

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

Third Amendment

THIS AMENDMENT (this "Amendment") is made as of **February 1st, 2020**, in San Francisco, California, by and between **SAN FRANCISCO AIDS FOUNDATION** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

Recitals

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

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to **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 **RFP 3-2016 issued March 3, 2016** and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number **2006 – 07/08** on **June 29, 2016**;

WHEREAS, the City's Board of Supervisors approved this Agreement by _____-20
on _____;

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 **July 1, 2016, (CID# 1000002634 / BPHC17000019)**, between Contractor and City, as amended by the:

First Amendment, dated October 1, 2017 (CID# 1000002634 / BPHC17000019), and

Second Amendment dated February 1, 2019 (CID# 1000002634 / BPHC17000019).

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 2nd Amendment currently reads as follows:

Article 3 Financial Matters

3.3 **Compensation.**

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Thirty-Five Million Six Hundred Eight Thousand One Hundred Fifty-Nine DOLLARS (\$35,608,159)**. 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 **Forty-Two Million One Hundred Fifteen Thousand Four Hundred Seventy-One DOLLARS (\$42,115,471)**. 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 **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.

2.3 **Article 5.1 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:

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

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

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

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

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

(f) Contractor shall maintain in force during the full life of the agreement Cyber and Privacy Insurance with limits of not less than \$5,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

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

5.1.3 Contractor's Commercial General Liability and Commercial Automobile Liability Insurance policies shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

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

5.1.5 Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without

lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

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

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

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

5.1.9 Reserved. (Waiver of Subrogation)

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

2.4 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.

2.5 **Article 10.11 Limitations on Contributions**, is hereby amended in its entirety to read as follows:

Article 10 Additional Requirements Incorporated by Reference

10.11 Limitations on Contributions. By executing this Agreement, Contractor acknowledges its obligations under section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

2.6 **Article 10.17 Distribution of Beverages and Water**, is hereby amended in its entirety to read as follows:

Article 10 Additional Requirements Incorporated by Reference

10.17 Distribution of Beverages and Water.

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

10.17.2 Packaged Water Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

2.7 **Article 13.4 Management of City Data and Confidential Information**, is hereby amended in its entirety to read as follows:

Article 13 Data and Security

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.

2.8 Add **Article 13.5 Protected Health Information**, to this Agreement as Amended to reads as follows:

Article 13 Data and Security

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.

The Appendices listed below are Amended as follows:

2.9 Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated: 02/01/2020.

2.10 Delete Appendix A-1, and replace in its entirety with Appendix A-1 to Agreement as amended. Dated: 02/01/2020.

2.11 Delete Appendix A-2, and replace in its entirety with Appendix A-2 to Agreement as amended. Dated: 02/01/2020.

2.12 Delete Appendix A-3, and replace in its entirety with Appendix A-3 to Agreement as amended. Dated: 02/01/2020.

2.13 Delete Appendix A-4, and replace in its entirety with Appendix A-4 to Agreement as amended. Dated: 02/01/2020.

2.14 Delete Appendix A-5, and replace in its entirety with Appendix A-5 to Agreement as amended. Dated: 02/01/2020.

2.15 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: 02/01/2020.

