

File No. 211164

Committee Item No. 1

Board Item No. 3

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date January 5, 2022

Board of Supervisors Meeting Date January 11, 2022

#### Cmte Board

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#### OTHER (Use back side if additional space is needed)

- Original Agreement - 1/1/2020
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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Completed by: Brent Jalipa Date December 29, 2021

Completed by: Brent Jalipa Date January 7, 2022

1 [Contract Amendment - San Francisco Public Health Foundation - Community Health  
2 Engagement - Not to Exceed \$20,027,567]

3 **Resolution approving Amendment No. 2 to the agreement between the San Francisco**  
4 **Public Health Foundation and the Department of Public Health to provide program**  
5 **administration and support services to the Community Health Engagement program, to**  
6 **increase the contract amount by \$10,668,262 for a total amount not to exceed**  
7 **\$20,027,567 for a total agreement term of January 1, 2020, through December 31, 2024,**  
8 **to commence following approval by the Board of Supervisors, and to authorize DPH to**  
9 **enter into amendments or modifications to the contract prior to its final execution by all**  
10 **parties that do not materially increase the obligations or liabilities to the City and are**  
11 **necessary to effectuate the purposes of the contract.**

12  
13 WHEREAS, The Department of Public Health (DPH) selected the San Francisco Public  
14 Health Foundation (SFPHF) through a Request For Qualifications to provide as needed  
15 project based support services under an agreement with an initial term of five years, January  
16 1, 2020, through December 31, 2024, and a not to exceed amount of \$3,061,930,  
17 subsequently amending the agreement to increase the agreement by \$6,297,375, for an  
18 amount not to exceed \$9,359,305; and

19 WHEREAS, Under this agreement, the SFPHF provides program administration and  
20 support services to the Community Health Engagement program, which includes Community  
21 Health Engagement, Community and Home Injury Prevention Program for Seniors (CHIPPS),  
22 Violence Prevention, Vision Zero, End Hep C SF project, COVID 19 Community Outreach  
23 Services, Dream Keeper’s Initiative and District 5 Community Resource HUB; and

24  
25

1           WHEREAS, DPH wishes to increase the contract amount by \$10,668,262 for a total  
2 amount not to exceed \$20,027,567; for a total agreement term of January 1, 2020, through  
3 December 31, 2024; now, therefore, be it

4           RESOLVED, That the Board of Supervisors hereby authorizes the Director of Public  
5 Health and the Purchaser, on behalf of the City and County of San Francisco, to amend the  
6 contract with the San Francisco Public Health Foundation to increase the contract amount by  
7 \$10,668,262 for a total amount not to exceed \$20,027,567, for a total agreement term of  
8 January 1, 2020, through December 31, 2024; and, be it

9           FURTHER RESOLVED, That the Board of Supervisors authorizes the  
10 Department of Public Health to enter into any amendments or modifications to the  
11 contract, prior to its final execution by all parties, that the Department determines, in  
12 consultation with the City Attorney, are in the best interest of the City, do not otherwise  
13 materially increase the obligations or liabilities of the City, are necessary or advisable to  
14 effectuate the purposes of the contract, and are in compliance with all applicable laws;  
15 and, be it

16           FURTHER RESOLVED, That within thirty (30) days of the contract amendment being  
17 fully executed by all parties, the Director of Health and/or the Director of Office of Contract  
18 Administration/Purchased shall provide the final contract to the Clerk of the Board for inclusion  
19 in the official file (File No. 211164).

20

21 RECOMMENDED:

22

23 /s/\_\_\_\_\_

24 Grant Colfax, M.D.

25 Director of Health

<p><b>Item 1</b> <b>File 21-1164</b></p>	<p><b>Department:</b> Department of Public Health (DPH)</p>
<p><b>EXECUTIVE SUMMARY</b></p>	
<p style="text-align: center;"><b>Legislative Objectives</b></p> <ul style="list-style-type: none"> <li>• The proposed resolution would approve Amendment No. 2 to the Community Health Engagement program administration and support services contract between the Department of Public Health (DPH) and the San Francisco Public Health Foundation (SFPHF), increasing the amount by \$10,668,262, for a total not to exceed \$20,027,567.</li> </ul> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• DPH’s Community Health Engagement program supports and promotes community-wide health and well-being, as well as community capacity building efforts through non-profit subcontractors. In 2019, DPH issued a Request for Proposals (RFP) to award a contract to one of five pre-qualified vendors to provide as needed project-based support services for the Community Health Engagement program. SFPHF was deemed the highest scoring responsive and responsible proposer and was awarded a contract for a term of five years, from January 2020 through December 2024, and an amount not to exceed \$3,061,930. In November 2020, DPH executed Amendment No. 1 to the contract, increasing the not-to-exceed amount by \$6,297,375, for a total not to exceed \$9,359,305, due to unanticipated COVID-19 program expenditures.</li> <li>• Under the contract, SFPHF provides program administration and support services for various public health programs. The contract budget includes passthrough payments to subcontractors performing on the ground services, as well as overhead costs for SFPHF’s administrative function. SFPHF currently administers contracts for 23 community-based organizations. Programs include Community Health Engagement, violence prevention, Vision Zero program to reduce traffic collisions and fatalities, Community and Home Injury Prevention Program for Seniors (CHIPPS), Hepatitis C prevention and treatment services, COVID-19 testing and treatment services, and HIV services.</li> </ul> <p style="text-align: center;"><b>Fiscal Impact</b></p> <ul style="list-style-type: none"> <li>• The proposed Amendment No. 2 would increase the not-to-exceed amount of the SFPHF contract by \$10,668,262, for a total not to exceed \$20,027,567. Approximately 18 percent of contract expenditures are funded by City sources, and approximately 82 percent are funded by State and Federal funds.</li> </ul> <p style="text-align: center;"><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>• Approve the proposed resolution.</li> </ul>	

## MANDATE STATEMENT

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

## BACKGROUND

The Department of Public Health's (DPH) Community Health Engagement program supports and promotes community-wide health and well-being, as well as community capacity building efforts through non-profit subcontractors. In October 2017, DPH issued a Request for Qualifications (RFQ) to identify qualified contractors to provide as needed project-based support services for the Community Health Engagement program. The RFQ advertised for a contract term of up to eight years, but did not specify a maximum contract amount, noting that funding would be based on the availability of funds for each project. DPH received seven responses and a scoring panel evaluated and scored them, as shown in Exhibit 1 below.<sup>1</sup>

### Exhibit 1: Respondents and Scores from RFQ

Vendor	Score (Minimum 75 Points for Qualification)
San Francisco Public Health Foundation	93
San Francisco Study Center	92
HealthRIGHT 360	92
Public Health Foundation Enterprises, Inc. dba Heluna Health	90
Public Consulting Group, Inc.	82
Protiviti, Inc.	37
Ricoh USA, Inc.	32

Source: DPH

Five vendors were deemed to be qualified, meeting the minimum score of 75: (i) San Francisco Public Health Foundation; (ii) San Francisco Study Center; (iii) HealthRIGHT 360; (iv) Public Health Foundation Enterprises, Inc. dba Heluna Health; and (v) Public Consulting Group, Inc. In October 2019, DPH issued an abbreviated Request for Proposals (RFP) to award a contract to one of the five pre-qualified vendors. Three of the five pre-qualified vendors responded to the RFP and a different panel reviewed and scored them, as shown in Exhibit 2 below.<sup>2</sup>

<sup>1</sup> The scoring panel consisted of a DPH Laguna Honda Hospital and Rehabilitation Center Manager, a DPH Population Health Division Health Program Coordinator, and a DPH Community Oriented Primary Care Health Program Coordinator.

<sup>2</sup> The scoring panel consisted of a DPH Contract Development and Technical Assistant, a Department of Children, Youth, and their Families (DCYF) Health and Nutrition Services Coordinator, and an Office of Economic and Workforce Development (OEWD) Senior Community Development Specialist.

**Exhibit 2: Proposals and Scores from RFP**

<b>Proposer</b>	<b>Average Score</b>
San Francisco Public Health Foundation	86.33
San Francisco Study Center	85.00
Public Health Foundation Enterprises, Inc. dba Heluna Health	83.00

Source: DPH

San Francisco Public Health Foundation (SFPHF) was deemed the highest scoring responsive and responsible proposer and was awarded a contact.

In January 2020, DPH executed a contract with SFPHF for a term of five years, from January 2020 through December 2024, and an amount not to exceed \$3,061,930. In November 2020, DPH executed Amendment No. 1 to the contract, increasing the not-to-exceed amount by \$6,297,375, for a total not to exceed \$9,359,305, with no change to the contract term. Neither the original contract nor Amendment No. 1 required Board of Supervisors approval because the contract did not exceed 10 years or \$10 million. According to Nora Macias, DPH Contract Analyst, the contract increases in Amendment No. 1 and the proposed Amendment No. 2 were needed because of COVID-19 program expenditures, which were not anticipated at the time the original contract was executed.

**DETAILS OF PROPOSED LEGISLATION**

The proposed resolution would approve Amendment No. 2 to the contract between DPH and SFPHF, increasing the contract amount by \$10,668,262, for a total not to exceed \$20,027,567. Amendment No. 2 would not change other material terms of the contract.

In the contract, SFPHF provides program administration and support services for various public health programs. The contract budget includes passthrough payments to subcontractors performing on the ground services, as well as overhead costs for SFPHF’s administrative function. Programs administered by SFPHF include Community Health Engagement, violence prevention, Vision Zero program to reduce traffic collisions and fatalities, Community and Home Injury Prevention Program for Seniors (CHIPPS), Hepatitis C prevention and treatment services, COVID-19 testing and treatment services, and HIV services. SFPHF’s responsibilities include issuance of an RFP for community-based organizations (already completed), management of subcontractors, program administration of subcontractors, capacity building and program support of subcontractors, and issuance of quarterly summary reports.

SFPHF currently administers contracts for 23 community-based organizations. The subcontractors for the various Community Health Engagement projects are CARECEN, Chinatown Community Development Center, Collective Impact, Curry Senior Center, Family Connection Center, Glide Foundation, Rebuilding Together SF, San Francisco AIDS Foundation, SF Community Health Centers, Senior and Disability Action, St. James Infirmary, Tenderloin Community Benefit Center, and Walk SF Foundation. The subcontractors for COVID-19 programs are Booker T. Washington Community Services, Chinese Hospital, Family and Child Empowerment Services, Mission Language and Vocational School, Mission Neighborhood Health Center, Rafiki Coalition, San Francisco AIDS Foundation, SF Community Health Centers, Southwest Community

Corporation, and YMCA Urban Services. SFPHF receives a five percent administrative fee for COVID-19 funding and a 10 percent administrative fee for non-COVID-19 funding, for an average fee of approximately 5.7 percent.

According to Michelle Ruggels, DPH Business Office Director, each subcontractor has a workplan specific to the goals of their programmatic area, with a DPH program lead assigned to each. SFPHF monitors compliance with each subcontractor's workplan deliverables and compliance with standard business practices, such as timely invoice submission, on a monthly basis. SFPHF shares these reports with DPH staff to ensure subcontractors are meeting expectations.

## FISCAL IMPACT

The proposed resolution would increase the not-to-exceed amount of the SFPHF contract by \$10,668,262, for a total not to exceed \$20,027,567. The sources and uses of funds by year are shown in Exhibit 3 below.

### Exhibit 3: Sources and Uses of Funds by Year

Sources	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	Total
General Fund	\$49,417	\$577,329	\$745,050	\$640,383	\$640,383	\$2,652,562
CDC Grant	21,875	25,000	999,763	25,000	25,000	1,096,638
FEMA Reimbursement	0	3,573,564	9,430,050	0	0	13,003,614
State Funding	0	1,130,406	0	0	0	1,130,406
General Fund-Addback <sup>3</sup>	0	125,000	0	0	0	125,000
Dream Keeper's Initiative <sup>4</sup>	0	111,069	188,931	0	0	300,000
OEWD Work Order <sup>5</sup>	0	0	175,000	0	0	175,000
<i>Subtotal</i>	<i>\$71,292</i>	<i>\$5,542,368</i>	<i>\$11,538,794</i>	<i>\$665,383</i>	<i>\$665,383</i>	<i>\$18,483,220</i>
Contingency (12%)	0	0	1,384,655	79,846	79,846	1,544,347
<b>Total Sources</b>	<b>\$71,292</b>	<b>\$5,542,368</b>	<b>\$12,923,449</b>	<b>\$745,229</b>	<b>\$745,229</b>	<b>\$20,027,567</b>
Uses	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	Total
Community Health Engagement- Various	\$39,000	\$554,413	\$620,050	\$615,383	\$615,383	\$2,444,229
Hepatitis C Programs	32,292	178,322	345,000	50,000	50,000	655,614
COVID-19 Programs	0	4,809,633	10,398,744	0	0	15,208,377
OEWD Work Order	0	0	175,000	0	0	175,000
<i>Subtotal</i>	<i>\$71,292</i>	<i>\$5,542,368</i>	<i>\$11,538,794</i>	<i>\$665,383</i>	<i>\$665,383</i>	<i>\$18,483,220</i>
Contingency (12%)	0	0	1,384,655	79,846	79,846	1,544,347
<b>Total Uses</b>	<b>\$71,292</b>	<b>\$5,542,368</b>	<b>\$12,923,449</b>	<b>\$745,229</b>	<b>\$745,229</b>	<b>\$20,027,567</b>

Source: DPH

In developing the budget for the proposed Amendment No. 2, DPH has reduced the not-to-exceed amount of the contract by approximately \$1,179,463, reflecting actual contract

<sup>3</sup> The Board of Supervisors addback funded COVID-19 testing provided by FACES SF Bayview Health.

<sup>4</sup> The Dream Keepers Initiative redirects funding from the Police Department budget to provide services benefiting the African American community.

<sup>5</sup> The OEWD work order, funded by the City's General Fund, supports the District 5 Community Resource Hub.

expenditures to date. A 12 percent contingency for expenditures starting in FY 2021-22 is included to account for unanticipated expenditures. According to Drew Murrell, DPH Deputy Finance Officer, DPH has not yet received anticipated reimbursements from the Federal Emergency Management Agency (FEMA) due to the timing of invoices.

**RECOMMENDATION**

Approve the proposed resolution.

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

**Second Amendment**

THIS AMENDMENT (this “Amendment”) is made as of **September 1<sup>st</sup>, 2021**, in San Francisco, California, by and between **SAN FRANCISCO PUBLIC HEALTH 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 **increase contract amount and update standard contractual clauses**; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through **RFQ 36-2017 issued on October 3, 2019** and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number **46237 – 14/15** on **December 3, 2018**; and

WHEREAS, the City’s **Board of Supervisors** approved this Agreement by **Resolution Number** \_\_\_\_\_ on \_\_\_\_\_, 2021.

NOW, THEREFORE, Contractor and the City agree as follows:

**Article 1 Definitions**

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated **January 1<sup>st</sup>, 2020**, (**Contract ID# 1000016941**) between Contractor and City, as amended by the:

**First Amendment, dated November 1<sup>st</sup>, 2020 (Contract ID# 1000016941).**

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

**Article 2 Modifications to the Agreement.**

The Agreement is hereby modified as follows:

2.1 **Article 1 Definitions**, is hereby amended in its entirety to read 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 Public Health Foundation, 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102**.

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.

2.2 **Article 3.3.1 Payment of Amendment #1** currently reads as follows:

**Article 3 Financial Matters**

**3.3 Compensation.**

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Three Hundred Fifty-Nine Thousand Three Hundred Five DOLLARS (\$9,359,305)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. 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.

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

**Article 3 Financial Matters**

**3.3 Compensation.**

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Twenty Million Twenty-Seven Thousand Five Hundred Sixty-Seven DOLLARS (\$20,027,567)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. 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.

2.3 **Article 4.3 Subcontracting**, is hereby amended in its entirety to read as follows:

#### **Article 4 Services and Resources**

##### **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

2.4 **Article 5 Insurance and Indemnity**, is hereby amended in its entirety to read as follows:

#### **Article 5 Insurance and Indemnity**

##### **5.1 Insurance.**

5.1.1 **Required Coverages.** Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. Without in any way limiting Contractor’s liability pursuant to the “Indemnification” section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

- (a) 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.
- (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 Insurance, in statutory amounts, with Employers’ Liability Limits not less than **\$1,000,000** each accident, injury, or illness.
- (d) **Reserved. (Professional Liability Coverage)**
- (e) **Reserved. (Technology Errors and Omissions 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 Waiver of Subrogation Endorsements

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

### 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-contractsrms410@sfdph.org](mailto:insurance-contractsrms410@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.

2.5 **Article 13 Data and Security**, is hereby amended in its entirety to read as follows:

### **Article 13 Data and Security**

#### **13.1 Nondisclosure of Private, Proprietary or Confidential Information.**

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

**13.1.2 Confidential Information.** In the performance of Services, Contractor may have access to, 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) (04-12-2018)

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.

**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.

**13.5 Management of City Data and Confidential Information.**

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

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

2.6 **Article 15 Official Actions Relating to the Emergency; FEMA Assistance**, is hereby amended in its entirety to read as follows:

**Article 15 Official Actions Relating to the Emergency; FEMA Assistance.**

15.1 **Orders of Local, State or Federal Officials.** City and Contractor mutually acknowledge that local, state, or federal authorities may issue official orders related to the COVID-19 epidemic, or take other official actions, subsequent to the execution of this Agreement that Parties to this Agreement cannot presently predict. City and Contractor mutually acknowledge and agree that this Agreement shall be subject to the provisions of any such official action or order (“Official Actions”), as they may be revised and updated. If the provisions of any such Official Actions materially impact the terms of this Agreement, the provisions of those Official Actions shall govern. Contractor shall stay updated on the status of the City Health Officer orders by checking the Department of Public Health website (sfdph.org) regularly.

15.2 **FEMA Assistance.** This is an acknowledgement that FEMA financial assistance will be requested by City and if provided will be used to fund all or a portion of this Agreement. Contractor shall comply with all applicable Federal law, regulations, executive orders, FEMA policies, procedures, and directives, including the FEMA Contract Requirements attached hereto as Appendix D and incorporated herein by reference.

The Appendices listed below are Amended as follows:

2.7 **Appendix A.** Appendix A is hereby replaced in its entirety by Appendix A, attached to this Amendment and incorporated within the Agreement.

2.8 **Appendix A-1.** Appendix A-1 is hereby replaced in its entirety by Appendix A-1, attached to this Amendment and incorporated within the Agreement.

2.9 **Appendix A-2.** Appendix A-2 is hereby replaced in its entirety by Appendix A-2, attached to this Amendment and incorporated within the Agreement.

2.10 **Appendix A-4.** Appendix A-4 is hereby replaced in its entirety by Appendix A-4, attached to this Amendment and incorporated within the Agreement.

2.11 **Appendix A-9.** Appendix A-9 is hereby added to this Amendment and fully incorporated within the Agreement.

2.12 **Appendix B.** Appendix B is hereby replaced in its entirety by Appendix B, attached to this Amendment and incorporated within the Agreement.

2.13 **Appendix B-1c.** Appendix B-1c is hereby replaced in its entirety by Appendix B-1c, attached to this Amendment and incorporated within the Agreement.

2.14 **Appendix B-1d.** Appendix B-1d is hereby replaced in its entirety by Appendix B-1d, attached to this Amendment and incorporated within the Agreement.

2.15 **Appendix B-2c.** Appendix B-2c is hereby replaced in its entirety by Appendix B-2c, attached to this Amendment and incorporated within the Agreement.

2.16 **Appendix B-2d.** Appendix B-2d is hereby replaced in its entirety by Appendix B-2d, attached to this Amendment and incorporated within the Agreement.

2.17 **Appendix B-3b.** Appendix B-3b is hereby replaced in its entirety by Appendix B-3b, attached to this Amendment and incorporated within the Agreement.

2.18 **Appendix B-3c.** Appendix B-3c is hereby replaced in its entirety by Appendix B-3c, attached to this Amendment and incorporated within the Agreement.

2.19 **Appendix B-3d.** Appendix B-3d is hereby replaced in its entirety by Appendix B-3d, attached to this Amendment and incorporated within the Agreement.

2.20 **Appendix B-4b.** Appendix B-4b is hereby replaced in its entirety by Appendix B-4b, attached to this Amendment and incorporated within the Agreement.

2.21 **Appendix B-4c.** Appendix B-4c is hereby added to this Amendment and fully incorporated within the Agreement.

2.22 **Appendix B-9.** Appendix B-9 is hereby added to this Amendment and fully incorporated within the Agreement.

2.23 **Appendix D.** Appendix D is hereby replaced in its entirety by Appendix D, attached to this Amendment and incorporated within the Agreement.

2.24 **Appendix E.** Appendix E is hereby replaced in its entirety by Appendix E Dated: OCPA & CAT v4-12-18 and Attestation forms 06-07-2017, attached to this Amendment and incorporated within the Agreement.

2.25 **Appendix F-1c.** Appendix F-1c is hereby replaced in its entirety by Appendix F-1c, attached to this Amendment and incorporated within the Agreement.

2.26 **Appendix F-1d.** Appendix F-1d is hereby replaced in its entirety by Appendix F-1d, attached to this Amendment and incorporated within the Agreement.

2.27 **Appendix F-2c.** Appendix F-2c is hereby replaced in its entirety by Appendix F-2c, attached to this Amendment and incorporated within the Agreement.

2.28 **Appendix F-2d.** Appendix F-2d is hereby replaced in its entirety by Appendix F-2d, attached to this Amendment and incorporated within the Agreement.

2.29 **Appendix F-3b.** Appendix F-3b is hereby replaced in its entirety by Appendix F-3b, attached to this Amendment and incorporated within the Agreement.

2.30 **Appendix F-3c.** Appendix F-3c is hereby replaced in its entirety by Appendix F-3c, attached to this Amendment and incorporated within the Agreement.

2.31 **Appendix F-3d.** Appendix F-3d is hereby replaced in its entirety by Appendix F-3d, attached to this Amendment and incorporated within the Agreement.

2.32 **Appendix F-4b.** Appendix F-4b is hereby replaced in its entirety by Appendix F-4b, attached to this Amendment and incorporated within the Agreement.

2.33 **Appendix F-4c.** Appendix F-4c is hereby added to this Amendment and fully incorporated within the Agreement.

2.34 **Appendix F-9.** Appendix F-9 is hereby added to this Amendment and fully incorporated within the Agreement.

2.35 **Appendix H.** Appendix H is hereby replaced in its entirety by Appendix H, attached to this Amendment and incorporated within the Agreement.

2.36 **Appendix I.** Appendix I is hereby added to this Amendment and fully incorporated within the Agreement.

### **Article 3 Effective Date**

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

### **Article 4 Legal Effect**

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

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

CITY

Recommended by:

\_\_\_\_\_  
Grant Colfax, MD  
Director of Health  
Department of Public Health

Approved as to Form:

Dennis J. Herrera  
City Attorney

By: \_\_\_\_\_  
Deputy City Attorney

Approved:

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

By: \_\_\_\_\_

CONTRACTOR  
**SAN FRANCISCO PUBLIC HEALTH  
FOUNDATION**

DocuSigned by:

*Penny Eardley*

\_\_\_\_\_  
**Penny Eardley**  
**Executive Director**  
**1 Hallidie Plaza, Suite 808**  
**San Francisco, CA 94102**

City Supplier number: **0000011526**

## **Appendix A Scope of Services**

### **1. Terms**

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Tracey Packer / 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 Zuckerberg San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or the to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. 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.

G. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

H. 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."

I. 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      Program Administration for Community Health Engagement**
- Appendix A-2      Program Administration for Community Health Engagement**
- Appendix A-4      Program Administration for Community Health Engagement - COVID-19**
- Appendix A-5      Program Administration for Community Health Engagement – End Hep C SF & Hep C Lab**
- Appendix A-6      Program Administration for Community Health Engagement – COVID – 19 OPS Testing**
- Appendix A-7      Program Administration for Community Health Engagement – Dream Keeper Initiative**

**Appendix A-8      Program Administration for Community Health Engagement – End  
Hep C SF Community Navigation**

**Appendix A-9      Program Administration for Community Health Engagement –  
District 5 Community Resource HUB**

**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.

**CONTRACT SUMMARY**

**Contractor/Vendor:**  
**Service Provider:**  
**Total Contract Amount:**  
**Funding Source:**  
**Program Name:**  
**System of Care:**  
**Program Code:**  
**Provider Address:**  
**Provider Phone:**  
**Contact Person:**  
**RFP# and Term:**

San Francisco Public Health Foundation  
 \$18,483,220  
 Grant CDC, GF HIV Prevention, GF Health Education, State.CDPH, GF BOS Addback, GF-FEMA, Dream Keeper's Initiative, and Work Order Community Health Engagement including COVID 19 Services, CHEP - End Hep C/Hep Community Engagement, Dream Keeper's Initiative, FACES SF, and Community Services.  
 CHEP  
 N/A  
 1 Hallidie Plaza, Suite 808  
 415-504-6738 ext.101  
 Penny Eardley  
 RFQ 36-2017 [1/1/2020 to 12/31/2024]

**Appendix A#:**  
**Funding Source**  
**Appendix B:**  
**Year:**  
**Funding Amount:**  
**Unspent Funding:**  
**Funding Term:**  
**Number of UOS:**  
**Number of UDC/NOC:**  
**Definition of UOS:**

**A-1**  
**GF-Health Education**

A-1/B-1	B-1a	B-1b	B-1c	B-1d
FY19-20	FY20-21	FY21-22	FY22-23	FY23-24
\$39,000	\$615,383	\$620,050	\$615,383	\$615,383
	-\$60,970			
01/01/2020-06/30/2020	7/1/2020-6/30/21	7/1/2021-6/30/22	7/1/2022-6/30/23	7/1/2023-6/30/24
6	132	132	132	132
1	10	10	10	10
Number of Subcontractors x months in fiscal year				

**Target Population:**  
**Description of Services:**

**The San Francisco Public Health Foundation target population is the subcontractors participating in the CHEP Community Health Engagement Program.**  
**The San Francisco Public Health Foundation will provide Program Management, Capacity Building and Subcontractor Management Services in support of the programs listed below serviced by the following contractors: Community Health Engagement, Violence Prevention, Vision Zero and Community and Home Injury Prevention Program for Seniors (CHIPPS).**

**Appendix A#:**  
**Funding Source**  
**Appendix B:**  
**Year:**  
**Funding Amount:**  
**Unspent Funding:**  
**Funding Term:**  
**Number of UOS:**  
**Number of UDC/NOC:**  
**Definition of UOS:**

**A-2**  
**GF- HIV Prevention**

B-2	B-2a	B-2b	B-2c	B-2d
FY19-20	FY20-21	FY21-22	FY22-23	FY23-24
\$10,417	\$25,000	\$25,000	\$25,000	\$25,000
	-\$2,084			
2/1/2020-6/30/2020	7/1/2020-6/30/2021	7/1/2021-6/30/2022	7/1/2022-6/30/2023	7/1/2023-6/30/2024
234	536	536	536	536
n/a	n/a	n/a	n/a	n/a
Staff Hours				

**Target Population:**  
**Description of Services:**

**The San Francisco Public Health Foundation will provide Human Resources Management/Support in support of the End Hep C SF project.**  
**End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.**

**Appendix A# :**  
**Funding Source**  
**Appendix B:**  
**Year:**  
**Funding Amount:**  
**Unspent Funding:**  
**Funding Term:**  
**Number of UOS:**  
**Number of UDC/NOC:**  
**Definition of UOS:**

**A-2**  
**CDC - Grant**

B-3	B-3a	B-3b	B-3c	B-3d
FY19-20	FY20-21	FY21-22	FY22-23	FY23-24
\$22,917	\$25,000	\$25,000	\$25,000	\$25,000
-\$1,042				
2/1/2020-12/30/2020	1/1/2021-12/31/2021	1/1/2022-12/31/2022	1/1/2023-12/31/2023	1/1/2024-12/31/2024
520	567	567	567	567
N/A	N/A	N/A	N/A	N/A
Staff Hours				

**Target Population:**

**The San Francisco Public Health Foundation will provide Human Resources Management/Support in support of the End Hep C SF project.**

**Description of Services:** End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

**Appendix A# :**  
**Funding Source**  
**Appendix B:**  
**Year:**  
**Funding Amount:**  
**Unspent Funding:**  
**Funding Term:**  
**Number of UOS:**  
**Number of UDC/NOC:**  
**Definition of UOS:**

A-4 General Fund - FEMA, State - HUB&CI & CDC Grant			
B-4a	B-4a.1	B-4b	B-4c
FY20-21	FY20-21	FY21-22	FY22/23
\$4,500,000	\$1,000,000	\$9,430,050	\$779,763
-\$926,436			
8/1/2020 - 6/30/2021	9/1/2020 - 06/30/2021	07/01/21 - 6/30/22	01/01/22 - 5/30/23
59	14	120	12
8	2	10	1
Number of Subcontractors x months in fiscal year			

**Target Population:** The San Francisco Public Health Foundation target population are the subcontractors participating in the services provided to San Franciscans that are disproportionately impacted by COVID 19.

**Description of Services:** The San Francisco Public Health Foundation will provide Program Management, Capacity Building and Subcontractor Management Services to subcontractors who will respond to an application seeking COVID-19 community prevention, mitigation, and wellness programs that include focused outreach and mobile test site support, case investigation and contact tracing (CI/CT), community care for COVID-19 positive individuals, and a community partner CI/CT training center for vulnerable populations and the neighborhoods they live in.

**Appendix A# :**  
**Funding Source**  
**Appendix B:**  
**Year:**  
**Funding Amount:**  
**Funding Term:**  
**Number of UOS:**  
**Number of UDC/NOC:**  
**Definition of UOS:**

A-5 State /CDPH & CDC Grant			
B-5	B-5a	B-5a.1	
FY20-21	FY21-22	FY21-22	
\$130,406	\$80,000	\$115,000	
7/17/2020- 6/30/2021	07/01/2021 - 04/30/22	07/01/21 - 04/30/22	
2080	12	1726	
N/A	N/A	N/A	
1 Unit = 1 Hour			

**Target Population:** Priority populations in San Francisco that are impacted by HIV and Hep C.

**Description of Services:** In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Human Resources Management/Support in support of the End Hep C SF project.

**Appendix A# :**  
**Funding Source**  
**Appendix B:**  
**Year:**  
**Funding Amount:**  
**Funding Term:**  
**Number of UOS:**  
**Number of UDC/NOC:**  
**Definition of UOS:**

A-6 GF BOS Addback	
B-6	
FY20-21	
\$125,000	
12/1/2020- 6/30/2021	
4	
1	
1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year	

**Target Population:** Priority populations in San Francisco that are disproportionately impacted by COVID 19 and adverse effects.

**Description of Services:** San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of COVID OPS Testing serviced by subcontractor FACES SF Bayview Health.

**Appendix A# :**  
**Funding Source**  
**Appendix B:**  
**Year:**  
**Funding Amount:**  
**Unspent Funding:**  
**Funding Term:**  
**Number of UOS:**  
**Number of UDC/NOC:**  
**Definition of UOS:**

A-7 Dream Keeper's Initiative Grant		
B-7	B-7a	
FY20-21	FY21-22	
\$300,000	\$188,931	
-\$188,931		
12/1/2020- 6/30/2021	07/01/21 - 06/30/22	
9	24	
3	3	
1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year		

**Target Population:** Priority populations in San Francisco that are disproportionately impacted by COVID 19 and adverse effects.

<b>Description of Services:</b>	San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of the Dream Keeper's Initiative serviced by subcontractor: Rafiki Coalition, YMCA Urban Services, and Southwest Community Corp.	
<b>Appendix A# :</b>	A-8	
<b>Funding Source</b>	GF	
<b>Appendix B:</b>	B-8	
<b>Year:</b>	FY21-22	
<b>Funding Amount:</b>	\$100,000	
<b>Funding Term:</b>	07/01/21 - 06/30/22	
<b>Number of UOS:</b>	42	
<b>Number of UDC/NOC:</b>	4	
<b>Definition of UOS:</b>	1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year	
<b>Target Population:</b>	Priority populations in San Francisco that are disproportionately impacted by HIV and Hep C.	
<b>Description of Services:</b>	San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of the following subcontractor: St. James Infirmary, Glide Foundation, San Francisco AIDS Foundation, and TBD Subcontractor.	
<b>Appendix A# :</b>	A-9	
<b>Funding Source</b>	WO	
<b>Appendix B:</b>	B-9	
<b>Year:</b>	FY21-22	
<b>Funding Amount:</b>	\$175,000	
<b>Funding Term:</b>	07/01/21 - 06/30/22	
<b>Number of UOS:</b>	12	
<b>Number of UDC/NOC:</b>	1	
<b>Definition of UOS:</b>	1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year	
<b>Target Population:</b>	Priority populations in San Francisco that are disproportionately impacted COVID 19 and it's adverse effects.	
<b>Description of Services:</b>	San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of community services.	

