Number of tobacco Quit Kits provided to clients
- Harm reduction groups (if applicable)
- Substance use counseling hours (if applicable)
- Documentation of agency-specific harm reduction policy, developed with technical assistance from SFDPH HRTI, by the end of the first year.

Opt Out Criteria

Applicants **must** provide substance use harm reduction services as part of their proposed program, even if the services are funded all or in part by another source, with the following exceptions:

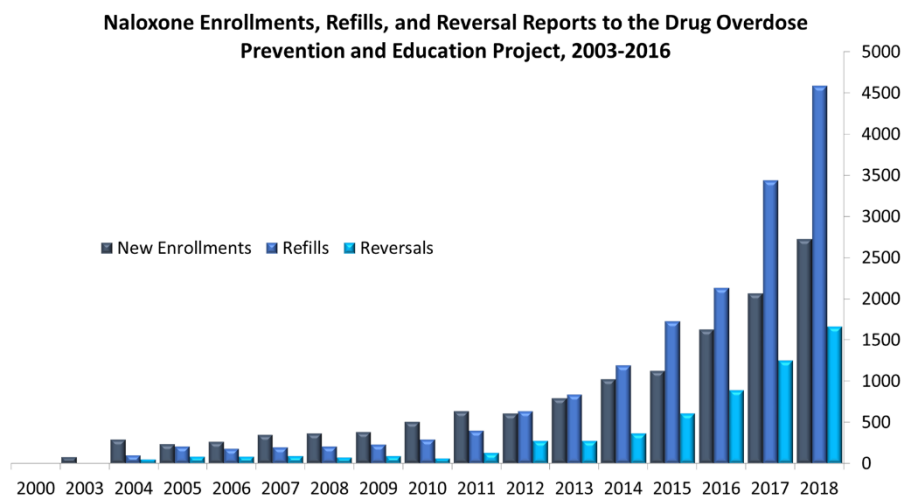
- There is no opportunity to opt out of the required elements of this building block.

OVERDOSE PREVENTION

Background

In San Francisco, people who inject drugs (PWIDs) are an increasing percentage of the population living with HIV, and opioid overdose is the leading cause of accidental death in the United States. San Francisco has experienced some moderate increases in the number of fatal opioid overdoses in recent years in part because of the introduction of synthetic opioids in the drug supply. The city has largely managed to avoid dramatic increases in overdose-related deaths seen in other jurisdictions in part because of its commitment to supporting evidence-based overdose prevention and response programming. Instead, the overall overdose death rate in San Francisco has remained mainly stable, with some steep drop offs in heroin-related overdose deaths and increasing prescription opioid-related overdose deaths.

SFDPH has partnered with the DOPE Project, a program of the Harm Reduction Coalition, since 2002. This program trains those who are most likely to witness an overdose to recognize and respond to an overdose. The DOPE Project also disseminates naloxone, the opioid overdose antidote, to community members most likely to witness an overdose. The figure on the right (credit: Phillip Coffin) depicts the program's growth, demonstrating that the more naloxone that is disseminated in the community, the higher the number of opioid overdose reversals reported.



Funded programs for this building block are required to collaborate with the DOPE Project to develop an onsite overdose response policy, and to ensure program participants have unfettered access to Naloxone and overdose prevention and response trainings.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Post and distribute DOPE Project schedule. • Post and distribute information about how to get naloxone from 1380 Howard Community Pharmacy • Maintain onsite overdose response policy and train staff annually on policy • Review onsite overdose policy semi-annually, and update as needed.	• Train all staff in overdose response. • Incorporate questions about prior overdose experience and overdose knowledge in intakes. • Become a naloxone distribution site. • Identify an overdose prevention liaison on staff who will lead all overdose prevention efforts at the agency (managing policy issues, training staff, educating staff at staff meetings, planning memorials, etc.).

Required Elements	Preferred Elements
- As part of policy, maintain a supply of naloxone on site to use for overdoses occurring on site. - All client-facing staff* trained in overdose response annually (these trainings can happen internally by experience staff, or with the support of the DOPE Project). - Incorporate health education and counseling in overdose prevention activities. (See Health Education and Counseling) - Host overdose prevention trainings for clients at your agency. - Host overdose prevention education groups for clients	- Develop active referral systems and information packets for methadone or buprenorphine-based treatment initiation - Make overdose prevention information visible and accessible in agency spaces that clients frequent. - Agency staff has facility working with people who use drugs. - Provide evening and weekend services.

Note: All programs must be able report on all required elements and any chosen preferred elements, to DPH upon request

Additional Information

- The Harm Reduction Coalition's DOPE Project, funded by DPH, is available to provide technical assistance in the development of agency's overdose prevention and response policies. The DOPE Project is also available to provide annual trainings to staff.
- Agencies that have internal capacity to train on overdose prevention and response are encouraged to leverage that capacity to train new and existing staff so as not to overburden the DOPE Project.
- Agencies are encouraged to make overdose prevention information visible and available to clients in the lobby of the building and to incorporate questions about prior overdose experience and overdose knowledge in intakes.

Data Requirements

1. Performance Measures. The following measures will be tracked and reported in Clear impact Results Scorecard. Applicants should include Year 1 targets for these measures in their application. (note: these can be turned into outcome objectives for contracts)

- # of client-facing staff* participating in annual overdose prevention and response trainings.
- # of overdose prevention training for clients

2. Data Tracking. Applicants must track the following measures and supply data to DPH upon request.

- Overdose prevention education groups for clients
- Documentation of onsite overdose response policy by the end of the first funded year.

Opt Out Criteria

Applicants **must** provide overdose prevention services as part of their proposed program, even if the services are funded all or in part by another source, with the following exceptions:

- There is no opportunity to opt out of the required elements of this building block.

***Client-facing staff refers to all those people in an agency or program that may have the opportunity of interacting with a client and can include security guards, front desk staff, volunteers, custodians, and staff providing direct services, coordinators, and directors.**

MENTAL HEALTH SERVICES

Background

Mental Health refers to a person's overall emotional, psychological, and social well-being. It affects how a person thinks, feels, and acts. In 2014, 1 in 5 American adults experienced a mental health issue. The impact of mental health increases among groups or populations that are oppressed and marginalized. One of the main mental health issues is depression. Some of the factors that can contribute to depression and other mental health issues include: major life changes such as a death of a loved one, loss of a job, change of HIV status, abuse, trauma, racism, and family history of mental health. Many studies have found that depression symptoms are associated with greater sexual risk behaviors among people who are HIV positive and those that are at risk for becoming HIV positive. Hepatitis C (HCV) also disproportionately impacts the mental health of some of the most vulnerable populations including people who use substances, people who experience homelessness, trauma, and violence. Anecdotally, people have shared that they did not realize how much HCV affected their mental health until after they had been cured.

Funded programs must integrate mental health services grounded in harm reduction theory, motivational interviewing, or short-term solution focused therapy into their HIV, HCV, and STD programs. These services should address the complex and interwoven needs of people living with and at risk for overdose, HIV, HCV, and STDs who are also experiencing stigma, trauma, homophobia, transphobia, violence, racism, and barriers to receiving appropriate services. Understanding the impact of mental health and providing services that are trauma-informed, non-stigmatizing, devoid of racial bias, peer-delivered, low threshold, harm reduction-based, and co-located/integrated with other services can contribute to reducing the number of overdose cases, HIV, HCV, and STD transmission while improving health outcomes.

Required and Preferred Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, while building rapport and trust. • Address mental health stigma. • Provide appropriate counseling (i.e. motivational interviewing, Cognitive Behavior Therapy, client centered counseling). • Incorporate health education and counseling in mental health activities. (See Health Education and Counseling) • Provide linkages to culturally appropriate therapists. • Establish clear and effective linkage to mental health services • Ensure regular client case conferences • Provide ongoing training for staff around mental health • Collaborate with other city programs, community-based organizations, and/or community mental health clinics	• Provide support groups (focused on depression, anxiety, trauma, anger management) • Provide evening and weekend services • Assess all clients for mental health disorders (i.e. depression, anxiety, trauma) • Provide individual, couple, and family therapy • Incorporate a trauma informed system approach • Establish a policy where the social worker, therapist, or counselor has the flexibility to meet clients where there are at (i.e. home visit) • Embed psychiatrist, therapist, social worker, licensed volunteer, or counselor at site

Note: All programs must be able report on all required elements and any chosen preferred elements, to DPH upon request

Additional Information

None

Data Requirements

- 1. Performance Measures.** The following measures will be tracked and reported on in the Results Scorecard. Applicants should include Year 1 targets for these measures in their application (note: these can be turned into outcome objectives for contracts).
 - # of counseling sessions in a year,
 - # of staff trained on mental health issues
- 2. Data Tracking.** Applicants must track the following measures and supply data to DPH upon request.
 - # of Mental health service linkages made

Opt Out Criteria

Applicants **must** provide mental health services as part of their proposed program, even if the services are funded all or in part by another source, with the following exceptions:

- There is no opportunity to opt out of the required elements of this building block.