2.16 Delete Appendix B-1k, and replace in its entirety with Appendix B-1k to Agreement as amended. Dated: 02/01/2020.

2.17 Delete Appendix B-1l, and replace in its entirety with Appendix B-1l to Agreement as amended. Dated: 02/01/2020.

2.18 Delete Appendix B-1m, and replace in its entirety with Appendix B-1m to Agreement as amended. Dated: 02/01/2020.

2.19 Delete Appendix B-1n, and replace in its entirety with Appendix B-1n to Agreement as amended. Dated: 02/01/2020.

2.20 Delete Appendix B-1o, and replace in its entirety with Appendix B-1o to Agreement as amended. Dated: 02/01/2020.

2.21 Delete Appendix B-1p, and replace in its entirety with Appendix B-1p to Agreement as amended. Dated: 02/01/2020.

2.22 Delete Appendix B-1q, and replace in its entirety with Appendix B-1q to Agreement as amended. Dated: 02/01/2020.

2.23 Delete Appendix B-1r, and replace in its entirety with Appendix B-1r to Agreement as amended. Dated: 02/01/2020.

2.24 Delete Appendix B-1s, and replace in its entirety with Appendix B-1s to Agreement as amended. Dated: 02/01/2020.

2.25 Delete Appendix B-1t, and replace in its entirety with Appendix B-1t to Agreement as amended. Dated: 02/01/2020.

2.26 Delete Appendix B-1u, and replace in its entirety with Appendix B-1u to Agreement as amended. Dated: 02/01/2020.

2.27 Delete Appendix B-1v, and replace in its entirety with Appendix B-1v to Agreement as amended. Dated: 02/01/2020.

2.28 Delete Appendix B-2d, and replace in its entirety with Appendix B-2d to Agreement as amended. Dated: 02/01/2020.

2.29 Delete Appendix B-2e, and replace in its entirety with Appendix B-2e to Agreement as amended. Dated: 02/01/2020.

2.30 Delete Appendix B-2f, and replace in its entirety with Appendix B-2f to Agreement as amended. Dated: 02/01/2020.

2.31 Delete Appendix B-2g, and replace in its entirety with Appendix B-2g to Agreement as amended. Dated: 02/01/2020.

2.32 Delete Appendix B-2h, and replace in its entirety with Appendix B-2h to Agreement as amended. Dated: 02/01/2020.

2.33 Delete Appendix B-2i, and replace in its entirety with Appendix B-2i to Agreement as amended. Dated: 02/01/2020.

2.34 Delete Appendix B-3d, and replace in its entirety with Appendix B-3d to Agreement as amended. Dated: 02/01/2020.

2.35 Delete Appendix B-3e, and replace in its entirety with Appendix B-3e to Agreement as amended. Dated: 02/01/2020.

2.36 Delete Appendix B-3f, and replace in its entirety with Appendix B-3f to Agreement as amended. Dated: 02/01/2020.

2.37 Delete Appendix B-3g, and replace in its entirety with Appendix B-3g to Agreement as amended. Dated: 02/01/2020.

2.38 Delete Appendix B-3h, and replace in its entirety with Appendix B-3h to Agreement as amended. Dated: 02/01/2020.

2.39 Delete Appendix B-3i, and replace in its entirety with Appendix B-3i to Agreement as amended. Dated: 02/01/2020.

2.40 Delete Appendix B-4a, and replace in its entirety with Appendix B-4a to Agreement as amended. Dated: 02/01/2020.

2.41 Add Appendix B-4b to Agreement as amended. Dated: 02/01/2020.

2.42 Add Appendix B-4c to Agreement as amended. Dated: 02/01/2020.

2.43 Add Appendix B-4d to Agreement as amended. Dated: 02/01/2020.

2.44 Add Appendix B-4e to Agreement as amended. Dated: 02/01/2020.

2.45 Add Appendix B-4f to Agreement as amended. Dated: 02/01/2020.

2.46 Add Appendix B-5a to Agreement as amended. Dated: 02/01/2020.

2.47 Add Appendix B-5b to Agreement as amended. Dated: 02/01/2020.

2.48 Add Appendix B-5c to Agreement as amended. Dated: 02/01/2020.

- 2.49 Add Appendix B-5d to Agreement as amended. Dated: 02/01/2020.
- 2.50 Add Appendix B-5e to Agreement as amended. Dated: 02/01/2020.
- 2.51 Add Appendix B-5f to Agreement as amended. Dated: 02/01/2020.
- 2.52 Delete Appendix F-1k, and replace in its entirety with Appendix F-1k to Agreement as amended. Dated: 02/01/2020.
- 2.53 Delete Appendix F-1l, and replace in its entirety with Appendix F-1l to Agreement as amended. Dated: 02/01/2020.
- 2.54 Delete Appendix F-1m, and replace in its entirety with Appendix F-1m to Agreement as amended. Dated: 02/01/2020.
- 2.55 Delete Appendix F-1n, and replace in its entirety with Appendix F-1n to Agreement as amended. Dated: 02/01/2020.
- 2.56 Delete Appendix F-1o, and replace in its entirety with Appendix F-1o to Agreement as amended. Dated: 02/01/2020.
- 2.57 Delete Appendix F-1p, and replace in its entirety with Appendix F-1p to Agreement as amended. Dated: 02/01/2020.
- 2.58 Delete Appendix F-1q, and replace in its entirety with Appendix F-1q to Agreement as amended. Dated: 02/01/2020.
- 2.59 Delete Appendix F-1r, and replace in its entirety with Appendix F-1r to Agreement as amended. Dated: 02/01/2020.