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-1**

**Appendix Term: 01/01/2020-06/30/2024**

**Funding Source: General Fund-Health Education**

**1. Identifiers:**

San Francisco Public Health Foundation (SFPHF)  
1 Hallidie Plaza, Suite 808, San Francisco, CA 94102  
415-504-6738 Fax: 415-520-0471  
www.sfphf.org

Executive Director/Program Director: Penny Eardley  
Telephone: 415-504-6738 ext. 101  
Email Address: peardley@sfphf.org

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Program Management, Capacity Building and Subcontractor Management Services in support of the programs listed below serviced by the following contractors:

**Community Health Engagement:** The goal of the SFDPH Community Health Engagement Project is to support and promote community-wide health and well-being as well as community capacity building efforts. Subcontractor: TBD

**Community and Home Injury Prevention Program for Seniors (CHIPPS):** The goal of the Community & Home Injury Prevention Program for Seniors (CHIPPS) is to prevent falls and injuries to seniors living in San Francisco by providing fall prevention education, home safety devices, minor home repairs, and minor home modifications so seniors can live safely at home. Subcontractor: Rebuilding Together SF

**Violence Prevention:** The goal of this contract is to support comprehensive services offered by CARECEN’s Second Chance Youth Program. The peer support groups create safe environments at local high schools and community spaces to actively engage in critical thinking, life-skills development, and fun, culturally affirming group activities. Subcontractor: CARECEN

**Vision Zero:** The goal of the Vision Zero – Community Engagement Program is to reduce traffic-related fatalities and severe injuries, especially to children, seniors, and people with disabilities. Subcontractors: Raimi and Associates, Walk SF Foundation – 2 programs, Senior and Disability Action, Chinatown Community Development Center, Lighthouse for the Blind and Visually Impaired, Portola Family Center, Tenderloin Community Benefit District

No use of technological services.

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-1**

**Appendix Term: 01/01/2020-06/30/2024**

**Funding Source: General Fund-Health Education**

**4. Target Population:**

To provide Community Health Engagement services to all ethnicities and populations, with focused expertise to address the unique cultural needs of:

- Black, African American
- Asian, including Chinese
- Pacific Islander
- Latinx
- Youth and transitional-age youth
- Seniors
- Low-income populations
- Individuals experiencing health disparities
- Others as identified

**Community and Home Injury Prevention Program for Seniors (CHIPPS):**

- Priority populations are all seniors over 65 years old who live in San Francisco.
  - Subcontractor: Rebuilding Together SF

**Violence Prevention:**

- “at/in risk” Latino youth between the ages of 14-18 years in the San Francisco Bay Area
  - Subcontractor: CARECEN

**Vision Zero:**

- Children
- Seniors
- People with disabilities
- Low-income populations
  - Subcontractors: Raimi and Associates, Walk SF Foundation – 2 programs, Senior and Disability Action, Chinatown Community Development Center, Lighthouse for the Blind and Visually Impaired, Portola Family Center, Tenderloin Community Benefit District

**5. Modality(s)/Intervention(s):**

**1 Unit = 1 subcontractor x number of months in the current fiscal year**

<b>Units of Service (UOS) Description 1/01/2020 to 6/30/2020</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>Community Health Engagement Program Administration</b> Subcontractor: 18 Reasons	6	1
<b>Total UOS Delivered</b>	<b>6</b>	
<b>Total UDC Served</b>		<b>1</b>

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-1**

**Appendix Term: 01/01/2020-06/30/2024**

**Funding Source: General Fund-Health Education**

<b>Units of Service (UOS) Description 7/01/2020 to 6/30/2021</b>	<b>Units of Service in months (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>Community Health Engagement Program Administration - Subcontractors TBD (1)</b>	12	1
<b>Community &amp; Home Injury Prevention Program for Seniors Program Administration - Subcontractor: Rebuilding Together San Francisco</b>	12	1
<b>Violence Prevention Program Administration - Subcontractor: CARECEN</b>	12	1
<b>Vision Zero Program Administration</b> Subcontractors: (8) Raimi and Associates Walk SF Foundation – 2 programs Senior and Disability Action Chinatown Community Development Center Lighthouse for the Blind and Visually Impaired Portola Family Center Tenderloin Community Benefit District	12 24 12 12 12 12 12 (96)	7
<b>Total UOS Delivered</b>	132 UOS	
<b>Total UDC Served</b>		10

<b>Units of Service (UOS) Description 7/01/2021 to 6/30/2022</b>	<b>Units of Service in months (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>Community Health Engagement Program Administration - 1 Subcontractors</b>	12	1
<b>Community &amp; Home Injury Prevention Program for Seniors Program Administration - 1 Subcontractors</b>	12	1
<b>Violence Prevention Program Administration -1 Subcontractors</b>	12	1
<b>Vision Zero Program Administration - 8 Subcontractors</b>	96	7
<b>Total UOS Delivered</b>	132 UOS	
<b>Total UDC Served</b>		10

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-1**

**Appendix Term: 01/01/2020-06/30/2024**

**Funding Source: General Fund-Health Education**

<b>Units of Service (UOS) Description 7/01/2022 to 6/30/2023</b>	<b>Units of Service in months (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>Community Health Engagement Administration - Subcontractors TBD</b>	12	1
<b>Community &amp; Home Injury Prevention Program for Seniors Program Administration – 1 Subcontractors</b>	12	1
<b>Violence Prevention Program Administration – 1 Subcontractors</b>	12	1
<b>Vision Zero Program Administration – 8 Subcontractors</b>	96	7
<b>Total UOS Delivered</b>	132 UOS	
<b>Total UDC Served</b>		10

<b>Units of Service (UOS) Description 7/01/2023 to 6/30/2024</b>	<b>Units of Service in months (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>Community Health Engagement Program Administration- Subcontractors TBD</b>	12	1
<b>Community &amp; Home Injury Prevention Program for Seniors Program Administration - 1 Subcontractors</b>	12	1
<b>Violence Prevention Program Administration – 1 Subcontractors</b>	12	1
<b>Vision Zero Program Administration - 8 Subcontractors</b>	96	7
<b>Total UOS Delivered</b>	132 UOS	
<b>Total UDC Served</b>		10

## 6. Methodology:

### Program Administration of Subcontractors

1. Manage and disburse funds as directed by the Department as it applies to the Community Health Engagement Program.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
  - a. Protect the assets of the organization and of the contractor;
  - b. Ensure the maintenance of accurate records of SFPHF’s financial activities;
  - c. Provide a framework for SFPHF’s financial decision making;
  - d. Establish and enforce operating standards and behavioral expectations;
  - e. Serve as a training resource for financial staff; and
  - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-1**

**Appendix Term: 01/01/2020-06/30/2024**

**Funding Source: General Fund-Health Education**

## **Objectives and Measurements:**

**SFPHF must submit an Annual Summary Report documenting achievement of all Objectives to System of Care Program Manager and the Business Office Contract Compliance (BOCC) within two months from the end of the contract year.**

### **A. Standardized Objectives:**

“All objectives and descriptions of how objectives will be measured, are contained in the Fiscal Intermediary/Program Management document entitled: Fiscal Intermediary Performance Objectives FY19-20.”

#### **FY 2019-2020 (six (6) months)**

By June 30, 2020, SFPHF program staff will complete subcontractor’s agreements as requested by CHEP program staff.

#### **FY 2020-2021 (twelve (12) months)**

By August 1, 2020, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

#### **FY 2021-2022 (twelve (12) months)**

By August 1, 2021, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

#### **FY 2022-2023 (twelve (12) months)**

By August 1, 2022, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

#### **FY 2023-2024 (twelve (12) months)**

By August 1, 2023, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

### **7. Continuous Quality Improvement:**

CHEP staff will work with the SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements.

To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-1**

**Appendix Term: 01/01/2020-06/30/2024**

**Funding Source: General Fund-Health Education**

**8. Required Language:**

NA

**9. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):**

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.
- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF 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. SFPHF acknowledges that it will provide to 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. SFPHF 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 SFPHF, with a copy sent the Department of Public Health's Program Director associated with this engagement.
- G. This list of requirements is provided to highlight for SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-2**

**Appendix Term: 02/01/2020-12/31/2024**

**Funding Source: General Fund-HIV Prevention/Grant CDC**

**1. Identifiers:**

San Francisco Public Health Foundation (SFPHF)  
 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102  
 415-504-6738 Fax: 415-520-0471  
 www.sfphf.org

Executive Director/Program Director: Penny Eardley  
 Telephone: 415-504-6738 ext. 101  
 Email Address: peardley@sfphf.org

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Human Resources Management/Support in support of the End Hep C SF project and as part of the Community Health Engagement goals. End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

No use of technological services.

**4. Target Population:**

To provide Community Engagement - HIV and Hep C services to all ethnicities and populations, with focused expertise to address the unique cultural needs of:

- Black, African American
- Asian, including Chinese
- Pacific Islander
- Latinx
- Youth and transitional-age youth
- Seniors
- Low-income populations
- Individuals experiencing health disparities
- Others as identified

**5. Modality(s)/Intervention(s):**

<b>Units of Service (UOS) Description</b> 2/01/2020 to 6/30/2020 B-2 2/01/2020 to 12/31/2020 B-3 1 UOS = 1 Hour	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
Program Administration – hours		
General Fund HIV Prevention – B-2	234	
Grant CDC – B-3	520	NA
<b>Total UOS Delivered</b>	<b>754</b>	

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-2**

**Appendix Term: 02/01/2020-12/31/2024**

**Funding Source: General Fund-HIV Prevention/Grant CDC**

<b>Total UDC Served</b>		
<b>Units of Service (UOS) Description</b> 7/01/2020 to 6/30/2021 B-2a 1/01/2021 to 12/31/2021 B-3a 1 UOS = 1 Hour	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
Program Administration – hours		
General Fund HIV Prevention – B-2a	536	
Grant CDC – B-3a	567	NA
<b>Total UOS Delivered</b>	<b>1105</b>	
<b>Total UDC Served</b>		

<b>Units of Service (UOS) Description</b> 7/01/2021 to 6/30/2022 B-2b 01/01/2022to 12/31/2022 B-3a 1 UOS = 1 Hour	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
Program Administration – hours		
General Fund HIV Prevention – B-2b	536	
Grant CDC – B-3b	567	NA
<b>Total UOS Delivered</b>	<b>1105</b>	
<b>Total UDC Served</b>		

<b>Units of Service (UOS) Description</b> 7/01/2022 to 6/30/2023 B-2c 01/01/2023 to 12/31/2023 B-3c 1 UOS = 1 Hour	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
Program Administration – hours		
General Fund HIV Prevention – B-2c	536	
Grant CDC – B-3c	567	NA
<b>Total UOS Delivered</b>	<b>1105</b>	
<b>Total UDC Served</b>		

<b>Units of Service (UOS) Description</b> 7/01/2023 to 6/30/2024 B-2d 01/01/2024 to 12/31/2024 B-3d 1 UOS = 1 Hour	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
Program Administration – hours		
General Fund HIV Prevention – B-2d	536	
Grant CDC – B-3d	567	NA
<b>Total UOS Delivered</b>	<b>1105</b>	
<b>Total UDC Served</b>		

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-2**

**Appendix Term: 02/01/2020-12/31/2024**

**Funding Source: General Fund-HIV Prevention/Grant CDC**

**6. Methodology:**

**Program Administration**

1. Manage and disburse funds as directed by the Department as it applies to this project.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
  - a. Protect the assets of the organization and of the contract;
  - b. Ensure the maintenance of accurate records of SFPHF’s financial activities;
  - c. Provide a framework for SFPHF’s financial decision making;
  - d. Establish and enforce operating standards and behavioral expectations;
  - e. Serve as a training resource for financial staff; and
  - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.

**Human Resources management**

Employ, supervise and evaluate performance of the End Hep C SF Program Coordinator. This position works from a remote office and supplies coordination to the End Hep C SF Coalition, including communication between partners, organizing meetings, creating communications on HIV and Hep C information to share with the public. The Program Coordinator works 40 hours per week and is supervised by the Executive Director of SFPHF.

**7. Objectives and Measurements:**

**A. Standardized Objectives:**

Not applicable.

**8. Continuous Quality Improvement:**

The SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements. To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

**9. Required Language:**

NA

**10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):**

NA

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: COVID 19 Community Outreach Services –**  
**Program Administration**

**Appendix A-4**

**Appendix Term: 08/01/2020-05/30/2023**

**Funding Source: General Fund-FEMA, State –**  
**HUB&CI & CDC**

**1. Identifiers:**

San Francisco Public Health Foundation (SFPHF)  
1 Hallidie Plaza, Suite 808, San Francisco, CA 94102  
415-504-6738 Fax: 415-520-0471  
www.sfphf.org

Executive Director/Program Director: Penny Eardley  
Telephone: 415-504-6738 ext. 101  
Email Address: peardley@sfphf.org

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of the programs listed below serviced by subcontractors TBD by scored application. Subcontractors will respond to an application seeking COVID-19 community prevention, mitigation, and wellness programs that include focused outreach and mobile test site support, case investigation and contact tracing (CI/CT), community care for COVID-19 positive individuals, and a community partner CI/CT training center for vulnerable populations and the neighborhoods they live in.

No use of technological services.

**4. Target Population:**

To provide COVID 19 – Community Health Engagement services to all ethnicities and populations, with focused expertise to address the unique cultural needs of:

- Black/African American
- Asian
- Native Hawaiian/Pacific Islander
- Latino/a/x
- Native American/Indigenous community
- Others as Identified

Grant awards will be delineated by zip code targeting these neighborhoods:

- 94124 (Bayview-Hunter’s Point)
- 94110 (Mission, Bernal Heights)
- 94134 (Visitacion Valley, Sunnydale, Portola)
- 94102 (Tenderloin)
- 94112 (Excelsior, Outer Mission, Crocker Amazon)
- 94115 (Western Addition)
- 94107 (Potrero Hill)
- 94127, 94132 (OMI/Lakeview)
- 94108 (Chinatown)

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: COVID 19 Community Outreach Services –**  
**Program Administration**

**Appendix A-4**

**Appendix Term: 08/01/2020-05/30/2023**

**Funding Source: General Fund-FEMA, State –**  
**HUB&CI & CDC**

**Modality(s)/Intervention(s):**

**1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year**

<b>Units of Service (UOS) Description 7/01/2020 to 6/30/2021</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
COVID 19 Community Outreach Services Program Administration - Start-up Months which include the RFP Process 08/01/2020 – 06/30/2021 – B-4a	3	n/a
COVID 19 Community Outreach Services Program Administration - 7 Subcontractors will provide services to a selected neighborhood. (7x7 months = 49) 08/01/2020 – 06/30/2021 – B-4a	49	7
COVID 19 Community Outreach Services Program Administration - 1 subcontractor will provide training services for CT/CI candidates. (1x7months=7) 08/01/2020 – 06/30/2021 – B-4a	7	1
COVID 19 Community Outreach Services Program Administration - 2 Subcontractors will provide services to a selected neighborhood. (2x7 months = 14) 09/01/2020 – 06/30/2021 – B-4a.1	14	2
<b>Total UOS Delivered</b>	<b>73</b>	
<b>Total UDC Served</b>		<b>10</b>
<b>Units of Service (UOS) Description 7/01/2021 to 6/30/2022</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
COVID 19 Community Outreach Services Program Administration - 9 Subcontractors will provide services to a selected neighborhood. (9x12 months = 108) 07/01/2021 – 06/30/2022 – B-4b	108	9
COVID 19 Community Outreach Services Program Administration - 1 subcontractor will provide training services for CT/CI candidates. (1x12months=12) – B-4b 07/01/2021 – 06/30/2022	12	1
<b>Total UOS Delivered</b>	<b>120</b>	
<b>Total UDC Served</b>		<b>10</b>

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: COVID 19 Community Outreach Services –**  
**Program Administration**

**Appendix A-4**

**Appendix Term: 08/01/2020-05/30/2023**

**Funding Source: General Fund-FEMA, State –**  
**HUB&CI & CDC**

<b>Units of Service (UOS) Description 1/01/2022 to 5/30/2023</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
COVID 19 Community Outreach Services Program Administration Services and Subcontractors TBD as pandemic needs develop. – B-4c	12	1
	12	1
<b>Total UOS Delivered</b>	<b>12</b>	
<b>Total UDC Served</b>		<b>1</b>

## 5. Methodology:

### Program Administration of Subcontractors

1. Manage and disburse funds as directed by the Department as it applies to the COVID 19 Community Outreach Services Program.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
  - a. Protect the assets of the organization and of the contractor;
  - b. Ensure the maintenance of accurate records of SFPHF’s financial activities;
  - c. Provide a framework for SFPHF’s financial decision making;
  - d. Establish and enforce operating standards and behavioral expectations;
  - e. Serve as a training resource for financial staff; and
  - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements

## Objectives and Measurements:

**SFPHF must submit an Annual Summary Report documenting achievement of all Objectives to System of Care Program Manager and the Business Office Contract Compliance (BOCC) within two months from the end of the contract year.**

### A. Standardized Objectives:

“All objectives and descriptions of how objectives will be measured, are contained in the Fiscal Intermediary/Program Management document entitled: Fiscal Intermediary Performance Objectives FY20-21.”

#### **FY 2020-2021**

By December 1, 2020, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: COVID 19 Community Outreach Services –**  
**Program Administration**

**Appendix A-4**

**Appendix Term: 08/01/2020-05/30/2023**

**Funding Source: General Fund-FEMA, State –**  
**HUB&CI & CDC**

**FY 2021-2022**

By July 1, 2021, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

**FY 2022-2023**

By January 31, 2022, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

**6. Continuous Quality Improvement:**

CHEP staff will work with the SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements.

To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

**7. Required Language:**

NA

**8. Subcontractors & Consultants:**

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.
- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF 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. SFPHF acknowledges that it will provide to 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.

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: COVID 19 Community Outreach Services –**  
**Program Administration**

**Appendix A-4**

**Appendix Term: 08/01/2020-05/30/2023**

**Funding Source: General Fund-FEMA, State –**  
**HUB&CI & CDC**

- E. SFPHF 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 SFPHF, with a copy sent the Department of Public Health's Program Director associated with this engagement.
- G. This list of requirements is provided to highlight for SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – D5**  
**Community Resource Hub – Program Administration**

**Appendix A-9**  
**Appendix Term: 07/01/2021-06/30/2022**  
**Funding Source: Work Order**

**1. Identifiers:**

San Francisco Public Health Foundation (SFPHF)  
1 Hallidie Plaza, Suite 808, San Francisco, CA 94102  
415-504-6738 Fax: 415-520-0471  
www.sfphf.org

Executive Director/Program Director: Penny Eardley  
Telephone: 415-504-6738 ext. 101  
Email Address: peardley@sfphf.org

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of a D5 Community Resource Hub serviced by subcontractors listed below:

- Collective Impact

No use of technological services.

**4. Target Population:**

To provide Community Health Engagement services to all ethnicities and populations, with focused expertise to address unique cultural needs of:

- Black/African American
- Asian
- Native Hawaiian/Pacific Islander
- Latino/a/x
- Native American/Indigenous community
- Others as Identified

Grant awards will be delineated by zip code targeting these neighborhoods:

- 94115 (Western Addition)

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – D5**  
**Community Resource Hub – Program Administration**

**Appendix A-9**

**Appendix Term: 07/01/2021-06/30/2022**

**Funding Source: Work Order**

## 5. Modality(s)/Intervention(s):

**1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year**

<b>Units of Service (UOS) Description</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>B-9 (7/1/21 – 6/30/22)</b>		
Collective Impact 7/1/2021 – 6/30/2022 (1 month x 12 months)	12	1
<b>Total UOS Delivered</b>	<b>12</b>	
<b>Total UDC Served</b>		<b>1</b>

## 6. Methodology:

### Program Administration of Subcontractors

1. Manage and disburse funds as directed by the Department as it applies to the Community Outreach Services Program.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
  - a. Protect the assets of the organization and of the contractor;
  - b. Ensure the maintenance of accurate records of SFPHF’s financial activities;
  - c. Provide a framework for SFPHF’s financial decision making;
  - d. Establish and enforce operating standards and behavioral expectations;
  - e. Serve as a training resource for financial staff; and
  - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements

## 7. Objectives and Measurements:

SFPHF must submit an Annual Summary Report documenting achievement of all Objectives to System of Care Program Manager and the Business Office Contract Compliance (BOCC) within two months from the end of the contract year.

### A. Standardized Objectives:

“All objectives and descriptions of how objectives will be measured, are contained in the Fiscal Intermediary/Program Management document entitled: Fiscal Intermediary Performance Objectives FY20-21.”

### FY 2021-2022

By October 1, 2021, SFPHF staff will initiate subcontract management and program administration support of subcontractor.

## 8. Continuous Quality Improvement:

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – D5**  
**Community Resource Hub – Program Administration**

**Appendix A-9**

**Appendix Term: 07/01/2021-06/30/2022**

**Funding Source: Work Order**

CHEP staff will work with the SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements.

To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

**9. Required Language:**

NA

**10. Subcontractors & Consultants:**

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.
- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF 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. SFPHF acknowledges that it will provide to 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. SFPHF 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 SFPHF, with a copy sent the Department of Public Health's Program Director associated with this engagement.
- G. This list of requirements is provided to highlight for SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

**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	<b>Budget Summary</b>
Appendix B-1, B-1a, B-1b, B-1c, B-1d	<b>Program Administration for Community Health Engagement</b>
Appendix B-2, B-2a, B-2b, B-2c, B-2d	<b>Program Administration for Community Health Engagement</b>
Appendix B-3, B-3a, B-3b, B-3c, B-3d	<b>Program Administration for Community Health Engagement</b>
Appendix B-4a, B-4a.1, B-4b, B-4c	<b>Program Administration for Community Health Engagement - COVID-19</b>
Appendix B-5, B-5a, B-5a.1	<b>Program Administration for Community Health Engagement – End Hep C SF &amp; Hep C Lab</b>
Appendix B-6	<b>Program Administration for Community Health Engagement – COVID-19 OPS Testing</b>
Appendix B-7, B-7a	<b>Program Administration for Community Health Engagement – Dream Keeper’s Initiative</b>
Appendix B-8	<b>Program Administration for Community Health Engagement – End Hep C SF Community Navigation</b>
Appendix B-9	<b>Program Administration for Community Health Engagement – District 5 Community Resource HUB</b>

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$1,544,347** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

	<u>Term</u>	<u>Funding Source</u>	<u>Amount</u>
Original Agreement	01/01/2020 – 06/30/2020	General Fund	\$39,000
Original Agreement	02/01/2020 – 06/30/2020	General Fund	\$10,417
Original Agreement	02/01/2020 – 12/31/2020	CDC	\$22,917
Original Agreement	07/01/2020 – 06/30/2021	General Fund	\$615,383
Original Agreement	07/01/2020 – 06/30/2021	General Fund	\$25,000
Original Agreement	01/01/2021 – 12/31/2021	CDC	\$25,000
Original Agreement	07/01/2021 – 06/30/2022	General Fund	\$615,383
Original Agreement	07/01/2021 – 06/30/2022	General Fund	\$25,000
Original Agreement	01/01/2022 – 12/31/2022	CDC	\$25,000
Original Agreement	07/01/2022 – 06/30/2023	General Fund	\$615,383
Original Agreement	07/01/2022 – 06/30/2023	General Fund	\$25,000
Original Agreement	01/01/2023 – 12/31/2023	CDC	\$25,000
Original Agreement	07/01/2023 – 06/30/2024	General Fund	\$615,383
Original Agreement	07/01/2023 – 06/30/2024	General Fund	\$25,000
Original Agreement	01/01/2024 – 12/31/2024	CDC	\$25,000
Amendment #1	08/01/2020 – 06/30/2021	GF – FEMA	\$2,250,000
Amendment #1	08/01/2020 – 06/30/2021	GF – FEMA	\$2,000,000
Amendment #1	08/01/2020 – 06/30/2021	GF – FEMA	\$250,000
Amendment #1	09/01/2020 – 06/30/2021	State	\$1,000,000
Amendment #1	07/01/2020 – 12/31/2024	TBD	\$130,406
Revision to Program Budgets #1	07/01/2020 – 12/31/2024	TBD	-\$130,406
Revision to Program Budgets #1	07/17/2020 – 06/30/2021	CDPH	\$130,406
Revision to Program Budgets #1	12/01/2020 – 06/30/2021	GF	\$125,000
Revision to Program Budgets #1	12/01/2020 – 06/30/2021	Grant	\$300,000
Revision to Program Budgets #2	02/01/2020 – 12/31/2020	CDC	-\$1,042
Revision to Program Budgets #2	07/01/2020 – 06/30/2021	GF	-\$60,970
Revision to Program Budgets #2	07/01/2020 – 06/30/2021	GF	-\$2,084
Revision to Program Budgets #2	08/01/2020 – 06/30/2021	GF – FEMA	-\$926,436

Revision to Program Budgets #2	12/01/2020 – 06/30/2021	Grant	-\$188,931
Revision to Program Budgets #2	07/01/2021 – 06/30/2022	GF	\$4,667
Revision to Program Budgets #2	07/01/2021 – 04/30/2022	CDC	\$80,000
Revision to Program Budgets #2	07/01/2021 – 04/30/2022	CDC	\$115,000
Revision to Program Budgets #2	07/01/2021 – 06/30/2022	GF	\$100,000
Revision to Program Budgets #2	07/01/2021 – 06/30/2022	Grant	\$188,931
Revision to Program Budgets #2	07/01/2021 – 06/30/2022	GF – FEMA	\$2,616,664
Revision to Program Budgets #2	01/01/2022 – 12/31/2022	CDC	-\$25,000
Revision to Program Budgets #2	07/01/2022 – 06/30/2023	GF	-\$615,383
Revision to Program Budgets #2	07/01/2022 – 06/30/2023	GF	-\$25,000
Revision to Program Budgets #2	01/01/2023 – 12/31/2023	CDC	-\$25,000
Revision to Program Budgets #2	07/01/2023 – 06/30/2024	GF	-\$615,383
Revision to Program Budgets #2	07/01/2023 – 06/30/2024	GF	-\$25,000
Revision to Program Budgets #2	01/01/2024 – 12/31/2024	CDC	-\$25,000
<b>Amendment #2</b>	<b>07/01/2021 – 06/30/2022</b>	<b>GF – FEMA</b>	<b>\$6,813,386</b>
<b>Amendment #2</b>	<b>07/01/2021 – 06/30/2022</b>	<b>WO</b>	<b>\$175,000</b>
<b>Amendment #2</b>	<b>01/01/2022 – 05/30/2023</b>	<b>CDC</b>	<b>\$779,763</b>
<b>Amendment #2</b>	<b>01/01/2022 – 12/31/2022</b>	<b>CDC</b>	<b>\$25,000</b>
<b>Amendment #2</b>	<b>07/01/2022 – 06/30/2023</b>	<b>GF</b>	<b>\$615,383</b>
<b>Amendment #2</b>	<b>07/01/2022 – 06/30/2023</b>	<b>GF</b>	<b>\$25,000</b>
<b>Amendment #2</b>	<b>01/01/2023 – 12/31/2023</b>	<b>CDC</b>	<b>\$25,000</b>
<b>Amendment #2</b>	<b>07/01/2023 – 06/30/2024</b>	<b>GF</b>	<b>\$615,383</b>
<b>Amendment #2</b>	<b>07/01/2023 – 06/30/2024</b>	<b>GF</b>	<b>\$25,000</b>
<b>Amendment #2</b>	<b>01/01/2024 – 12/31/2024</b>	<b>CDC</b>	<b>\$25,000</b>
		Total Award Amount:	\$18,483,220
		Contingency 7/1/2021 – 12/31/2024:	\$1,544,347
		(This equals the total NTE) Total:	\$20,027,567

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.

CID #: 1000016941

DPH Section: CHEP - Community Health Equity and Promotion

Check one:  Original Agreement  Revision to Program Budgets

Agency/Contractor Name: San Francisco Public Health Foundation

Program/Provider Name: Appendix Number:	Community Health Engagement A-1/B-1	Community Health Engagement A-2/B-2	Community Health Engagement A-2/B-3	Community Health Engagement A-1/B-1a	Community Health Engagement A-2/B-2a	Community Health Engagement A-2/B-3a	COVID 19 Community Outreach A-4/B4a	COVID 19 Community Outreach A-4/B-4a.1	Community Health Engagement-End Hep, C, SF A-5/B-5	Community Health Engagement - COVID 19 - OPS Testing A-6/B-6	Community Health Engagement - Dream Keeper's Initiative A-7/B-7	Community Health Engagement A-1/B-1b	Community Health Engagement A-2/B-2b
Appendix Term:	01/01/2020-06/30/2020	02/01/2020-06/30/2020	02/01/2020-12/31/2020	07/01/2020-06/30/2021	07/01/2020-06/30/2021	01/01/2021-12/31/2021	08/01/2020-06/30/2021	09/01/2020-06/30/2021	7/17/2020-06/30/2021	12/01/2020-06/30/2021	12/01/2020-06/30/2021	07/01/2021-06/30/2022	07/01/2021-06/30/2022
Salaries	\$ -	\$ 8,033	\$ 17,850	\$ -	\$ 18,227	\$ 18,227			\$ 88,000			\$ -	\$ 18,227
Employee Benefits	\$ -	\$ 1,437	\$ 2,983	\$ -	\$ 4,500	\$ 4,500			\$ 21,940			\$ -	\$ 4,500
<b>Total Personnel Expenses</b>	<b>\$ -</b>	<b>\$ 9,470</b>	<b>\$ 20,833</b>	<b>\$ -</b>	<b>\$ 22,727</b>	<b>\$ 22,727</b>			<b>\$ 109,940</b>			<b>\$ -</b>	<b>\$ 22,727</b>
Employee Fringe Benefit Rate	0.0%	17.9%	16.7%	0.0%	24.7%	24.7%	0.0%		24.9%			0.0%	24.7%
Operating Expense	\$ 35,455	\$ -	\$ -	\$ 559,441	\$ -	\$ -	\$ 4,250,000	\$ 1,000,000	\$ 8,610	\$ 120,000	\$ 285,600	\$ 583,684	\$ -
<b>Subtotal Direct Costs</b>	<b>\$ 35,455</b>	<b>\$ 9,470</b>	<b>\$ 20,833</b>	<b>\$ 559,441</b>	<b>\$ 22,727</b>	<b>\$ 22,727</b>	<b>\$ 4,250,000</b>	<b>\$ 1,000,000</b>	<b>\$ 118,550</b>	<b>\$ 120,000</b>	<b>\$ 285,600</b>	<b>\$ 583,684</b>	<b>\$ 22,727</b>
Indirect Cost Amount	\$ 3,545	\$ 947	\$ 2,084	\$ 55,942	\$ 2,273	\$ 2,273	\$ 250,000		\$ 11,856	\$ 5,000	\$ 14,400	\$ 56,366	\$ 2,273
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	5.9%	0.0%	10.0%	4.2%	5.0%	10.0%	10.0%
<b>Total Expenses</b>	<b>\$ 39,000</b>	<b>\$ 10,417</b>	<b>\$ 22,917</b>	<b>\$ 615,383</b>	<b>\$ 25,000</b>	<b>\$ 25,000</b>	<b>\$ 4,500,000</b>	<b>\$ 1,000,000</b>	<b>\$ 130,406</b>	<b>\$ 125,000</b>	<b>\$ 300,000</b>	<b>\$ 620,050</b>	<b>\$ 25,000</b>

**REVENUES & FUNDING SOURCES**

DPH Funding Sources (select from drop-down list)	Community Health Engagement	COVID 19 Community Outreach	COVID 19 Community Outreach	Community Health Engagement-End Hep, C, SF	Community Health Engagement - COVID 19 - OPS Testing	Community Health Engagement - Dream Keeper's Initiative	Community Health Engagement	Community Health Engagement					
General Fund - Health Education	39,000			615,383								620,050	
General Fund - HIV Prevention		10,417			25,000								25,000
General Fund - FEMA							2,250,000						
General Fund - FEMA							2,000,000						
State-HJ&CI								1,000,000					
General Fund - FEMA							250,000						
Grant - CDC			22,917			25,000							
State/CDPH									130,406				
GR BOS Addback										125,000			
Dream Keeper's Initiative Grant											300,000		
CDC Grant 93.270													
Work Order													
Unspent Funding			(\$1,042)	(\$60,970)	(\$2,084)		(926,436)				(188,931)		
<b>Total DPH Revenues</b>	<b>\$ 39,000</b>	<b>\$ 10,417</b>	<b>\$ 21,875</b>	<b>\$ 554,413</b>	<b>\$ 22,916</b>	<b>\$ 25,000</b>	<b>\$ 3,573,564</b>	<b>\$ 1,000,000</b>	<b>\$ 130,406</b>	<b>\$ 125,000</b>	<b>\$ 111,069</b>	<b>\$ 620,050</b>	<b>\$ 25,000</b>
<b>Total Revenues (DPH and Non-DPH)</b>	<b>\$ 39,000</b>	<b>\$ 10,417</b>	<b>\$ 21,875</b>	<b>\$ 554,413</b>	<b>\$ 22,916</b>	<b>\$ 25,000</b>	<b>\$ 3,573,564</b>	<b>\$ 1,000,000</b>	<b>\$ 130,406</b>	<b>\$ 125,000</b>	<b>\$ 111,069</b>	<b>\$ 620,050</b>	<b>\$ 25,000</b>
Cost Reimbursement (CR) or Fee-For-Service (FFS)	(CR)	(CR)	(CR)	(CR)	(CR)								