CONDOM DISTRIBUTION

Background

In San Francisco, access to free condoms is high. SFPD and its community partners distributed more than 1.6 million free condoms in 2016, and NHBS data show that 70% of MSM reported receiving free condoms, over 60% reported using them, and free condoms from HIV organizations increased from 9% to 40% from 2004 to 2011⁷. To maintain access, SFPD will continue to support targeted distribution at clubs, bars, clothing stores, leather goods stores, gyms, and other locations frequented by MSM.

San Francisco's biggest challenge with condoms is not access, but use. The changing role of condoms in HIV prevention is perhaps best exemplified by the change in language—we no longer talk about “unprotected sex” but rather “condomless sex”—because data shows that sex while on PrEP or ART is essentially protected sex when it comes to HIV transmission. With PrEP uptake and the proliferation of the “undetectable=untransmittable” message among MSM, there have been concurrent declines in condom use and increases in STDs. A recent publication using SF Medical Monitoring Project and surveillance data found that HIV-positive MSM reported a higher prevalence of condom-less anal sex with negative partners on PrEP vs. not on PrEP.²³ Among heterosexual men, the number of early syphilis cases has generally increased over time reaching a peak in 2015 and for heterosexual women, the rates have stable, although higher numbers were observed in 2015-2017. Data continues to show how the rates of chlamydia, gonorrhea and early syphilis disproportionately affect the African American and Latinx communities—especially people under 20 years of age.

Consistent and correct use of condoms reduce the risk of STDs and HIV transmission. Condoms are also 98% effective at preventing pregnancy when used correctly. Funded programs are required to make condoms and lubricant accessible and free to clients on site, during outreach, in mobile services and during special events, as well as find ways to promote meaningful messages that emphasize condoms are still relevant for STD prevention.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Make lube and male and female condoms easily accessible and free on site, during outreach, in mobile services and during special events. • Incorporate health education and counseling in condom distribution activities. (See Health Education and Counseling)	• Provide sex-positive training on condom usage, types, varieties, styles, etc. • Implement mechanisms to make condoms available during evenings, late nights, and weekends.

²³ Hughes A, Chen YH, Scheer S. (2017) Condomless anal sex among HIV-positive men who have sex with men: biomedical context matters. AIDS and Behavior. DOI: 10.1007/s10461-017-1852-0

Required Elements	Preferred Elements
When appropriate, client-facing staff* must provide education about condoms for protection against HIV and STDs.	

Note: All programs must be able report on all required elements and any chosen preferred elements, to DPH upon request.

Additional Information

- Agencies can decide whether to include a line item in their budget or go through the CHEP Condom Distribution Program.

Data Requirements

- Performance Measures.** The following measures will be tracked and reported on in the Results Scorecard. Applicants should include Year 1 targets for these measures in their application. (note: these can be turned into outcome objectives for contracts)
 - # of condoms distributed annually
- Data Tracking.** Applicants must track the following measures and supply data to DPH upon request.
 - None

Opt Out Criteria

Applicants must provide condom distribution services as part of their proposed program, even if the services are funded all or in part by another source, with the following exceptions:

- There is no opportunity to opt out of the required elements of this building block.

*Client-facing staff refers to all those people in an agency or program that may have the opportunity of interacting with a client and can include security guards, front desk staff, volunteers, custodians, and staff providing direct services, coordinators, and directors.

BASIC NEEDS

Background

“Basic Needs” are essential items or referrals to local social service agencies that are necessary for clients to maintain their sexual health and overall well-being. Some of the “needs” may include but are not limited to items such as water, food, condoms, lubricant; and transportation access to get to/from services; health education, prevention information and more. Funded programs should tailor basic need services to meet the needs of the population they serve and provide them at no cost to the client.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Programs must make visible to clients the hours of operation by posting them on site and/or website. • Provide clients in need of transportation with muni tokens, taxi vouchers, or car ride services such as Uber or Lyft; or linkage to services that provide the above • Provide clients with access to drinking water. • Provide clients with food insecurities, light snack options and linkages to food resources • Provide clients with hygiene kits containing items such as deodorant, wet wipes, Chap Stick, toothbrush and toothpaste, soap, etc., as needed	• Provide resource information on health, social, employment, disability or other pertinent services that will help address the specific needs of a client. These services may include, but are not limited to the following: housing or shelter, smoking cessation, free clothing items for adults and children, shower locations, childcare, ID card access, free laundry facilities, free animal care and supplies, free cell phone access, etc. • Provide warm weather supplies such as hand warmers, socks, Mylar blankets, other washable blankets, beanies, gloves, etc. • Provide basic need services during evenings, late nights, and weekends.

Note: All programs must be able report on all required elements and any chosen preferred elements, to DPH upon request

HEALTH EDUCATION AND COUNSELING

Background

The role of health education and counseling is to provide information and behavioral interventions that support clients in adopting HIV, HCV, STD, overdose prevention and harm reduction strategies and link them to testing and other services. Traditionally, health education and counseling has been thought of as testing or one-on-one structured setting interventions only. Moving forward, the expectation is to see every client-facing staff* interaction used as an opportunity for engagement in health education and counseling interventions. These interactions can range from casually engaging a client while in line while accessing syringe access to a more in depth session while a client is going through a PrEP navigation intake.

Health education and counseling can be provided using different interventions (i.e. one-on-ones, groups, social marketing, outreach, or community engagement). In addition, these interventions can be implemented using different modalities (i.e. client centered counseling, harm reduction, motivational interviewing, trauma informed care, or a whole person approach), all using a similar approach with active listening skills and client autonomy as commonalities. The goal is to create a space in which clients can experience the best possible health outcomes and reduce opportunities for overdosing and acquisition or transmission of HIV, HCV, and STDs.

Funded programs should develop an integrated approach that considers health education and counseling an essential component of all client services.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Ensure that all client-facing staff* develops client centered counseling skills by attending the CHEP's HIV, HCV, and STD Skills Certification Training. • All client-facing staff* must be able to provide HIV, HCV, STD and overdose prevention information and education regarding transmission, prevention, and treatment/cure in a manner that is sex-positive, culturally appropriate, and includes harm reduction strategies appropriate for the population(s) served. • Provide information regarding overdose prevention including how to access Narcan. • De-stigmatize substance use through harm reduction education and messaging. • Provide information regarding PrEP, PEP, condom use, navigation services, and U=U. • Provide information regarding HIV, HCV, STD treatment adherence and treatment as prevention • Refer to clients using their pronoun preference. • Increase education and innovative efforts to address HIV, HCV, and STD stigma.	• Ensure that all client-facing staff* is trained in motivational interviewing. • Increase social media presence of integrated sexual and overdose prevention messages. • Provide health education and counseling services during evenings, late nights, and weekends.

Note: All programs must be able report on all required elements and any chosen preferred elements, to DPH upon request.

*Client-facing staff refers to all those people in an agency or program that may have the opportunity of interacting with a client and can include security guards, front desk staff, volunteers, custodians, staff providing direct services, coordinators, and directors.