2.60 Delete Appendix F-1s, and replace in its entirety with Appendix F-1s to Agreement as amended. Dated: 02/01/2020.

2.61 Delete Appendix F-1t, and replace in its entirety with Appendix F-1t to Agreement as amended. Dated: 02/01/2020.

2.62 Delete Appendix F-1u, and replace in its entirety with Appendix F-1u to Agreement as amended. Dated: 02/01/2020.

2.63 Delete Appendix F-1v, and replace in its entirety with Appendix F-1v to Agreement as amended. Dated: 02/01/2020.

2.64 Delete Appendix F-2d, and replace in its entirety with Appendix F-2d to Agreement as amended. Dated: 02/01/2020.

2.65 Delete Appendix F-2e, and replace in its entirety with Appendix F-2e to Agreement as amended. Dated: 02/01/2020.

2.66 Delete Appendix F-2f, and replace in its entirety with Appendix F-2f to Agreement as amended. Dated: 02/01/2020.

2.67 Delete Appendix F-2g, and replace in its entirety with Appendix F-2g to Agreement as amended. Dated: 02/01/2020.

2.68 Delete Appendix F-2h, and replace in its entirety with Appendix F-2h to Agreement as amended. Dated: 02/01/2020.

2.69 Delete Appendix F-2i, and replace in its entirety with Appendix F-2i to Agreement as amended. Dated: 02/01/2020.

2.70 Delete Appendix F-3d, and replace in its entirety with Appendix F-3d to Agreement as amended. Dated: 02/01/2020.

2.71 Delete Appendix F-3e, and replace in its entirety with Appendix F-3e to Agreement as amended. Dated: 02/01/2020.

2.72 Delete Appendix F-3f, and replace in its entirety with Appendix F-3f to Agreement as amended. Dated: 02/01/2020.

2.73 Delete Appendix F-3g, and replace in its entirety with Appendix F-3g to Agreement as amended. Dated: 02/01/2020.

2.74 Delete Appendix F-3h, and replace in its entirety with Appendix F-3h to Agreement as amended. Dated: 02/01/2020.

2.75 Delete Appendix F-3i, and replace in its entirety with Appendix F-3i to Agreement as amended. Dated: 02/01/2020.

2.76 Delete Appendix F-4a, and replace in its entirety with Appendix F-4a to Agreement as amended. Dated: 02/01/2020.

2.77 Add Appendix F-4b to Agreement as amended. Dated: 02/01/2020.

2.78 Add Appendix F-4c to Agreement as amended. Dated: 02/01/2020.

2.79 Add Appendix F-4d to Agreement as amended. Dated: 02/01/2020.

2.80 Add Appendix F-4e to Agreement as amended. Dated: 02/01/2020.

2.81 Add Appendix F-4f to Agreement as amended. Dated: 02/01/2020.

2.82 Add Appendix F-5a to Agreement as amended. Dated: 02/01/2020.

2.83 Add Appendix F-5b to Agreement as amended. Dated: 02/01/2020.

2.84 Add Appendix F-5c to Agreement as amended. Dated: 02/01/2020.

2.85 Add Appendix F-5d to Agreement as amended. Dated: 02/01/2020.

2.86 Add Appendix F-5e to Agreement as amended. Dated: 02/01/2020.

2.87 Add Appendix F-5f to Agreement as amended. Dated: 02/01/2020.

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.