Contractor: SF Public Health Foundation  
 Program: Community Health Engagement

Appendix: **B-1c**  
 Appendix Term: **7/1/2022-6/30/2023**  
 Funding Source: **GF- Health Education**

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:	Community Health Engagement - Program Administration	Community Home Injury Prevention - Program Administration	Violence Prevention - Program Administration	Vision Zero - Program Administration					
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Totals</b>
<b>Total General Operating</b>	1,504	25%	1,503	25%	1,503	25%	1,503	25%	6,013
<b>Consultants/Subcontractor: (13)</b>									
Community Health Engagement - PA (1)	106,700	100%							106,700
Comm. Home Injury Prev. - PA (1)		0%	70,000	100%		0%		0%	70,000
Violence Prevention-PA (1)		0%		0%	39,460	100%		0%	39,460
Vision Zero - PA (10)		0%		0%		0%	337,268	100%	337,268
<b>Total Operating Expenses</b>	<b>108,204</b>	<b>19%</b>	<b>71,503</b>	<b>13%</b>	<b>40,963</b>	<b>7%</b>	<b>338,771</b>	<b>61%</b>	<b>559,441</b>
<b>Total Direct Expenses</b>	108,204	19%	71,503	13%	40,963	7%	338,771	61%	559,441
<b>Indirect Expenses</b> 10.00%	10,820	19%	7,150	13%	4,096	7%	33,876	61%	55,942
<b>TOTAL EXPENSES</b>	<b>119,024</b>	<b>19%</b>	<b>78,653</b>	<b>13%</b>	<b>45,059</b>	<b>7%</b>	<b>372,647</b>	<b>61%</b>	<b>615,383</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	
Number of UOS per Service Mode	12	12	12	12	96				<b>132</b>
Cost Per UOS by Service Mode	\$9,918.67	\$6,554.42	\$3,754.92	\$3,881.74					<b>N/A</b>
Number of UDC/NOC per Service Mode	1	1	1	7					<b>10</b>

Rev: 02/18

**BUDGET JUSTIFICATION****Contractor Name** SF Public Health Foundation**Program Name:** Community Health EngagementAppendix: B-1cAppendix Term: 7/1/2022-6/30/2023Funding Source: GF- Health Educator**2) OPERATING EXPENSES:****General Operating:**

<b>Expense Item</b>	<b>Brief Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
Community Capacity Building & Engagement	Website maintenance, trainings, data purchases, audio conferencing services, meeting room rentals, surveys and project management software license, and books, office, incentives/'swag', meeting supplies, presentation materials, printing, and other.	\$ 501.08	\$ 6,013
<b>Total General Operating:</b>			<b>\$ 6,013</b>

**Consultants/Subcontractors:**

<b>Consult/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
Community Engagement Consultants - TBD	Program, evaluation, fund development and other consultants: Hourly rate to be based on experience and duties. Work to support the development, implementation, monitoring and evaluation of various capacity building projects and services. Includes consultants for Chronic Disease Prevention, Healthy Retail SF, Ped Safety/Active Transportation and other work related towards healthier communities. Consultants and rate to be determined as identified.	\$ 8,891.67	\$ 106,700
Raimi and Associates	Program evaluation services for Safe Routes to School and related services.	\$ 3,333.33	\$ 40,000
CARECEN Violence Prev Groups	To provide violence prevention support groups and related activities for girls and young women.	\$ 3,288.33	\$ 39,460
Rebuilding Together San Francisco	Supplies and labor costs associated with minor home repairs in seniors' and disabled persons' private residences as referred by DPH CHIPPS staff and associates.	\$ 5,833.33	\$ 70,000
Walk SF Foundation - Families for Safe Streets	Families for Safe Streets (FSS) organizes and assists a group of people who have lost loved ones or been victims in traffic collisions; these individuals support the implementation of Vision Zero in San Francisco to prevent future crashes from happening.	\$ 8,316.17	\$ 99,794
Walk SF Foundation - Safe Streets for Seniors	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 3,406.67	\$ 40,880
Senior and Disability Action - Safe Streets for Seniors	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 3,406.67	\$ 40,880

Appendix B-1c

Amendment: 09/01/2021

Chinatown Community Development Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 1,703.33	\$ 20,440
Curry Senior Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 1,703.33	\$ 20,440
Lighthouse for the Blind and Visually Impaired - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 1,703.33	\$ 20,440
Portola Family Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 1,703.33	\$ 20,440
Tenderloin Community Benefit District - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 1,703.33	\$ 20,440
Walk SF Foundation - D5 Pedestrian Safety Outreach	Community-based subcontract for pedestrian safety outreach in District 5.	\$ 1,126.17	\$ 13,514

**Total Consultants/Subcontractors: \$ 553,428**

**TOTAL OPERATING EXPENSES: \$ 559,441**

**TOTAL DIRECT COSTS: \$ 559,441**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	Amount
Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 55,942

Indirect Rate: 10.00%

**TOTAL INDIRECT COSTS: \$ 55,942**

**TOTAL EXPENSES: \$ 615,383**

Contractor: San Francisco Public Health FoundationAppendix: **B-1d**Program: Community Health Engagement

Appendix Term: 07/01/2023-06/30/2024

General Fund-Health

Funding Source: Education

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:	Community Health Engagement - Program Administration		Community Home Injury Prevention - Program Administration		Violence Prevention - Program Administration		Vision Zero - Program Administration		
Personnel Expenses	-	0%	-	0%	-	0%	-	0%	-
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Totals</b>
<b>Total General Operating</b>	1,504	25%	1,503	25%	1,503	25%	1,503	25%	6,013
<b>Consultants/Subcontractor: (13)</b>									
Community Health Engagement - PA (1)	106,700	100%							106,700
Comm. Home Injury Prev. - PA (1)		0%	70,000	100%		0%		0%	70,000
Violence Prevention-PA (1)		0%		0%	39,460	100%		0%	39,460
Vision Zero - PA (10)		0%		0%		0%	337,268	100%	337,268
<b>Total Operating Expenses</b>	<b>108,204</b>	<b>19%</b>	<b>71,503</b>	<b>13%</b>	<b>40,963</b>	<b>7%</b>	<b>338,771</b>	<b>61%</b>	<b>559,441</b>
<b>Total Direct Expenses</b>	108,204	19%	71,503	13%	40,963	7%	338,771	61%	559,441
<b>Indirect Expenses 10.00%</b>	10,820	19%	7,150	13%	4,096	7%	33,876	61%	55,942
<b>TOTAL EXPENSES</b>	<b>119,024</b>	<b>19%</b>	<b>78,653</b>	<b>13%</b>	<b>45,059</b>	<b>7%</b>	<b>372,647</b>	<b>61%</b>	<b>615,383</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>		<b>Subcontractor</b>		<b>Subcontractor</b>		<b>Subcontractor</b>		
Number of UOS per Service Mode	12		12		12		96		<b>132</b>
Cost Per UOS by Service Mode	\$9,918.67		\$6,554.42		\$3,754.92		\$3,881.74		<b>N/A</b>
Number of UDC/NOC per Service Mode	1		1		1		7		<b>10</b>

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**BUDGET JUSTIFICATION****Contractor Name** San Francisco Public Health Foundation**Program Name:** Community Health EngagementAppendix: B-1dAppendix Term: 07/01/2023-06/30/2024General Fund-HealthFunding Source: Education**2) OPERATING EXPENSES:****General Operating:**

<b>Expense Item</b>	<b>Brief Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
Community Capacity Building & Engagement	Website maintenance, trainings, data purchases, audio conferencing services, meeting room rentals, surveys and project management software license, and books, office, incentives/'swag', meeting supplies, presentation materials, printing, and other.	\$ 501.08	\$ 6,013
<b>Total General Operating:</b>			<b>\$ 6,013</b>

**Consultants/Subcontractors:**

<b>Consult/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
Community Engagement Consultants - TBD	Program, evaluation, fund development and other consultants: Hourly rate to be based on experience and duties. Work to support the development, implementation, monitoring and evaluation of various capacity building projects and services. Includes consultants for Chronic Disease Prevention, Healthy Retail SF, Ped Safety/Active Transportation and other work related towards healthier communities. Consultants and rate to be determined as identified.	\$ 8,891.67	\$ 106,700
Raimi and Associates	Program evaluation services for Safe Routes to School and related services.	\$ 3,333.33	\$ 40,000
CARECEN Violence Prev Groups	To provide violence prevention support groups and related activities for girls and young women.	\$ 3,288.33	\$ 39,460
Rebuilding Together San Francisco	Supplies and labor costs associated with minor home repairs in seniors' and disabled persons' private residences as referred by DPH CHIPPS staff and associates.	\$ 5,833.33	\$ 70,000
Walk SF Foundation - Families for Safe Streets	Families for Safe Streets (FSS) organizes and assists a group of people who have lost loved ones or been victims in traffic collisions; these individuals support the implementation of Vision Zero in San Francisco to prevent future crashes from happening .	\$ 8,316.17	\$ 99,794
Walk SF Foundation - Safe Streets for Seniors	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 3,406.67	\$ 40,880
Senior and Disability Action - Safe Streets for Seniors	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 3,406.67	\$ 40,880
Chinatown Community Development Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 1,703.33	\$ 20,440

Appendix B-1d

Amendment: 09/01/2021

Curry Senior Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 1,703.33	\$ 20,440
Lighthouse for the Blind and Visually Impaired - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 1,703.33	\$ 20,440
Portola Family Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 1,703.33	\$ 20,440
Tenderloin Community Benefit District - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 1,703.33	\$ 20,440
Walk SF Foundation - D5 Pedestrian Safety Outreach	Community-based subcontract for pedestrian safety outreach in District 5.	\$ 1,126.17	\$ 13,514

**Total Consultants/Subcontractors: \$ 553,428**

**TOTAL OPERATING EXPENSES: \$ 559,441**

**TOTAL DIRECT COSTS: \$ 559,441**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	Amount
Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 55,942

Indirect Rate: 10.00%

**TOTAL INDIRECT COSTS: \$ 55,942**

**TOTAL EXPENSES: \$ 615,383**

Contractor: San Francisco Public Health FoundationAppendix: **B-2c**Program: Community Health EngagementAppendix Term: **07/01/2022-06/30/2023**Funding Source: **GF-HIV Prevention****UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration									
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
End Hep C SF Project Coordi	0.25	18,227	100%		0%	-	0%		0%	18,227	
<b>Total FTE &amp; Salaries</b>	<b>0.25</b>	<b>18,227</b>	<b>100%</b>	-	<b>0%</b>	-	<b>0%</b>	-	<b>0%</b>	<b>18,227</b>	
Fringe Benefits	24.69%	4,500	100%	-	0%	-	0%	-	0%	4,500	
<b>Total Personnel Expenses</b>		<b>22,727</b>	<b>100%</b>	-	<b>0%</b>	-	<b>0%</b>	-	<b>0%</b>	<b>22,727</b>	
<b>Total Direct Expenses</b>											
		22,727	100%	-	0%	-	0%	-	0%	22,727	
<b>Indirect Expenses</b>	10.00%	2,273	100%	-	0%	-	0%	-	0%	2,273	
<b>TOTAL EXPENSES</b>		<b>25,000</b>	<b>100%</b>	-	<b>0%</b>	-	<b>0%</b>	-	<b>0%</b>	<b>25,000</b>	
<b>Unit of Service Type</b>											
		<b>Hours</b>		<b>0</b>		<b>0</b>		<b>0</b>			
Number of UOS per Service Mode		536								536	
Cost Per UOS by Service Mode		\$46.65		\$0.00		\$0.00		\$0.00		N/A	
Number of UDC/NOC per Service Mode		N/A									

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**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-2c  
 Appendix Term: 07/01/2022-06/30/2023  
 Funding Source: GF-HIV Prevention

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	72,908	0.25	12	0.25	<b>\$ 18,227</b>

**Total FTE, Base: 0.25                      Annualized: 0.25**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 18,227**

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

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,394.37
	Retirement	\$ 911.35
	Medical	\$ 1,636.00
	Dental	\$ 250.00
	Unemployment Insurance	\$ 308.00
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$ 4,500**

**Fringe Benefit %: 24.69%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727**

**TOTAL DIRECT COSTS: \$ 22,727**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,273

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: \$ 2,273**

**TOTAL EXPENSES: \$ 25,000**

**Contractor: San Francisco Public Health Foundation**

**Program: Community Health Engagement**

Appendix: **B-2d**

Appendix Term: 07/01/2023-6/30/2024

Funding Source: GF-HIV Prevention

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration									
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
End Hep C SF Project	0.25	18,227	100%		0%	-	0%		0%	18,227	
<b>Total FTE &amp; Salaries</b>	<b>0.25</b>	<b>18,227</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>18,227</b>	
Fringe Benefits	24.69%	4,500	100%	-	0%	-	0%	-	0%	4,500	
<b>Personnel Expenses</b>		<b>22,727</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>22,727</b>	
<b>Total Direct Expenses</b>											
		22,727	100%	-	0%	-	0%	-	0%	22,727	
<b>Indirect Expenses</b> 10.00%											
		2,273	100%	-	0%	-	0%	-	0%	2,273	
<b>TOTAL EXPENSES</b>											
		<b>25,000</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>25,000</b>	
<b>Unit of Service Type</b>											
<b>Hours</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>			
Number of UOS per Service Mode		536								536	
Cost Per UOS by Service Mode		\$46.65		\$0.00		\$0.00		\$0.00		N/A	
Number of UDC/NOC per Service Mode		N/A									

**BUDGET JUSTIFICATION**

**Contractor Name** San Francisco Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-2d  
 Appendix Term: 07/01/2023-6/30/2024  
 Funding Source: General Fund-HIV Prevention

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	72,908	0.25	12	0.25	<b>\$ 18,227</b>

**Total FTE, Base: 0.25                      Annualized: 0.25**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 18,227**

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

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,394.37
	Retirement	\$ 911.35
	Medical	\$ 1,636.00
	Dental	\$ 250.00
	Unemployment Insurance	\$ 308.00
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$ 4,500**

**Fringe Benefit %: 24.69%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727**

**TOTAL DIRECT COSTS: \$ 22,727**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,273

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: \$ 2,273**

**TOTAL EXPENSES: \$ 25,000**

Contractor: SF Public Health Foundation  
 Program: Community Health Engagement

Appendix: **B-3b**  
 Appendix Term: 1/1/2022-12/31/2022  
 Funding Source: Grant - CDC

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration									
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
End Hep C SF Project	0.25	18,227	100%		0%	-	0%		0%	18,227	
0	0.00		0%		0%		0%		0%	-	
<b>Total FTE &amp; Salaries</b>	<b>0.25</b>	<b>18,227</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>18,227</b>	
Fringe Benefits	24.69%	4,500	100%	-	0%	-	0%	-	0%	4,500	
<b>Personnel Expenses</b>		<b>22,727</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>22,727</b>	
<b>Total Direct Expenses</b>		22,727	100%	-	0%	-	0%	-	0%	22,727	
<b>Indirect Expenses</b>	10.00%	2,273	100%	-	0%	-	0%	-	0%	2,273	
<b>TOTAL EXPENSES</b>		<b>25,000</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>25,000</b>	
<b>Unit of Service Type</b>		<b>Hours</b>		<b>0</b>		<b>0</b>		<b>0</b>			
Number of UOS per Service Mode		567								567	
Cost Per UOS by Service Mode		\$44.10		\$0.00		\$0.00		\$0.00		N/A	
Number of UDC/NOC per Service Mode		N/A									

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**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-3b  
 Appendix Term: 1/1/2022-12/31/2022  
 Funding Source: Grant - CDC

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	72,908	0.25	12	0.25	\$ <b>18,227</b>

**Total FTE, Base: 0.25                      Annualized: 0.25**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 18,227**

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

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,394.73
	Retirement	\$ 911.35
	Medical	\$ 1,636.00
	Dental	\$ 250.00
	Unemployment Insurance	\$ 308.00
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$ 4,500**

**Fringe Benefit %: 24.69%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727**

**TOTAL DIRECT COSTS: \$ 22,727**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,273

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: \$ 2,273**

**TOTAL EXPENSES: \$ 25,000**

**Contractor: SF Public Health Foundation**  
**Program: Community Health Engagement**

Appendix: **B-3c**  
 Appendix Term: 1/1/2023-12/31/2023  
 Funding Source: Grant -CDC

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration									
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
End Hep C SF Project	0.25	18,227	100%		0%	-	0%		0%	18,227	
0	0.00		0%		0%		0%		0%	-	
<b>Total FTE &amp; Salaries</b>	<b>0.25</b>	<b>18,227</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>18,227</b>	
Fringe Benefits	24.69%	4,500	100%	-	0%	-	0%	-	0%	4,500	
<b>Personnel Expenses</b>		<b>22,727</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>22,727</b>	
<b>Total Direct Expenses</b>											
		22,727	100%	-	0%	-	0%	-	0%	22,727	
<b>Indirect Expenses</b> 10.00%											
		2,273	100%	-	0%	-	0%	-	0%	2,273	
<b>TOTAL EXPENSES</b>											
		<b>25,000</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>25,000</b>	
<b>Unit of Service Type</b>											
		<b>Hours</b>		<b>0</b>		<b>0</b>		<b>0</b>			
Number of UOS per Service Mode		567								567	
Cost Per UOS by Service Mode		\$44.10		\$0.00		\$0.00		\$0.00		N/A	
Number of UDC/NOC per Service Mode		N/A									

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**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-3c  
 Appendix Term: 01/01/2023-12/31/2023  
 Funding Source: Grant - CDC

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	72,908	0.25	12	0.25	\$ <b>18,227</b>

**Total FTE, Base:           0.25                   Annualized:           0.25**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$           18,227**

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

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,394.73
	Retirement	\$ 911.35
	Medical	\$ 1,636.00
	Dental	\$ 250.00
	Unemployment Insurance	\$ 308.00
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$           4,500**

**Fringe Benefit %:           24.69%**

<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: \$           22,727</b>
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<b>TOTAL DIRECT COSTS: \$           22,727</b>
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**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,273

**Indirect Rate:           10.00%**

<b>TOTAL INDIRECT COSTS: \$           2,273</b>
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<b>TOTAL EXPENSES: \$           25,000</b>
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**Contractor:** San Francisco Public Health Foundation  
**Program:** Community Health Engagement

**Appendix:** **B-3d**  
**Appendix Term:** **1/1/2024-12/31/2024**  
**Funding Source:** **Grant - CDC**

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration									
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
End Hep C SF Project	0.25	18,227	100%		0%	-	0%		0%	18,227	
0	0.00		0%		0%		0%		0%	-	
<b>Total FTE &amp; Salaries</b>	<b>0.25</b>	<b>18,227</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>18,227</b>	
Fringe Benefits	24.69%	4,500	100%	-	0%	-	0%	-	0%	4,500	
<b>Personnel Expenses</b>		<b>22,727</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>22,727</b>	
<b>Total Direct Expenses</b>											
		22,727	100%	-	0%	-	0%	-	0%	22,727	
<b>Indirect Expenses</b>		2,273	100%	-	0%	-	0%	-	0%	2,273	
<b>TOTAL EXPENSES</b>		<b>25,000</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>25,000</b>	
<b>Unit of Service Type</b>		<b>Hours</b>		<b>0</b>		<b>0</b>		<b>0</b>			
Number of UOS per Service Mode		567								<b>567</b>	
Cost Per UOS by Service Mode		\$44.10		\$0.00		\$0.00		\$0.00		<b>N/A</b>	
Number of UDC/NOC per Service Mode		N/A									

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**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-3d  
 Appendix Term: 01/01/2024-12/31/2024  
 Funding Source: Grant - CDC

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	72,908	0.25	12	0.25	<b>\$ 18,227</b>

**Total FTE, Base: 0.25                      Annualized: 0.25**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 18,227**

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

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,394.73
	Retirement	\$ 911.35
	Medical	\$ 1,636.00
	Dental	\$ 250.00
	Unemployment Insurance	\$ 308.00
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$ 4,500**

**Fringe Benefit %: 24.69%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727**

**TOTAL DIRECT COSTS: \$ 22,727**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,273

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: \$ 2,273**

**TOTAL EXPENSES: \$ 25,000**

<b>Contractor: San Francisco Public Health Foundation</b>				<b>Appendix: B-4b</b>			
<b>Program: COVID 19 Community Outreach Services</b>				<b>Appendix Term: 07/01/2021-06/30/2022</b>			
<b>Full Contract Term: 01/01/2020 to 12/31/2024</b>				<b>Funding Source: General Fund - FEMA</b>			
<b>UOS COST ALLOCATION BY SERVICE MODE</b>							
<b>Service Modes:</b>	<b>COVID 19 Community Outreach Services- Program Administration</b>						
<b>Personnel Expenses</b>	-	0%	-	0%	-	0%	-
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Totals</b>
<b>Consultants/Subcontractor:</b>							
Covid 19 Community Outreach Servs.	8,981,000	100%					8,981,000
<b>Total Operating Expenses</b>	<b>8,981,000</b>	<b>100%</b>	-				<b>8,981,000</b>
<b>Total Direct Expenses</b>	8,981,000	100%	-				8,981,000
<b>Indirect Expenses</b> 5.00%	449,050	100%	-				449,050
<b>TOTAL EXPENSES</b>	<b>9,430,050</b>	<b>100%</b>	-				<b>9,430,050</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>		<b>0</b>		<b>0</b>		
Number of UOS per Service Mode	120						<b>120</b>
Cost Per UOS by Service Mode	\$78,583.76		\$0.00		\$0.00		<b>N/A</b>
Number of UDC/NOC per Service Mode	10						<b>10</b>

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**BUDGET JUSTIFICATION****Contractor Name** San Francisco Public Health Foundation**Program Name:** COVID 19 Community Outreach ServicesAppendix: B-4b  
Appendix Term: 07/01/2021-06/30/2022  
Funding Source: General Fund - FEMA**2) OPERATING EXPENSES:****Consultants/Subcontractors:**

<b>Consult/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
Booker T Washington Community Services	Subcontractor delivering COVID 19 mitigation and relief services to Western Addition residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing.	12 months X \$28,512	\$ 342,149
Chinese Hospital	Subcontractor delivering COVID 19 mitigation and relief services to Chinatown residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing.	12 months X \$28,513	\$ 342,158
Family and Child Empowerment Services (FACES)	Subcontractor delivering COVID 19 mitigation and relief services to Visitacion Valley, Sunnyside, and Portola residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing.	12 months X \$135,437	\$ 1,625,249
Mission Language and Vocational School	Subcontractor delivering COVID 19 mitigation and relief services to Chinatown residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing.	12 months X \$64,155	\$ 769,855
Mission Neighborhood Health Center (MNHC)	Subcontractor delivering COVID 19 mitigation and relief services to Excelsior, Outer Mission, and Crocker Amazon residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact	12 months X \$135,437	\$ 1,625,249
Rafiki Coalition	Subcontractor delivering COVID 19 mitigation and relief services to Bayview-Hunter's Point residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing.	12 months X \$135,437	\$ 1,625,249
SF Community Health Center	Subcontractor delivering COVID 19 mitigation and relief services to Tenderloin residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing.	12 months X \$64,155	\$ 769,855
Southwest Community Corporation	Subcontractor delivering COVID 19 mitigation and relief services to Excelsior, OMI/Lakeview residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing.	12 months X \$64,100	\$ 769,206
YMCA Urban Services	Subcontractor delivering COVID 19 mitigation and relief services to Potrero Hill residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing.	12 months X \$28,513	\$ 342,158
San Francisco AIDS Foundation	Subcontractor for training of culturally appropriate Contact Investigators/Contact tracers for the priority populations.	12 months X \$64,156	\$ 769,872

<b>Total Consultants/Subcontractors: \$</b>			<b>8,981,000</b>

<b>TOTAL OPERATING EXPENSES: \$</b>	<b>8,981,000</b>
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<b>TOTAL DIRECT COSTS: \$</b>	<b>8,981,000</b>
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**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

Amount

Executive Director, Program Coordinator, Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 449,050

Indirect Rate: 5.00%

<b>TOTAL INDIRECT COSTS: \$</b>	<b>449,050</b>
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<b>TOTAL EXPENSES: \$</b>	<b>9,430,050</b>
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<b>Contractor: San Francisco Public Health Foundation</b>			Appendix: <b>B-4c</b>		
<b>Program: COVID 19 Community Outreach Services</b>			Appendix Term: <b>01/01/2022-05/30/2023</b>		
<b>Full Contract Term: 01/01/2020 to 12/31/2024</b>			Funding Source: <b>General Fund - FEMA</b>		
<b>UOS COST ALLOCATION BY SERVICE MODE</b>					
<b>Service Modes:</b>	<b>COVID 19 Community Outreach Services- Program Administration</b>				
<b>Personnel Expenses</b>	-	0%	-	0%	-
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>
<b>Consultants/Subcontractor:</b>					<b>Totals</b>
TBD	742,632	100%			742,632
<b>Total Operating Expenses</b>	<b>742,632</b>	<b>100%</b>	-		<b>742,632</b>
<b>Total Direct Expenses</b>	742,632	100%	-		742,632
<b>Indirect Expenses</b> 5.00%	37,131	100%	-		37,131
<b>TOTAL EXPENSES</b>	<b>779,763</b>	<b>100%</b>	-		<b>779,763</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>		<b>0</b>		<b>0</b>
Number of UOS per Service Mode	12				<b>120</b>
Cost Per UOS by Service Mode	\$64,980.26		\$0.00	\$0.00	<b>N/A</b>
Number of UDC/NOC per Service Mode	1				<b>10</b>

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**BUDGET JUSTIFICATION**

**Contractor Name** San Francisco Public Health Foundation  
**Program Name:** COVID 19 Community Outreach Services

Appendix: B-4c  
 Appendix Term: 01/01/2022-05/30/2023  
 Funding Source: General Fund - FEMA

**2) OPERATING EXPENSES:**

**Consultants/Subcontractors:**

<b>Consult/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
Subcontractors to be determined	Subcontractor delivering COVID 19 mitigation and relief services to San Francisco residents affected by the pandemic. Services include navigation to testing, support for families in isolation, access to other needed services.		\$ 742,632
<b>Total Consultants/Subcontractors:</b>			<b>\$ 742,632</b>

**TOTAL OPERATING EXPENSES: \$ 742,632**

**TOTAL DIRECT COSTS: \$ 742,632**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Executive Director, Program Coordinator, Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 37,131

**Indirect Rate: 5.00%**

**TOTAL INDIRECT COSTS: \$ 37,131**

**TOTAL EXPENSES: \$ 779,763**

<b>Contractor: San Francisco Public Health Foundation</b>				<b>Appendix: B-9</b>			
<b>Program: Community Health Engagement - D5 Community Resource</b>				<b>Appendix Term: 07/01/2021-06/30/2022</b>			
<b>Full Contract Term: 01/01/2020 to 12/31/2024</b>				<b>Funding Source: Work Order</b>			
<b>UOS COST ALLOCATION BY SERVICE MODE</b>							
<b>Service Modes:</b>	<b>Program Administration</b>						
<b>Personnel Expenses</b>	-	0%	-	0%	-	0%	-
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Totals</b>
<b>Consultants/Subcontractor:</b>							
Collective Impact	159,100	100%		0%		0%	159,100
		0%					-
		0%					-
<b>Other (specify):</b>							
		0%		0%		0%	-
0		0%		0%		0%	-
<b>Total Operating Expenses</b>	<b>159,100</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>159,100</b>
<b>Total Direct Expenses</b>	159,100	100%	-	0%	-	0%	159,100
<b>Indirect Expenses</b> 9.99%	15,900	100%					15,900
<b>TOTAL EXPENSES</b>	<b>175,000</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>175,000</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>		<b>0</b>		<b>0</b>		
Number of UOS per Service Mode	12						<b>42</b>
Cost Per UOS by Service Mode	\$14,583.34		\$0.00		\$0.00		<b>N/A</b>
Number of UDC/NOC per Service Mode	1						<b>4</b>

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**BUDGET JUSTIFICATION**

**Contractor Name** San Francisco Public Health Foundation  
**Program Name:** Community Health Engagement - D5 Community Resourc

Appendix: B-9  
 Appendix Term: 07/01/2021-06/30/2022  
 Funding Source: Work Order

**2) OPERATING EXPENSES:**

**Consultants/Subcontractors:**

<b>Consult/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
Collective Impact	One-stop resource and information center for COVID-19 relief and support in District 5. Services will include assessments and assistance with Covid Vaccines, groceries and supplies, small business support, eviction, and legal defense and financial assistance.	12 months X \$ 13,258	159,100
<b>Total Consultants/Subcontractors: \$</b>			<b>159,100</b>

**Other:**

<b>Expense Item</b>	<b>Brief Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
<b>Total Other: \$</b>			<b>-</b>

**TOTAL OPERATING EXPENSES: \$ 159,100**

**TOTAL DIRECT COSTS: \$ 159,100**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 15,900

**Indirect Rate: 9.99%**

**TOTAL INDIRECT COSTS: \$ 15,900**

**TOTAL EXPENSES: \$ 175,000**

## APPENDIX D FEMA CONTRACT REQUIREMENTS

**1. Contract Requirements.** This contract may be eligible for FEMA funding. FEMA requires inclusion of the following contract provisions for procurement under exigent or emergency circumstances. The Parties must comply with these provisions as a minimum. In the event of a conflict with other provisions in this contract that address the same or a similar requirement, the provisions that are stricter and impose the greater duties upon Contractor shall apply.

**2. Remedies for Breach.** In addition to all other remedies included in this contract, Contractor shall, at a minimum, be liable to the City for all foreseeable damages it incurs as a result of Contractor violation or breach of the terms of this contract. This includes without limitation any costs incurred to remediate defects in Contractor's services and/or the additional expenses to complete Contractor's services beyond the amounts agreed to in this contract, after Contractor has had a reasonable opportunity to remediate and/or complete its services as otherwise set for in this contract. All remedies provided for in this contract 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.

**3. Termination for Convenience.** City shall have the option, in its sole discretion, to terminate this Contract, 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. 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 reasonably necessary to effectuate demobilization from the work.

**4. Termination for Cause.** 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 contract for cause or to seek specific performance of all or any part of this contract. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any event of default. Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this contract or any other contract between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such event of default and any liquidated damages due from Contractor pursuant to the terms of this contract or any other contract.

**5. Work Hours and Safety Standards.** If this contract is for a price in excess of \$100,000, and involves the employment of mechanics or laborers, Contractor agrees as follows:

A. Overtime requirements. No contractor or subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic

receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.

B. Violation; liability for unpaid wages; liquidated damages. In the event of any violation of the clause set forth in paragraph (A) of this section the Contractor and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, Contractor and subcontractor(s) shall be liable to the United States for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (A) of this section, in the sum of \$26 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (A) of this section.

C. Withholding for unpaid wages and liquidated damages. The City shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the Contractor or subcontractor under any such contract or any other Federal contract with the same prime contractor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime contractor, such sums as may be determined to be necessary to satisfy any liabilities of such contractor or subcontractor for unpaid wages and liquidated damages as provided in the clause set forth in paragraph (B) of this section.

D. Subcontracts. The Contractor or subcontractor shall insert in any subcontracts the clauses set forth in paragraphs (A) through (D) of this section and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The Contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs (A) through (D) of this section.

E. This Section 5 does not apply to the purchase of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

**6. Rights to Inventions.** If FEMA's funding for this contract meets the definition of "funding agreement," and if this contract constitutes a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment, or performance of experimental, developmental, or research work, the City agrees to comply with the requirements of 37 C.F.R. Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements, and any implementing regulations issued by FEMA.

**7. Clean Air Act.** If this contract is for a price in excess of \$150,000, Contractor agrees as follows:

A. The Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.

B. The Contractor agrees to report each violation to the City and understands and agrees that the City will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.

C. The Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA.

**8. Federal Water Pollution Act.** If this contract is for a price in excess of \$150,000, Contractor agrees as follows:

A. The Contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.

B. The Contractor agrees to report each violation to the City and understands and agrees that the City will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.

C. The Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA.

**9. Debarment and Suspension.** If this contract is for a price in excess of \$25,000, Contractor agrees as follows:

A. This contract is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000. As such, the Contractor is required to verify that none of the Contractor's principals (defined at 2 C.F.R. § 180.995) or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).