6.2: Standard of Care Services Performance Measures

Standard of Care Service	Performance Measures	Additional Data Tracking
COMMUNITY ENGAGEMENT AND MOBILIZATION	• #/% of staff that reflect the community served. • # of community engagement activities (including outreach).	• Date of community engagement activity/event • Was this a peer led effort? • How the event was promoted. • Brief description of activity/event (including location, number of participants, demographics to the extent known, etc.) • Describe services provided (including basic need services or resources, was health education and counseling provided). • Describe challenges/barriers; clients are facing to access services (including psychosocial and structural factors, stigma, etc.) • Describe any lessons learned or best practices. • Describe how the program is addressing challenges/barriers or implementing lessons learned. • Describe community partnerships/collaborations (if applicable).
CONDOM DISTRIBUTION	• # of condoms distributed annually	• None
INTEGRATED HIV/HCV/STD TESTING	• HIV Testing • # of HIV tests to date • # of reactive HIV tests to date • HCV Testing • # of HCV tests to date • # of reactive HCV antibodies tests • # of reactive HCV RNA tests • STD Tests/Screenings • # of syphilis tests • # of reactive syphilis tests • # of gonorrhea tests • # of reactive gonorrhea tests • # of chlamydia tests • # of reactive chlamydia tests	• None
LINKAGE AND NAVIGATION	• # of clients linked to HIV care • # of clients linked to HCV care • # of clients linked to STD care • # of clients provided navigation to PrEP services	

	• # of clients provided navigation to HIV services • # of clients provided navigation to HCV services	
PREVENTION AND TREATMENT MEDICATION	• % of clients linked to HIV care who initiated ART • % of clients linked to HCV care who completed treatment • % of clients linked to STD care who receive treatment • % of clients provided navigation to PrEP services who initiated treatment •	
MENTAL HEALTH SERVICES	• # of counseling sessions in a year, • # of staff trained on mental health issues	• Mental health service linkages made
OVERDOSE PREVENTION	• # of client-facing staff* participating in annual overdose prevention and response trainings. • # of overdose prevention training for clients	• Overdose prevention education groups for clients • Documentation of onsite overdose response policy by the end of the first funded year.
SUBSTANCE USE HARM REDUCTION SERVICES FOR OPIOIDS, STIMULANTS, ALCOHOL, TOBACCO, AND CANNABIS	• % of agency staff participating in two harm reduction trainings, provided by SFDPH HRTI (annually).	• Technical assistance from SFDPH Harm Reduction Training Institute (HRTI) • Outreach activities to PWUD • Referrals to substance use services • Number of tobacco Quit Kits provided to clients • Harm reduction groups (if applicable) • Substance use counseling hours (if applicable) • Documentation of agency-specific harm reduction policy, developed with technical assistance from SFDPH HRTI, by the end of the first year.
SYRINGE ACCESS AND DISPOSAL	• # of syringes distributed • # of syringes collected by DPH-funded efforts	• None

6.3: Required Trainings

- **HIV, HCV, and STD Skills Certification**

This five-day course is a state certified training that introduces aspiring counselors from our funded programs to the client-centered counseling model. Topics covered include basic local epidemiology, sexual health (STDs and birth control), HCV, harm reduction and overdose prevention, counseling tools, disclosure of test results. The training also covers HCV (OraQuick) and HIV (Determine) testing procedures and proper fingerstick technique for sample collection.

- **Harm Reduction**

CHEP partners with the Harm Reduction Training Institute to provide staff in our branch and funded agencies with ongoing trainings that promote non-judgmental evidence-based approaches to enhancing individual, organizational and community effectiveness.

- **Overdose Response/Naloxone Administration** (DOPE Project or internal)

The DOPE Project offers a basic and comprehensive training on overdose for staff of San Francisco service providers working with people who use drugs who may be at risk of overdose. This training includes how to recognize an overdose, what puts people at risk for an overdose, how to respond to an overdose with naloxone, how to develop a protocol for overdose response and policy implementation, and what the context and current trends are around overdose in San Francisco.

- **Syringe Access and Disposal (TBD)**

- **Trauma Informed Systems**

This training explores the application of our six principles of trauma-informed systems (Safety and Stability, Cultural Humility and Responsiveness, Compassion and Dependability, Resilience and Recovery, and Empowerment and Collaboration). The work of system change begins with sharing foundational knowledge of the impact of trauma on the people we serve, ourselves, our colleagues, our system and our community. Creating a shared language within our system is critical to responding to this impact.

- **Clear Impact Scorecard**

Clear Impact Scorecard is built using Results-Based Accountability (RBA) methodology. RBA is a decision-making framework used by organizations, agencies, and communities to measure the performance of their programs and services and measure their impact on community well-being. RBA is a popular framework for social change in the public sector because it emphasizes the use of data and context to make effective decisions, gets organizations from talk to action quickly, is easy to understand and follow relative to other frameworks, and is actually leading to measurable results in community wellbeing.

- **Technical Assistance**

CHEP commits to assess the needs of our funded programs and provide technical assistance in an effort to address any issue that may impede reaching contractual obligations with the Health Department.

6.4: Acronyms/Glossary of Terms

Acronyms

AYA	Adolescents and Young Adults
A/PI	Asian and Pacific Islander
ACA	Affordable Care Act
ART	Anti-retroviral therapy
B/AA	Black/African-American
CDC	Centers for Disease Control and Prevention
CHEP	Community Health Equity and Promotion
EHCSF	End Hepatitis C San Francisco
GTZ	Getting to Zero
HAP	Health Access Point
HCPC	HIV Community Planning Council
HCV	Hepatitis C Virus
HIP	High Impact Prevention
HIPPA	Health Insurance Portability Accountability Act
HIV	Human Immunodeficiency Virus
ITN	Invitation to Negotiate
Latinx	Gender-neutral term used in lieu of Latinx or Latina. The plural is Latinxs.
LINCS	Linkage Integration Navigation Comprehensive Services
LOI	Letter of Intent
MOU	Memorandum of Understanding
MSM	Men who have sex with men
MSM-PWID	Men who have sex with men and inject drugs
NHBS	National HIV behavioral Survey
PrEP	Pre-Exposure Prophylaxis
PWID	People who inject drugs
PWUD	People who use drugs
PWUD/ID	People who use drugs, including injecting drugs
RFP	Request for proposals
SAM	System for award management
SAMHSA	Substance abuse and mental health services administration
SFDPH	San Francisco Department of Public Health
STD	Sexually transmitted disease
TFSM	Trans female who has sex with men
TMSM	Trans men who has sex with men
U=U	Undetectable equals untransmittable
UCSF	University of California San Francisco

Glossary of Terms

RBA : a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

Client-facing staff: refers to all those people in an agency or program that may have the opportunity of interacting with a client and can include security guards, front desk staff, volunteers, custodians, staff providing direct services, coordinators, and directors.

HAP : a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status.

Linkage: Linkage services are defined as a warm hand-off to a service, typically a one-time occurrence with minimal complexity. A warm hand-off is defined as a face-to-face interaction, where the service providers have an open line of communication. Linkage services differ from a referral in that the service is followed-up on to ensure successful linkage to services. The purpose of linkage services is to ensure that a client is successfully linked to care.

Navigation: Navigation services guide clients through and around barriers in complex health care systems and ensure timely and appropriate care or treatment. Navigation services should help a client address barriers in their own lives that are preventing them from accessing care. Additionally, navigation services are tailored to each individual client to ensure client needs are being met, including mobile services and after hour services. Navigation services usually span a few months in time (1-3 months).

Case Management: Case management services are similar to navigation services, except they span a longer period of time (4-12 months).

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III. Submission Requirements

All forms are available for download at the Department's RFP/Q center at:

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts> .

A. Deadlines/Delivery Location

1. Letter of Intent Deadline

A **Letter of Intent (LOI)** to submit a proposal is mandatory. The letter must use the template in Appendix A-1 and must be signed by the appropriate authorities.

Please Note: There are seven (7) Service Categories. Please complete one LOI form per service category.

Please Note: Suppliers/vendors who submit an LOI and then decide to not submit a Proposal afterward, should contact the Contracts Unit and communicate their **intent to not** participate in the RFP.

The Letter of Intent must be submitted as follows:

By: 12:00 Noon On: October 9, 2019

To: Irene Carmona
SFDPH Contracts Unit
101 Grove St. Room 402
San Francisco, CA 94102
email: Irene.carmona@sfdph.org

Please complete the Letter of Intent form and email to irene.carmona@sfdph.org

Please include the following in the Subject area of the email:

LOI response to RFP 4-2019 SFDPH-CHEP Servicers

If your agency does not have access to email you may hand deliver or mail the Letter of Intent. You must submit by the listed deadline. No post stamped dates will be accepted.