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Tomas Aragon, M.D. / Tracey Packer**, 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 to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. Grievance Procedure:

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

H. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

I. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

J. Acknowledgment of Funding:

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

K. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

L. Under-Utilization Reports:

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

M. Quality Assurance:

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

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

N. Compliance With Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1	HIV Syringe Access and Disposal Services
Appendix A-2	HIV Syringe Access and Disposal Services – Homeless Youth Alliance
Appendix A-3	HIV Syringe Access and Disposal Services – Harm Reduction Center
Appendix A-4	HIV Syringe Access and Disposal Services – Syringe Sweeps Program
Appendix A-5	HIV Syringe Access and Disposal Services – Syringe Sweeps War Memorial

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

Service Provider(s): San Francisco AIDS Foundation
Fiscal Agency: San Francisco AIDS Foundation
Total Contract Amount: \$39,009,850
Funding Source: HPS General Fund/CDC
Program Name: Syringe Access and Disposal Services
System of Care: HIV Prevention Services (HPS)
Program Code: N/A

Provider Address: 1035 Market Street, Suite 400 - SF CA 94103
Provider Phone: 415-487-3000
Contact Person: Richard Hill, Director of Government Contracts Direct Phone Number: 415-487-8042 Email: rhill@sfaf.org
Provider Fax: 415-487-3094

RFP#: 3-2016

Appendix A:
Appendix B:
Funding Source
Funding Amount:
Unspent Amount:
Funding Term:

Number of UOS: Syringe Access & Disposal Services Hrs.
 Syringe Access, Disposal Coordination & Bulk Purchasing
 Citywide Syringe Sweeps
 Community-Based Sweeps Events

Number of NOC: Syringe Access & Disposal Services Hrs.
 Syringe Access, Disposal Coordination & Bulk Purchasing
 Citywide Syringe Sweeps
 Community-Based Sweeps Events

Appendix B:
Funding Source
Funding Amount:
Funding Term:

Number of UOS: Syringe Access & Disposal Services Hrs.
 Syringe Access, Disposal Coordination & Bulk Purchasing
 Citywide Syringe Sweeps
 Community-Based Sweeps Events

Appendix A-1 Syringe Access Services								
B-1	B-1a	B-1b	B-1c	B-1d	B-1e	B-1f	B-1g	B-1h
GF	GF	CDC	GF	GF	CDC	GF	GF	CDC
\$1,863,232	\$196,713	\$5,000	\$1,909,813	\$201,631	\$5,000	\$1,956,679	\$206,672	\$5,000
					-\$3,036	-\$19,386		-\$5,000
7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-12.31.16	7.1.17-6.30.18	7.1.17-6.30.18	1.1.17-12.31.17	7.1.18-6.30.19	7.1.18-6.30.19	1.1.18-12.31.18
UOS	UOS	UOS	UOS	UOS	UOS	UOS	UOS	UOS
3,614	N/A	N/A	3,944	N/A	N/A	4,302	N/A	N/A
12	12	12	12	12	12	12	12	12
2,028	N/A	N/A	2,861	N/A	N/A	3,710	N/A	N/A
264	N/A	N/A	40	N/A	N/A	67	N/A	N/A
NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC
44,300	N/A	N/A	56,635	N/A	N/A	54,300	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B-1i	B-1j	B-1k	B-1l	B-1m	B-1n	B-1o	B-1p	B-1q
GF	GF	GF	GF	GF	GF	GF	GF	GF
\$2,016,280	\$212,872	\$2,066,687	\$218,194	\$2,066,687	\$218,194	\$2,066,687	\$218,194	\$2,066,687
7.1.19 - 6.30.20	7.1.19 - 6.30.20	7.1.20 - 6.30.21	7.1.20 - 6.30.21	7.1.21 - 6.30.22	7.1.21 - 6.30.22	7.1.22 - 6.30.23	7.1.22 - 6.30.23	7.1.23 - 6.30.24
UOS	UOS	UOS	UOS	UOS	UOS	UOS	UOS	UOS
4,302	N/A	4,302	N/A	4,302	N/A	4,302	N/A	4,302
12	12	12	12	12	12	12	12	12
3,710	N/A	3,710	N/A	3,710	N/A	3,710	N/A	3,710
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Number of NOC:

	NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC
Syringe Access & Disposal Services Hrs.	54,300	N/A	54,300	N/A	54,300	N/A	54,300	N/A	54,300
Syringe Access, Disposal Coordination & Bulk Purchasing	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Citywide Syringe Sweeps	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Community-Based Sweeps Events	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Appendix B:
 Funding Source
 Funding Amount:
 Funding Term:**

	B-1r	B-1s	B-1t	B-1u	B-1v
	GF	GF	GF	GF	GF
	\$218,194	\$2,066,687	\$218,194	\$2,066,687	\$218,194
	7.1.23 - 6.30.24	7.1.24 - 6.30.25	7.1.24 - 6.30.25	7.1.25 - 6.30.26	7.1.25 - 6.30.26

Number of UOS:

	UOS	UOS	UOS	UOS	UOS
Syringe Access & Disposal Services Hrs.	N/A	4,302	N/A	4,302	N/A
Syringe Access, Disposal Coordination & Bulk Purchasing	12	12	12	12	12
Citywide Syringe Sweeps	N/A	3,710	N/A	3,710	N/A
Community-Based Sweeps Events	N/A	N/A	N/A	N/A	N/A

Number of NOC:

	NOC	NOC	NOC	NOC	NOC
Syringe Access & Disposal Services Hrs.	N/A	54,300	N/A	54,300	N/A
Syringe Access, Disposal Coordination & Bulk Purchasing	N/A	N/A	N/A	N/A	N/A
Citywide Syringe Sweeps	N/A	N/A	N/A	N/A	N/A
Community-Based Sweeps Events	N/A	N/A	N/A	N/A	N/A

Definition and # of UOS:

A Unit of Service (UOS) is equivalent to 1 hour of service/activity or 1 month of Program Coordination.

Target Population:

Intravenous drug users (IDUs) throughout San Francisco.

Description of Services:

Provides access to sterile syringes and safer injection supplies thus ensuring IDUs have clean syringes, and reducing the likelihood of syringe sharing and the risk of HIV transmission among the target population. SFAF will serve as the lead agency for all syringe access and disposal services in the city, with partners St. James Infirmary, Glide, the Homeless Youth Alliance and the San Francisco Drug Users Union.

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

		Appendix A-2 Homeless Youth Alliance								
		B-2	B-2a	B-2b	B-2c	B-2d	B-2e	B-2f	B-2g	B-2h
		GF	GF	GF	GF	GF	GF	GF	GF	GF
		\$156,854	\$160,775	\$164,794	\$169,738	\$173,982	\$173,982	\$173,982	\$173,982	\$173,982
		7.1.16-6.30.17	7.1.17-6.30.18	7.1.18-6.30.19	7.1.19 - 6.30.20	7.1.20 - 6.30.21	7.1.21 - 6.30.22	7.1.22 - 6.30.23	7.1.23 - 6.30.24	7.1.24 - 6.30.25
		UOS	UOS	UOS	UOS	UOS	UOS	UOS	UOS	UOS
		12	12	12	12	12	12	12	12	12
		NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC
		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Appendix B:
Funding Source
Funding Amount:
Funding Term:
Number of UOS:

HYA Wrap Around & Disposal Services

B-2i									
GF									
\$173,982									
7.1.25 - 6.30.26									
UOS									
12									
NOC									
N/A									

Number of UDC/NOC:

HYA Wrap Around & Disposal Services

Definition and # of UOS:

A Unit of Service (UOS) is equivalent to 1 month of activities associated with the administration of these funds.

Target Population:

Young adults aged 13-29 living on the stress in the Haight and female identified IDUs in the Mission

Target Population:

This appendix addresses administrative activities to be paid by funds provided by the City and County of San Francisco to the Homeless Youth Alliance. Tides Foundation serves as the fiscal agent for HYA. SFAF's agreement with HYA is that all invoicing will come from Tides Foundation and the checks are made payable to Tides/Homeless Youth Alliance. Funds are to be used for various personnel and operating expenses and for syringe disposal services.