B. The Contractor must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.

C. This certification is a material representation of fact relied upon by the City. If it is later determined that the Contractor did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to the City, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.

D. The Contractor agrees to comply with the requirements of 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The Contractor further agrees to include a provision requiring such compliance in its lower tier covered transactions.

**10. Procurement of Recovered Materials**

A. In the performance of this contract, the Contractor shall make maximum use of products containing recovered materials that are EPA-designated items unless the product cannot be acquired:

- i. Competitively within a timeframe providing for compliance with the contract performance schedule;
- ii. Meeting contract performance requirements; or
- iii. At a reasonable price.

B. Information about this requirement, along with the list of EPA-designated items, is available at EPA’s Comprehensive Procurement Guidelines web site, <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.

C. The Contractor also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act.”

**11. Time and Material Contracts.** To the extent this contract includes work that is paid on a time and material basis, such work must have a guaranteed maximum price (GMP). The GMP is set forth in the body of this contract. The GMP constitutes a ceiling price that Contractor exceeds at its own risk.

**12. MBE/WBE Outreach.** Contractor must, at a minimum, take the following affirmative steps to assure that minority businesses, women’s business enterprises, and labor surplus area firms are used as Subcontractors on this Project:

A. Place qualified small and minority businesses and women’s business enterprises on Contractor’s solicitation list for this Project;

B. Assure that small and minority businesses, and women’s business enterprises are solicited whenever they are potential sources for this Project;

C. Divide the subcontracts, when feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women’s business enterprises;

D. Establish delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women’s business enterprises; and

E. Use the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.

**13. Access to Records.** The following access to records requirements apply to this contract:

A. The Contractor agrees to provide City, the FEMA Administrator, the Comptroller General of the United States, or any of their authorized representatives access to any books,

documents, papers, and records of the Contractor which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions.

B. The Contractor agrees to permit any of the foregoing parties to reproduce by any means whatsoever or to copy excerpts and transcriptions as reasonably needed.

C. The Contractor agrees to provide the FEMA Administrator or his authorized representatives access to construction or other work sites pertaining to the work being completed under the contract.

D. In compliance with the Disaster Recovery Act of 2018, the City and the Contractor acknowledge and agree that no language in this contract is intended to prohibit audits or internal reviews by the FEMA Administrator or the Comptroller General of the United States.

**14. Department of Homeland Security Seal, Logo, and Flags.** The Contractor shall not use the DHS seal(s), logos, crests, or reproductions of flags or likenesses of DHS agency officials without specific FEMA pre-approval.

**15. Compliance with Federal Law, Regulations, and Executive Orders.** This is an acknowledgement that FEMA financial assistance will be used to fund all or a portion of the contract. The Contractor will comply with all applicable Federal law, regulations, executive orders, FEMA policies, procedures, and directives.

**16. No Obligation by Federal Government.** The Federal Government is not a party to this contract and is not subject to any obligations or liabilities to the non-Federal entity, Contractor, or any other party pertaining to any matter resulting from the contract.

**17. Program Fraud and False or Fraudulent Statements or Related Acts.** The Contractor acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to the Contractor's actions pertaining to this contract.

**18. Byrd Anti-Lobbying Certification.**

A. Contractors who apply or bid for an award of \$100,000 or more shall file the required certification pursuant to the Byrd Anti-Lobbying Amendment, 31 U.S.C. §1352, as amended. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, officer or employee of Congress, or an employee of a Member of Congress in connection with obtaining any Federal contract, grant, or any other award covered by 31 U.S.C. § 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the recipient who in turn will forward the certification(s) to the awarding agency.

B. If this contract is for a price of \$100,000 or more, Contractor, and its lower tiers, must sign and submit to the City the following certification:



## 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 (“SFPDH”), 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:

## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

**1. Definitions.**

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

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

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

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

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

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

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

**h. Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized

## APPENDIX E



## San Francisco Department of Public Health

## Business Associate Agreement

health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

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

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

**k. Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

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

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

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

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

## 2. Obligations of Business Associate.

**a. Attestations.** Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial

## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

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

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

**d. Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such

## APPENDIX E



San Francisco Department of Public Health  
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occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

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

**f. Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

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

**h. Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of

## APPENDIX E



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

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

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

**k. Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the

## APPENDIX E



## San Francisco Department of Public Health

## Business Associate Agreement

Secretary of the U.S. Department of Health and Human Services (the “Secretary”) for purposes of determining BA’s compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

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

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

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

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

## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

### 3. Termination.

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

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

**c. Effect of Termination.** Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

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

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

### 4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to

## APPENDIX E



San Francisco Department of Public Health  
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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](mailto:compliance.privacy@sfdph.org)  
Hotline (Toll-Free): 1-855-729-6040

Contractor Name:	Contractor City Vendor ID
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**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 <b>AND</b> that health information is <b>only transferred or created on encrypted devices approved by SFDPH Information Security staff?</b>				

**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 <a href="#">Privacy Notice</a> 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
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**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](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)	Signature	Date
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Contractor Name:	Contractor City Vendor ID
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**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:		
C	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:		
	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?		
F	If yes: Name & Title:		
	Phone #		
G	Email:		
	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.]		
H	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.]		
I	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?		
J	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.

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

**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](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

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

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

APPENDIX F-1c  
07/01/2022 - 06/30/2023  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102  Telephone: 415-504-6738 Fax:	Contract ID # 10000016941	Invoice Number A-1JUL22	Contract Purchase Order No: _____  Funding Source: <u>GF</u>  Department ID-Authority ID: _____  Project ID-Activity ID: _____  Invoice Period: <u>07/1/22 - 07/31/22</u>  FINAL Invoice <input type="checkbox"/> (check if Yes)
Program Name: <b>Community Health Engagement</b>  ACE Control #: _____		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>CHEP</b> </div>	

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Community Health Engagement - Program Admin	12	1							12	1
Community Home Injury Prevention - Program Ad	12	1							12	1
Violence Prevention - Program Administration	12	1							12	1
Vision Zero - Program Administration	96	7							96	7

	NOC	NOC	NOC	NOC	NOC
<b>Number of Clients for Appendix</b>	10				10

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
<b>Total Personnel Expenses</b>					
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)	\$6,013				\$6,013.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$553,428				\$553,428.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	\$559,441				\$559,441.00
Capital Expenditures					
<b>TOTAL DIRECT EXPENSES</b>	\$559,441				\$559,441.00
Indirect Expenses	\$55,942				\$55,942.00
<b>TOTAL EXPENSES</b>	\$615,383				\$615,383.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1d  
07/01/2023 - 06/30/2024  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102  Telephone: 415-504-6738 Fax:	Contract ID # 10000016941	Invoice Number A-1JUL23	Contract Purchase Order No: _____  Funding Source: <u>GF</u>  Department ID-Authority ID: _____  Project ID-Activity ID: _____  Invoice Period: <u>07/1/23 - 07/31/23</u>  FINAL Invoice <input type="checkbox"/> (check if Yes)
Program Name: <b>Community Health Engagement</b>  ACE Control #: _____		<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;"> <b>CHEP</b> </div>	

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Community Health Engagement - Program Admin	12	1							12	1
Community Home Injury Prevention - Program Ad	12	1							12	1
Violence Prevention - Program Administration	12	1							12	1
Vision Zero - Program Administration	96	7							96	7

	NOC	NOC	NOC	NOC	NOC
<b>Number of Clients for Appendix</b>	10				10

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
<b>Total Personnel Expenses</b>					
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,013				\$6,013.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>	\$553,428				\$553,428.00
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	\$559,441				\$559,441.00
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	\$559,441				\$559,441.00
Indirect Expenses	\$55,942				\$55,942.00
<b>TOTAL EXPENSES</b>	\$615,383				\$615,383.00
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2c  
07/01/2022 - 06/30/2023  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102  Telephone: 415-504-6738 Fax:	Contract ID # 10000016941	Invoice Number A-2JUL22	Contract Purchase Order No: _____  Funding Source: <u>GF</u>  Department ID-Authority ID: _____  Project ID-Activity ID: _____  Invoice Period: <u>07/1/22 - 07/31/22</u>  FINAL Invoice <input type="checkbox"/> (check if Yes)
Program Name: <b>Community Health Engagement</b>  ACE Control #: _____		<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;"> <b>CHEP</b> </div>	

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Program Administration	536	N/A							536	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 BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$18,227				\$18,227.00
Fringe Benefits	\$4,500				\$4,500.00
<b>Total Personnel Expenses</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Indirect Expenses	\$2,273				\$2,273.00
<b>TOTAL EXPENSES</b>	<b>\$25,000</b>				<b>\$25,000.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2d  
07/01/2023 - 06/30/2024  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102  Telephone: 415-504-6738 Fax:	Contract ID # 10000016941	Invoice Number A-2JUL23	Contract Purchase Order No:
	CHEP	Funding Source: GF	Department ID-Authority ID:
Program Name: Community Health Engagement  ACE Control #:		Project ID-Activity ID:	Invoice Period: 07/1/23 - 07/31/23

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Program Administration	536	N/A							536	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 BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$18,227				\$18,227.00
Fringe Benefits	\$4,500				\$4,500.00
<b>Total Personnel Expenses</b>	\$22,727				\$22,727.00
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	\$22,727				\$22,727.00
Indirect Expenses	\$2,273				\$2,273.00
<b>TOTAL EXPENSES</b>	\$25,000				\$25,000.00
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3b  
01/01/2022 - 12/31/2022  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102  Telephone: 415-504-6738 Fax:	Contract ID # 10000016941	Invoice Number A-2JAN22	Contract Purchase Order No: _____  Funding Source: <u>CDC</u>  Department ID-Authority ID: _____  Project ID-Activity ID: _____  Invoice Period: <u>01/1/22 - 01/31/22</u>  FINAL Invoice <input type="checkbox"/> (check if Yes)
Program Name: <b>Community Health Engagement</b>  ACE Control #: _____		<div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">CHEP</div>	

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Program Administration	567	N/A							567	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 BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$18,227				\$18,227.00
Fringe Benefits	\$4,500				\$4,500.00
<b>Total Personnel Expenses</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Indirect Expenses	\$2,273				\$2,273.00
<b>TOTAL EXPENSES</b>	<b>\$25,000</b>				<b>\$25,000.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3c  
01/01/2023 - 12/31/2023  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102  Telephone: 415-504-6738 Fax:	Contract ID # 10000016941	Invoice Number A-2JAN23	Contract Purchase Order No:
	<div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;"><b>CHEP</b></div>	Funding Source: CDC	Department ID-Authority ID:
Program Name: Community Health Engagement  ACE Control #:		Project ID-Activity ID:	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
Program Administration	567	N/A							567	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 BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$18,227				\$18,227.00
Fringe Benefits	\$4,500				\$4,500.00
<b>Total Personnel Expenses</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Indirect Expenses	\$2,273				\$2,273.00
<b>TOTAL EXPENSES</b>	<b>\$25,000</b>				<b>\$25,000.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3d  
01/01/2024 - 12/31/2024  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102  Telephone: 415-504-6738 Fax:	Contract ID # 10000016941	Invoice Number A-2JAN24	Contract Purchase Order No:
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>CHEP</b> </div>	Funding Source: CDC		
Program Name: Community Health Engagement	Department ID-Authority ID:		
ACE Control #:	Project ID-Activity ID:		
	Invoice Period: 01/1/24 - 01/31/24		
	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
Program Administration	567	N/A							567	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 BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$18,227				\$18,227.00
Fringe Benefits	\$4,500				\$4,500.00
<b>Total Personnel Expenses</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Indirect Expenses	\$2,273				\$2,273.00
<b>TOTAL EXPENSES</b>	<b>\$25,000</b>				<b>\$25,000.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4b  
07/01/2021 - 06/30/2022  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102  Telephone: 415-504-6738 Fax:	Contract ID # 10000016941	Invoice Number A-4JUL21	Contract Purchase Order No: _____  Funding Source: GF - FEMA  Department ID-Authority ID: _____  Project ID-Activity ID: _____  Invoice Period: 07/1/21 - 07/31/21  FINAL Invoice <input type="checkbox"/> (check if Yes)
Program Name: Community Health Engagement - COVID 19  ACE Control #: _____		<div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">CHEP</div>	

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
COVID 19 Community Outreach Services - Progr	120	10							120	10

	NOC	NOC	NOC	NOC	NOC
<b>Number of Clients for Appendix</b>	10				10

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
<b>Total Personnel Expenses</b>					
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>	\$8,981,000				\$8,981,000.00
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	\$8,981,000				\$8,981,000.00
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	\$8,981,000				\$8,981,000.00
Indirect Expenses	\$449,050				\$449,050.00
<b>TOTAL EXPENSES</b>	\$9,430,050				\$9,430,050.00
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4c  
01/01/2022 - 05/30/2023  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102  Telephone: 415-504-6738 Fax:	Contract ID # 10000016941	Invoice Number A-4JAN22	Contract Purchase Order No:
	<div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;"><b>CHEP</b></div>		Funding Source: CDC
Program Name: Community Health Engagement - COVID 19  ACE Control #:		Department ID-Authority ID:  Project ID-Activity ID:  Invoice Period: 01/1/22 - 01/31/22  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
COVID 19 Community Outreach Services - Progr	12	1							12	1

	NOC	NOC	NOC	NOC	NOC
<b>Number of Clients for Appendix</b>	1				1

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
<b>Total Personnel Expenses</b>					
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>	\$742,632				\$742,632.00
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	\$742,632				\$742,632.00
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	\$742,632				\$742,632.00
Indirect Expenses	\$37,131				\$37,131.00
<b>TOTAL EXPENSES</b>	\$779,763				\$779,763.00
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-9  
07/01/2021 - 06/30/2022  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102  Telephone: 415-504-6738 Fax:	Contract ID # 10000016941	Invoice Number A-9JUL21	Contract Purchase Order No: _____  Funding Source: <u>WO</u>  Department ID-Authority ID: _____  Project ID-Activity ID: _____  Invoice Period: <u>07/1/21 - 07/31/21</u>  FINAL Invoice <input type="checkbox"/> (check if Yes)
Program Name: <b>Community Health Engagement - D5 Community Resource Hub</b> ACE Control #: _____			



DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Program Administration	12	1							12	1

	NOC	NOC	NOC	NOC	NOC
<b>Number of Clients for Appendix</b>	1				1

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
<b>Total Personnel Expenses</b>					
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>	\$159,100				\$159,100.00
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	\$159,100				\$159,100.00
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	\$159,100				\$159,100.00
Indirect Expenses	\$15,900				\$15,900.00
<b>TOTAL EXPENSES</b>	\$175,000				\$175,000.00
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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OFFICE OF THE MAYOR  
SAN FRANCISCO



LONDON N. BREED  
MAYOR

## **PROCLAMATION BY THE MAYOR DECLARING THE EXISTENCE OF A LOCAL EMERGENCY**

**WHEREAS**, California Government Code Sections 8550 et seq., San Francisco Charter Section 3.100(13) and Chapter 7 of the San Francisco Administrative Code empower the Mayor to proclaim the existence of a local emergency, subject to concurrence by the Board of Supervisors as provided in the Charter, in the case of an emergency threatening the lives, property or welfare of the City and County or its citizens; and

**WHEREAS**, The United States has confirmed cases of individuals who have a severe acute respiratory illness caused by a novel (new) coronavirus ("COVID-19" or "the virus") first detected in Wuhan, Hubei Province, People's Republic of China ("China"). The virus was first reported in China on December 31, 2019. As of February 24, 2020, the World Health Organization ("WHO") has reported approximately 77,262 confirmed cases of COVID-19 in China, more than the number of confirmed cases of Severe Acute Respiratory Syndrome (SARS) during its 2003 outbreak. An additional 2,069 cases have been confirmed across 29 other countries; in many of these cases, the infected individuals had not visited China. More than 2,500 people have died from the virus, including 23 outside of China. The number of confirmed cases has continued to escalate dramatically over a short period of time; and

**WHEREAS**, WHO officials now report that sustained human-to-human transmission of the virus is occurring. Transmission from an asymptomatic individual has been documented. Although the majority of individuals infected with COVID-19 recover from the disease without special treatment, approximately 1 in 6 may become seriously ill. Manifestations of severe disease have included severe pneumonia, acute respiratory distress syndrome, septic shock, and multi-organ failure. Approximately 2% of the people confirmed infected with COVID-19 have died; and

**WHEREAS**, On January 30, 2020, WHO declared the COVID-19 outbreak a public health emergency of international concern, and on January 31, 2020, the U.S. Department of Health and Human Services declared a Public Health Emergency for the United States; and

**WHEREAS**, The Centers for Disease Control and Prevention ("CDC") has determined that the virus presents a serious public health threat, requiring coordination among state

OFFICE OF THE MAYOR  
SAN FRANCISCO



LONDON N. BREED  
MAYOR

and local health departments to ensure readiness for potential health threats associated with the virus; and

**WHEREAS**, The CDC has issued guidance to local and State health departments, including San Francisco's Department of Public Health ("DPH"), concerning risk assessment and public health management of persons with potential exposure to COVID-19. These guidelines require DPH to make extraordinary efforts to monitor ongoing communicable disease threats and prepare for management of individuals who may have been exposed to COVID-19; and

**WHEREAS**, DPH, the Department of Emergency Management, and other City partners have been working successfully and diligently to implement CDC guidelines, but now require additional tools and resources to protect the public health given the current state of the epidemic and the need for a sustained response; and

**WHEREAS**, The City's Director of Public Health has determined that DPH cannot comply with the CDC's guidance without immediate action beyond the City's ordinary response capabilities, including directing personnel and resources from other City departments to assist with the ongoing and developing threat of COVID-19; and

**WHEREAS**, Conditions of extreme peril to the safety of persons and property have arisen; and

**WHEREAS**, The Mayor does hereby proclaim that the aforesaid conditions of extreme peril warrant and necessitate the proclamation of the existence of a local emergency,

**NOW, THEREFORE,**

I, London N. Breed, Mayor of the City and County of San Francisco, proclaim the existence, effective immediately on February 25, 2020, of an emergency within the City and County threatening the lives, property or welfare of the City and County and its citizens;

**It is further ordered that:**

(1) All City and County officers and employees take all steps requested by the Director of Public Health to prevent the spread of COVID-19 and to prevent or alleviate illness or death due to the virus; and

OFFICE OF THE MAYOR  
SAN FRANCISCO



LONDON N. BREED  
MAYOR

(2) All City and County officers and employees take all steps requested by the Director of Public Health to qualify the City for reimbursement from the Federal Emergency Management Agency and for other state and federal relief as may be available to reimburse the City for the expenses it incurs in addressing this emergency; and

**I further proclaim and order that:**

By the terms of this emergency declaration the government of the City and County of San Francisco is organized under the provisions of the Incident Command System (ICS), which system forms an essential part of the City's Emergency Operations Plan. The head of each City department and agency shall observe his or her proper relationship in the command structure outlined by the system and shall respond to the orders and requests of the Lead Department designated to exercise supervision over his or her department during the course of this emergency;

Because of the extreme peril to its residents and visitors, the Governor of the State of California is hereby requested to include the area of the City and County of San Francisco in any emergency declaration by the State, and is further requested to ensure that the City and County is included in any emergency declaration that may be issued by the President of the United States.

**And I further proclaim and order that:**

This declaration of a local emergency shall continue to exist until it is terminated by the Mayor or the Board of Supervisors. All departments of the City and County of San Francisco are strictly ordered to cooperate with the requests for material and personnel resources that may emanate from the Incident Command Staff of the City and County which is located in the Emergency Command Center of the City and County of San Francisco.

DATED: 2/25/2020

A handwritten signature in black ink that reads "London Breed".

London N. Breed  
Mayor of San Francisco

# COVID Fiscal ESA Invoice Template

## for Reporting Hours of Existing Employees Deployed to COVID Response

<b>For Contractor</b>	Contractor Name:	San Francisco Public Health	
	Contract ID/PO ID:	1000016941	
	213 RR#:	0007168	
	Invoice Billing Period:	07/01/2021 - 06/30/2022	
	Invoice No./ Invoice Amt:		\$

Complete the **214s Details** tab first, (and Operating Expense Detail is applicable) and the data will automatically populate the **214s Summary** table below.

**214s Summary Table**

Name	Position	No. of Hours	Rate	Subtotal	CI/CT
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
<b>Total 214s</b>				<b>\$ -</b>	<b>\$ -</b>

Please fill out the **Operating Expenses Detail** tab and the summary table below will be updated.

Operating Expenses Summary		
Materials and Supplies	\$	-
General Operating	\$	-
Staff Travel	\$	-
Other Expenses	\$	-
<b>Total Operating</b>	<b>\$</b>	<b>-</b>

Please fill out the second and third rows, indicate the **Percentages Only**.

<b>Total Salaries &amp; Operating Expenses:</b>	\$				
<b>Fringe Benefits Percentage/Total Fringe Benefits:</b>	0%	/	\$		-
<b>Indirect Cost Percentage / Total Indirect Cost:</b>	0%	/	\$		-
<b>Invoice Total:</b>	\$				

<b>For Contractor</b>	I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.	
	Signature: _____	Date: _____
	Name&Title: _____	

<b>For DPH</b>	<b>Reviewed and Approved for Payment:</b>	
	Signature: _____	Date: _____
	Name & Title: _____	







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/29/2021

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Calender-Robinson Company, Inc. 0267063 233 Sansome St. Ste 508 San Francisco CA 94104	<b>CONTACT NAME:</b> Katherine Berkman <b>PHONE (A/C, No, Ext):</b> (415) 978-3800 <b>FAX (A/C, No):</b> (415) 978-3825 <b>E-MAIL ADDRESS:</b> kberkman@calrob.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td style="width: 50%;">INSURER A:</td> <td>Nonprofits' Insurance Alliance of CA (NIAC)</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Hartford Fire Insurance Co.</td> <td style="text-align: center;">19682</td> </tr> <tr> <td>INSURER C:</td> <td>AXIS Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Nonprofits' Insurance Alliance of CA (NIAC)		INSURER B:	Hartford Fire Insurance Co.	19682	INSURER C:	AXIS Insurance Company		INSURER D:			INSURER E:			INSURER F:		
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INSURER C:	AXIS Insurance Company																					
INSURER D:																						
INSURER E:																						
INSURER F:																						
<b>INSURED</b> San Francisco Public Health Foundation 1 Hallidie Plaza #808 San Francisco CA 94102																						

**COVERAGES**      **CERTIFICATE NUMBER:** CL2112928754      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			2021-01142-NPO	02/04/2021	02/04/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2021-01142-NPO	02/04/2021	02/04/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			2021-01142-UMB-NPO	02/04/2021	02/04/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	57WECAF3VEB	04/19/2021	04/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Cyber Liability			P-001-000153129-03	06/01/2021	06/01/2022	Each claim \$ 5,000,000 Aggregate \$ 5,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 City & County of San Francisco and the Dept. of Public Health and all respective officers, agents & employees are included as additional insured as per the attached endorsement

<b>CERTIFICATE HOLDER</b>  City & County of San Francisco Dept. of Public Health 101 Grove Street #402 San Francisco CA 94102	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

Named Insured: San Francisco Public Health Foundation

Policy: 2021-01142-NPO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

Name of Person or Organization:

**Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a non-profit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**WHO IS AN INSURED** (Section II) is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your on-going operations; or
- B. In connection with your premises owned by or rented to you

**THE INSURANCE** provided under this endorsement is primary & non-contributory to any other valid & collectible insurance carried by the additional insured entity and this insurance will apply separately to each insured against whom a claim is made or a suit is brought.

**POLICY NUMBER:** 2021-01142-NPO **COMMERCIAL AUTO LIABILITY**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies the insurance provided under the following:

**COMMERCIAL AUTOMOBILE LIABILITY COVERAGE PART**

**SCHEDULE**

**Name of Person or Organization:**

**All entities named in the attached certificate of insurance**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of automobiles owned, leased, hired or borrowed by or on behalf of the Contractor.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF OUR RIGHT TO RECOVER FROM  
OTHERS ENDORSEMENT - CALIFORNIA**

**Policy Number:** 57 WEC AF3VEB

**Endorsement Number:**

**Effective Date:** 04/19/21

Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** San Francisco Public Health Foundation

1 HALLIDIE PLZ STE 808  
SAN FRANCISCO CA 94102

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

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

The additional premium for this endorsement shall be 5 % of the California workers' compensation premium otherwise due on such remuneration.

**SCHEDULE**

**Person or Organization**

**Job Description**

City & County of San Francisco Department of Public  
Health 101 Grove St Ste A02 San Francisco, CA 94102

001

Countersigned by *Katherine Berk*  
Authorized Representative

**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 PUBLIC HEALTH FOUNDATION**

This Agreement is made this 1<sup>st</sup> day of **January, 2020**, in the City and County of San Francisco, State of California, by and between the **San Francisco Public Health Foundation, 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102**, non-profit entity, (“Contractor”) and City.

**Recitals**

WHEREAS, the **Department of Public Health** (“Department”) wishes to secure services for **As-Needed Project Based Support Services – Category I. Program Administration and Support Services**; and,

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through **RFQ 36-2017** a request for Qualification (“RFQ”) issued on **October 3, 2019**, in which City selected Contractor as one of the highest qualified scorer pursuant to the RFQ; and

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

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

WHEREAS, the City’s Civil Service Commission approved Contract number **46237 – 14/15** on **December 3, 2018**;

Now, THEREFORE, the parties agree as follows:

**Article 1 Definitions**

The following definitions apply to this Agreement:

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

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

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

1.4 "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).

1.5 "Contractor" or "Consultant" means **San Francisco Public Health, 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102.**

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

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

1.8 "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" mean 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 The term of this Agreement shall commence on **January 1<sup>st</sup>, 2020** and expire on **December 31<sup>st</sup>, 2024**, unless earlier terminated as otherwise provided herein.

2.2 The City has **three (3)** options to renew the Agreement for a period of one year each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

Option 1: 01/01/2025 – 12/31/2025

Option 2: 01/01/2026 – 12/31/2026

Option 3: 01/01/2027 – 12/31/2027

## Article 3 Financial Matters

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

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

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

### 3.3 Compensation.

**3.3.1 Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Three Million Sixty-One Thousand Nine Hundred Thirty DOLLARS (\$3,061,930)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. 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.

**3.3.2 Payment Limited to Satisfactory Services.** Contractor is not entitled to any payments from City until **Department of Public Health** approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to

the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

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

**3.3.4 Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City as specified in Section 3.3.6, or in such alternate manner as the Parties have mutually agreed upon in writing.

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

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

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

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

**3.3.7 Federal and/or State Funded Contracts.**

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

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

**3.4 Audit and Inspection of Records.** Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years, 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.

3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: [https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl).

If Contractor expends less than \$750,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

3.4.2 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

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

**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)**

**Article 4 Services and Resources**

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

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

**4.3 Subcontracting.**

**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. Rebuilding Together SF
- b. CARECEN
- c. Raimi & Associates
- d. Walk SF Foundation
- e. Senior Disability Action
- f. Chinatown Community Development Center
- g. Lighthouse For the Blind and Visually Impaired
- h. Portola Family Center
- i. Tenderloin Community Benefit District
- j. Curry Senior Center
- k. Additional Subcontractors To Be Determined

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

**4.4.1 Independent Contractor.** For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to

participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

**4.4.2 Payment of Employment Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to 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) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

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

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

(d) **Reserved. (Professional Liability Coverage)**

(e) **Reserved. (Technology Errors and Omissions Coverage)**

(f) Contractor shall maintain in force during the full life of the agreement Cyber and Privacy Insurance with limits of not less than \$1,000,000 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.

5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

5.1.3 Contractor's Commercial General Liability and Commercial Automobile Liability Insurance policies shall provide that such policies are primary insurance to any other insurance

available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

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

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

5.1.6 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

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

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

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

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

5.2 **Indemnification.** Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor's performance of this

Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

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

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

## **Article 6      Liability of the Parties**

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

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

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

## Article 7 Payment of Taxes

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

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

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

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

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

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

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:

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

3.5	Submitting False Claims.	10.10	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

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default 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.

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

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

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

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

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

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

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

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

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	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/](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 Non Discrimination in Contracts.** Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of 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) and 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.

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

## Article 11 General Provisions

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

To CITY: Office of Contract Management and Compliance  
Department of Public Health  
101 Grove Street, Room 402  
San Francisco, California 94102

e-mail: [Nora.macias@sfdph.org](mailto:Nora.macias@sfdph.org)

And: Tomás Aragón MD/Patricia Erwin  
PHD CHEP  
25 VAN NESS, SUITE 500  
SAN FRANCISCO, CA 94102 e-mail: patricia.erwin@sfdph.org

To CONTRACTOR: San Francisco Public Health Foundation  
1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102 e-mail: peardley@sfphf.org

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

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

**11.3 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 (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

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

**11.13 Order of Precedence.** Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFQ, and Contractor's proposal dated **October 3, 2019**. The RFQ 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 RFQ 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.**

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and

submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **12.4 Materials Review.**

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.

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

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

**13.3 Business Associate Agreement.**

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

**The parties acknowledge that CONTRACTOR will:**

1.  Do **at least one** or more of the following:
  - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
  - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or
  - C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

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

- a. **Appendix E SFPDPH Business Associate Agreement (BAA) (04-12-2018)**
  1. SFPDPH Attestation 1 PRIVACY (06-07-2017)
  2. SFPDPH 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 **Access to City Data.** City shall at all times have access to and control of all data given to Contractor by City in the performance of this Agreement (“City Data” or “Data”), and shall be able to retrieve it in a readable format, in electronic form and/or print, at any time, at no additional cost.

13.4.2 **Use of City Data and Confidential Information.** Contractor agrees to hold City's Confidential Information received from or created on behalf of the City in strictest confidence. Contractor shall not use or disclose City's Data or Confidential Information except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City's Confidential Information outside the United States is subject to prior written authorization by the City. Access to City's Confidential Information must be strictly controlled and limited to Contractor's staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data or Confidential Information solely for performing its obligations under the Agreement and not for Contractor's own purposes or later use. Nothing herein shall be construed to confer any license or right to the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data or Confidential Information by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase “unauthorized use” means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

13.4.3 **Disposition of Confidential Information.** Upon termination of Agreement or request of City, Contractor shall within forty-eight (48) hours return all Confidential Information which includes all original media. Once Contractor has received written confirmation from City that Confidential Information has been successfully transferred to City, Contractor shall within ten (10) business days purge all Confidential Information from its servers, any hosted environment Contractor has used in performance of this Agreement, work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge.

13.5 **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 PUBLIC HEALTH  
FOUNDATION**

DocuSigned by:

*Greg Wagner*

Grant Colfax, MD  
Director of Health  
Department of Public Health

DocuSigned by:

*Penny Eardley*

**Penny Eardley**  
Executive Director  
1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102

Approved as to Form:

Supplier ID: **0000011526**

Dennis J. Herrera  
City Attorney

DocuSigned by:

By: *Simpson Louise S*

Deputy City Attorney

Approved:

DocuSigned by:

*Linda Repola*

Alicia DeGrafinried  
Director of the Office of Contract Administration, and  
Purchaser

**Appendices**

- A: Scope of Services
- B: Calculation of Charges
- C: Insurance Reserved
- D: Grant Terms Reserved
- E: HIPAA Business Associate Agreement
- F: Invoices
- G: Dispute Resolution

## **Appendix A Scope of Services**

### **1. Terms**

#### **A. Contract Administrator:**

In performing the Services hereunder, Contractor shall report to **Tomás Aragón, MD / 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 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. 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.

G. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

H. 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."

I. 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      Program Administration for Community Health Engagement**

**Appendix A-2      Program Administration for Community Health Engagement**

**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.

**CONTRACT SUMMARY**

**Contractor/Vendor:**  
**Service Provider:**  
**Total Contract Amount:**  
**Funding Source:**  
**Program Name:**  
**System of Care:**  
**Program Code:**

San Francisco Public Health Foundation  
 \$2,733,865  
 Grant CDC, GF HIV Prevention, GF Health Education  
 Community Health Engagement  
 CHEP  
 N/A

**Provider Address:**  
**Provider Phone:**  
**Contact Person:**  
**RFP# and Term:**

1 Hallidie Plaza, Suite 808  
 415-504-6738 ext.101  
 Penny Eardley  
 RFQ 36-2017 [1/1/2020 to 12/31/2024]

**Appendix A#:**  
**Funding Source**  
**Appendix B:**  
**Year:**  
**Funding Amount:**  
**Funding Term:**  
**Number of UOS:**  
**Number of UDC/NOC:**

**A-1**  
**GF-Health Education**

A-1/B-1	B-1a	B-1b	B-1c	B-1d
FY19-20	FY20-21	FY21-22	FY22-23	FY23-24
\$39,000	\$615,383	\$615,383	\$615,383	\$615,383
01/01/2020-06/30/2020	7/1/2020-6/30/21	7/1/2021-6/30/22	7/1/2022-6/30/23	7/1/2023-6/30/24
6	132	132	132	132
1	10	10	10	10

Number of Subcontractors x months in fiscal year

**Definition of UOS:**  
**Target Population:**

The San Francisco Public Health Foundation target population is the subcontractors participating in the CHEP Community Health Engagement Program.