2. Qualifications Statement and Proposal Package Deadline

Qualifications Statements, Sub-Contract MOU, and Proposal Packages must be received at the following deadline and address:

Potential contractors interested in multiple Service Categories must submit one Qualification Statement and Proposal Package per service category. Service Category Qualification Statements are located in Appendix A-1.

By:	<u>12:00 Noon</u>	On:	<u>November 25, 2019</u>
Place:	Attn: Irene Carmona SFDPH Contracts Unit 101 Grove St. Room 402 San Francisco, CA 94102	RFP #	<u>4-2019</u>

Proposals may be delivered in person or mailed; however, postmarks will not be considered in judging the timeliness of submissions. Proposals received after the deadline but within 24 hours may be accepted for extenuating circumstances at the sole discretion of the Director of the Department of Public Health. Applicants that submit proposals within this grace period must provide a letter to the Director explaining the extenuating circumstances by **12 noon** on **11/26/2019**. Decisions of the Director to accept or reject the proposal during the grace period will not be appealable. If the proposal is accepted, the letter of explanation will be provided to the Technical Review Panel. Following the 24-hour grace period no late proposals will be accepted for any reason and there will be no appeal. Email letter to Irene.carmona@sfdph.org, include **"Late Submission Request"** in the subject area.

In addition, the required CMD Form 3 and MCO HCAO Declaration forms must be submitted separately in a sealed envelope clearly marked with the above address and solicitation number.

Proposals may NOT be submitted by fax or email and will not be accepted if so received.

B. Solicitation Package Documentation

1. Qualifications Statement and Sub-Contract MOU documents:

To respond to this solicitation, a Proposer must follow the submittal steps outlined in this Submissions Requirements Section, to include a Qualifications Statement, Sub-Contract MOU document, and a complete and assembled proposal package by the deadline outlined in this RFP.

The **Qualifications Statement and Sub-Contract MOU documents can be found in Appendix A-1** and is also available for download at

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts>.

These are the only forms that can be used for the Qualifications Statement and Sub-Contract MOU. Applications that do not use these forms will be rejected.

A person authorized to bind the Lead Applicant/Proposer to the representations, commitments and statements contained in the Qualifications Statement must sign the Qualifications Statement document. The Qualifications Statement must contain the following information and any applicable supporting documents:

- **Description of Proposer:** A description of the Proposer's organizational structure (e.g., corporation, partnership, limited liability company, etc.), the jurisdiction in which the Proposer is organized and date of such organization.
- **Authorized Representative:** The name, address, telephone number, facsimile number and e-mail address of the person authorized to represent the Proposer with respect to all notices, negotiations, discussions and other communications relating to this solicitation and to any negotiations relating to a contract.
- **Representations Regarding Good Standing, Licenses, etc.:** A representation that the Proposer is in good standing in the State of California and has all necessary licenses, permits, approvals and authorizations necessary in order to perform the Work and conduct the Proposer's business.
- **Representations Regarding CITY Contracting Requirements:** A representation that the Proposer is able and willing to comply with all of the contracting requirements described in "Section VII. Standard Contract Requirements."

A person authorized to bind the Lead Applicant/Proposer and the identified Sub-Contractors to the representations, commitments and statements contained in the RFP application must sign the Sub-Contract MOU document.

2. Proposal Package (see Section II, Program Service Specifications, for detailed content)

The process requires submission of a proposal package consisting of the following documentation.

- (a) Introductory Documents
 - (i) Qualifications Statement (use as cover page)
 - (ii) Sub-Contract MOU document
 - (iii) Table of Contents
- (b) Standard Documents
 - (i) Program Narrative
 - (ii) Budget Document
- (c) Mandatory attachments
 - (i) CMD FORM 3 (for the Lead Agency, if a collaboration). Per the San Francisco Contract Monitoring Division (CMD), this form must be submitted with your proposal. The CMD Form 3 is provided in Appendix A-1, with additional forms and instructions in CMD Attachment 2 in Appendix A-2. **Submit only the original (no additional copies are required) in a separate envelope labeled “CMD Form 3” and the solicitation number.**
 - (ii) HCAO and MCO Declaration forms. The HCAO MCO Declaration Forms are provided in Appendix A-1,

Additional pages beyond any limits specified will be eliminated before the proposal is reviewed.

Applicants may not submit other items not listed above. For example, do not submit curricula or policies and procedures manuals. Anything submitted that is not on the list above will be discarded.

3. Proposal Format

- Proposers must submit **One Original** and **five (5) Copies** of the Qualifications Statement and the same number of complete and assembled Proposal Packages.
- The original must be clearly marked “ORIGINAL.”
- Each proposal should be unbound (document clips, binder clips, and/or rubber bands as necessary, please **NO STAPLES**, collated, and include a table of contents.
- Each section must be clearly labeled with the appropriate heading, and pages should be clearly numbered.
- The Proposer’s name and program name should be shown in the page footers.

IV. Review and Selection Process

A. Initial Screening

Any proposal submitted without the required Qualifications Statement and a complete proposal package will be rejected without further review.

1. Minimum Qualifications

During the initial screening process, any proposal that does not demonstrate that the Proposer meets the Minimum Qualifications specified in the Program Service Category Specifications, Section II, of this solicitation will be considered non-responsive and will not be eligible for further review or consideration.

B. Technical Review, Oral Presentation Review, and Scoring of Proposals

1. Technical Review:

- The proposal will be reviewed and rated by (a) Technical Review Panel(s) with expertise in the services required.
- The Technical Review Panel(s) will be recruited with strict attention to ensuring that no conflict of interest exists related to any member of the panel and the proposals anticipated according to required Letters of Intent received.
- The Technical Review Panel(s) will review and score each proposal according to the criteria outlined in the **“Program Service Specifications, Section II Scoring Criteria Per Service Category”** of this solicitation.
- **Proposals must have a total score of 75 or more to be eligible to advance.**
- The applicants’ proposal with the **highest score in each Service Category** will be recommended and invited to an **“Oral Presentation Review”** with the Department.

2. Oral Presentation Review:

- In the Oral Presentation Review, the applicant will have an opportunity to present their proposed scope of services and negotiate terms of service.
- Applicants who may have submitted multiple proposals, and who have scored the highest in multiple service categories, will only have the opportunity to be selected to provide services in one service category.
- The Department reserves the right to select the applicant who has demonstrated the ability to perform the services requested, and who will reach the desired target populations, and service needs.

- If that Proposer cannot demonstrate that their agency can meet the terms of service or refuses the offer, the Department will continue to contact Proposers from the qualified list until the offer to provide the solicited services is accepted.
- In the event that the review process does not result in the identification of a qualified proposer, the Department reserves the right to solicit services to increase the pool of qualified vendors.
- During program review, any aspect of the proposal will be considered negotiable, including the budget, the services to be provided, and the target population to be reached. Receiving an invitation to the Oral Presentation Review and entering into negotiations does not obligate either the Department or the applicant to enter into a contract; either party may decide to end the review and negotiations at any time for any reason. If the review and negotiations fail to result in a contract award in a reasonable period of time, the Department reserves the right to invite another Proposer to the Oral Presentation and Review process or to issue a new solicitation for the services.

3. Bidder Rating Discount:

Applicants who are LBE Certified will receive additional points. This will be added to the “Technical Review Score”. See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

C. Contract Notification Process

If the Technical Review and Oral Presentation Review process is completed to the satisfaction of both the SFDPH and the applicant, the applicant will receive a notification letter indicating the negotiated services and funding amount.

The anticipated start date for contracts resulting from this solicitation is **July 1, 2020**. Failure to negotiate the contract in a timely manner, or to furnish any and all certificates, bonds, or other materials required in the contract, shall be deemed an abandonment of the contract offer.

The SFDPH reserves the right to award a single contract or multiple contracts to multiple Proposers that submitted proposal(s).

D. Stipulations

The issuance of this solicitation does not constitute an agreement by the City that any contract actually will be entered into by the City. The City reserves the right at any time to:

1. Waive or correct any defect or informality in any response, proposal, or proposal procedure;
2. Reject any or all proposals;
3. Reissue this solicitation;
4. Procure any materials, equipment, or services specified in this solicitation by any other means;
5. Ensure that all target populations are served and service requirements are met; and
6. Determine that no project will be funded.