Appendix A:

Appendix B:
Funding Source
Funding Amount:
Unspent Amount:
Funding Term:

Harm Reduction Center Services Hrs.
 Syringe Access Services
 Lounge Services

Number of NOC:

Harm Reduction Center Services Hrs.
 Syringe Access Services
 Lounge Services

Appendix A-3 6th Street Harm Reduction Ct.								
B-3	B-3a	B-3b	B-3c	B-3d	B-3e	B-3f	B-3g	B-3h
GF	GF	GF	GF	GF	GF	GF	GF	GF
\$344,000	\$884,000	\$1,000,000	\$1,030,000	\$1,055,750	\$1,055,750	\$1,055,750	\$1,055,750	\$1,055,750
		-\$111,396						
11.1.16-6.30.17	7.1.17-6.30.18	7.1.18-6.30.19	7.1.19 - 6.30.20	7.1.20 - 6.30.21	7.1.21 - 6.30.22	7.1.22 - 6.30.23	7.1.23 - 6.30.24	7.1.24 - 6.30.25
UOS	UOS	UOS	UOS	UOS	UOS	UOS	UOS	UOS
8	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	1,724	1,888	1,888	1,888	1,888	1,888	1,888	1,888
N/A	1,275	1,924	2,550	2,550	2,550	2,550	2,550	2,550
NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC
18,400	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	28,628	31,341	31,341	31,341	31,341	31,341	31,341	31,341
N/A	7,650	11,475	8,000	8,000	8,000	8,000	8,000	8,000

**Appendix B:
 Funding Source
 Funding Amount:
 Funding Term:**

Number of UOS:

Number of NOC:

Definition and # of UOS:

Target Population:

Description of Services:

Harm Reduction Center Services Hrs.
 Syringe Access Services
 Lounge Services

Harm Reduction Center Services Hrs.
 Syringe Access Services
 Lounge Services

A Unit of Service (UOS) is equivalent to 1 hour or 1 month of Harm Reduction Center Services.

Intravenous drug users (IDUs) throughout San Francisco.

Services available at the Harm Reduction Center include:

- a lounge area which provides space for clients to drop in and hang out, with opportunities to access a range of low-threshold engagement activities;
- engagement in and linkage to HIV and HCV testing and care;
- peer-based activities and education on topics such as overdose prevention, vein care, harm reduction counseling;
- crisis intervention;
- syringe access services, including access to syringes and supplies as well as disposal for used syringes;
- food and snacks;
- a breakfast club adherence program;
- secure lockers for clients to store HIV and HCV medications.

B-3i									
GF									
\$1,055,750									
7.1.25 - 6.30.26									
UOS									
N/A									
1,888									
2,550									
NOC									
N/A									
31,341									
8,000									

Appendix A:

**Appendix B:
 Funding Source
 Funding Amount:
 Funding Term:**

Number of UOS:

Number of NOC:

Definition and # of UOS:

Target Population:

Description of Services:

Syringe Disposal Service Hours

Syringe Disposal Service Hours

A Unit of Service (UOS) is equivalent to 1 Hour of Syringe Disposal Services.

No Direct Services are provided to individuals through these services, however, intravenous drug users (IDUs) throughout San Francisco are the targeted community.

Reduce new HIV infections by providing syringe access and disposal services to people who inject drugs (PWID) in San Francisco.

Appendix A-4 Syringe Sweeps Program							
B-4	B-4a	B-4b	B-4c	B-4d	B-4e	B-4f	
GF	GF	GF	GF	GF	GF	GF	
\$772,500	\$791,813	\$791,813	\$791,813	\$791,813	\$791,813	\$791,813	
7.1.19-6.30.20	7.1.20-6.30.21	7.1.21 - 6.30.22	7.1.22 - 6.30.23	7.1.23 - 6.30.24	7.1.24 - 6.30.25	7.1.25 - 6.30.26	
UOS	UOS	UOS	UOS	UOS	UOS	UOS	
4,368	4,368	4,368	4,368	4,368	4,368	4,368	
NOC	NOC	NOC	NOC	NOC	NOC	NOC	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	