**Description of Services:**

The San Francisco Public Health Foundation will provide Program Management, Capacity Building and Subcontractor Management Services in support of the programs listed below serviced by the following contractors: Community Health Engagement, Violence Prevention, Vision Zero and Community and Home Injury Prevention Program for Seniors (CHIPPS).

**Appendix A#:**  
**Funding Source**  
**Appendix B:**  
**Year:**  
**Funding Amount:**  
**Funding Term:**  
**Number of UOS:**  
**Number of UDC/NOC:**

**A-2**  
**GF- HIV Prevention**

B-2	B-2a	B-2b	B-2c	B-2d
FY19-20	FY20-21	FY21-22	FY22-23	FY23-24
\$10,417	\$25,000	\$25,000	\$25,000	\$25,000
2/1/2020-6/30/2020	7/1/2020-6/30/2021	7/1/2021-6/30/2022	7/1/2022-6/30/2023	7/1/2023-6/30/2024
234	536	536	536	536
n/a	n/a	n/a	n/a	n/a
Staff Hours				

**Definition of UOS:**  
**Target Population:**  
**Description of Services:**

The San Francisco Public Health Foundation will provide Human Resources Management/Support in support of the End Hep C SF project .

End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

**Appendix A# :**  
**Funding Source**  
**Appendix B:**  
**Year:**  
**Funding Amount:**  
**Funding Term:**  
**Number of UOS:**  
**Number of UDC/NOC:**

**A-2**  
**Grant CDC**

B-3	B-3a	B-3b	B-3c	B-3d
FY19-20	FY20-21	FY21-22	FY22-23	FY23-24
\$22,917	\$25,000	\$25,000	\$25,000	\$25,000
2/1/2020-6/30/2020	1/1/2020-12/31/2021	1/1/2021-12/31/2022	1/1/2022-12/31/2023	1/1/2023-12/31/2024
520	567	567	567	567
N/A	N/A	N/A	N/A	N/A
Staff Hours	Staff Hours	Staff Hours	Staff Hours	Staff Hours

**Definition of UOS:**  
**Target Population:**  
**Description of Services:**

The San Francisco Public Health Foundation will provide Human Resources Management/Support in support of the End Hep C SF project .

End Hep C SF supports all San Franciscans lving with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-1**

**Appendix Term: 01/01/2020-06/30/2024**

**Funding Source: General Fund-Health Education**

**1. Identifiers:**

San Francisco Public Health Foundation (SFPHF)  
1 Hallidie Plaza, Suite 808, San Francisco, CA 94102  
415-504-6738 Fax: 415-520-0471  
www.sfphf.org

Executive Director/Program Director: Penny Eardley  
Telephone: 415-504-6738 ext. 101  
Email Address: peardley@sfphf.org

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Program Management, Capacity Building and Subcontractor Management Services in support of the programs listed below serviced by the following contractors:

**Community Health Engagement:** The goal of the SFDPH Community Health Engagement Project is to support and promote community-wide health and well-being as well as community capacity building efforts. Subcontractor: TBD

**Community and Home Injury Prevention Program for Seniors (CHIPPS):** The goal of the Community & Home Injury Prevention Program for Seniors (CHIPPS) is to prevent falls and injuries to seniors living in San Francisco by providing fall prevention education, home safety devices, minor home repairs, and minor home modifications so seniors can live safely at home. Subcontractor: Rebuilding Together SF

**Violence Prevention:** The goal of this contract is to support comprehensive services offered by CARECEN’s Second Chance Youth Program. The peer support groups create safe environments at local high schools and community spaces to actively engage in critical thinking, life-skills development, and fun, culturally affirming group activities. Subcontractor: CARECEN

**Vision Zero:** The goal of the Vision Zero – Community Engagement Program is to reduce traffic-related fatalities and severe injuries, especially to children, seniors, and people with disabilities. Subcontractors: Raimi and Associates, Walk SF Foundation – 2 programs, Senior and Disability Action, Chinatown Community Development Center, Lighthouse for the Blind and Visually Impaired, Portola Family Center, Tenderloin Community Benefit District

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-1**

**Appendix Term: 01/01/2020-06/30/2024**

**Funding Source: General Fund-Health Education**

**4. Priority Population:  
Community Health Engagement:**

Priority populations in San Francisco that are impacted by the health disparities and adverse effects, including:

- Black, African American
- Asian, including Chinese
- Pacific Islander
- Latinx
- Youth and transitional-age youth
- Seniors
- Low-income populations
- Individuals experiencing health disparities
- Others as identified
  - Subcontractor: TBD

**Community and Home Injury Prevention Program for Seniors (CHIPPS):**

- Priority populations are all seniors over 65 years old who live in San Francisco.
  - Subcontractor: Rebuilding Together SF

**Violence Prevention:**

- “at/in risk” Latino youth between the ages of 14-18 years in the San Francisco Bay Area
  - Subcontractor: CARECEN

**Vision Zero:**

- Children
- Seniors
- People with disabilities
- Low-income populations
  - Subcontractors: Raimi and Associates, Walk SF Foundation – 2 programs, Senior and Disability Action, Chinatown Community Development Center, Lighthouse for the Blind and Visually Impaired, Portola Family Center, Tenderloin Community Benefit District

**5. Modality(s)/Intervention(s):**

**1 Unit = 1 subcontractor x number of months in the current fiscal year**

<b>Units of Service (UOS) Description 1/01/2020 to 6/30/2020</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>Community Health Engagement Program Administration Subcontractor: 18 Reasons</b>	6	1
<b>Total UOS Delivered</b>	<b>6</b>	
<b>Total UDC Served</b>		<b>1</b>

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-1**

**Appendix Term: 01/01/2020-06/30/2024**

**Funding Source: General Fund-Health Education**

<b>Units of Service (UOS) Description 7/01/2020 to 6/30/2021</b>	<b>Units of Service in months (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>Community Health Engagement Program Administration - Subcontractors TBD (1)</b>	12	1
<b>Community &amp; Home Injury Prevention Program for Seniors Program Administration - Subcontractor: Rebuilding Together San Francisco</b>	12	1
<b>Violence Prevention Program Administration - Subcontractor: CARECEN</b>	12	1
<b>Vision Zero Program Administration</b> Subcontractors: (8) Raimi and Associates Walk SF Foundation – 2 programs Senior and Disability Action Chinatown Community Development Center Lighthouse for the Blind and Visually Impaired Portola Family Center Tenderloin Community Benefit District	12 24 12 12 12 12 12 (96)	7
<b>Total UOS Delivered</b>	132 UOS	
<b>Total UDC Served</b>		10

<b>Units of Service (UOS) Description 7/01/2021 to 6/30/2022</b>	<b>Units of Service in months (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>Community Health Engagement Program Administration - 1 Subcontractors</b>	12	1
<b>Community &amp; Home Injury Prevention Program for Seniors Program Administration - 1 Subcontractors</b>	12	1
<b>Violence Prevention Program Administration -1 Subcontractors</b>	12	1
<b>Vision Zero Program Administration - 8 Subcontractors</b>	96	7
<b>Total UOS Delivered</b>	132 UOS	
<b>Total UDC Served</b>		10

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-1**

**Appendix Term: 01/01/2020-06/30/2024**

**Funding Source: General Fund-Health Education**

<b>Units of Service (UOS) Description 7/01/2022 to 6/30/2023</b>	<b>Units of Service in months (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>Community Health Engagement Administration - Subcontractors TBD</b>	12	1
<b>Community &amp; Home Injury Prevention Program for Seniors Program Administration – 1 Subcontractors</b>	12	1
<b>Violence Prevention Program Administration – 1 Subcontractors</b>	12	1
<b>Vision Zero Program Administration – 8 Subcontractors</b>	96	7
<b>Total UOS Delivered</b>	132 UOS	
<b>Total UDC Served</b>		10

<b>Units of Service (UOS) Description 7/01/2023 to 6/30/2024</b>	<b>Units of Service in months (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>Community Health Engagement Program Administration- Subcontractors TBD</b>	12	1
<b>Community &amp; Home Injury Prevention Program for Seniors Program Administration - 1 Subcontractors</b>	12	1
<b>Violence Prevention Program Administration – 1 Subcontractors</b>	12	1
<b>Vision Zero Program Administration - 8 Subcontractors</b>	96	7
<b>Total UOS Delivered</b>	132 UOS	
<b>Total UDC Served</b>		10

## 6. Methodology:

### **Program Administration of Subcontractors**

1. Manage and disburse funds as directed by the Department as it applies to the Community Health Engagement Program.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
  - a. Protect the assets of the organization and of the contractor;
  - b. Ensure the maintenance of accurate records of SFPHF’s financial activities;
  - c. Provide a framework for SFPHF’s financial decision making;
  - d. Establish and enforce operating standards and behavioral expectations;
  - e. Serve as a training resource for financial staff; and
  - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-1**

**Appendix Term: 01/01/2020-06/30/2024**

**Funding Source: General Fund-Health Education**

**Objectives and Measurements:**

**SFPHF must submit an Annual Summary Report documenting achievement of all Objectives to System of Care Program Manager and the Business Office Contract Compliance (BOCC) within two months from the end of the contract year.**

**A. Standardized Objectives:**

“All objectives and descriptions of how objectives will be measured, are contained in the Fiscal Intermediary/Program Management document entitled: Fiscal Intermediary Performance Objectives FY19-20.”

**FY 1920 (six (6) months)**

By June 30, 2020, SFPHF program staff will complete subcontractor’s agreements as requested by CHEP program staff.

**FY 2020-2021 (twelve (12) months)**

By August 1, 2020, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

**FY 2021-2022 (twelve (12) months)**

By August 1, 2020, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

**FY 2022-2023 (twelve (12) months)**

By August 1, 2022, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

**FY 2023-2024 (twelve (12) months)**

By August 1, 2023, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

**7. Continuous Quality Improvement:**

CHEP staff will work with the SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements.

To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-1**

**Appendix Term: 01/01/2020-06/30/2024**

**Funding Source: General Fund-Health Education**

**8. Required Language:**  
NA

**9. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):**

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.
- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF 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. SFPHF acknowledges that it will provide to 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. SFPHF 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 SFPHF, with a copy sent the Department of Public Health's Program Director associated with this engagement.
- G. This list of requirements is provided to highlight for SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-2**

**Appendix Term: 01/01/2020-06/30/2024**

**Funding Source: General Fund-HIV Prevention/Grant CDC**

**1. Identifiers:**

San Francisco Public Health Foundation (SFPHF)  
 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102  
 415-504-6738 Fax: 415-520-0471  
 www.sfphf.org

Executive Director/Program Director: Penny Eardley  
 Telephone: 415-504-6738 ext. 101  
 Email Address: peardley@sfphf.org

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Human Resources Management/Support in support of the End Hep C SF project and as part of the Community Health Engagement goals. End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

**4. Priority Population:**

Priority populations in San Francisco that are impacted by HIV and Hep C, including:

- Black, African American
- Asian, including Chinese
- Pacific Islander
- Latinx
- Youth and transitional-age youth
- Seniors
- Low-income populations
- Individuals experiencing health disparities
- Others as identified

**5. Modality(s)/Intervention(s):**

<b>Units of Service (UOS) Description 1/01/2020 to 6/30/2020 1 UOS = 1 Hour</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
Program Administration – hours		
General Fund HIV Prevention	234	
Grant CDC	520	NA
<b>Total UOS Delivered</b>	<b>754</b>	
<b>Total UDC Served</b>		

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-2**

**Appendix Term: 01/01/2020-06/30/2024**

**Funding Source: General Fund-HIV Prevention/Grant CDC**

<b>Units of Service (UOS) Description</b> <b>7/01/2020 to 6/30/2021</b> <b>1 UOS = 1 Hour</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
Program Administration – hours	536	
General Fund HIV Prevention	567	NA
<b>Total UOS Delivered</b>	<b>1105</b>	
<b>Total UDC Served</b>		

<b>Units of Service (UOS) Description</b> <b>7/01/2021 to 6/30/2022</b> <b>1 UOS = 1 Hour</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
Program Administration – hours	536	
General Fund HIV Prevention	567	NA
<b>Total UOS Delivered</b>	<b>1105</b>	
<b>Total UDC Served</b>		

<b>Units of Service (UOS) Description</b> <b>7/01/2022 to 6/30/2023</b> <b>1 UOS = 1 Hour</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
Program Administration – hours	536	
General Fund HIV Prevention	567	NA
<b>Total UOS Delivered</b>	<b>1105</b>	
<b>Total UDC Served</b>		

<b>Units of Service (UOS) Description</b> <b>7/01/2023 to 6/30/2024</b> <b>1 UOS = 1 Hour</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
Program Administration – hours	536	
General Fund HIV Prevention	567	NA
<b>Total UOS Delivered</b>	<b>1105</b>	
<b>Total UDC Served</b>		

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: Community Health Engagement – Program Administration**

**Appendix A-2**  
**Appendix Term: 01/01/2020-06/30/2024**  
**Funding Source: General Fund-HIV Prevention/Grant CDC**

**6. Methodology:**

**Program Administration**

1. Manage and disburse funds as directed by the Department as it applies to this project.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
  - a. Protect the assets of the organization and of the contract;
  - b. Ensure the maintenance of accurate records of SFPHF’s financial activities;
  - c. Provide a framework for SFPHF’s financial decision making;
  - d. Establish and enforce operating standards and behavioral expectations;
  - e. Serve as a training resource for financial staff; and
  - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.

**Human Resources management**

Employ, supervise and evaluate performance of the End Hep C SF Program Coordinator. This position works from a remote office and supplies coordination to the End Hep C SF Coalition, including communication between partners, organizing meetings, creating communications on HIV and Hep C information to share with the public. The Program Coordinator works 40 hours per week and is supervised by the Executive Director of SFPHF.

**7. Objectives and Measurements:**

**A. Standardized Objectives:**

Not applicable.

**8. Continuous Quality Improvement:**

The SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements. To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

**9. Required Language:**

NA

**10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):**

NA

## 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	<b>Budget Summary</b>
Appendix B-1, B-1a, B-1b, B-1c, B-1d	<b>Program Administration for Community Health Engagement</b>
Appendix B-2, B-2a, B-2b, B-2c, B-2d	<b>Program Administration for Community Health Engagement</b>
Appendix B-3, B-3a, B-3b, B-3c, B-3d	<b>Program Administration for Community Health Engagement</b>

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$328,064** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

	<u>Term</u>	<u>Funding Source</u>	<u>Amount</u>
<b>Original Agreement</b>	<b>01/01/2020 – 06/30/2020</b>	<b>General Fund</b>	<b>\$39,000</b>
<b>Original Agreement</b>	<b>02/01/2020 – 06/30/2020</b>	<b>General Fund</b>	<b>\$10,417</b>
<b>Original Agreement</b>	<b>02/01/2020 – 12/31/2020</b>	<b>CDC</b>	<b>\$22,917</b>
<b>Original Agreement</b>	<b>07/01/2020 – 06/30/2021</b>	<b>General Fund</b>	<b>\$615,383</b>
<b>Original Agreement</b>	<b>07/01/2020 – 06/30/2021</b>	<b>General Fund</b>	<b>\$25,000</b>

<b>Original Agreement</b>	<b>01/01/2021 – 12/31/2021</b>	<b>CDC</b>	<b>25,000</b>
<b>Original Agreement</b>	<b>07/01/2021 – 06/30/2022</b>	<b>General Fund</b>	<b>\$615,383</b>
<b>Original Agreement</b>	<b>07/01/2021 – 06/30/2022</b>	<b>General Fund</b>	<b>\$25,000</b>
<b>Original Agreement</b>	<b>01/01/2022 – 12/31/2022</b>	<b>CDC</b>	<b>25,000</b>
<b>Original Agreement</b>	<b>07/01/2022 – 06/30/2023</b>	<b>General Fund</b>	<b>\$615,383</b>
<b>Original Agreement</b>	<b>07/01/2022 – 06/30/2023</b>	<b>General Fund</b>	<b>\$25,000</b>
<b>Original Agreement</b>	<b>01/01/2023 – 12/31/2023</b>	<b>CDC</b>	<b>25,000</b>
<b>Original Agreement</b>	<b>07/01/2023 – 06/30/2024</b>	<b>General Fund</b>	<b>\$615,383</b>
<b>Original Agreement</b>	<b>07/01/2023 – 06/30/2024</b>	<b>General Fund</b>	<b>\$25,000</b>
<b>Original Agreement</b>	<b>01/01/2024 – 12/31/2024</b>	<b>CDC</b>	<b>25,000</b>
		Total Award Amount:	<u>\$2,733,686</u>
		Contingency 1/1/2020 – 12/31/2024:	<u>\$328,064</u>
		(This equals the total NTE) Total:	<u>\$3,061,930</u>

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.

CID #: 1000018941		Appendix: B												
DPH Section: CHEP - Community Health Equity and Promotion		1/1/2020 to 12/31/2024												
Check one: <input checked="" type="checkbox"/> Original Agreement <input type="checkbox"/> Amendment <input type="checkbox"/> Revision to Program Budgets		Contract Term: 12/31/2024												
Agency/Contractor Name: San Francisco Public Health Foundation		Current Funding Notification Date: 01/30/20												
Program/Provider Name:	Community Health Engagement	Community Health Engagement	Community Health Engagement	Community Health Engagement	Community Health Engagement	Community Health Engagement	Community Health Engagement	Community Health Engagement	Community Health Engagement	Community Health Engagement	Community Health Engagement			
Appendix Number:	A-1/B-1	A-2/B-1a	A-2/B-2a	A-2/B-3a	A-2/B-1b	A-2/B-2b	A-2/B-3b	A-2/B-1c	A-2/B-2c	A-2/B-3c	A-2/B-1d	A-2/B-2d	A-2/B-3d	TOTALS
Appendix Term:	01/01/2020-12/31/2020	07/01/2020-06/30/2021	07/01/2020-06/30/2021	01/01/2021-12/31/2021	07/01/2021-06/30/2022	07/01/2021-06/30/2022	01/01/2022-12/31/2022	07/01/2022-06/30/2023	01/01/2022-06/30/2023	01/01/2023-12/31/2023	07/01/2023-06/30/2024	07/01/2023-06/30/2024	01/01/2024-12/31/2024	
Salaries	\$ 17,850	\$ -	\$ 18,386	\$ 19,472	\$ -	\$ 18,386	\$ 19,472	\$ -	\$ 18,386	\$ 19,472	\$ -	\$ 18,386	\$ 19,472	\$ 177,315
Employee Benefits	\$ 2,983	\$ -	\$ 4,341	\$ 3,255	\$ -	\$ 4,341	\$ 3,255	\$ -	\$ 4,341	\$ 3,255	\$ -	\$ 4,341	\$ 3,255	\$ 34,804
Total Personnel Expenses	\$ 20,833	\$ -	\$ 22,727	\$ 22,727	\$ -	\$ 22,727	\$ 22,727	\$ -	\$ 22,727	\$ 22,727	\$ -	\$ 22,727	\$ 22,727	\$ 212,119
Employee Fringe Benefit Rate	17.8%	0.0%	23.6%	16.7%	0.0%	23.6%	18.7%	0.0%	23.6%	18.7%	0.0%	23.6%	16.7%	
Operating Expense	\$ -	\$ 559,441	\$ -	\$ -	\$ 559,441	\$ -	\$ -	\$ 559,441	\$ -	\$ -	\$ 559,441	\$ -	\$ -	\$ 2,273,219
Subtotal Direct Costs	\$ 20,833	\$ 559,441	\$ 22,727	\$ 22,727	\$ 559,441	\$ 22,727	\$ 22,727	\$ 559,441	\$ 22,727	\$ 22,727	\$ 559,441	\$ 22,727	\$ 22,727	\$ 2,465,338
Indirect Cost Amount	\$ 3,545	\$ 947	\$ 2,273	\$ 2,273	\$ 55,942	\$ 2,273	\$ 2,273	\$ 55,942	\$ 2,273	\$ 2,273	\$ 55,942	\$ 2,273	\$ 2,273	\$ 248,528
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Total Expenses	\$ 39,000	\$ 10,417	\$ 22,917	\$ 25,000	\$ 615,383	\$ 25,000	\$ 25,000	\$ 615,383	\$ 25,000	\$ 25,000	\$ 615,383	\$ 25,000	\$ 25,000	\$ 2,733,866
<b>REVENUES &amp; FUNDING SOURCES</b>														
DPH Funding Sources (select from drop-down list)														
General Fund - Health Education	39,000				615,383						615,383			2,500,532
General Fund - HIV Prevention		10,417				25,000						25,000		110,417
Grant - CDC			22,917				25,000						25,000	122,917
Total DPH Revenues	\$ 39,000	\$ 10,417	\$ 22,917	\$ 25,000	\$ 615,383	\$ 25,000	\$ 25,000	\$ 615,383	\$ 25,000	\$ 25,000	\$ 615,383	\$ 25,000	\$ 25,000	\$ 2,733,866
Total Revenues (DPH and Non-DPH)	\$ 39,000	\$ 10,417	\$ 22,917	\$ 25,000	\$ 615,383	\$ 25,000	\$ 25,000	\$ 615,383	\$ 25,000	\$ 25,000	\$ 615,383	\$ 25,000	\$ 25,000	\$ 2,733,866
Cost Reimbursement (CR) or Fee-For-Service (FFS)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	

Contractor: San Francisco Public Health FoundationAppendix: **B-1**Program: Community Health Engagement

Appendix Term: 01/01/2020-6/30/2020

Full Contract Term: 1/1/2020 to 12/31/2024

Funding Source: GF Health Education

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:	Community Health Engagement - Program Administration								
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Totals</b>
<b>Consultants/Subcontractor:</b>									
18 Reasons	35,455	100%		0%		0%		0%	35,455
0		0%		0%		0%		0%	-
<b>Total Operating Expenses</b>	<b>35,455</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>35,455</b>
<b>Total Direct Expenses</b>	<b>35,455</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>35,455</b>
<b>Indirect Expenses 10.00%</b>	<b>3,545</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>3,545</b>
<b>TOTAL EXPENSES</b>	<b>39,000</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>39,000</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>		<b>0</b>		<b>0</b>		<b>0</b>		
Number of UOS per Service Mode	6								<b>6</b>
Cost Per UOS by Service Mode	\$6,500.00		\$0.00		\$0.00		\$0.00		<b>N/A</b>
Number of UDC/NOC per Service Mode	1								<b>1</b>

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**BUDGET JUSTIFICATION**

**Contractor Name** San Francisco Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-1  
 Appendix Term: 01/01/2020-06/30/2020  
General Fund- Health  
 Funding Source: Education

**2) OPERATING EXPENSES:**

**Consultants/Subcontractors:**

<b>Consult/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
18 Reasons	Capacity building for HEAL nonprofits.	203 hours X ~\$175	\$ 35,455
<b>Total Consultants/Subcontractors:</b>			<b>\$ 35,455</b>

**TOTAL OPERATING EXPENSES: \$ 35,455**

**TOTAL DIRECT COSTS: \$ 35,455**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 3,545

Indirect Rate: 10.00%  
**TOTAL INDIRECT COSTS: \$ 3,545**

**TOTAL EXPENSES: \$ 39,000**

Contractor: San Francisco Public Health FoundationProgram: Community Health EngagementAppendix: **B-1a**

Appendix Term: 07/01/2020-06/30/2021

General Fund-Health

Funding Source: Education**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:	Community Health Engagement - Program Administration		Community Home Injury Prevention - Program Administration		Violence Prevention - Program Administration		Vision Zero - Program Administration		
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Totals</b>
<b>Total General Operating</b>	1504	25%	1503	25%	1503	25%	1503	25%	6,013
<b>Consultants/Subcontractor:</b>									-
Subcontractors (13)	106700	19%	70,000	13%	39,460	7%	337,268	61%	553,428
<b>Total Operating Expenses</b>	<b>108,204</b>	<b>19%</b>	<b>71,503</b>	<b>13%</b>	<b>40,963</b>	<b>7%</b>	<b>338,771</b>	<b>61%</b>	<b>559,441</b>
<b>Total Direct Expenses</b>	108,204	19%	71,503	13%	40,963	7%	338,771	61%	559,441
<b>Indirect Expenses 10.00%</b>	10,820	19%	7,150	13%	4,096	7%	33,876	61%	55,942
<b>TOTAL EXPENSES</b>	<b>119,024</b>	<b>19%</b>	<b>78,653</b>	<b>13%</b>	<b>45,059</b>	<b>7%</b>	<b>372,647</b>	<b>61%</b>	<b>615,383</b>
<b>Unit of Service Type</b>	<b>Subcontractors</b>		<b>Subcontractors</b>		<b>Subcontractors</b>		<b>Subcontractors</b>		
Number of UOS per Service Mode	12		12		12		96		<b>132</b>
Cost Per UOS by Service Mode	\$9,918.67		\$6,554.42		\$3,754.92		\$3,881.74		
Number of UDC/NOC per Service Mode	1		1		1		7		<b>10</b>

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**BUDGET JUSTIFICATION****Contractor Name** San Francisco Public Health Foundation**Program Name:** Community Health EngagementAppendix: B-1aAppendix Term: 07/01/2020-06/30/2021General Fund-HealthFunding Source: Education**2) OPERATING EXPENSES:****General Operating:**

Expense Item	Brief Description	Rate/Formula	Cost
Community Capacity Building & Engagement	Website maintenance, trainings, data purchases, audio conferencing services, meeting room rentals, surveys and project management software license, and books, office, incentives/'swag', meeting supplies, presentation materials, printing, and other.		\$ 6,013
<b>Total General Operating:</b>			<b>\$ 6,013</b>

**Consultants/Subcontractors:**

Consult/Subcontractor Name	Service Description	Rate/Formula	Cost
Community Engagement Consultants - TBD	Program, evaluation, fund development and other consultants: Hourly rate to be based on experience and duties. Work to support the development, implementation, monitoring and evaluation of various capacity building projects and services. Includes consultants for Chronic Disease Prevention, Healthy Retail SF, Ped Safety/Active Transportation and other work related towards healthier communities. <u>Consultants and rate to be determined as identified.</u>		\$ 106,700
Raimi and Associates	Program evaluation services for Safe Routes to School and related services.		\$ 40,000
CARECEN Violence Prev Groups	To provide violence prevention support groups and related activities for girls and young women.		\$ 39,460
Rebuilding Together San Francisco	Supplies and labor costs associated with minor home repairs in seniors' and disabled persons' private residences as referred by DPH CHIPPS staff and associates.		\$ 70,000
Walk SF Foundation - Families for Safe Streets	Families for Safe Streets (FSS) organizes and assists a group of people who have lost loved ones or been victims in traffic collisions; these individuals support the implementation of Vision Zero in San Francisco to prevent future crashes from happening .		\$ 99,794
Walk SF Foundation - Safe Streets for Seniors	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 40,880
Senior and Disability Action - Safe Streets for Seniors	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 40,880
Chinatown Community Development Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440

Curry Senior Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Lighthouse for the Blind and Visually Impaired - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Portola Family Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Tenderloin Community Benefit District - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Walk SF Foundation - D5 Pedestrian Safety Outreach	Community-based subcontract for pedestrian safety outreach in District 5.		\$ 13,514
<b>Total Consultants/Subcontractors:</b>			<b>\$ 553,428</b>

**TOTAL OPERATING EXPENSES: \$ 559,441**

**TOTAL DIRECT COSTS: \$ 559,441**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	Amount
Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 55,942

Indirect Rate: 10.00%

**TOTAL INDIRECT COSTS: \$ 55,942**

**TOTAL EXPENSES: \$ 615,383**

Contractor: San Francisco Public Health FoundationAppendix: **B-1b**Program: Community Health EngagementAppendix Term: **07/01/2021 - 06/30/2022**Funding Source: **GF- Health Education****UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:	Community Health Engagement - Program Administration		Community Home Injury Prevention - Program Administration		Violence Prevention - Program Administration		Vision Zero - Program Administration		
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Totals</b>
<b>Total General Operating</b>	1,504	25%	1,503	25%	1,503	25%	1,503	25%	6,013
<b>Consultants/Subcontractor:</b>									
Subcontractors	106,700	19%	70,000	13%	39,460	7%	337,268	61%	553,428
		0%		0%		0%		0%	-
<b>Total Operating Expenses</b>	<b>108,204</b>	<b>19%</b>	<b>71,503</b>	<b>13%</b>	<b>40,963</b>	<b>7%</b>	<b>338,771</b>	<b>61%</b>	<b>559,441</b>
<b>Total Direct Expenses</b>	108,204	19%	71,503	13%	40,963	7%	338,771	61%	559,441
<b>Indirect Expenses</b> 10.00%	10,820	19%	7,150	13%	4,096	7%	33,876	61%	55,942
<b>TOTAL EXPENSES</b>	<b>119,024</b>	<b>19%</b>	<b>78,653</b>	<b>13%</b>	<b>45,059</b>	<b>7%</b>	<b>372,647</b>	<b>61%</b>	<b>615,383</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>		<b>Subcontractor</b>		<b>Subcontractor</b>		<b>Subcontractor</b>		
Number of UOS per Service Mode	12		12		12		96		<b>132</b>
Cost Per UOS by Service Mode	\$9,918.67		\$6,554.42		\$3,754.92		\$3,881.74		<b>N/A</b>
Number of UDC/NOC per Service Mode	1		1		1		7		<b>10</b>

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**BUDGET JUSTIFICATION****Contractor Name** San Francisco Public Health Foundation**Program Name:** Community Health Engagement

Appendix: B-1b

Appendix Term: 07/01/2021-6/30/2022

Funding Source: GF Health Education

**2) OPERATING EXPENSES:****General Operating:**

Expense Item	Brief Description	Rate/Formula	Cost
Community Capacity Building & Engagement	Website maintenance, trainings, data purchases, audio conferencing services, meeting room rentals, surveys and project management software license, and books, office, incentives/'swag', meeting supplies, presentation materials, printing, and other.		\$ 6,013
<b>Total General Operating:</b>			<b>\$ 6,013</b>

**Consultants/Subcontractors:**

Consult/Subcontractor Name	Service Description	Rate/Formula	Cost
Community Engagement Consultants - TBD	Program, evaluation, fund development and other consultants: Hourly rate to be based on experience and duties. Work to support the development, implementation, monitoring and evaluation of various capacity building projects and services. Includes consultants for Chronic Disease Prevention, Healthy Retail SF, Ped Safety/Active Transportation and other work related towards healthier communities. Consultants and rate to be determined as identified.		\$ 106,700
Raimi and Associates	Program evaluation services for Safe Routes to School and related services.		\$ 40,000
CARECEN Violence Prev Groups	To provide violence prevention support groups and related activities for girls and young women.		\$ 39,460
Rebuilding Together San Francisco	Supplies and labor costs associated with minor home repairs in seniors' and disabled persons' private residences as referred by DPH CHIPPS staff and associates.		\$ 70,000
Walk SF Foundation - Families for Safe Streets	Families for Safe Streets (FSS) organizes and assists a group of people who have lost loved ones or been victims in traffic collisions; these individuals support the implementation of Vision Zero in San Francisco to prevent future crashes from happening .		\$ 99,794
Walk SF Foundation - Safe Streets for Seniors	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 40,880
Senior and Disability Action - Safe Streets for Seniors	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 40,880

Chinatown Community Development Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Curry Senior Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Lighthouse for the Blind and Visually Impaired - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Portola Family Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Tenderloin Community Benefit District - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Walk SF Foundation - D5 Pedestrian Safety Outreach	Community-based subcontract for pedestrian safety outreach in District 5.		\$ 13,514

**Total Consultants/Subcontractors: \$ 553,428**

**TOTAL OPERATING EXPENSES: \$ 559,441**

**TOTAL DIRECT COSTS: \$ 559,441**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	Amount
Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 55,942

Indirect Rate: 10.00%

**TOTAL INDIRECT COSTS: \$ 55,942**

**TOTAL EXPENSES: \$ 615,383**

Contractor: SF Public Health Foundation  
 Program: Community Health Engagement

Appendix: **B-1c**  
 Appendix Term: **7/1/2022-6/30/2023**  
 Funding Source: **GF- Health Education**

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:	Community Health Engagement - Program Administration	Community Home Injury Prevention - Program Administration	Violence Prevention - Program Administration	Vision Zero - Program Administration					
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Totals</b>
<b>Total General Operating</b>	1,504	25%	1,503	25%	1,503	25%	1,503	25%	6,013
<b>Consultants/Subcontractor:</b>									
Subcontractors (13)	106,700	19%	70,000	13%	39,460	7%	337,268	61%	553,428
<b>Total Operating Expenses</b>	<b>108,204</b>	<b>19%</b>	<b>71,503</b>	<b>13%</b>	<b>40,963</b>	<b>7%</b>	<b>338,771</b>	<b>61%</b>	<b>559,441</b>
<b>Total Direct Expenses</b>	108,204	19%	71,503	13%	40,963	7%	338,771	61%	559,441
<b>Indirect Expenses</b> 10.00%	10,820	19%	7,150	13%	4,096	7%	33,876	61%	55,942
<b>TOTAL EXPENSES</b>	<b>119,024</b>	<b>19%</b>	<b>78,653</b>	<b>13%</b>	<b>45,059</b>	<b>7%</b>	<b>372,647</b>	<b>61%</b>	<b>615,383</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	
Number of UOS per Service Mode	12	12	12	12	96				<b>132</b>
Cost Per UOS by Service Mode	\$9,918.67	\$6,554.42	\$3,754.92	\$3,881.74					<b>N/A</b>
Number of UDC/NOC per Service Mode	1	1	1	1	7				<b>10</b>