In addition to the ability to provide the specified services, the applicant must comply with general SFDPH and City and County of San Francisco contractual requirements and ordinances, San Francisco Health Network, Primary Care reporting requirements, and the Standard Agreement for Services (P-600).

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V. E-Questions Process and Bidders Conference

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A. E-Questions (Amended 9.19.2019)

~~Only Proposers that have submitted a Letter of Intent (LOI) with an email address by the due date may e-mail questions concerning the specifics of the services solicited.~~

Dates/Period when e-mail questions will be accepted:

Pre-Bidders Conference E-Questions Period:

Begin: **September 16, 2019** End: **September 19, 2019**

Post-Bidders Conference E-Questions Period:

Begin: **September 26, 2019** End: **October 2, 2019**

All questions are to be directed to the following e-mail address:

irene.carmona@sfdph.org

You must insert the following language in the Subject area of your email message: **E-Questions RFP 4-2019 CHEP Prevention Services**

The questions will be compiled and coordinated with program staff for appropriate answers. The compilation of Pre-Bidders Conference questions and answers will be provided at the Bidders Conference and returned by email to the questioners who have provided their contact information. The Post-Bidders Conference questions and answers will be emailed to all potential bidders who have downloaded a copy of the RFP, and who have provided contact information at the Bidders Conference. In addition, a copy of the compiled E-Questions, and other submitted questions and answers will be posted to the RFP Web Site for reference.

B. Bidders Conference

The Department will present an overview of RFP 4-2019 at a Bidders Conference on the following date and location:

- **September 26, 2019**
- **From 9 AM to 12 Noon**
- **Location:**
 - **Department of Public Health**
 - 101 Grove, Room 300, San Francisco, CA 94102**

C. RFP Questions and Answers

The outlined “E-Questions” period(s) and the Bidders Conference event are the only opportunities suppliers/vendors may ask direct programmatic questions of the Departmental staff.

Please Note:

On 09.19.2019 Section V. E-Questions Process and Bidders Conference has been amended to remove the LOI reference and to include an additional time line for potential bidders to submit E-Questions post Bidders Conference.

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VI. Standard Terms and Conditions for Receipt of Proposals

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A. Errors and Omissions in Solicitation

Proposers are responsible for reviewing all portions of this solicitation. Proposers are to promptly notify the Department, in writing, if the Proposer discovers any ambiguity, discrepancy, omission, or other error in the solicitation. Any such notification should be directed to the Department promptly after discovery, but in no event later than five working days prior to the date for receipt of proposals. Modifications and clarifications will be made by addenda as provided below.

B. Inquiries Regarding Solicitation

Technical or procedural inquiries regarding this solicitation, other than programmatic questions addressed at either a Bidder's Conference or through the E-Questions procedure described in Section V, above, must be directed to:

Irene Carmona
 SFDPH – Contracts Unit
 Phone: (415) 554-2652
 Email: irene.carmona@sfdph.org

C. Objections to Solicitation Terms

Should a Proposer object on any ground to any provision or legal requirement set forth in this solicitation, the Proposer must, not more than ten calendar days after the solicitation is issued, provide written notice to the Department setting forth with specificity the grounds for the objection. The failure of a Proposer to object in the manner set forth in this paragraph shall constitute a complete and irrevocable waiver of any such objection.

D. Change Notices

The Department may modify the solicitation, prior to the proposal due date, by issuing Change Notices, which will be posted on the website. The Proposer shall be responsible for ensuring that its proposal reflects any and all Change Notices issued by the Department prior to the proposal due date regardless of when the proposal is submitted. Therefore, the City recommends that the Proposer consult the website frequently, including shortly before the proposal due date, to determine if the Proposer has downloaded all Change Notices.

In the event that modifications are posted to the website, the SFDPH will send a courtesy notice by email to Proposers that have submitted a Letter of Intent. This notice will advise the Proposer that changes have been posted. Notwithstanding this provision, the Proposer shall be responsible for ensuring that its proposal reflects any and all modifications or addenda issued by the SFDPH prior to the proposal due date.

E. Term of Proposal

Submission of a proposal signifies that the proposed services and prices are valid for 120 calendar days from the proposal due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

F. Revision of Proposal

A Proposer may revise a proposal on the Proposer's own initiative at any time before the deadline for submission of proposals. The Proposer must submit the revised proposal in the same manner as the original. A revised proposal must be received on or before the proposal due date.

In no case will a statement of intent to submit a revised proposal, or commencement of a revision process, extend the proposal due date for any Proposer.

At any time during the proposal evaluation process, the Department may require a Proposer to provide oral or written clarification of its proposal. The Department reserves the right to make an award without further clarifications of proposals received.

G. Errors and Omissions in Proposal

Failure by the Department to object to an error, omission, or deviation in the proposal will in no way modify the solicitation or excuse the vendor from full compliance with the specifications of the solicitation or any contract awarded pursuant to the solicitation.

H. Financial Responsibility

The City accepts no financial responsibility for any costs incurred by a firm in responding to this solicitation. Submissions of the solicitation will become the property of the City and may be used by the City in any way deemed appropriate.

Proposer's Obligations under the Campaign Reform Ordinance

Proposers must comply with Section 1.126 of the S.F. Campaign and Governmental Conduct Code, which states:

No person who contracts with the City and County of San Francisco for the rendition of personal services, for the furnishing of any material, supplies or equipment to the City, or for selling any land or building to the City, whenever such transaction would require

approval by a City elective officer, or the board on which that City elective officer serves, shall make any contribution to such an officer, or candidates for such an office, or committee controlled by such officer or candidate at any time between commencement of negotiations and the later of either (1) the termination of negotiations for such contract, or (2) three months have elapsed from the date the contract is approved by the City elective officer or the board on which that City elective officer serves.

If a Proposer is negotiating for a contract that must be approved by an elected local officer or the board on which that officer serves, during the negotiation period the Proposer is prohibited from making contributions to:

- the officer's re-election campaign
- a candidate for that officer's office
- a committee controlled by the officer or candidate.

The negotiation period begins with the first point of contact, either by telephone, in person, or in writing, when a contractor approaches any city officer or employee about a particular contract, or a city officer or employee initiates communication with a potential contractor about a contract. The negotiation period ends when a contract is awarded or not awarded to the contractor. Examples of initial contacts include: (1) a vendor contacts a city officer or employee to promote himself or herself as a candidate for a contract; and (2) a city officer or employee contacts a contractor to propose that the contractor apply for a contract. Inquiries for information about a particular contract, requests for documents relating to a Request for Proposal, and requests to be placed on a mailing list do not constitute negotiations.

Violation of Section 1.126 may result in the following criminal, civil, or administrative penalties:

1. Criminal. Any person who knowingly or willfully violates section 1.126 is subject to a fine of up to \$5,000 and a jail term of not more than six months, or both.
2. Civil. Any person who intentionally or negligently violates section 1.126 may be held liable in a civil action brought by the civil prosecutor for an amount up to \$5,000.
3. Administrative. Any person who intentionally or negligently violates section 1.126 may be held liable in an administrative proceeding before the Ethics Commission held pursuant to the Charter for an amount up to \$5,000 for each violation.

For further information, Proposers should contact the San Francisco Ethics Commission at (415) 581-2300.

I. Sunshine Ordinance

In accordance with S.F. Administrative Code Section 67.24(e), contractors' bids, responses to solicitations and all other records of communications between the City and persons or firms seeking contracts shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person's or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefits until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

J. Public Access to Meetings and Records

If a Proposer is a non-profit entity that receives a cumulative total per year of at least \$750,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the S.F. Administrative Code, the Proposer must comply with Chapter 12L. The Proposer must include in its proposal (1) a statement describing its efforts to comply with the Chapter 12L provisions regarding public access to Proposer's meetings and records, and (2) a summary of all complaints concerning the Proposer's compliance with Chapter 12L that were filed with the City in the last two years and deemed by the City to be substantiated. The summary shall also describe the disposition of each complaint. If no such complaints were filed, the Proposer shall include a statement to that effect. Failure to comply with the reporting requirements of Chapter 12L or material misrepresentation in Proposer's Chapter 12L submissions shall be grounds for rejection of the proposal and/or termination of any subsequent Agreement reached on the basis of the proposal.

K. Reservations of Rights by the City

The issuance of this solicitation does not constitute an agreement by the City that any contract will actually be entered into by the City. The City expressly reserves the right at any time to:

1. Waive or correct any defect or informality in any response, proposal, or proposal procedure;
2. Reject any or all proposals;
3. Reissue a Request for Proposals;
4. Prior to submission deadline for proposals, modify all or any portion of the selection procedures, including deadlines for accepting responses, the specifications or requirements for any materials, equipment or services to be provided under this solicitation, or the requirements for contents or format of the proposals;

5. Procure any materials, equipment or services specified in this solicitation by any other means; or
6. Determine that no project will be pursued.

L. Waiver

No waiver by the City of any provision of this solicitation shall be implied from any failure by the City to recognize or take action on account of any failure by a Proposer to observe any provision of this solicitation.

M. Local Business Enterprise Goals and Outreach

The requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the “LBE Ordinance”) shall apply to this solicitation.

1. LBE Subconsultant Participation Goals

The LBE subconsulting goal for this project is **0%** of the total value of the goods and/or services to be procured. **(Grant Funded)**

Each firm responding to this solicitation shall demonstrate in its response that it has used good-faith outreach to select LBE subcontractors as set forth in S.F. Administrative Code §§14B.8 and 14B.9, and shall identify the particular LBE subcontractors solicited and selected to be used in performing the contract. For each LBE identified as a subcontractor, the response must specify the value of the participation as a percentage of the total value of the goods and/or services to be procured, the type of work to be performed, and such information as may reasonably be required to determine the responsiveness of the proposal. LBEs identified as subcontractors must be certified with the San Francisco Contract Monitoring Division (CMD) at the time the proposal is submitted, and must be contacted by the Proposer (prime contractor) prior to listing them as subcontractors in the proposal. Any proposal that does not meet the requirements of this paragraph will be non-responsive.

In addition to demonstrating that it will achieve the level of subconsulting participation required by the contract, a Proposer shall also undertake and document in its submittal the good faith efforts required by Chapter 14B.8(C) & (D) and CMD Attachment 2, Requirements for Architecture, Engineering and Professional Services Contracts.

Proposals which fail to comply with the material requirements of S.F. Administrative Code §§14B.8 and 14B.9, CMD Attachment 2 and this solicitation will be deemed

non-responsive and will be rejected. During the term of the contract, any failure to comply with the level of LBE subcontractor participation specified in the contract shall be deemed a material breach of contract. Subconsulting goals can only be met with CMD-certified LBEs located in San Francisco.

2. LBE Participation

The City strongly encourages proposals from qualified LBEs. Pursuant to Chapter 14B, the following rating discount will be in effect for the award of this project for any Proposers who are certified by CMD as a LBE, or joint ventures where the joint venture partners are in the same discipline and have the specific levels of participation as identified below. Certification applications may be obtained by calling **CMD at (415) 581-2310**. The rating discount applies at each phase of the selection process. The application of the rating discount is as follows:

- a. A 10% discount to an LBE; or a joint venture between or among LBEs; or
- b. A 5% discount to a joint venture with LBE participation that equals or exceeds 35%, but is under 40%; or
- c. A 7.5% discount to a joint venture with LBE participation that equals or exceeds 40%; or
- d. A 10% discount to a certified non-profit entity.

If applying for a rating discount as a joint venture: The LBE must be an active partner in the joint venture and perform work, manage the job and take financial risks in proportion to the required level of participation stated in the proposal, and must be responsible for a clearly defined portion of the work to be performed and share in the ownership, control, management responsibilities, risks, and profits of the joint venture. The portion of the LBE joint venture's work shall be set forth in detail separately from the work to be performed by the non-LBE joint venture partner. The LBE joint venture's portion of the contract must be assigned a commercially useful function.

3. CMD Forms to be Submitted with Proposal

- a. All proposals submitted must include the following Contract Monitoring Division (CMD) Form 3 Non Discrimination Affidavit.
 - If these forms are not returned with the proposal, the proposal may be determined to be non-responsive and may be rejected.
- b. Please submit only one copy of the CMD Form 3 with your proposal. The form should be placed in a separate, sealed envelope labeled CMD Form 3.

If you have any questions concerning the CMD Forms, you may call the Contract Monitoring Division at (415) 581-2310.

N. Ban on City Contracts and Travel Involving States with Anti LGBT Laws

Per Administrative Code Section 12X prohibits City contracting with companies from states that have enacted laws after June 26, 2015, reversing anti-discrimination protections for LGBT individuals or that permit discrimination against LGBT individuals. Administrative Code Section 12X.5 (a) cites that the City shall not enter into any Contract with a Contractor that has its United States headquarters in a state on the Covered State List or where any or all of the work on the Contract will be performed in a state on the Covered State List.

In accordance with the Administrative Code Section 12X.5 (b), the Contracting Department may waive the requirements of Section 12X.5 in full or in part if the department determines that strict application of the requirement would not be feasible, would create an undue hardship or practical difficulty, or that similar circumstances otherwise warrant granting of the waiver.

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VII. Standard Contract Requirements

A. Standard Contract Provisions (Legal Agreement)

Upon award of a contract, the Contractor will be required to enter into and sign a legal agreement ("Agreement") containing standard terms and conditions. A sample Agreement can be found in Appendix A-3, available for download at <http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/>. Failure to timely execute the contract, or to furnish any and all insurance certificates and policy endorsement, surety bonds or other materials required in the contract, shall be deemed an abandonment of a contract offer. The City, in its sole discretion, may select another firm and may proceed against the original selectee for damages.

Proposers are urged to pay special attention to the requirements of Administrative Code Chapters 12B and 12C, Nondiscrimination in Contracts and Benefits, the Minimum Compensation Ordinance; the Health Care Accountability Ordinance; the First Source Hiring Program; and applicable conflict of interest laws, as set forth in paragraphs B, C, D, E and F below.

B. Nondiscrimination in Contracts and Benefits

The successful Proposer will be required to agree to comply fully with and be bound by the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Generally, Chapter 12B prohibits the City and County of San Francisco from entering into contracts or leases with any entity that discriminates in the provision of benefits between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of employees. The Chapter 12C requires nondiscrimination in contracts in public accommodation. Additional information on Chapters 12B and 12C is available on the HRC's website at www.sfgov.org/sfhumanrights.

C. Minimum Compensation Ordinance (MCO)

The successful Proposer will be required to agree to comply fully with and be bound by the provisions of the Minimum Compensation Ordinance (MCO), as set forth in S.F. Administrative Code Chapter 12P. Generally, this Ordinance requires contractors to provide employees covered by the Ordinance who do work funded under the contract with hourly gross compensation and paid and unpaid time off that meet certain minimum requirements.

For the amount of hourly gross compensation currently required under the MCO, see www.sfgov.org/olse/mco. Note that this hourly rate may increase on January 1 of each year and that contractors will be required to pay any such increases to covered employees during the term of the contract.

Additional information regarding the MCO is available on the web at www.sfgov.org/olse/mco.

D. Health Care Accountability Ordinance (HCAO)

The successful Proposer will be required to agree to comply fully with and be bound by the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in S.F. Administrative Code Chapter 12Q. Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the HCAO is available on the web at www.sfgov.org/olse/hcao.

E. First Source Hiring Program (FSHP)

If the contract is for more than \$50,000, then the First Source Hiring Program (Administrative Code Chapter 83) may apply. Generally, this ordinance requires contractors to notify the First Source Hiring Program of available entry-level jobs and provide the Workforce Development System with the first opportunity to refer qualified individuals for employment.

Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the FSHP is available on the web at www.onestopsf.org, under the “Employers” menu, and from the First Source Hiring Administrator, (415) 401-4960.

F. Conflicts of Interest

The successful Proposer will be required to agree to comply fully with and be bound by the applicable provisions of state and local laws related to conflicts of interest, including Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California. The successful Proposer will be required to acknowledge that it is familiar with these laws; certify that it does not know of any facts that constitute a violation of said provisions; and agree to immediately notify the City if it becomes aware of any such fact during the term of the Agreement.

Individuals who will perform work for the City on behalf of the successful Proposer might be deemed consultants under state and local conflict of interest laws. If so, such individuals will be required to submit a Statement of Economic Interests, California Fair Political Practices Commission Form 700, to the City within ten calendar days of the City notifying the successful Proposer that the City has selected the Proposer.

G. Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA)

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that Contractor may be defined as one of the following definitions under the HIPAA regulations:

- A Business Associate²⁴ subject to the terms set forth in P-600 - Standard Legal Agreement Boilerplate.
- See Appendix A-3 for further information.

H. Insurance Requirements

Upon award of contract, Contractor shall furnish to the SFDPH a Certificate or Certificates of Insurance, with applicable Additional Insured Endorsements, stating that there is insurance presently in effect for Contractor with limits of not less than those established by the City.

Requirements are listed in Appendix A-3 and are available for download at the Department's RFP/Q center:

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/>.

²⁴ "Business Associate" shall mean an entity that has an agreement with CITY and may have access to private information, and does not receive reimbursement for direct health services from insurance companies or authorities and thus is not a Covered Entity as defined by HIPAA.

VIII. Appeals Procedures

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An appeal of an award to provide services decision may be filed if the Proposer has reason to believe that there was a substantial failure by the Department of Public Health in following standard solicitation procedures. The appeal must be filed within five (5) working days of receipt of the notification letter. All appeals will be presented to the Director, Office of Contracts Management and Compliance. Appeals will be ruled on, and the appealing entity notified in writing, within five (5) working days after its receipt. All decisions are final. If you wish to appeal, prepare a brief statement describing the procedural breach that is the reason for your appeal to the SFDPH Office Contracts Management and Compliance, San Francisco Department of Public Health, 101 Grove St. Room 402, San Francisco, CA 94102, irene.carmona@sfdph.org.

Reference Chart of Sources for Standard, City-required forms:

This chart describes the most essential forms, where to find them on the Internet, and where to file them. If a contractor cannot get the documents off the Internet, the contractor should call (415) 554-6248 or e-mail Purchasing (purchasing@sfgov.org) and Purchasing will fax, mail or e-mail them to the contractor. If a contractor has already filled out items 1-3 on the chart, **the contractor should not do so again unless the contractor's answers have changed**. To find out whether these forms have been submitted, the contractor should call Vendor File Support in the Controller's Office at (415) 554-6702.

If a contractor would like to apply to be certified as a local business enterprise, it must submit item 4. To find out about item 4 and certification, the contractor should call Human Rights Commission at (415) 252-2500.

Item	Form name and Internet location	Form	Description	Return the form to; For more info
1.	Request for Taxpayer Identification Number and Certification www.sfgov.org/oca/purchasing/forms.htm www.irs.gov/pub/irs-fill/fw9.pdf	W-9	The City needs the contractor's taxpayer ID number on this form. If a contractor has already done business with the City, this form is not necessary because the City already has the number.	Controller's Office Vendor File Support City Hall, Room 484 San Francisco, CA 94102 (415) 554-6702
2.	Business Tax Declaration www.sfgov.org/oca/purchasing/forms.htm	P-25	All contractors must sign this form to determine if they must register with the Tax Collector, even if not located in San Francisco. All businesses that qualify as "conducting business in San Francisco" must register with the Tax Collector.	Controller's Office Vendor File Support City Hall, Room 484 San Francisco, CA 94102 (415) 554-6702

3.	S.F. Administrative Code Chapters 12B & 12C Declaration: Nondiscrimination in Contracts and Benefits www.sfgov.org/oca/purchasing/forms.htm – in “Vendor Profile Application” Also at www.sfgov.org/site/sfhumanrights under “Equal Benefits”	HRC-12B-101	Contractors tell the City if their personnel policies meet the City’s requirements for nondiscrimination against protected classes of people, and in the provision of benefits between employees with spouses and employees with domestic partners. Form submission is not complete if it does not include the additional documentation asked for on the form. Other forms may be required, depending on the answers on this form. Contract-by-Contract Compliance status vendors must fill out an additional form for each contract.	Human Rights Comm. 25 Van Ness, #800 San Francisco, CA 94102-6059 (415) 252-2500

4.	HRC LBE Certification Application www.sfgov.org/oca/purchasing/forms.htm – in “Vendor Profile Application” Also at www.sfgov.org/site/sfhumanrights under “LBE”		Local businesses complete this form to be certified by HRC as LBEs. Certified LBEs receive a bid discount pursuant to Chapter 14B when bidding on City contracts. To receive the bid discount, you must be certified by HRC by the proposal due date.	Human Rights Comm. 25 Van Ness, #800 San Francisco, CA 94102-6059 (415) 252-2500

How to navigate to the forms on the Internet sites:

Office of Contract Administration (Purchasing)

Homepage: www.sfgov.org/oca/

Purchasing forms: Click on “Required Vendor Forms” under the “Information for Vendors and Contractors” banner.

Human Rights Commission

Homepage: www.sfgov.org/sfhumanrights

Equal Benefits forms: Click on “Forms” under the “Equal Benefits” banner near the bottom.

LBE certification form: Click on “...Forms” un

PERSONAL SERVICES CONTRACT SUMMARY ("PSC FORM 1")

Department: PUBLIC HEALTHDept. Code: DPHType of Request: ☐ Initial ☒ Modification of an existing PSC (PSC # 2006-07/08)Type of Approval: ☐ Expedited ☐ Regular ☐ Annual ☒ Continuing ☐ (Omit Posting)Type of Service: HIV Prevention Services, CHEP Services, Miscellaneous Surveillance ServicesFunding Source: Federal, State, General FundPSC Original Approved Amount: \$140,000,000PSC Original Approved Duration: 07/01/2008 - continuousPSC Mod#1 Amount: \$70,000,000PSC Mod#1 Duration: 04/01/14 - continuousPSC Cumulative Amount Proposed: \$210,000,000PSC Cumulative Duration Proposed: 07/01/2008 - continuous**1. Description of Work****A. Scope of Work/Services to be Contracted Out:**

Contractor will provide services for the DPH office of Community Health Equity and Promotion, primarily for HIV Prevention programs, including individual risk reduction prevention targeting behavioral risk populations; evaluation of prevention case management services; outreach, including street and venue-based; counseling, testing, referral and partner notification services including basic, advanced, supervisor and continuing education counselor training to DPH-funded HIV prevention professionals who provide HIV risk assessment and disclosure counseling to clients with or at risk for HIV infection; surveillance and seroincidence services, trainings and studies (surveillance services include surveying medical offices, clinics and hospitals for reports of HIV infection and AIDS cases; seroincidence services include the HIV Seroincidence Project, which measures the number of duplicated and unduplicated clients at anonymous HIV testing sites, HIV seroincidence among men who have sex with men who seek anonymous HIV testing and counseling in San Francisco, and identification of the demographics and behavioral factors associated with increased risk taking within this population and measuring change in behavior); and detuned assay training for antibody test counselors. Services will be provided either directly to clients and/or in partnership with DPH as a fiscal intermediary. These services address the need for ongoing capacity building and organizational development among community based organizations and DPH programs in order to increase the effectiveness of HIV prevention efforts, specifically related to organizational capacity, program development capacity and evaluation design, methods and data analysis capability. Also provided will be technical assistance to the HIV Prevention Planning Council and consultation with Council and staff to develop cultural competency criteria and ongoing strategic evaluation and prioritization processes. Funding sources include Federal, State, local grants, and General Fund.

B. Explain why this service is necessary and the consequence of denial:

Most incidents of HIV infection occur among people whose behaviors put them at risk and who have limited access to prevention services. They need to be reached by a range of strategies and interventions that meet their diverse needs and increase the likelihood that prevention messages will have an impact. To increase efficiency in the provision of services, nonprofit agency personnel need to have access to training and technical assistance resources. Logistical and technical support enhance the effectiveness of HPP Council plans. Accurate tracking of the rate of new HIV infection among high risk populations is necessary to plan effective and appropriate service delivery and prevention efforts.

Denial of these services would seriously hinder the City's ability to monitor and control the transmission of HIV and other communicable disease.

C. Has this service been provided in the past? If so, how? If the service was provided under a previous PSC, attach copy of the most recently approved PSC.
PSC 2015-98/99

D. Will the contract(s) be renewed?
Yes, depending on need and funding availability.

E. If this is a request for a new PSC in excess of five years, or if your request is to extend (modify) an existing PSC by another five years, please explain why:
The Department expects the need for these services to continue.