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**BUDGET JUSTIFICATION****Contractor Name** SF Public Health Foundation**Program Name:** Community Health EngagementAppendix: B-1cAppendix Term: 7/1/2022-6/30/2023Funding Source: GF- Health Educator**2) OPERATING EXPENSES:****General Operating:**

<b>Expense Item</b>	<b>Brief Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
Community Capacity Building & Engagement	Website maintenance, trainings, data purchases, audio conferencing services, meeting room rentals, surveys and project management software license, and books, office, incentives/'swag', meeting supplies, presentation materials, printing, and other.		\$ 6,013
<b>Total General Operating:</b>			<b>\$ 6,013</b>

**Consultants/Subcontractors:**

<b>Consult/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
Community Engagement Consultants - TBD	Program, evaluation, fund development and other consultants: Hourly rate to be based on experience and duties. Work to support the development, implementation, monitoring and evaluation of various capacity building projects and services. Includes consultants for Chronic Disease Prevention, Healthy Retail SF, Ped Safety/Active Transportation and other work related towards healthier communities. Consultants and rate to be determined as identified.		\$ 106,700
Raimi and Associates	Program evaluation services for Safe Routes to School and related services.		\$ 40,000
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Walk SF Foundation - D5 Pedestrian Safety Outreach	Community-based subcontract for pedestrian safety outreach in District 5.		\$ 13,514

**Total Consultants/Subcontractors: \$ 553,428**

**TOTAL OPERATING EXPENSES: \$ 559,441**

**TOTAL DIRECT COSTS: \$ 559,441**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	Amount
Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 55,942

Indirect Rate: 10.00%

**TOTAL INDIRECT COSTS: \$ 55,942**

**TOTAL EXPENSES: \$ 615,383**

Contractor: San Francisco Public Health Foundation

Program: Community Health Engagement

Appendix: **B-1d**

Appendix Term: 07/01/2023-06/30/2024

General Fund-Health

Funding Source: Education

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:	Community Health Engagement - Program Administration		Community Home Injury Prevention - Program Administration		Violence Prevention - Program Administration		Vision Zero - Program Administration		Totals
	Expense	%	Expense	%	Expense	%	Expense	%	
Personnel Expenses	-	0%	-	0%	-	0%	-	0%	-
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Totals</b>
Total General Operating	1,504	25%	1,503	25%	1,503	25%	1,503	25%	6,013
Consultants/Subcontractor:									
Subcontractors (13)	106,700	19%	70,000	13%	39,460	7%	337,268	61%	553,428
<b>Total Operating Expenses</b>	<b>108,204</b>	<b>19%</b>	<b>71,503</b>	<b>13%</b>	<b>40,963</b>	<b>7%</b>	<b>338,771</b>	<b>61%</b>	<b>559,441</b>
<b>Total Direct Expenses</b>	<b>108,204</b>	<b>19%</b>	<b>71,503</b>	<b>13%</b>	<b>40,963</b>	<b>7%</b>	<b>338,771</b>	<b>61%</b>	<b>559,441</b>
Indirect Expenses 10.00%	10,820	19%	7,150	13%	4,096	7%	33,876	61%	55,942
<b>TOTAL EXPENSES</b>	<b>119,024</b>	<b>19%</b>	<b>78,653</b>	<b>13%</b>	<b>45,059</b>	<b>7%</b>	<b>372,647</b>	<b>61%</b>	<b>615,383</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	
Number of UOS per Service Mode	12	12	12	12	12	12	96	96	132
Cost Per UOS by Service Mode	\$9,918.67	\$6,554.42	\$6,554.42	\$6,554.42	\$3,754.92	\$3,754.92	\$3,881.74	\$3,881.74	N/A
Number of UDC/NOC per Service Mode	1	1	1	1	1	1	7	7	10

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**BUDGET JUSTIFICATION****Contractor Name** San Francisco Public Health Foundation**Program Name:** Community Health EngagementAppendix: B-1dAppendix Term: 07/01/2023-06/30/2024General Fund-HealthFunding Source: Education**2) OPERATING EXPENSES:****General Operating:**

<b>Expense Item</b>	<b>Brief Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
Community Capacity Building & Engagement	Website maintenance, trainings, data purchases, audio conferencing services, meeting room rentals, surveys and project management software license, and books, office, incentives/'swag', meeting supplies, presentation materials, printing, and other.		\$ 6,013
<b>Total General Operating:</b>			<b>\$ 6,013</b>

**Consultants/Subcontractors:**

<b>Consult/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
Community Engagement Consultants - TBD	Program, evaluation, fund development and other consultants: Hourly rate to be based on experience and duties. Work to support the development, implementation, monitoring and evaluation of various capacity building projects and services. Includes consultants for Chronic Disease Prevention, Healthy Retail SF, Ped Safety/Active Transportation and other work related towards healthier communities. Consultants and rate to be determined as identified.		\$ 106,700
Raimi and Associates	Program evaluation services for Safe Routes to School and related services.		\$ 40,000
CARECEN Violence Prev Groups	To provide violence prevention support groups and related activities for girls and young women.		\$ 39,460
Rebuilding Together San Francisco	Supplies and labor costs associated with minor home repairs in seniors' and disabled persons' private residences as referred by DPH CHIPPS staff and associates.		\$ 70,000
Walk SF Foundation - Families for Safe Streets	Families for Safe Streets (FSS) organizes and assists a group of people who have lost loved ones or been victims in traffic collisions; these individuals support the implementation of Vision Zero in San Francisco to prevent future crashes from happening .		\$ 99,794
Walk SF Foundation - Safe Streets for Seniors	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 40,880
Senior and Disability Action - Safe Streets for Seniors	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 40,880
Chinatown Community Development Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440

Curry Senior Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Lighthouse for the Blind and Visually Impaired - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Portola Family Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Tenderloin Community Benefit District - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Walk SF Foundation - D5 Pedestrian Safety Outreach	Community-based subcontract for pedestrian safety outreach in District 5.		\$ 13,514

**Total Consultants/Subcontractors: \$ 553,428**

**TOTAL OPERATING EXPENSES: \$ 559,441**

**TOTAL DIRECT COSTS: \$ 559,441**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	Amount
Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 55,942

Indirect Rate: 10.00%

**TOTAL INDIRECT COSTS: \$ 55,942**

**TOTAL EXPENSES: \$ 615,383**

Contractor: San Francisco Public Health Foundation

Program: Community Health Engagement

Appendix: **B-2**

Appendix Term: **2/1/2020-6/31/2020**

**General Fund-HIV**

Funding Source: **Prevention**

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration									
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
End Hep C SF Project	0.41	8,033	100%		0%		0%		0%	8,033	
0	0.00		0%		0%		0%		0%	-	
<b>Total FTE &amp; Salaries</b>	<b>0.41</b>	<b>8,033</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>8,033</b>	
Fringe Benefits	17.89%	1,437	100%	-	0%	-	0%	-	0%	1,437	
<b>Personnel Expenses</b>		<b>9,470</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>9,470</b>	
<b>Total Direct Expenses</b>											
		9,470	100%	-	0%	-	0%	-	0%	9,470	
<b>Indirect Expenses</b>		10.00%	947	100%	-	0%	-	0%	-	0%	947
<b>TOTAL EXPENSES</b>			<b>10,417</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>10,417</b>
<b>Unit of Service Type</b>		<b>Hours</b>		<b>0</b>		<b>0</b>		<b>0</b>			
Number of UOS per Service Mode		234								234	
Cost Per UOS by Service Mode		\$44.52		\$0.00		\$0.00		\$0.00		N/A	
Number of UDC/NOC per Service Mode		N/A									

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**BUDGET JUSTIFICATION**

**Contractor Name** San Francisco Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-2  
 Appendix Term: 02/01/2020-6/30/2020  
 Funding Source: General Fund-HIV Prevention

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	71,400	0.2744	5	0.41	<b>\$8,033</b>

**Total FTE, Base: 0.2744      Annualized: 0.41**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 8,033**

	Component	Cost
	Social Security	\$ 614.52
	Retirement	\$ 321.32
	Medical	\$ 400.00
	Dental	\$ 50.00
	Unemployment Insurance	\$ 51.00

**Total Fringe Benefit: \$ 1,437**

**Fringe Benefit %: 17.89%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 9,470**

**TOTAL DIRECT COSTS: \$ 9,470**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	Amount
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 947

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: \$ 947**

**TOTAL EXPENSES: \$ 10,417**

Contractor: San Francisco Public Health FoundationAppendix: **B-2a**Program: Community Health EngagementAppendix Term: 07/01/2020-6/30/2021Funding Source: General Fund-HIV Prev**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration								
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
SF Project Coordinator	0.25	18,386	100%		0%	-	0%		0%	18,386
<b>Total FTE &amp; Salaries</b>	<b>0.25</b>	<b>18,386</b>	<b>100%</b>		<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>18,386</b>
Fringe Benefits	23.61%	4,341	100%		0%	-	0%	-	0%	4,341
<b>Personnel Expenses</b>		<b>22,727</b>	<b>100%</b>		<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>22,727</b>
<b>Total Direct Expenses</b>										
		22,727	100%	-	0%	-	0%	-	0%	22,727
<b>Indirect Expenses</b>										
	10.00%	2,273	100%	-	0%	-	0%	-	0%	2,273
<b>TOTAL EXPENSES</b>										
		<b>25,000</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>25,000</b>
<b>Unit of Service Type</b>										
		<b>Hours</b>		<b>0</b>		<b>0</b>		<b>0</b>		
<b>Number of UOS per Service Mode</b>										
		536								536
<b>Cost Per UOS by Service Mode</b>										
		\$46.65		\$0.00		\$0.00		\$0.00		N/A
<b>Number of UDC/NOC per Service Mode</b>										
		N/A								

**BUDGET JUSTIFICATION**

**Contractor Name** San Francisco Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-2a  
 Appendix Term: 07/01/2020-6/30/2021  
 Funding Source: General Fund-HIV Prevention

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	73,542	0.25	12	0.25	<b>\$18,386</b>

**Total FTE, Base: 0.25                      Annualized: 0.25**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 18,386**

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

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,406.53
	Retirement	\$ 919.30
	Medical	\$ 1,457.00
	Dental	\$ 250.00
	Unemployment Insurance	\$ 308.00
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$ 4,341**  
**Fringe Benefit %: 23.61%**

<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: \$ 22,727</b>
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**2) OPERATING EXPENSES:**

<b>TOTAL OPERATING EXPENSES: \$ -</b>
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<b>TOTAL DIRECT COSTS: \$ 22,727</b>
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**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,273

**Indirect Rate: 10.00%**

<b>TOTAL INDIRECT COSTS: \$ 2,273</b>
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<b>TOTAL EXPENSES: \$ 25,000</b>
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Contractor: San Francisco Public Health FoundationAppendix: **B-2b**Program: Community Health Engagement

Appendix Term: 7/1/2021-6/30/2022

Funding Source: GF HIV Prevention

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration									
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
End Hep C SF Project	0.25	18,386	100%		0%	-	0%		0%	18,386	
<b>Total FTE &amp; Salaries</b>	<b>0.25</b>	<b>18,386</b>	<b>100%</b>	-	<b>0%</b>	-	<b>0%</b>	-	<b>0%</b>	<b>18,386</b>	
Fringe Benefits	23.61%	4,341	100%	-	0%	-	0%	-	0%	4,341	
<b>Personnel Expenses</b>		<b>22,727</b>	<b>100%</b>	-	<b>0%</b>	-	<b>0%</b>	-	<b>0%</b>	<b>22,727</b>	
<b>Total Direct Expenses</b>											
		22,727	100%	-	0%	-	0%	-	0%	22,727	
<b>Indirect Expenses 10.00%</b>											
		2,273	100%	-	0%	-	0%	-	0%	2,273	
<b>TOTAL EXPENSES</b>											
		<b>25,000</b>	<b>100%</b>	-	<b>0%</b>	-	<b>0%</b>	-	<b>0%</b>	<b>25,000</b>	
<b>Unit of Service Type</b>											
		<b>Hours</b>		<b>0</b>		<b>0</b>		<b>0</b>			
<b>Number of UOS per Service Mode</b>											
		536								536	
<b>Cost Per UOS by Service Mode</b>											
		\$46.65		\$0.00		\$0.00		\$0.00		N/A	
<b>Number of UDC/NOC per Service Mode</b>											
		N/A									

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**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-2b  
 Appendix Term: 07/01/2021-6/30/2022  
 Funding Source: GF HIV Prevention

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	73,542	0.25	12	0.25	<b>\$ 18,386</b>

**Total FTE, Base: 0.25                      Annualized: 0.25**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 18,386**

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

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,406.53
	Retirement	\$ 919.30
	Medical	\$ 1,457.00
	Dental	\$ 250.00
	Unemployment Insurance	\$ 308.00
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$ 4,341**

**Fringe Benefit %: 23.61%**

<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: \$ 22,727</b>
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<b>TOTAL DIRECT COSTS: \$ 22,727</b>
--------------------------------------

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,273

**Indirect Rate: 10.00%**

<b>TOTAL INDIRECT COSTS: \$ 2,273</b>
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<b>TOTAL EXPENSES: \$ 25,000</b>
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Contractor: San Francisco Public Health FoundationProgram: Community Health EngagementAppendix: **B-2c**Appendix Term: **07/01/2022-06/30/2023**Funding Source: **GF-HIV Prevention****UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration									
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
End Hep C SF Project Coordi	0.25	18,386	100%		0%	-	0%		0%	18,386	
<b>Total FTE &amp; Salaries</b>	<b>0.25</b>	<b>18,386</b>	<b>100%</b>	-	<b>0%</b>	-	<b>0%</b>	-	<b>0%</b>	<b>18,386</b>	
Fringe Benefits	23.61%	4,341	100%	-	0%	-	0%	-	0%	4,341	
<b>Total Personnel Expenses</b>		<b>22,727</b>	<b>100%</b>	-	<b>0%</b>	-	<b>0%</b>	-	<b>0%</b>	<b>22,727</b>	
<b>Total Direct Expenses</b>											
		22,727	100%	-	0%	-	0%	-	0%	22,727	
<b>Indirect Expenses</b> 10.00%											
		2,273	100%	-	0%	-	0%	-	0%	2,273	
<b>TOTAL EXPENSES</b>											
		<b>25,000</b>	<b>100%</b>	-	<b>0%</b>	-	<b>0%</b>	-	<b>0%</b>	<b>25,000</b>	
<b>Unit of Service Type</b>											
		<b>Hours</b>		<b>0</b>		<b>0</b>		<b>0</b>			
Number of UOS per Service Mode		536								<b>536</b>	
Cost Per UOS by Service Mode		\$46.65		\$0.00		\$0.00		\$0.00		<b>N/A</b>	
Number of UDC/NOC per Service Mode		N/A									

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**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-2c  
 Appendix Term: 07/01/2022-06/30/2023  
 Funding Source: GF-HIV Prevention

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	73,542	0.25	12	0.25	<b>\$ 18,386</b>

**Total FTE, Base: 0.25                      Annualized: 0.25**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 18,386**

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

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,406.53
	Retirement	\$ 919.30
	Medical	\$ 1,457.00
	Dental	\$ 250.00
	Unemployment Insurance	\$ 308.00
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$ 4,341**

**Fringe Benefit %: 23.61%**

<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: \$ 22,727</b>
---

<b>TOTAL DIRECT COSTS: \$ 22,727</b>
--------------------------------------

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,273

**Indirect Rate: 10.00%**

<b>TOTAL INDIRECT COSTS: \$ 2,273</b>
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<b>TOTAL EXPENSES: \$ 25,000</b>
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Contractor: San Francisco Public Health FoundationAppendix: **B-2d**Program: Community Health EngagementAppendix Term: 07/01/2023-6/30/2024Funding Source: GF-HIV Prevention**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration									
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
End Hep C SF Project	0.25	18,386	100%		0%	-	0%		0%	18,386	
<b>Total FTE &amp; Salaries</b>	<b>0.25</b>	<b>18,386</b>	<b>100%</b>	-	0%	-	0%	-	0%	<b>18,386</b>	
Fringe Benefits	23.61%	4,341	100%	-	0%	-	0%	-	0%	4,341	
<b>Personnel Expenses</b>		<b>22,727</b>	<b>100%</b>	-	0%	-	0%	-	0%	<b>22,727</b>	
<b>Total Direct Expenses</b>											
		22,727	100%	-	0%	-	0%	-	0%	22,727	
<b>Indirect Expenses</b>	10.00%	2,273	100%	-	0%	-	0%	-	0%	2,273	
<b>TOTAL EXPENSES</b>		<b>25,000</b>	<b>100%</b>	-	0%	-	0%	-	0%	<b>25,000</b>	
<b>Unit of Service Type</b>											
		<b>Hours</b>		<b>0</b>		<b>0</b>		<b>0</b>			
Number of UOS per Service Mode		536								536	
Cost Per UOS by Service Mode		\$46.65		\$0.00		\$0.00		\$0.00		N/A	
Number of UDC/NOC per Service Mode		N/A									

**BUDGET JUSTIFICATION**

**Contractor Name** San Francisco Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-2d  
 Appendix Term: 07/01/2023-6/30/2024  
 Funding Source: General Fund-HIV Prevention

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	73,542	0.25	12	0.25	<b>\$ 18,386</b>

**Total FTE, Base: 0.25                      Annualized: 0.25**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 18,386**

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

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,406.53
	Retirement	\$ 919.30
	Medical	\$ 1,457.00
	Dental	\$ 250.00
	Unemployment Insurance	\$ 308.00
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$ 4,341**

**Fringe Benefit %: 23.61%**

<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: \$</b>	<b>22,727</b>
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<b>TOTAL DIRECT COSTS: \$</b>	<b>22,727</b>
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**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,273

**Indirect Rate: 10.00%**

<b>TOTAL INDIRECT COSTS: \$</b>	<b>2,273</b>
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<b>TOTAL EXPENSES: \$</b>	<b>25,000</b>
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Contractor: San Francisco Public Health FoundationAppendix: **B-3**Program: Community Health EngagementAppendix Term: **2/1/2020-12/31/2020**Funding Source: **Grant - CDC****UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration									
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
End Hep C SF Project	0.25	17,850	100%		0%	-	0%		0%	17,850	
<b>Total FTE &amp; Salaries</b>	<b>0.25</b>	<b>17,850</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>17,850</b>	
Fringe Benefits	16.71%	2,983	100%	-	0%	-	0%	-	0%	2,983	
<b>Personnel Expenses</b>		<b>20,833</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>20,833</b>	
<b>Total Direct Expenses</b>											
		20,833	100%	-	0%	-	0%	-	0%	20,833	
<b>Indirect Expenses</b>	10.00%	2,084	100%	-	0%	-	0%	-	0%	2,084	
<b>TOTAL EXPENSES</b>		<b>22,917</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>22,917</b>	
<b>Unit of Service Type</b>											
		<b>Hours</b>		<b>0</b>		<b>0</b>		<b>0</b>			
Number of UOS per Service Mode		520								520	
Cost Per UOS by Service Mode		\$44.08		\$0.00		\$0.00		\$0.00		N/A	
Number of UDC/NOC per Service Mode		N/A									

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**BUDGET JUSTIFICATION**

**Contractor Name** San Francisco Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-3  
 Appendix Term: 02/01/2020-12/31/2020  
 Funding Source: Grant CDC

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	71,400	0.60	5	0.25	\$ <b>17,850</b>

**Total FTE, Base: 0.60                      Annualized: 0.25**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 17,850**

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

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,365.53
	Retirement	\$ 856.80
	Medical	\$ 511.00
	Dental	\$ 100.00
	Unemployment Insurance	\$ 150.00

**Total Fringe Benefit: \$ 2,983**

**Fringe Benefit %: 16.71%**

<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b>	<b>\$ 20,833</b>
<b>TOTAL OPERATING EXPENSES:</b>	<b>\$ -</b>
<b>TOTAL DIRECT COSTS:</b>	<b>\$ 20,833</b>

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,084

**Indirect Rate: 10.00%**

<b>TOTAL INDIRECT COSTS:</b>	<b>\$ 2,084</b>
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<b>TOTAL EXPENSES:</b>	<b>\$ 22,917</b>
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Contractor: SF Public Health FoundationAppendix: **B-3a**Program: Community Health EngagementAppendix Term: **01/01/2021-12/31/2021**Funding Source: **Grant - CDC****UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration									
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
End Hep C SF Project	0.26477	19,472	100%		0%	-	0%		0%	19,472	
0	0.00		0%		0%		0%		0%	-	
<b>Total FTE &amp; Salaries</b>	<b>0.26477</b>	<b>19,472</b>	<b>100%</b>	-	0%	-	0%	-	0%	<b>19,472</b>	
Fringe Benefits	16.72%	3,255	100%	-	0%	-	0%	-	0%	3,255	
<b>Personnel Expenses</b>		<b>22,727</b>	<b>100%</b>	-	0%	-	0%	-	0%	<b>22,727</b>	
<b>Total Direct Expenses</b>		22,727	100%	-	0%	-	0%	-	0%	22,727	
<b>Indirect Expenses</b>	10.00%	2,273	100%	-	0%	-	0%	-	0%	2,273	
<b>TOTAL EXPENSES</b>		<b>25,000</b>	<b>100%</b>	-	0%	-	0%	-	0%	<b>25,000</b>	
<b>Unit of Service Type</b>		<b>Hours</b>		<b>0</b>		<b>0</b>		<b>0</b>			
Number of UOS per Service Mode		567								567	
Cost Per UOS by Service Mode		\$44.10		\$0.00		\$0.00		\$0.00		N/A	
Number of UDC/NOC per Service Mode		N/A									

**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-3a  
 Appendix Term: 01/01/2021-12/31/2021  
 Funding Source: Grant -CDC

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	73,542	0.26477	12	0.26477	\$ <b>19,472</b>

**Total FTE, Base: 0.26477      Annualized: 0.26477**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 19,472**

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

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,490.00
	Retirement	\$ 934.66
	Medical	\$ 557.43
	Dental	\$ 109.09
	Unemployment Insurance	\$ 163.63
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$ 3,255**

**Fringe Benefit %: 16.72%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727**

**TOTAL DIRECT COSTS: \$ 22,727**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,273

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: \$ 2,273**

**TOTAL EXPENSES: \$ 25,000**

Contractor: SF Public Health FoundationAppendix: **B-3b**Program: Community Health Engagement

Appendix Term: 1/1/2022-12/31/2022

Funding Source: Grant - CDC

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration								
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
End Hep C SF Project	0.26477	19,472	100%		0%	-	0%		0%	19,472
0	0.00		0%		0%		0%		0%	-
<b>Total FTE &amp; Salaries</b>	<b>0.26477</b>	<b>19,472</b>	<b>100%</b>	-	0%	-	0%	-	0%	<b>19,472</b>
Fringe Benefits	16.72%	3,255	100%	-	0%	-	0%	-	0%	3,255
<b>Personnel Expenses</b>		<b>22,727</b>	<b>100%</b>	-	0%	-	0%	-	0%	<b>22,727</b>
<b>Total Direct Expenses</b>		22,727	100%	-	0%	-	0%	-	0%	22,727
<b>Indirect Expenses</b>	10.00%	2,273	100%	-	0%	-	0%	-	0%	2,273
<b>TOTAL EXPENSES</b>		<b>25,000</b>	<b>100%</b>	-	0%	-	0%	-	0%	<b>25,000</b>
<b>Unit of Service Type</b>		<b>Hours</b>		<b>0</b>		<b>0</b>		<b>0</b>		
Number of UOS per Service Mode		567								<b>567</b>
Cost Per UOS by Service Mode		\$44.10		\$0.00		\$0.00		\$0.00		<b>N/A</b>
Number of UDC/NOC per Service Mode		N/A								

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**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-3b  
 Appendix Term: 1/1/2022-12/31/2022  
 Funding Source: Grant - CDC

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	73,542	0.26477	12	0.26477	\$ <b>19,472</b>

**Total FTE, Base: 0.26477                      Annualized: 0.26477**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 19,472**

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

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,490.00
	Retirement	\$ 934.66
	Medical	\$ 557.43
	Dental	\$ 109.09
	Unemployment Insurance	\$ 163.63
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$ 3,255**

**Fringe Benefit %: 16.72%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727**

**TOTAL DIRECT COSTS: \$ 22,727**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,273

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: \$ 2,273**

**TOTAL EXPENSES: \$ 25,000**

Contractor: SF Public Health Foundation  
 Program: Community Health Engagement

Appendix: **B-3c**  
 Appendix Term: 1/1/2023-12/31/2023  
 Funding Source: Grant -CDC

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration									
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
End Hep C SF Project	0.26477	19,472	100%		0%	-	0%		0%	19,472	
0	0.00		0%		0%		0%		0%	-	
<b>Total FTE &amp; Salaries</b>	<b>0.26477</b>	<b>19,472</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>19,472</b>	
Fringe Benefits	16.72%	3,255	100%	-	0%	-	0%	-	0%	3,255	
<b>Personnel Expenses</b>		<b>22,727</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>22,727</b>	
<b>Total Direct Expenses</b>		22,727	100%	-	0%	-	0%	-	0%	22,727	
<b>Indirect Expenses</b>	10.00%	2,273	100%	-	0%	-	0%	-	0%	2,273	
<b>TOTAL EXPENSES</b>		<b>25,000</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>25,000</b>	
<b>Unit of Service Type</b>		<b>Hours</b>		<b>0</b>		<b>0</b>		<b>0</b>			
Number of UOS per Service Mode		567								567	
Cost Per UOS by Service Mode		\$44.10		\$0.00		\$0.00		\$0.00		N/A	
Number of UDC/NOC per Service Mode		N/A									

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**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-3c  
 Appendix Term: 01/01/2023-12/31/2023  
 Funding Source: Grant - CDC

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	73,542	0.26477	12	0.26477	<b>\$ 19,472</b>

**Total FTE, Base: 0.26477      Annualized: 0.26477**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 19,472**

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

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,490.00
	Retirement	\$ 934.66
	Medical	\$ 557.43
	Dental	\$ 109.09
	Unemployment Insurance	\$ 163.63
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$ 3,255**

**Fringe Benefit %: 16.72%**

<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: \$ 22,727</b>
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<b>TOTAL DIRECT COSTS: \$ 22,727</b>
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**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,273

**Indirect Rate: 10.00%**

<b>TOTAL INDIRECT COSTS: \$ 2,273</b>
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<b>TOTAL EXPENSES: \$ 25,000</b>
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Contractor: San Francisco Public Health Foundation

Program: Community Health Engagement

Appendix: **B-3d**

Appendix Term: **1/1/2024-12/31/2024**

Funding Source: **Grant - CDC**

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration									
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
End Hep C SF Project	0.26477	19,472	100%		0%	-	0%		0%	19,472	
0	0.00		0%		0%		0%		0%	-	
<b>Total FTE &amp; Salaries</b>	<b>0.26477</b>	<b>19,472</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>19,472</b>	
Fringe Benefits	16.72%	3,255	100%	-	0%	-	0%	-	0%	3,255	
<b>Personnel Expenses</b>		<b>22,727</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>22,727</b>	
<b>Total Direct Expenses</b>											
		22,727	100%	-	0%	-	0%	-	0%	22,727	
<b>Indirect Expenses</b>		10.00%		2,273	100%	-	0%	-	0%	2,273	
<b>TOTAL EXPENSES</b>				<b>25,000</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>25,000</b>	
<b>Unit of Service Type</b>		<b>Hours</b>		<b>0</b>		<b>0</b>		<b>0</b>			
Number of UOS per Service Mode		567								<b>567</b>	
Cost Per UOS by Service Mode		\$44.10		\$0.00		\$0.00		\$0.00		<b>N/A</b>	
Number of UDC/NOC per Service Mode		N/A									

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**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-3d  
 Appendix Term: 01/01/2024-12/31/2024  
 Funding Source: Grant - CDC

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	73,542	0.26477	12	0.26477	\$ <b>19,472</b>

**Total FTE, Base: 0.26477      Annualized: 0.26477**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 19,472**

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

	Component	Cost
	Social Security	\$ 1,490.00
	Retirement	\$ 934.66
	Medical	\$ 557.43
	Dental	\$ 109.09
	Unemployment Insurance	\$ 163.63
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$ 3,255**

**Fringe Benefit %: 16.72%**

<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: \$ 22,727</b>
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<b>TOTAL DIRECT COSTS: \$ 22,727</b>
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**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	Amount
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,273

**Indirect Rate: 10.00%**

<b>TOTAL INDIRECT COSTS: \$ 2,273</b>
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<b>TOTAL EXPENSES: \$ 25,000</b>
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**Appendix C**  
**Insurance Waiver Reserved**

**Appendix D**  
**Grant Terms 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:

## APPENDIX E



## San Francisco Department of Public Health

## Business Associate Agreement

**1. Definitions.**

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

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

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

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

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

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

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

**h. Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized

## APPENDIX E



## San Francisco Department of Public Health

## Business Associate Agreement

health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

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

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

**k. Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

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

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

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

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

## 2. Obligations of Business Associate.

**a. Attestations.** Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial

## APPENDIX E



## San Francisco Department of Public Health

## Business Associate Agreement

changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

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

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

**d. Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such

## APPENDIX E



## San Francisco Department of Public Health

## Business Associate Agreement

occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

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

**f. Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

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

**h. Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of

## APPENDIX E



## San Francisco Department of Public Health

## Business Associate Agreement

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

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

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

**k. Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the

## APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

Secretary of the U.S. Department of Health and Human Services (the “Secretary”) for purposes of determining BA’s compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

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

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

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

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

## APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

### 3. Termination.

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

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

**c. Effect of Termination.** Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

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

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

### 4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to

## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

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](mailto:compliance.privacy@sfdph.org)  
Hotline (Toll-Free): 1-855-729-6040

Contractor Name:	Contractor City Vendor ID
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**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 <b>AND</b> that health information is <b>only transferred or created on encrypted devices approved by SFDPH Information Security staff?</b>				

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

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

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

ATTESTED by Privacy Officer or designated person	Signature	Date
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**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](mailto: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	Signature	Date
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Contractor Name:	Contractor City Vendor ID
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**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:		
C	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report: Have a formal Data Security Awareness Program?		
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?		
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information? If yes: Name & Title: Phone # Email:		
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.]		
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]		
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?		
I	Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?		

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

ATTESTED by Data Security Officer or designated person	Name: (print)	Signature	Date
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**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](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)	Signature	Date
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1  
01/01/2020 - 06/30/2020  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> <b>Address: 1 Hallidie Plaza, Suite 808</b> <b>San Francisco, CA 94102</b>	<b>Contract ID #</b> 1000016941	<b>Invoice Number</b> A-1JAN20
<b>Telephone: 415-504-6738</b> <b>Fax:</b>	<div style="border: 1px solid black; padding: 5px; font-size: 24px; font-weight: bold;">CHEP</div>	<b>Contract Purchase Order No:</b>
<b>Program Name: Community Health Engagement</b> <b>ACE Control #:</b>		<b>Funding Source:</b> General Fund <b>Department ID-Authority ID:</b> <b>Project ID-Activity ID:</b> <b>Invoice Period:</b> 01/1/20 - 01/31/20 <b>FINAL Invoice</b> <input type="checkbox"/> (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
Community Health Engagement - Program Admi	6	1							6	1

	NOC	NOC	NOC	NOC	NOC
<b>Number of Clients for Appendix</b>	1				1

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
<b>Total Personnel Expenses</b>					
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>	\$35,455				\$35,455.00
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	\$35,455				\$35,455.00
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	\$35,455				\$35,455.00
Indirect Expenses	\$3,545				\$3,545.00
<b>TOTAL EXPENSES</b>	\$39,000				\$39,000.00
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)
	Date: _____



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

APPENDIX F-1a  
07/01/2020 - 06/30/2021  
PAGE A

**Contractor: San Francisco Public Health Founda** Contract ID # **1000016941**  
Address: **1 Hallidie Plaza, Suite 808**  
**San Francisco, CA 94102**

Invoice Number  
**A-1JUL20**

Telephone: **415-504-6738**  
Fax:



Contract Purchase Order No: \_\_\_\_\_

Funding Source: **General Fund**

Program Name: **Community Health Engagement**

Department ID-Authority ID: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Project ID-Activity ID: \_\_\_\_\_

Invoice Period: **07/1/20 - 07/31/20**

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
Community Health Engagement - Program Admi	12	1							12	1
Community Home Injury Prevention - Program A	12	1							12	1
Violence Prevention - Program Administration	12	1							12	1
Vision Zero - Program Administration	96	7							96	7

	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)					
Fringe Benefits					
<b>Total Personnel Expenses</b>					
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,013				\$6,013.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>	\$553,428				\$553,428.00
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	\$559,441				\$559,441.00
Capital Expenditures					
<b>TOTAL DIRECT EXPENSES</b>	\$559,441				\$559,441.00
Indirect Expenses	\$55,942				\$55,942.00
<b>TOTAL EXPENSES</b>	\$615,383				\$615,383.00
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1b  
07/01/2021 - 06/30/2022  
PAGE A

Contractor: **San Francisco Public Health Founda** Contract ID # **1000016941**  
Address: **1 Hallidie Plaza, Suite 808**  
**San Francisco, CA 94102**

Invoice Number  
**A-1JUL21**

Telephone: **415-504-6738**  
Fax:



Contract Purchase Order No:

Funding Source: **General Fund**

Program Name: **Community Health Engagement**

Department ID-Authority ID:

ACE Control #:

Project ID-Activity ID:

Invoice Period: **07/1/21 - 07/31/21**

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
Community Health Engagement - Program Admi	12	1							12	1
Community Home Injury Prevention - Program A	12	1							12	1
Violence Prevention - Program Administration	12	1							12	1
Vision Zero - Program Administration	96	7							96	7

	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)					
Fringe Benefits					
<b>Total Personnel Expenses</b>					
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,013				\$6,013.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>	\$553,428				\$553,428.00
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	\$559,441				\$559,441.00
Capital Expenditures					
<b>TOTAL DIRECT EXPENSES</b>	\$559,441				\$559,441.00
Indirect Expenses	\$55,942				\$55,942.00
<b>TOTAL EXPENSES</b>	\$615,383				\$615,383.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1c  
07/01/2022 - 06/30/2023  
PAGE A

Contractor: **San Francisco Public Health Founda** Contract ID # **1000016941**  
Address: **1 Hallidie Plaza, Suite 808**  
**San Francisco, CA 94102**

Invoice Number  
**A-1JUL22**

Telephone: **415-504-6738**  
Fax:



Contract Purchase Order No: \_\_\_\_\_

Funding Source: **General Fund**

Program Name: **Community Health Engagement**

Department ID-Authority ID: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Project ID-Activity ID: \_\_\_\_\_

Invoice Period: **07/1/22 - 07/31/22**

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
Community Health Engagement - Program Admi	12	1							12	1
Community Home Injury Prevention - Program A	12	1							12	1
Violence Prevention - Program Administration	12	1							12	1
Vision Zero - Program Administration	96	7							96	7

	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)					
Fringe Benefits					
<b>Total Personnel Expenses</b>					
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,013				\$6,013.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>	\$553,428				\$553,428.00
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	\$559,441				\$559,441.00
Capital Expenditures					
<b>TOTAL DIRECT EXPENSES</b>	\$559,441				\$559,441.00
Indirect Expenses	\$55,942				\$55,942.00
<b>TOTAL EXPENSES</b>	\$615,383				\$615,383.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1d  
07/01/2023 - 06/30/2024  
PAGE A

**Contractor:** San Francisco Public Health Founda   
**Address:** 1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102

**Invoice Number**

**Telephone:** 415-504-6738  
**Fax:**



**Contract Purchase Order No:**

**Funding Source:**

**Program Name:** Community Health Engagement

**Department ID-Authority ID:**

**ACE Control #:**

**Project ID-Activity ID:**

**Invoice Period:**

**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
Community Health Engagement - Program Admi	12	1							12	1
Community Home Injury Prevention - Program A	12	1							12	1
Violence Prevention - Program Administration	12	1							12	1
Vision Zero - Program Administration	96	7							96	7

	NOC	NOC	NOC	NOC	NOC
<b>Number of Clients for Appendix</b>		10			10

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
<b>Total Personnel Expenses</b>					
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,013				\$6,013.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>	\$553,428				\$553,428.00
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	\$559,441				\$559,441.00
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	\$559,441				\$559,441.00
Indirect Expenses	\$55,942				\$55,942.00
<b>TOTAL EXPENSES</b>	\$615,383				\$615,383.00
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103	By:	_____	Date:	_____
	<b>Attn: Contract Payments</b>		(DPH Authorized Signatory)		



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

APPENDIX F-2  
02/01/2020 - 06/30/2020  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102  Telephone: 415-504-6738 Fax:	Contract ID # 1000016941	Invoice Number A-2FEB20
Program Name: <b>Community Health Engagement</b>  ACE Control #:	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;"><b>CHEP</b></div>	Contract Purchase Order No:
		Funding Source: <b>General Fund</b>  Department ID-Authority ID:  Project ID-Activity ID:  Invoice Period: 02/1/20 - 02/29/20  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
Program Administration	234	N/A							234	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 BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$8,033				\$8,033.00
Fringe Benefits	\$1,437				\$1,437.00
<b>Total Personnel Expenses</b>	<b>\$9,470</b>				<b>\$9,470.00</b>
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$9,470</b>				<b>\$9,470.00</b>
Indirect Expenses	\$947				\$947.00
<b>TOTAL EXPENSES</b>	<b>\$10,417</b>				<b>\$10,417.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2a  
07/01/2020 - 06/30/2021  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> <b>Address: 1 Hallidie Plaza, Suite 808</b> <b>San Francisco, CA 94102</b>	<b>Contract ID #</b> 1000016941	<b>Invoice Number</b> A-2JUL20
<b>Telephone: 415-504-6738</b> <b>Fax:</b>	CHEP	<b>Contract Purchase Order No:</b>
<b>Program Name: Community Health Engagement</b>		<b>Funding Source:</b> General Fund
<b>ACE Control #:</b>		<b>Department ID-Authority ID:</b>
		<b>Project ID-Activity ID:</b>
		<b>Invoice Period:</b> 07/1/20 - 07/31/20
		<b>FINAL Invoice</b> <input type="checkbox"/> (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
Program Administration	536	N/A							536	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 BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$18,386				\$18,386.00
Fringe Benefits	\$4,341				\$4,341.00
<b>Total Personnel Expenses</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Indirect Expenses	\$2,273				\$2,273.00
<b>TOTAL EXPENSES</b>	<b>\$25,000</b>				<b>\$25,000.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 <b>Attn: Contract Payments</b>	By: _____ Date: _____ (DPH Authorized Signatory)
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2b  
07/01/2021 - 06/30/2022  
PAGE A

Contractor: **San Francisco Public Health Founda** Contract ID # **1000016941**  
Address: **1 Hallidie Plaza, Suite 808**  
**San Francisco, CA 94102**

Invoice Number  
**A-2JUL21**

Telephone: **415-504-6738**  
Fax:



Contract Purchase Order No:

Funding Source: **General Fund**

Program Name: **Community Health Engagement**

Department ID-Authority ID:

ACE Control #:

Project ID-Activity ID:

Invoice Period: **07/1/21 - 07/31/21**

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
Program Administration	536	N/A							536	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 BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$18,386				\$18,386.00
Fringe Benefits	\$4,341				\$4,341.00
<b>Total Personnel Expenses</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Indirect Expenses	\$2,273				\$2,273.00
<b>TOTAL EXPENSES</b>	<b>\$25,000</b>				<b>\$25,000.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2c  
07/01/2022 - 06/30/2023  
PAGE A

**Contractor: San Francisco Public Health Founda** Contract ID # **1000016941**  
Address: **1 Hallidie Plaza, Suite 808**  
**San Francisco, CA 94102**

Invoice Number  
**A-2JUL22**

Telephone: **415-504-6738**  
Fax:



Contract Purchase Order No: \_\_\_\_\_

Funding Source: **General Fund**

Program Name: **Community Health Engagement**

Department ID-Authority ID: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Project ID-Activity ID: \_\_\_\_\_

Invoice Period: **07/1/22 - 07/31/22**

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
Program Administration	536	N/A							536	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 BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$18,386				\$18,386.00
Fringe Benefits	\$4,341				\$4,341.00
<b>Total Personnel Expenses</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Indirect Expenses	\$2,273				\$2,273.00
<b>TOTAL EXPENSES</b>	<b>\$25,000</b>				<b>\$25,000.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2d  
07/01/2023 - 06/30/2024  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102  Telephone: 415-504-6738 Fax:	Contract ID # 1000016941	Invoice Number A-2JUL23
Program Name: <b>Community Health Engagement</b>  ACE Control #:	<div style="border: 1px solid black; padding: 5px; display: inline-block;"><b>CHEP</b></div>	Contract Purchase Order No:
		Funding Source: <b>General Fund</b>  Department ID-Authority ID:  Project ID-Activity ID:  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
Program Administration	536	N/A							536	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 BUDGET	REMAINING BALANCE
	Total Salaries (See Page B)	\$18,386			
Fringe Benefits	\$4,341				\$4,341.00
<b>Total Personnel Expenses</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Indirect Expenses	\$2,273				\$2,273.00
<b>TOTAL EXPENSES</b>	<b>\$25,000</b>				<b>\$25,000.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ Date: _____ (DPH Authorized Signatory)
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3  
02/01/2020 - 12/31/2020  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102  Telephone: 415-504-6738 Fax: _____  Program Name: <b>Community Health Engagement</b>  ACE Control #: _____	Contract ID # <b>1000016941</b>	Invoice Number <b>A-2FEB20</b>	Contract Purchase Order No: _____  Funding Source: <b>CDC</b>  Department ID-Authority ID: _____  Project ID-Activity ID: _____  Invoice Period: <b>02/1/20 - 02/29/20</b>  FINAL Invoice <input type="checkbox"/> (check if Yes)
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DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Program Administration	520	N/A							520	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 BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$17,850				\$17,850.00
Fringe Benefits	\$2,983				\$2,983.00
<b>Total Personnel Expenses</b>	<b>\$20,833</b>				<b>\$20,833.00</b>
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$20,833</b>				<b>\$20,833.00</b>
Indirect Expenses	\$2,084				\$2,084.00
<b>TOTAL EXPENSES</b>	<b>\$22,917</b>				<b>\$22,917.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ Date: _____ (DPH Authorized Signatory)
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3a  
01/01/2021 - 12/31/2021  
PAGE A

**Contractor:** San Francisco Public Health Founda   
**Address:** 1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102

**Invoice Number**

**Telephone:** 415-504-6738  
**Fax:**



**Contract Purchase Order No:**

**Funding Source:**

**Program Name:** Community Health Engagement

**Department ID-Authority ID:**

**ACE Control #:**

**Project ID-Activity ID:**

**Invoice Period:**

**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
Program Administration	567	N/A							567	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 BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$19,472				\$19,472.00
Fringe Benefits	\$3,255				\$3,255.00
<b>Total Personnel Expenses</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Indirect Expenses	\$2,273				\$2,273.00
<b>TOTAL EXPENSES</b>	<b>\$25,000</b>				<b>\$25,000.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 <b>Attn: Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3b  
01/01/2022 - 12/31/2022  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102  Telephone: 415-504-6738 Fax: <span style="border: 1px solid black; padding: 2px 20px;"> </span>	Contract ID # <span style="border: 1px solid black; padding: 2px;">1000016941</span>	Invoice Number <span style="border: 1px solid black; padding: 2px;">A-2JAN22</span>
Program Name: <b>Community Health Engagement</b>  ACE Control #: <span style="border: 1px solid black; padding: 2px 20px;"> </span>	<div style="border: 2px solid black; padding: 10px; width: 60px; margin: 0 auto;"> <b>CHEP</b> </div>	Contract Purchase Order No: <span style="border: 1px solid black; padding: 2px 20px;"> </span>
		Funding Source: <span style="border: 1px solid black; padding: 2px;">CDC</span>
		Department ID-Authority ID: <span style="border: 1px solid black; padding: 2px 20px;"> </span>
		Project ID-Activity ID: <span style="border: 1px solid black; padding: 2px 20px;"> </span>
		Invoice Period: <span style="border: 1px solid black; padding: 2px;">01/1/22 - 01/31/22</span>
		FINAL Invoice <input type="checkbox"/> (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
Program Administration	567	N/A							567	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 BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$19,472				\$19,472.00
Fringe Benefits	\$3,255				\$3,255.00
<b>Total Personnel Expenses</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Indirect Expenses	\$2,273				\$2,273.00
<b>TOTAL EXPENSES</b>	<b>\$25,000</b>				<b>\$25,000.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ Date: _____ (DPH Authorized Signatory)
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3c  
01/01/2023 - 12/31/2023  
PAGE A

**Contractor: San Francisco Public Health Founda**   
**Address: 1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102**

**Invoice Number**

**Telephone: 415-504-6738**  
**Fax:**



**Contract Purchase Order No:**

**Funding Source:**

**Department ID-Authority ID:**

**Program Name: Community Health Engagement**

**Project ID-Activity ID:**

**ACE Control #:**

**Invoice Period:**

**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
Program Administration	567	N/A							567	N/A

	NOC	NOC	NOC	NOC	NOC
<b>Number of Clients for Appendix</b>	N/A				N/A

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$19,472				\$19,472.00
Fringe Benefits	\$3,255				\$3,255.00
<b>Total Personnel Expenses</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Indirect Expenses	\$2,273				\$2,273.00
<b>TOTAL EXPENSES</b>	<b>\$25,000</b>				<b>\$25,000.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

**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:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3d  
01/01/2024 - 12/31/2024  
PAGE A

Contractor: **San Francisco Public Health Founda**   
Address: **1 Hallidie Plaza, Suite 808**  
**San Francisco, CA 94102**

Invoice Number

Telephone: **415-504-6738**  
Fax:



Contract Purchase Order No:

Funding Source:

Program Name: **Community Health Engagement**

Department ID-Authority ID:

ACE Control #:

Project ID-Activity ID:

Invoice Period:

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
Program Administration	567	N/A							567	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 BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$19,472				\$19,472.00
Fringe Benefits	\$3,255				\$3,255.00
<b>Total Personnel Expenses</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Indirect Expenses	\$2,273				\$2,273.00
<b>TOTAL EXPENSES</b>	<b>\$25,000</b>				<b>\$25,000.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By:	_____ (DPH Authorized Signatory)	Date:	_____
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**Appendix G**  
**Dispute Resolution Procedure**  
**For Health and Human Services Nonprofit Contractors**  
**9-06**

**Introduction**

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at [http://www.sfgov.org/site/npcontractingtf\\_index.asp?id=1270](http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270). The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions for concerns about this Dispute Resolution Procedure should be addressed to [purchasing@sfgov.org](mailto:purchasing@sfgov.org).

**Dispute Resolution Procedure**

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1      The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2      Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3      Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

## Appendix G

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](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](mailto: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.



Named Insured: San Francisco Public Health Foundation

Policy: 2020-01142-NPO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name of Person or Organization:

**Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a non-profit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**WHO IS AN INSURED** (Section II) is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your on-going operations; or
- B. In connection with your premises owned by or rented to you

**THE INSURANCE** provided under this endorsement is primary & non-contributory to any other valid & collectible insurance carried by the additional insured entity and this insurance will apply separately to each insured against whom a claim is made or a suit is brought.

CG 2026 (07/04)

**POLICY NUMBER:** 2020-01142-NPO      **COMMERCIAL AUTO LIABILITY**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies the insurance provided under the following:

**COMMERCIAL AUTOMOBILE LIABILITY COVERAGE PART  
SCHEDULE**

**Name of Person or Organization:**

**All entities named in the attached certificate of insurance**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of automobiles owned, leased, hired or borrowed by or on behalf of the Contractor.

**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**WC 04 03 06**  
(Ed. 4-84)

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA**

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

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

The additional premium for this endorsement shall be     \$0     of the California workers' compensation premium otherwise due on such remuneration.

**SCHEDULE**

**Person or Organization**

**Job Description**

**IN FAVOR OF:**

City of San Francisco, Its Officers, Agents & Employees  
Dept of Public Health  
101 Grove St  
San Francisco, CA 94102

Job: Grant funding  
Class code: CA 8742  
Length: Policy term

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

Endorsement Effective: 04/19/2019

Policy No: WC 57-10-295-02

Endorsement No:

Insured: San Francisco Public Health Foundation  
375 Laguna Honda Blvd Ste B303

Insurance Company: American Guarantee and Liability Insurance Co.

Countersigned by

**WC 04 03 06**

Copyright 1983 National Council on Compensation Insurance



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

**First Amendment**

THIS AMENDMENT (this “Amendment”) is made as of **November 1<sup>st</sup>, 2020** in San Francisco, California, by and between **SAN FRANCISCO PUBLIC HEALTH 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 **increase the contract amount and update standard contractual clauses**; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through **RFQ 36-2017 issued on October 3, 2019** and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number **46237 – 14/15 on December 3, 2018**;

NOW, THEREFORE, Contractor and the City agree as follows:

**Article 1 Definitions**

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated **January 1<sup>st</sup>, 2020, (Contract ID# 1000016941)**, between Contractor and City.

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

## Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

2.1 **Article 3.3.1 Payment of the Original Agreement** currently reads as follows:

### Article 3 Financial Matters

#### 3.3 Compensation.

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Three Million Sixty-One Thousand Nine Hundred Thirty DOLLARS (\$3,061,930)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. 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.

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

### Article 3 Financial Matters

#### 3.3 Compensation.

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Three Hundred Fifty-Nine Thousand Three Hundred Five DOLLARS (\$9,359,305)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. 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.

2.2 Add **Article 3.7 Contract Amendments; Budget Revisions**, to this Agreement as Amended to read as follows:

**Article 3 Financial Matters**

**3.7 Contract Amendments; Budgeting Revisions.**

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

**3.7.2 City Revisions to Program Budgets:** The City shall have authority, without the execution of a Formal Amendment, to purchase additional Services and/or make changes to the work in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the Compensation or the Term by use of a written City Program Budget Revision.

**3.7.3 City Program Scope Reduction.** Given the local emergency, the pandemic, and the City's resulting budgetary position, and in order to preserve the Agreement and enable Contractor to continue to perform work albeit potentially on a reduced basis, the City shall have authority during the Term of the Agreement, without the execution of a Formal Amendment, to reduce scope, temporarily suspend the Agreement work, and/or convert the Term to month-to-month (Program Scope Reduction), by use of a written Revision to Program Budgets, executed by the Director of Health, or his or her designee, and Contractor. Contractor understands and agrees that the City's right to effect a Program Scope Reduction is intended to serve a public purpose and to protect the public fisc and is not intended to cause harm to or penalize Contractor. Contractor provides City with a full and final release of all claims arising from a Program Scope Reduction. Contractor further agrees that it will not sue the City for damages arising directly or indirectly from a City Program Scope Reduction.

2.3 **Article 4.5 Assignment**, is hereby amended in its entirety to read as follows:

**Article 4 Services and Resources**

**4.5 Assignment.**

The Services to be performed by Contractor are personal in character. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, hypothecated, transferred, or delegated by Contractor, or, where the Contractor is a joint venture, a joint venture partner, (collectively referred to as an "Assignment") unless first approved by

City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City's approval of any such Assignment is subject to the Contractor demonstrating to City's reasonable satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor's obligations under this Agreement and any other documents to be assigned, (ii) not forbidden by applicable law from transacting business or entering into contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

2.4 **Article 5.1.1g Cyber Insurance**, is hereby amended in its entirety to read as follows:

**Article 5 Insurance and Indemnity**

**5.1 Insurance.**

5.1.1 **Required Coverages.** Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(g) Contractor shall maintain in force during the full life of the agreement Cyber and Privacy Insurance with limits of not less than \$5,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

2.5 Add **Article 7.3 Withholding**, to this Agreement as Amended to reads as follows:

**Article 7 Payment of Taxes**

**7.3 Withholding.**

Contractor agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Contractor further acknowledges and agrees that City may withhold any payments due to Contractor under this Agreement if Contractor is delinquent in the payment of any amount required to be paid to the City under the San Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Contractor, without interest, upon Contractor coming back into compliance with its obligations.

2.6 Add **Article 15 Official Actions Relating to the Emergency; FEMA Assistance**, to this Agreement as Amended to reads as follows:

**Article 15 Official Actions Relating to the Emergency; FEMA Assistance.**

**15.1 Orders of Local, State or Federal Officials.**

City and Contractor mutually acknowledge that local, state, or federal authorities may issue official orders related to the COVID-19 epidemic, or take other official actions, subsequent to the execution of this Agreement that Parties to this Agreement cannot presently predict. City and Contractor mutually acknowledge and agree that this Agreement shall be subject to the provisions of any such official action or order ("Official Actions"), as they may be revised and updated. If the provisions of any such Official Actions materially impact the terms of this Agreement, the provisions of those Official Actions shall govern. Contractor shall stay updated on the status of the City Health Officer orders by checking the Department of Public Health website ([sfdph.org](http://sfdph.org)) regularly.

**15.2 FEMA Assistance.**

This is an acknowledgement that FEMA financial assistance will be requested by City and if provided will be used to fund all or a portion of this Agreement. Contractor shall comply with all applicable Federal law, regulations, executive orders, FEMA policies, procedures, and directives, including the FEMA Contract Requirements attached hereto as Appendix D and incorporated herein by reference.

The Appendices listed below are Amended as follows:

2.7 Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated: 11/01/2020.

2.8 Add Appendix A-4 to Agreement as amended. Dated: 11/01/2020.

2.9 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: 11/01/2020.

2.10 Add Appendix B-4a to Agreement as amended. Dated:11/01/2020.

2.11 Add Appendix B-4a.1 to Agreement as amended. Dated:11/01/2020.

2.12 Delete Appendix D, and replace in its entirety with Appendix D to Agreement as amended. Dated : 11/01/2020.

2.13 Add Appendix F-4a to Agreement as amended. Dated:11/01/2020.

2.14 Add Appendix F-4a.1 to Agreement as amended. Dated:11/01/2020.

2.15 Add Appendix G to Agreement as amended. Dated:11/01/2020.

2.16 Add Appendix H to Agreement as amended. Dated:11/01/2020.

**Article 3      Effective Date**

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

**Article 4      Legal Effect**

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

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

CITY

Recommended by:

DocuSigned by:

*Greg Wagner*

28527524752849F  
Grant Colfax, MD

Director of Health  
Department of Public Health

Approved as to Form:

Dennis J. Herrera  
City Attorney

DocuSigned by:

By: *Louise Simpson*

BD54168A4C3B452

Deputy City Attorney

Approved:

DocuSigned by:

*Taraneh Moayed*

9AE44694D514E7  
Sailaja Kurella

Acting Director, Office of Contract  
Administration, and Purchaser

CONTRACTOR

**SAN FRANCISCO PUBLIC HEALTH  
FOUNDATION**

DocuSigned by:

*Penny Eardley*

5DA38B8FA18249F  
Penny Eardley

**Executive Director  
1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102**

Supplier ID number: **0000011526**

## **Appendix A Scope of Services**

### **1. Terms**

#### A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Tomás Aragón, MD / 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 Zuckerberg San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or the to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

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

#### D. Possession of Licenses/Permits:

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

#### E. Adequate Resources:

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

F. 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.

G. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

H. 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."

I. 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

<b>Appendix A-1</b>	<b>Program Administration for Community Health Engagement</b>
<b>Appendix A-2</b>	<b>Program Administration for Community Health Engagement</b>
<b>Appendix A-4</b>	<b>Program Administration for Community Health Engagement - COVID-19</b>

**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.

**CONTRACT SUMMARY**

<b>Contractor/Vendor:</b>	San Francisco Public Health Foundation
<b>Service Provider:</b>	
<b>Total Contract Amount:</b>	\$8,233,866
<b>Funding Source:</b>	Grant CDC, GF HIV Prevention, GF Health Education
<b>Program Name:</b>	Community Health Engagement including COVID 19 Services
<b>System of Care:</b>	CHEP
<b>Program Code:</b>	N/A
<b>Provider Address:</b>	1 Hallidie Plaza, Suite 808
<b>Provider Phone:</b>	415-504-6738 ext.101
<b>Contact Person:</b>	Penny Eardley
<b>RFP# and Term:</b>	RFQ 36-2017 [1/1/2020 to 12/31/2024]

<b>Appendix A#:</b>	<b>A-1</b>				
<b>Funding Source:</b>	<b>GF-Health Education</b>				
<b>Appendix B:</b>	<b>A-1/B-1</b>	<b>B-1a</b>	<b>B-1b</b>	<b>B-1c</b>	<b>B-1d</b>
<b>Year:</b>	FY19-20	FY20-21	FY21-22	FY22-23	FY23-24
<b>Funding Amount:</b>	\$39,000	\$615,383	\$615,383	\$615,383	\$615,383
<b>Funding Term:</b>	01/01/2020-06/30/2020	7/1/2020-6/30/21	7/1/2021-6/30/22	7/1/2022-6/30/23	7/1/2023-6/30/24
<b>Number of UOS:</b>	6	132	132	132	132
<b>Number of UDC/NOC:</b>	1	10	10	10	10
<b>Definition of UOS:</b>	Number of Subcontractors x months in fiscal year				

**Target Population:** The San Francisco Public Health Foundation target population is the subcontractors participating in the CHEP Community Health Engagement Program.

**Description of Services:** The San Francisco Public Health Foundation will provide Program Management, Capacity Building and Subcontractor Management Services in support of the programs listed below serviced by the following contractors: Community Health Engagement, Violence Prevention, Vision Zero and Community and Home Injury Prevention Program for Seniors (CHIPPS).

<b>Appendix A#:</b>	<b>A-2</b>				
<b>Funding Source:</b>	<b>GF- HIV Prevention</b>				
<b>Appendix B:</b>	<b>B-2</b>	<b>B-2a</b>	<b>B-2b</b>	<b>B-2c</b>	<b>B-2d</b>
<b>Year:</b>	FY19-20	FY20-21	FY21-22	FY22-23	FY23-24
<b>Funding Amount:</b>	\$10,417	\$25,000	\$25,000	\$25,000	\$25,000
<b>Funding Term:</b>	2/1/2020-6/30/2020	7/1/2020-6/30/2021	7/1/2021-6/30/2022	7/1/2022-6/30/2023	7/1/2023-6/30/2024
<b>Number of UOS:</b>	234	536	536	536	536
<b>Number of UDC/NOC:</b>	n/a	n/a	n/a	n/a	n/a
<b>Definition of UOS:</b>	Staff Hours	Staff Hours	Staff Hours	Staff Hours	Staff Hours

**Target Population:** The San Francisco Public Health Foundation will provide Human Resources Management/Support in support of the End Hep C SF project.

**Description of Services:** End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

<b>Appendix A# :</b>	<b>A-2</b>				
<b>Funding Source:</b>	<b>Grant CDC</b>				
<b>Appendix B:</b>	<b>B-3</b>	<b>B-3a</b>	<b>B-3b</b>	<b>B-3c</b>	<b>B-3d</b>
<b>Year:</b>	FY19-20	FY20-21	FY21-22	FY22-23	FY23-24
<b>Funding Amount:</b>	\$22,917	\$25,000	\$25,000	\$25,000	\$25,000
<b>Funding Term:</b>	2/1/2020-6/30/2020	1/1/2020-12/31/2021	1/1/2021-12/31/2022	1/1/2022-12/31/2023	1/1/2023-12/31/2024
<b>Number of UOS:</b>	520	567	567	567	567
<b>Number of UDC/NOC:</b>	N/A	N/A	N/A	N/A	N/A
<b>Definition of UOS:</b>	Staff Hours	Staff Hours	Staff Hours	Staff Hours	Staff Hours

**Target Population:** The San Francisco Public Health Foundation will provide Human Resources Management/Support in support of the End Hep C SF project.

**Description of Services:** End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

**Appendix A# :**  
**Funding Source**  
**Appendix B:**  
**Year:**  
**Funding Amount:**  
**Funding Term:**  
**Number of UOS:**  
**Number of UDC/NOC:**

A-4 General Fund - FEMA & State - HUB&CI	
B-4a	B-4a.1
FY20-21	FY20-21
\$4,500,000	\$1,000,000
8/1/2020 - 6/30/2021	9/1/2020 - 06/30/2021
59	14
8	2
Number of Subcontractors x months in fiscal year	

**Definition of UOS:**

**Target Population:**

**Description of Services:**

The San Francisco Public Health Foundation target population are the subcontractors participating in the services provided to San Franciscans that are disproportionately impacted by COVID 19.

The San Francisco Public Health Foundation will provide Program Management, Capacity Building and Subcontractor Management Services to subcontractors who will respond to an application seeking COVID-19 community prevention, mitigation, and wellness programs that include focused outreach and mobile test site support, case investigation and contact tracing (CI/CT), community care for COVID-19 positive individuals, and a community partner CI/CT training center for vulnerable populations and the neighborhoods they live in.

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: COVID 19 Community Outreach Services –**  
**Program Administration**

**Appendix A-4**

**Appendix Term: 08/01/2020-06/30/2021**

**Funding Source: General Fund-FEMA and State-  
HUB&CI**

**1. Identifiers:**

San Francisco Public Health Foundation (SFPHF)  
1 Hallidie Plaza, Suite 808, San Francisco, CA 94102  
415-504-6738 Fax: 415-520-0471  
www.sfphf.org

Executive Director/Program Director: Penny Eardley  
Telephone: 415-504-6738 ext. 101  
Email Address: peardley@sfphf.org

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of the programs listed below serviced by subcontractors TBD by scored application. Subcontractors will respond to an application seeking COVID-19 community prevention, mitigation, and wellness programs that include focused outreach and mobile test site support, case investigation and contact tracing (CI/CT), community care for COVID-19 positive individuals, and a community partner CI/CT training center for vulnerable populations and the neighborhoods they live in.

**4. Priority Population:**

Priority populations in San Francisco that are disproportionately impacted by COVID 19 and adverse effects, including:

- Black/African American
- Asian
- Native Hawaiian/Pacific Islander
- Latino/a/x
- Native American/Indigenous community

Grant awards will be delineated by zip code targeting these neighborhoods:

- 94124 (Bayview-Hunter’s Point)
- 94110 (Mission, Bernal Heights)
- 94134 (Visitacion Valley, Sunnydale, Portola)
- 94102 (Tenderloin)
- 94112 (Excelsior, Outer Mission, Crocker Amazon)
- 94115 (Western Addition)
- 94107 (Potrero Hill)
- 94127, 94132 (OMI/Lakeview)
- 94108 (Chinatown)

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: COVID 19 Community Outreach Services –**  
**Program Administration**

**Appendix A-4**

**Appendix Term: 08/01/2020-06/30/2021**

**Funding Source: General Fund-FEMA and State-  
HUB&CI**

**Modality(s)/Intervention(s):**

**1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year**

<b>Units of Service (UOS) Description</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
COVID 19 Community Outreach Services Program Administration - Start-up Months which include the RFP Process 08/01/2020 – 06/30/2021 – B-4a	3	n/a
COVID 19 Community Outreach Services Program Administration - 7 Subcontractors will provide services to a selected neighborhood. (7x7 months = 49) 08/01/2020 – 06/30/2021 – B-4a	49	7
COVID 19 Community Outreach Services Program Administration - 1 subcontractor will provide training services for CT/CI candidates. (1x7months=7) 08/01/2020 – 06/30/2021 – B-4a	7	1
COVID 19 Community Outreach Services Program Administration - 2 Subcontractors will provide services to a selected neighborhood. (2x7 months = 14) 09/01/2020 – 06/30/2021 – B-4a.1	14	2
<b>Total UOS Delivered</b>	<b>73</b>	
<b>Total UDC Served</b>		<b>10</b>

**5. Methodology:**

**Program Administration of Subcontractors**

1. Manage and disburse funds as directed by the Department as it applies to the COVID 19 Community Outreach Services Program.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
  - a. Protect the assets of the organization and of the contractor;
  - b. Ensure the maintenance of accurate records of SFPHF’s financial activities;
  - c. Provide a framework for SFPHF’s financial decision making;
  - d. Establish and enforce operating standards and behavioral expectations;
  - e. Serve as a training resource for financial staff; and
  - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements

**Contractor Name: San Francisco Public Health Foundation  
Program Name: COVID 19 Community Outreach Services –  
Program Administration**

**Appendix A-4**

**Appendix Term: 08/01/2020-06/30/2021**

**Funding Source: General Fund-FEMA and State-  
HUB&CI**

**Objectives and Measurements:**

**SFPHF must submit an Annual Summary Report documenting achievement of all Objectives to System of Care Program Manager and the Business Office Contract Compliance (BOCC) within two months from the end of the contract year.**

**A. Standardized Objectives:**

“All objectives and descriptions of how objectives will be measured, are contained in the Fiscal Intermediary/Program Management document entitled: Fiscal Intermediary Performance Objectives FY20-21.”

**FY 2020-2021**

By December 1, 2020, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

**6. Continuous Quality Improvement:**

CHEP staff will work with the SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements.