2. Reason(s) for the Request

A. Display all that apply

☒ Services required on an as-needed, intermittent, or periodic basis (e.g., peaks in workload).

☒ Services that require resources that the City lacks (e.g., office space, facilities or equipment with an operator).

Explain the qualifying circumstances:

The contracts under this PSC provide the broad range of community-based services needed to address the needs of the large proportion of San Franciscans who engage in high-risk behaviors which expose them to HIV but who do not routinely use traditional City services to obtain prevention information and who without these community-based service providers would have limited or no access to HIV prevention services. Services are usually street-based or venue-based (bars, doctor's offices, community locations and events, etc.) and are able to be highly specialized, flexible and responsive to the changing needs of the population as methodologies continue to change with the epidemiology of the disease.

B. Reason for the request for modification:
To increase amount to cover contract extensions

3. Description of Required Skills/Expertise

A. Specify required skills and/or expertise: Knowledge of HIV/AIDS prevention education, intervention, training, technical assistance and related resources. Experience in identifying needs for prevention education and providing HIV counseling/testing, risk reduction/behavior change interventions, outreach and information to individuals and groups. Access and sensitivity (cultural/language) to the target populations. Possession of diverse technical assistance resources. Extensive experience in providing management resource training to nonprofit organization personnel.

B. Which, if any, civil service class(es) normally perform(s) this work? 2806, Disease Control Investigator; 2808, Sr Disease Control Invstgtor; 2810, Pr Disease Control Invstgtor; 2819, Assistant Health Educator; 2822, Health Educator; 2825, Senior Health Educator; 2910, Social Worker; 2912, Senior Social Worker; 2914, Social Work Supervisor;

C. Will contractor provide facilities and/or equipment not currently possessed by the City? If so, explain: No.

4. If applicable, what efforts has the department made to obtain these services through available resources within the City?

Not Applicable

5. Why Civil Service Employees Cannot Perform the Services to be Contracted Out

A. Explain why civil service classes are not applicable.

Civil Service classifications are not applicable as staffing is only one component of the overall services being provided. Staffing conforms with policy, funding, and legal mandates. These community based organizations have demonstrated better access and sensitivity to the target populations. A large portion of residents engaging in high-risk behaviors do not routinely utilize traditional City clinics/services for prevention information.

B. If there is no civil service class that could perform the work, would it be practical and/or feasible to adopt a new civil service class to perform this work? Explain: No, classifications that may perform some of these services already exist, but the use of Civil Service personnel would be impractical. HIV prevention and education services and methodologies continue to change with the epidemiology of the disease. Most of the services provided are highly specialized.

6. Additional Information

A. Will the contractor directly supervise City and County employee? If so, please include an explanation.

No.

B. Will the contractor train City and County employees and/or is there a transfer of knowledge component that will be included in the contract? If so, please explain what that will entail; if not, explain why not.

Training is primarily for nonprofit service providers

C. Are there legal mandates requiring the use of contractual services?

No.

D. Are there federal or state grant requirements regarding the use of contractual services? If so, please explain and include an excerpt or copy of any such applicable requirement.

No

E. Has a board or commission determined that contracting is the most effective way to provide this service? If so, please explain and include a copy of the board or commission action.

No.

F. Will the proposed work be completed by a contractor that has a current PSC contract with your department? If so, please explain.

Please see attachment.

7. Union Notification: On 04/25/16, the Department notified the following employee organizations of this PSC/RFP request:

TWU - Miscellaneous; SEIU Local 1021; Management & Superv Local 21;

☒ I CERTIFY ON BEHALF OF THE DEPARTMENT THAT THE INFORMATION CONTAINED IN AND ATTACHED TO THIS FORM IS COMPLETE AND ACCURATE:

Name: Jacquie Hale Phone: (415) 554-2609 Email: jacquie.hale@sfdph.org

Address: 101 Grove Street, Room 307, San Francisco, CA 94102

FOR DEPARTMENT OF HUMAN RESOURCES USE

PSC# 2006-07/08

DHR Analysis/Recommendation:

Civil Service Commission Action:

Commission Approval Not Required

Approved by DHR on 06/29/2016



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 · Fax: 415.252.3112

Filing Information

Record Number

SFEC126F0001081

Status

BOS Legislative Clerk Acceptance

SFEC126f Form Type

126f4 BOS

File Number (BOS)

260170

Type of Filing

Original

Contractor Information

Contractor Name

San Francisco AIDS Foundation

Contractor Email

development@sfaf.org

Contractor Phone #

(415) 487-3092

International Address?

No

Contractor Address (US)

940 Howard Street

Contractor City and State

San Francisco - CA

Contractor Zip Code

94103

Country

United States of America

Contract Information

Contract Amount

\$23,832,933.00

Description of Amount of Contract

Not to exceed \$23,832,933.00

Contract Description

Health Access Point Services through an Equity-Focused, Community-Centered, Whole Person Care Approach to Integrated HIV, HCV, and STD Prevention Programs for Affected Communities

City Agency - Departmental Contact Information

Departmental Contact

Reanna Albert

Departmental Contact Phone #

+14155576693

Full Department Name

DPH - Department of Public Health

Contract Approval

Mayoral Approval Not Required

false

Affiliates and subcontractors

Entity Type	First Name	Last Name	Entity or Sub/Contractor Name
Board of Directors	Manuel	Apolonio	San Francisco AIDS Foundation
Board of Directors	Rahul	Awasthy	San Francisco AIDS Foundation
Board of Directors	Sandeep	Bhadra	San Francisco AIDS Foundation
Board of Directors	Emanuel	Campos	San Francisco AIDS Foundation
Board of Directors	Colin	Frankland	San Francisco AIDS Foundation
Board of Directors	Chad Nico	Hiu	San Francisco AIDS Foundation
Board of Directors	Ken	Katz	San Francisco AIDS Foundation
Board of Directors	Jonathan	Millard	San Francisco AIDS Foundation
Board of Directors	Megan	Minkeiwicz	San Francisco AIDS Foundation
Board of Directors	Joshua	Morgan	San Francisco AIDS Foundation
Board of Directors	Quency	Philips	San Francisco AIDS Foundation
Board of Directors	Katrina	Reid	San Francisco AIDS Foundation
Board of Directors	David	Reyes	San Francisco AIDS Foundation
Board of Directors	Jose	Sanchez	San Francisco AIDS Foundation
Board of Directors	Devi	SenGupta	San Francisco AIDS Foundation
Board of Directors	Hoa	Su	San Francisco AIDS Foundation
Board of Directors	Jorge	Vargas	San Francisco AIDS Foundation
Board of Directors	La	Shon	San Francisco AIDS Foundation
Board of Directors	Chris	Zolezzi	San Francisco AIDS Foundation
CEO	Tyler	TerMeer	San Francisco AIDS Foundation
CFO	Alexander	Kramer	San Francisco AIDS Foundation
Other Principal Officer	Martin	Cunnie	San Francisco AIDS Foundation
Other Principal Officer	Peter	Parisot	San Francisco AIDS Foundation
Subcontractor			San Francisco Community Health Center
Subcontractor			Glide Foundation
Subcontractor			Shanti Project Inc



City and County of San Francisco
Daniel Lurie, Mayor

San Francisco Department of Public Health

Daniel Tsai
Director of Health

February 17, 2026

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

Dear Ms. Calvillo:

Please find attached a proposed resolution for Board of Supervisors approval of an amendment to the agreement between the Department of Public Health and San Francisco AIDS Foundation, in the amount of \$23,832,933.

This contract agreement requires Board of Supervisors approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- Proposed Resolution
- Original Agreement
- Amendment 1
- Proposed Amendment 2
- Form SFEC-126
- PSC 2006-07/08

For questions on this matter, please contact me at (628) 271-6178, reanna.albert@sfdph.org.

Thank you for your time and consideration.

Sincerely,

Reanna Albert

Reanna Albert
Pre-Award Unit Analyst
Office of Contracts Management and Compliance
DPH Business Office

cc: Daniel Tsai, Director of Health
Michelle Ruggels, Director, DPH Business Office

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~

~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

reanna.albert@SFDPH.org – office 621-271-6178 – fax 415 252-3088

101 Grove Street, Room 410 San Francisco, CA 94102