To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

**7. Required Language:**

NA

**8. Subcontractors & Consultants:**

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.
- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases.

**Contractor Name: San Francisco Public Health Foundation**  
**Program Name: COVID 19 Community Outreach Services –**  
**Program Administration**

**Appendix A-4**

**Appendix Term: 08/01/2020-06/30/2021**

**Funding Source: General Fund-FEMA and State-  
HUB&CI**

SFPHF 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. SFPHF acknowledges that it will provide to 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. SFPHF 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 SFPHF, with a copy sent the Department of Public Health's Program Director associated with this engagement.
- G. This list of requirements is provided to highlight for SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

**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	<b>Budget Summary</b>
Appendix B-1, B-1a, B-1b, B-1c, B-1d	<b>Program Administration for Community Health Engagement</b>
Appendix B-2, B-2a, B-2b, B-2c, B-2d	<b>Program Administration for Community Health Engagement</b>
Appendix B-3, B-3a, B-3b, B-3c, B-3d	<b>Program Administration for Community Health Engagement</b>
Appendix B-4a, B-4a.1	<b>Program Administration for Community Health Engagement - COVID-19</b>

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$995,033** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

	<u>Term</u>	<u>Funding Source</u>	<u>Amount</u>
Original Agreement	01/01/2020 – 06/30/2020	General Fund	\$39,000
Original Agreement	02/01/2020 – 06/30/2020	General Fund	\$10,417
Original Agreement	02/01/2020 – 12/31/2020	CDC	\$22,917
Original Agreement	07/01/2020 – 06/30/2021	General Fund	\$615,383
Original Agreement	07/01/2020 – 06/30/2021	General Fund	\$25,000
Original Agreement	01/01/2021 – 12/31/2021	CDC	\$25,000
Original Agreement	07/01/2021 – 06/30/2022	General Fund	\$615,383
Original Agreement	07/01/2021 – 06/30/2022	General Fund	\$25,000
Original Agreement	01/01/2022 – 12/31/2022	CDC	\$25,000
Original Agreement	07/01/2022 – 06/30/2023	General Fund	\$615,383
Original Agreement	07/01/2022 – 06/30/2023	General Fund	\$25,000
Original Agreement	01/01/2023 – 12/31/2023	CDC	\$25,000
Original Agreement	07/01/2023 – 06/30/2024	General Fund	\$615,383
Original Agreement	07/01/2023 – 06/30/2024	General Fund	\$25,000
Original Agreement	01/01/2024 – 12/31/2024	CDC	\$25,000
<b>Amendment #1</b>	<b>08/01/2020 – 06/30/2021</b>	<b>GF – FEMA</b>	<b>\$2,250,000</b>
<b>Amendment #1</b>	<b>08/01/2020 – 06/30/2021</b>	<b>GF – FEMA</b>	<b>\$2,000,000</b>
<b>Amendment #1</b>	<b>08/01/2020 – 06/30/2021</b>	<b>GF – FEMA</b>	<b>\$250,000</b>
<b>Amendment #1</b>	<b>09/01/2020 – 06/30/2021</b>	<b>State</b>	<b>\$1,000,000</b>
<b>Amendment #1</b>	<b>07/01/2020 – 12/31/2024</b>	<b>TBD</b>	<b>\$130,406</b>
		Total Award Amount:	\$8,364,272
		Contingency 7/1/2020 – 12/31/2024:	\$995,033
		(This equals the total NTE) Total:	\$9,359,305

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.

CID #: 100016941 Appendix: B  
 DPH Section: CHEP - Community Health Equity and Promotion  
 Check one: [ ] Original Agreement [ X ] Amendment [ ] Revision to Program Budgets  
 Agency/Contractor Name: San Francisco Public Health Foundation  
 1/1/2020 to 12/31/2024  
 Contract Term : 12/31/2024  
 Current Funding Notification Date: 10/28/20

Program/Provider Name:	Community Health Engagement A-1B-1	Community Health Engagement A-2B-2	Community Health Engagement A-2B-3	Community Health Engagement A-1B-1a	Community Health Engagement A-2B-2a	Community Health Engagement A-2B-3a	COVID-19 Community Outreach A-1B4a	COVID-19 Community Outreach A-4B-4a.1	Community Health Engagement A-2B-1b	Community Health Engagement A-2B-2b	Community Health Engagement A-2B-3b	Community Health Engagement A-2B-1c	Community Health Engagement A-2B-2c	Community Health Engagement A-2B-3c	Community Health Engagement A-2B-1d	Community Health Engagement A-2B-2d	Community Health Engagement A-2B-3d	TOTALS
Appendix Term:	01/01/2020-06/30/2020	06/01/2020-06/30/2020	02/01/2020-12/31/2020	01/01/2020-06/30/2021	07/01/2020-06/30/2021	01/01/2021-12/31/2021	06/01/2020-06/30/2021	09/01/2020-06/30/2021	07/01/2021-06/30/2022	07/01/2021-06/30/2022	01/01/2022-12/31/2022	07/01/2022-06/30/2023	07/01/2022-06/30/2023	01/01/2023-12/31/2023	07/01/2023-06/30/2024	07/01/2023-06/30/2024	01/01/2024-12/31/2024	
Salaries \$	-	8,033	17,650	-	18,386	19,472	-	-	-	18,386	19,472	-	18,386	19,472	-	18,386	19,472	177,315
Employee Benefits \$	-	1,437	2,983	-	4,341	3,255	-	-	-	4,341	3,255	-	4,341	3,255	-	4,341	3,255	34,804
Total Personnel Expenses \$	-	9,470	20,633	-	22,727	22,727	-	-	-	22,727	22,727	-	22,727	22,727	-	22,727	22,727	212,119
Employee Fringe Benefit Rate	0.0%	17.9%	16.7%	0.0%	23.6%	16.7%	0.0%	0.0%	0.0%	23.6%	16.7%	0.0%	23.6%	16.7%	0.0%	23.6%	16.7%	
Operating Expense \$	35,455	-	-	559,441	-	-	4,250,000	1,000,000	559,441	-	-	559,441	-	-	559,441	-	-	7,523,219
Subtotal Direct Costs \$	35,455	9,470	20,833	559,441	22,727	22,727	4,250,000	1,000,000	559,441	22,727	22,727	559,441	22,727	22,727	559,441	22,727	22,727	7,735,338
Indirect Cost Amount \$	3,545	947	2,084	55,942	2,273	2,273	250,000	0.0%	55,942	2,273	2,273	55,942	2,273	2,273	55,942	2,273	2,273	498,528
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	5.9%	0.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Total Expenses \$	39,000	10,417	22,917	615,383	25,000	25,000	4,500,000	1,000,000	615,383	25,000	25,000	615,383	25,000	25,000	615,383	25,000	25,000	8,233,866

DPH Funding Sources (select from drop-down list)	Community Health Engagement A-1B-1	Community Health Engagement A-2B-2	Community Health Engagement A-2B-3	Community Health Engagement A-1B-1a	Community Health Engagement A-2B-2a	Community Health Engagement A-2B-3a	COVID-19 Community Outreach A-1B4a	COVID-19 Community Outreach A-4B-4a.1	Community Health Engagement A-2B-1b	Community Health Engagement A-2B-2b	Community Health Engagement A-2B-3b	Community Health Engagement A-2B-1c	Community Health Engagement A-2B-2c	Community Health Engagement A-2B-3c	Community Health Engagement A-2B-1d	Community Health Engagement A-2B-2d	Community Health Engagement A-2B-3d	TOTALS
General Fund - Health Education	39,000			615,383	25,000				615,383			615,383	25,000		615,383	25,000		2,500,532
General Fund - HIV Prevention		10,417					2,250,000			25,000						25,000		110,417
General Fund - FEMA							2,000,000											
State-HUB&I							1,000,000											
General Fund - FEMA							250,000											
Grant - CDC			22,917			25,000					25,000							122,917
Total DPH Revenues \$	39,000	10,417	22,917	615,383	25,000	25,000	4,500,000	1,000,000	615,383	25,000	25,000	615,383	25,000	25,000	615,383	25,000	25,000	8,233,866
Total Revenues (DPH and Non-DPH) \$	39,000	10,417	22,917	615,383	25,000	25,000	4,500,000	1,000,000	615,383	25,000	25,000	615,383	25,000	25,000	615,383	25,000	25,000	8,233,866
Cost Reimbursement (CR) or Fee-For-Service (FFS)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)

**Contractor:** San Francisco Public Health Foundation  
**Program:** COVID 19 Community Outreach Services

**Appendix:** B-4a  
**Appendix Term:** 08/01/2020-06/30/2021

**Full Contract Term:** 1/1/2020 to 12/31/2024

**Funding Source:** General Fund- FEMA

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:	COVID 19 Community Outreach Services- Program Administration								
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Totals</b>
<b>Consultants/Subcontractor:</b>									
TBD	3,800,000	100%		0%		0%		0%	3,800,000
TBD	450,000	100%		0%		0%		0%	450,000
<b>Total Operating Expenses</b>	<b>4,250,000</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>4,250,000</b>
<b>Total Direct Expenses</b>	4,250,000	100%	-	0%	-	0%	-	0%	4,250,000
<b>Indirect Expenses 5.88%</b>	250,000	100%	-	0%	-	0%	-	0%	250,000
<b>TOTAL EXPENSES</b>	<b>4,500,000</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>4,500,000</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>		<b>0</b>		<b>0</b>		<b>0</b>		
Number of UOS per Service Mode	59								59
Cost Per UOS by Service Mode	\$76,271.19		\$0.00		\$0.00		\$0.00		N/A
Number of UDC/NOC per Service Mode	8								8

Rev: 02/18

**BUDGET JUSTIFICATION**

**Contractor Name** San Francisco Public Health Foundation  
**Program Name:** COVID 19 Community Outreach Services

Appendix: B-4a  
 Appendix Term: 08/01/2020-06/30/2021  
 Funding Source: General Fund- FEMA

**2) OPERATING EXPENSES:**

**Consultants/Subcontractors:**

<b>Consult/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
TBD	Seven (7) subcontractors selected through an application process with a technical review panel to deliver COVID 19 services to priority populations disproportionately affected by the pandemic. Services to include navigation to testing, support for families in isolation, contact investigation and contact tracing.		\$ 3,800,000
TBD	One (1) Subcontractor for training of culturally appropriate Contact Investigators/Contact racers for the priority populations identified in the funding application. Subcontractor to be identified through technical review of application.		\$ 450,000
<b>Total Consultants/Subcontractors:</b>			<b>\$ 4,250,000</b>

**TOTAL OPERATING EXPENSES: \$ 4,250,000**

**TOTAL DIRECT COSTS: \$ 4,250,000**

**4) INDIRECT COSTS**

Please list here the personnel and ledger expenses that are included in your shared costs?

	<b>Amount</b>
Executive Director, Program Coordinator, Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 250,000

Indirect Rate: **5.88%**  
**TOTAL INDIRECT COSTS: \$ 250,000**

**TOTAL EXPENSES: \$ 4,500,000**

Contractor: San Francisco Public Health Foundation

Appendix: **B-4a.1**

Program: COVID 19 Community Outreach Services

Appendix Term: 09/01/2020-06/30/2021

Full Contract Term: 1/1/2020 to 12/31/2024

Funding Source: State-HUB&CI

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:	COVID 19 Community Outreach Services- Program Administration								
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Totals</b>
<b>Consultants/Subcontractor:</b>									
TBD	1,000,000	100%		0%		0%		0%	1,000,000
<b>Total Operating Expenses</b>	<b>1,000,000</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>1,000,000</b>
<b>Total Direct Expenses</b>	1,000,000	100%	-	0%	-	0%	-	0%	1,000,000
<b>Indirect Expenses</b>									
<b>TOTAL EXPENSES</b>	<b>1,000,000</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>1,000,000</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>		<b>0</b>		<b>0</b>		<b>0</b>		
Number of UOS per Service Mode	14								14
Cost Per UOS by Service Mode	\$71,428.58		\$0.00		\$0.00		\$0.00		N/A
Number of UDC/NOC per Service Mode	2								2

Rev: 02/18

**BUDGET JUSTIFICATION**

**Contractor Name** San Francisco Public Health Foundation  
**Program Name:** COVID 19 Community Outreach Services

Appendix: B-4a.1  
 Appendix Term: 09/01/2020-06/30/2021  
 Funding Source: State-HUB&CI

**2) OPERATING EXPENSES:**

**Consultants/Subcontractors:**

<b>Consult/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
TBD	Two (2) subcontractors selected through an application process with a technical review panel to deliver COVID 19 services to priority populations disproportionately affected by the pandemic. Services to include navigation to testing, support for families in isolation, contact investigation and contact tracing.		\$ 1,000,000

**Total Consultants/Subcontractors: \$ 1,000,000**

**TOTAL OPERATING EXPENSES: \$ 1,000,000**

**TOTAL DIRECT COSTS: \$ 1,000,000**

**TOTAL EXPENSES: \$ 1,000,000**

## APPENDIX D FEMA CONTRACT REQUIREMENTS

**1. Contract Requirements.** This contract may be eligible for FEMA funding. FEMA requires inclusion of the following contract provisions for procurement under exigent or emergency circumstances. The Parties must comply with these provisions as a minimum. In the event of a conflict with other provisions in this contract that address the same or a similar requirement, the provisions that are stricter and impose the greater duties upon Contractor shall apply.

**2. Remedies for Breach.** In addition to all other remedies included in this contract, Contractor shall, at a minimum, be liable to the City for all foreseeable damages it incurs as a result of Contractor violation or breach of the terms of this contract. This includes without limitation any costs incurred to remediate defects in Contractor's services and/or the additional expenses to complete Contractor's services beyond the amounts agreed to in this contract, after Contractor has had a reasonable opportunity to remediate and/or complete its services as otherwise set for in this contract. All remedies provided for in this contract 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.

**3. Termination for Convenience.** City shall have the option, in its sole discretion, to terminate this Contract, 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. 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 reasonably necessary to effectuate demobilization from the work.

**4. Termination for Cause.** 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 contract for cause or to seek specific performance of all or any part of this contract. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any event of default. Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this contract or any other contract between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such event of default and any liquidated damages due from Contractor pursuant to the terms of this contract or any other contract.

**5. Work Hours and Safety Standards.** If this contract is for a price in excess of \$100,000, and involves the employment of mechanics or laborers, Contractor agrees as follows:

A. Overtime requirements. No contractor or subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic

receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.

B. Violation; liability for unpaid wages; liquidated damages. In the event of any violation of the clause set forth in paragraph (A) of this section the Contractor and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, Contractor and subcontractor(s) shall be liable to the United States for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (A) of this section, in the sum of \$26 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (A) of this section.

C. Withholding for unpaid wages and liquidated damages. The City shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the Contractor or subcontractor under any such contract or any other Federal contract with the same prime contractor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime contractor, such sums as may be determined to be necessary to satisfy any liabilities of such contractor or subcontractor for unpaid wages and liquidated damages as provided in the clause set forth in paragraph (B) of this section.

D. Subcontracts. The Contractor or subcontractor shall insert in any subcontracts the clauses set forth in paragraphs (A) through (D) of this section and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The Contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs (A) through (D) of this section.

E. This Section 5 does not apply to the purchase of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

**6. Rights to Inventions.** If FEMA's funding for this contract meets the definition of "funding agreement," and if this contract constitutes a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment, or performance of experimental, developmental, or research work, the City agrees to comply with the requirements of 37 C.F.R. Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements, and any implementing regulations issued by FEMA.

**7. Clean Air Act.** If this contract is for a price in excess of \$150,000, Contractor agrees as follows:

A. The Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.

B. The Contractor agrees to report each violation to the City and understands and agrees that the City will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.

C. The Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA.

**8. Federal Water Pollution Act.** If this contract is for a price in excess of \$150,000, Contractor agrees as follows:

A. The Contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.

B. The Contractor agrees to report each violation to the City and understands and agrees that the City will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.

C. The Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA.

**9. Debarment and Suspension.** If this contract is for a price in excess of \$25,000, Contractor agrees as follows:

A. This contract is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000. As such, the Contractor is required to verify that none of the Contractor's principals (defined at 2 C.F.R. § 180.995) or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).

B. The Contractor must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.

C. This certification is a material representation of fact relied upon by the City. If it is later determined that the Contractor did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to the City, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.

D. The Contractor agrees to comply with the requirements of 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The Contractor further agrees to include a provision requiring such compliance in its lower tier covered transactions.

**10. Procurement of Recovered Materials**

A. In the performance of this contract, the Contractor shall make maximum use of products containing recovered materials that are EPA-designated items unless the product cannot be acquired:

- i. Competitively within a timeframe providing for compliance with the contract performance schedule;
- ii. Meeting contract performance requirements; or
- iii. At a reasonable price.

B. Information about this requirement, along with the list of EPA-designated items, is available at EPA’s Comprehensive Procurement Guidelines web site, <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.

C. The Contractor also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act.”

**11. Time and Material Contracts.** To the extent this contract includes work that is paid on a time and material basis, such work must have a guaranteed maximum price (GMP). The GMP is set forth in the body of this contract. The GMP constitutes a ceiling price that Contractor exceeds at its own risk.

**12. MBE/WBE Outreach.** Contractor must, at a minimum, take the following affirmative steps to assure that minority businesses, women’s business enterprises, and labor surplus area firms are used as Subcontractors on this Project:

A. Place qualified small and minority businesses and women’s business enterprises on Contractor’s solicitation list for this Project;

B. Assure that small and minority businesses, and women’s business enterprises are solicited whenever they are potential sources for this Project;

C. Divide the subcontracts, when feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women’s business enterprises;

D. Establish delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women’s business enterprises; and

E. Use the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.

**13. Access to Records.** The following access to records requirements apply to this contract:

A. The Contractor agrees to provide City, the FEMA Administrator, the Comptroller General of the United States, or any of their authorized representatives access to any books,

documents, papers, and records of the Contractor which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions.

B. The Contractor agrees to permit any of the foregoing parties to reproduce by any means whatsoever or to copy excerpts and transcriptions as reasonably needed.

C. The Contractor agrees to provide the FEMA Administrator or his authorized representatives access to construction or other work sites pertaining to the work being completed under the contract.

D. In compliance with the Disaster Recovery Act of 2018, the City and the Contractor acknowledge and agree that no language in this contract is intended to prohibit audits or internal reviews by the FEMA Administrator or the Comptroller General of the United States.

**14. Department of Homeland Security Seal, Logo, and Flags.** The Contractor shall not use the DHS seal(s), logos, crests, or reproductions of flags or likenesses of DHS agency officials without specific FEMA pre-approval.

**15. Compliance with Federal Law, Regulations, and Executive Orders.** This is an acknowledgement that FEMA financial assistance will be used to fund all or a portion of the contract. The Contractor will comply with all applicable Federal law, regulations, executive orders, FEMA policies, procedures, and directives.

**16. No Obligation by Federal Government.** The Federal Government is not a party to this contract and is not subject to any obligations or liabilities to the non-Federal entity, Contractor, or any other party pertaining to any matter resulting from the contract.

**17. Program Fraud and False or Fraudulent Statements or Related Acts.** The Contractor acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to the Contractor's actions pertaining to this contract.

**18. Byrd Anti-Lobbying Certification.**

A. Contractors who apply or bid for an award of \$100,000 or more shall file the required certification pursuant to the Byrd Anti-Lobbying Amendment, 31 U.S.C. §1352, as amended. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, officer or employee of Congress, or an employee of a Member of Congress in connection with obtaining any Federal contract, grant, or any other award covered by 31 U.S.C. § 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the recipient who in turn will forward the certification(s) to the awarding agency.

B. If this contract is for a price of \$100,000 or more, Contractor, and its lower tiers, must sign and submit to the City the following certification:

**APPENDIX A, 44 C.F.R. PART 18 – CERTIFICATION REGARDING LOBBYING**

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person 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 the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or 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 this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that 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 cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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.

The Contractor, **San Francisco Public Health Foundation** certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

DocuSigned by:

*Penny Eardley*

Signature of Contractor's Authorized Official

Penny Eardley, Executive Director

Name and Title of Contractor's Authorized Official

11/19/2020 | 3:43:00 MST

Date

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

APPENDIX F-4a  
08/01/2020 - 06/30/2021  
PAGE A

Contractor: <b>San Francisco Public Health Founda</b> Address: <b>1 Hallidie Plaza, Suite 808 San Francisco, CA 94102</b>  Telephone: <b>415-504-6738</b> Fax:	Contract ID # <b>1000016941</b>	Invoice Number <b>A-4AUG20</b>	Contract Purchase Order No: _____  Funding Source: <b>General Fund - FEMA</b>  Department ID-Authority ID: _____  Project ID-Activity ID: _____  Invoice Period: <b>08/1/20 - 08/31/20</b>  FINAL Invoice <input type="checkbox"/> (check if Yes)
Program Name: <b>Community Health Engagement - COVID 19</b>  ACE Control #: _____		<div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;"><b>CHEP</b></div>	

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
COVID 19 Community Outreach Services - Progr	59	8							59	8

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	8				8

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
<b>Total Personnel Expenses</b>					
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>	\$4,250,000				\$4,250,000.00
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	\$4,250,000				\$4,250,000.00
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	\$4,250,000				\$4,250,000.00
Indirect Expenses	\$250,000				\$250,000.00
<b>TOTAL EXPENSES</b>	\$4,500,000				\$4,500,000.00
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4a.1  
09/01/2020 - 06/30/2021  
PAGE A

<b>Contractor: San Francisco Public Health Founda</b> Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102  Telephone: 415-504-6738 Fax:	Contract ID # 1000016941	Invoice Number A-4SEP20	Contract Purchase Order No:
	<div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;"><b>CHEP</b></div>	Funding Source: State - HUB&CI	Department ID-Authority ID:
Program Name: Community Health Engagement - COVID 19  ACE Control #:		Project ID-Activity ID:	Invoice Period: 09/1/20 - 09/30/20

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
COVID 19 Community Outreach Services - Progr	14	2							14	2

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	2				2

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
<b>Total Personnel Expenses</b>					
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>	\$1,000,000				\$1,000,000.00
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	\$1,000,000				\$1,000,000.00
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	\$1,000,000				\$1,000,000.00
Indirect Expenses					
<b>TOTAL EXPENSES</b>	\$1,000,000				\$1,000,000.00
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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OFFICE OF THE MAYOR  
SAN FRANCISCO



LONDON N. BREED  
MAYOR

## **PROCLAMATION BY THE MAYOR DECLARING THE EXISTENCE OF A LOCAL EMERGENCY**

**WHEREAS**, California Government Code Sections 8550 et seq., San Francisco Charter Section 3.100(13) and Chapter 7 of the San Francisco Administrative Code empower the Mayor to proclaim the existence of a local emergency, subject to concurrence by the Board of Supervisors as provided in the Charter, in the case of an emergency threatening the lives, property or welfare of the City and County or its citizens; and

**WHEREAS**, The United States has confirmed cases of individuals who have a severe acute respiratory illness caused by a novel (new) coronavirus ("COVID-19" or "the virus") first detected in Wuhan, Hubei Province, People's Republic of China ("China"). The virus was first reported in China on December 31, 2019. As of February 24, 2020, the World Health Organization ("WHO") has reported approximately 77,262 confirmed cases of COVID-19 in China, more than the number of confirmed cases of Severe Acute Respiratory Syndrome (SARS) during its 2003 outbreak. An additional 2,069 cases have been confirmed across 29 other countries; in many of these cases, the infected individuals had not visited China. More than 2,500 people have died from the virus, including 23 outside of China. The number of confirmed cases has continued to escalate dramatically over a short period of time; and

**WHEREAS**, WHO officials now report that sustained human-to-human transmission of the virus is occurring. Transmission from an asymptomatic individual has been documented. Although the majority of individuals infected with COVID-19 recover from the disease without special treatment, approximately 1 in 6 may become seriously ill. Manifestations of severe disease have included severe pneumonia, acute respiratory distress syndrome, septic shock, and multi-organ failure. Approximately 2% of the people confirmed infected with COVID-19 have died; and

**WHEREAS**, On January 30, 2020, WHO declared the COVID-19 outbreak a public health emergency of international concern, and on January 31, 2020, the U.S. Department of Health and Human Services declared a Public Health Emergency for the United States; and

**WHEREAS**, The Centers for Disease Control and Prevention ("CDC") has determined that the virus presents a serious public health threat, requiring coordination among state

OFFICE OF THE MAYOR  
SAN FRANCISCO



LONDON N. BREED  
MAYOR

and local health departments to ensure readiness for potential health threats associated with the virus; and

**WHEREAS**, The CDC has issued guidance to local and State health departments, including San Francisco's Department of Public Health ("DPH"), concerning risk assessment and public health management of persons with potential exposure to COVID-19. These guidelines require DPH to make extraordinary efforts to monitor ongoing communicable disease threats and prepare for management of individuals who may have been exposed to COVID-19; and

**WHEREAS**, DPH, the Department of Emergency Management, and other City partners have been working successfully and diligently to implement CDC guidelines, but now require additional tools and resources to protect the public health given the current state of the epidemic and the need for a sustained response; and

**WHEREAS**, The City's Director of Public Health has determined that DPH cannot comply with the CDC's guidance without immediate action beyond the City's ordinary response capabilities, including directing personnel and resources from other City departments to assist with the ongoing and developing threat of COVID-19; and

**WHEREAS**, Conditions of extreme peril to the safety of persons and property have arisen; and

**WHEREAS**, The Mayor does hereby proclaim that the aforesaid conditions of extreme peril warrant and necessitate the proclamation of the existence of a local emergency,

**NOW, THEREFORE,**

I, London N. Breed, Mayor of the City and County of San Francisco, proclaim the existence, effective immediately on February 25, 2020, of an emergency within the City and County threatening the lives, property or welfare of the City and County and its citizens;

**It is further ordered that:**

(1) All City and County officers and employees take all steps requested by the Director of Public Health to prevent the spread of COVID-19 and to prevent or alleviate illness or death due to the virus; and

OFFICE OF THE MAYOR  
SAN FRANCISCO



LONDON N. BREED  
MAYOR

(2) All City and County officers and employees take all steps requested by the Director of Public Health to qualify the City for reimbursement from the Federal Emergency Management Agency and for other state and federal relief as may be available to reimburse the City for the expenses it incurs in addressing this emergency; and

**I further proclaim and order that:**

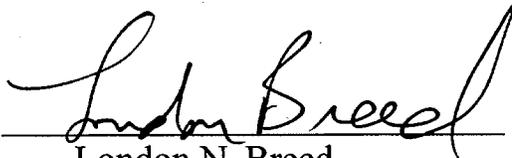
By the terms of this emergency declaration the government of the City and County of San Francisco is organized under the provisions of the Incident Command System (ICS), which system forms an essential part of the City's Emergency Operations Plan. The head of each City department and agency shall observe his or her proper relationship in the command structure outlined by the system and shall respond to the orders and requests of the Lead Department designated to exercise supervision over his or her department during the course of this emergency;

Because of the extreme peril to its residents and visitors, the Governor of the State of California is hereby requested to include the area of the City and County of San Francisco in any emergency declaration by the State, and is further requested to ensure that the City and County is included in any emergency declaration that may be issued by the President of the United States.

**And I further proclaim and order that:**

This declaration of a local emergency shall continue to exist until it is terminated by the Mayor or the Board of Supervisors. All departments of the City and County of San Francisco are strictly ordered to cooperate with the requests for material and personnel resources that may emanate from the Incident Command Staff of the City and County which is located in the Emergency Command Center of the City and County of San Francisco.

DATED: 2/25/2020

  
London N. Breed  
Mayor of San Francisco









# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/04/2020

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Calender-Robinson Company, Inc. 0267063 233 Sansome St. Ste 508 San Francisco CA 94104	<b>CONTACT NAME:</b> Katherine Berkman <b>PHONE (A/C, No, Ext):</b> (415) 978-3800 <b>FAX (A/C, No):</b> (415) 978-3825 <b>E-MAIL ADDRESS:</b> kberkman@calrob.com																					
<b>INSURED</b> San Francisco Public Health Foundation 1 Hallidie Plaza #808 San Francisco CA 94102	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Nonprofits' Insurance Alliance of CA (NIAC)</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Hartford Fire Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td>Axis Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Nonprofits' Insurance Alliance of CA (NIAC)		INSURER B:	Hartford Fire Insurance Co.		INSURER C:	Axis Insurance Company		INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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INSURER C:	Axis Insurance Company																					
INSURER D:																						
INSURER E:																						
INSURER F:																						

**COVERAGES**      **CERTIFICATE NUMBER:** CL202425804      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			2020-01142-NPO	02/04/2020	02/04/2021	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2020-01142-NPO	02/04/2020	02/04/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			2020-01142-UMB-NPO	02/04/2020	02/04/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE \$ 1,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			57WECAF3VEB	04/19/2020	04/19/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
C	Cyber Liability Policy			P-001-000153129-02	06/01/2020	06/01/2021	Each claim \$ 5,000,000
							Aggregate \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City & County of San Francisco and the Dept. of Public Health and all respective officers, agents & employees are included as additional insured as per the attached endorsement

**CERTIFICATE HOLDER**

**CANCELLATION**

City & County of San Francisco Dept. of Public Health 101 Grove Street # 402 San Francisco CA 94102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	---

Named Insured: San Francisco Public Health Foundation

Policy: 2020-01142-NPO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name of Person or Organization:

**Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a non-profit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**WHO IS AN INSURED** (Section II) is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your on-going operations; or
- B. In connection with your premises owned by or rented to you

**THE INSURANCE** provided under this endorsement is primary & non-contributory to any other valid & collectible insurance carried by the additional insured entity and this insurance will apply separately to each insured against whom a claim is made or a suit is brought.

CG 2026 (07/04)

**POLICY NUMBER:** 2020-01142-NPO **COMMERCIAL AUTO LIABILITY**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies the insurance provided under the following:

**COMMERCIAL AUTOMOBILE LIABILITY COVERAGE PART  
SCHEDULE**

**Name of Person or Organization:**

**All entities named in the attached certificate of insurance**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of automobiles owned, leased, hired or borrowed by or on behalf of the Contractor.





## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 211164

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Arlene Lee	(415) 255-3492
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	arlene.lee@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Public Health Foundation	<b>TELEPHONE NUMBER</b> (415) 504-6738
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1 Hallidie Plaza, Suite 808, SF, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 211164
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$20,027,567		
<b>NATURE OF THE CONTRACT (Please describe)</b> As-needed project based support services - Category I. Program administration and support services, for a total agreement term of January 1, 2020, through December 31, 2024.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Bennett	Ayanna	Board of Directors
2	Falk	Nicole	Board of Directors
3	Longstreth	Elizabeth	Board of Directors
4	Morewitz	Mark	Board of Directors
5	Lau	Gina	Board of Directors
6	Lyles	Courtney	Board of Directors
7	Moore	Melissa	Board of Directors
8	Oxford	Nick	Board of Directors
9	Sharma	Adam	Board of Directors
10	Villagomez	Alice	Board of Directors
11	Eardley	Penny	CEO
12	CARECEN SF		Subcontractor
13	Chinatown Comm Dev Ctr		Subcontractor
14	Curry Senior Center		Subcontractor
15	Family Connections Center		Subcontractor
16	Rebuilding Together SF		Subcontractor
17	Senior Disability Action		Subcontractor
18	Tenderloin Comm Ben Dist		Subcontractor
19	walk SF		Subcontractor

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Booker T Washington		Subcontractor
21	Chinese Hospital		Subcontractor
22	Family & Child Emp Svs SF		Subcontractor
23	Mission Language Voc Schoo		Subcontractor
24	Mission Nghbrhood Hlth Ctr		Subcontractor
25	Rafiki Coalition		Subcontractor
26	SF AIDS Foundation		Subcontractor
27	SF Community Health Center		Subcontractor
28	Southwest Community Corp		Subcontractor
29	YMCA Urban Services		Subcontractor
30	Collective Impact		Subcontractor
31			
32			
33			
34			
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**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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City and County of San Francisco  
**London N. Breed, Mayor**

## San Francisco Department of Public Health

Dr. Grant Colfax  
Director of Health

November 1, 2021

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 Public Health Foundation-Community Engagement, in the amount of \$20,027,567.

This contract agreement requires Board of Supervisors approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- Proposed resolution;
- Proposed Amendment 2;
- Amendment 1;
- Original Agreement;
- Form SFEC-126 for the Board of Supervisors;
- Amended Form SFEC-126 for the Board of Supervisors.

For questions on this matter, please contact Arlene Lee, [Arlene.Lee@SFDPH.org](mailto:Arlene.Lee@SFDPH.org).

Thank you for your time and consideration.

Sincerely,

*Arlene Lee*

Arlene Lee

Office of Contracts Management and Compliance  
DPH Business Office

cc: Dr. Grant Colfax, Director of Health  
Greg Wagner, Chief Operating Officer  
Michelle Ruggels, Director, DPH Business Office