		Appendix A-5 Syringe Sweeps Program - War Memorial Program								
Appendix A:		B-5	B-5a	B-5b	B-5c	B-5d	B-5e	B-5f		
Appendix B:		WO	WO	WO	WO	WO	WO	WO		
Funding Source:		\$6,937	\$6,937	\$6,937	\$6,937	\$6,937	\$6,937	\$6,937		
Funding Amount:		7.1.19-6.30.20	7.1.20-6.30.21	7.1.21 - 6.30.22	7.1.22 - 6.30.23	7.1.23 - 6.30.24	7.1.24 - 6.30.25	7.1.25 - 6.30.26		
Funding Term:		UOS	UOS	UOS	UOS	UOS	UOS	UOS		
Number of UOS:	Syringe Disposal Service Weeks	52	52	52	52	52	52	52		
Number of NOC:	Syringe Disposal Service Weeks	NOC	NOC	NOC	NOC	NOC	NOC	NOC		
		N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Definition and # of UOS:	A Unit of Service (UOS) is equivalent to 1 Week of Syringe Disposal Services.									
Target Population:	No Direct Services are provided to individuals through these services, however, intravenous drug users (IDUs) are the targeted community. This program will focus on clean-up activities at the San Francisco War Memorial.									
Description of Services:	Reduce new HIV infections by providing syringe access and disposal services to people who inject drugs (PWID) in San Francisco.									

1. Identifiers:

San Francisco AIDS Foundation – HIV Syringe Access and Disposal Services
 1035 Market Street, Suite 400, San Francisco, CA 94103
 (415) 487-3000/ fax (415) 487-3094
 www.sfaf.org

Person completing this Narrative: Richard Hill, Government Contracts Director
 (415) 487-8042, rhill@sfaf.org

2. Nature of Document:

Check one New RPB **Contract Amendment**

3. Goal Statement:

To reduce new HIV infections by providing syringe access and disposal services to people who inject drugs (PWID) in San Francisco.

4. Target Population:

While the SFAF strives to serve all, this program’s primary focus is to serve San Francisco residents who are PWIDs, homeless, active drug users, formerly incarcerated, and/or struggling with mental health challenges, ensuring that services reach and meet the specific needs of the following subpopulations: males who have sex with males, youth, females, transgender persons, and males who have sex with females.

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

Year One: B-1, B-1a, July 1, 2016 – June 30, 2017 and B-1b, July 1, 2016 – December 31, 2016

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1) One UOS = one hour of Syringe Access and Disposal Services 69.5 hours of syringe access and disposal services per week * 52 weeks = 3,614 UOS 12.26 clients per hour * 3,614 hours = 44,300 NOC	3,614	44,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1) One UOS = one hour of Citywide Sweeps 39 hours of sweeps per week * 52 weeks = 2,028 UOS	2,028	N/A

Community-Based Sweeps Events (B-1) One UOS = one Community-Based Sweep Event 264 events = 264 UOS	264	N/A
Total Services Delivered	5,918	44,300

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1a) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1b) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

Year Two: B-1c, B-1d, July 1, 2017 – June 30, 2018 and B-1e, January 1, 2017 – December 31, 2017

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1c) One UOS = one hour of Syringe Access and Disposal Services 75.85 hours of syringe access and disposal services per week * 52 weeks = 3,944 UOS 14.36 clients per hour * 3,944 hours = 56,635 NOC	3,944	56,635
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1c) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1c) One UOS = one hour of Citywide Sweeps ~55 hours of sweeps per week * 52 weeks = 2,861 UOS	2,861	N/A
Community-Based Sweeps Events (B-1c) One UOS = one Community-Based Sweep Event 40 events = 40 UOS	40	N/A
Total Services Delivered	6,857	56,635

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1d) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1e) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

Year Three: B-1f, B-1g, July 1, 2018 – June 30, 2019 and B-1h, January 1, 2018 – Dec. 31, 2018

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1f) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1f) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1f) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Community-Based Sweeps Events (B-1f) One UOS = one Community-Based Sweep Event 67 events = 67 UOS	67	N/A
Total Services Delivered	8,091	54,300

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1g) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1h) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

Year Four: B-1i and B-1j July 1, 2019 – June 30, 2020

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1i) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1i) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1i) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Total Services Delivered	8,024	54,300

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1j) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

Year Five: B-1k and B-1l July 1, 2020 – June 30, 2021

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1k) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1k) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1k) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Total Services Delivered	8,024	54,300

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1l) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

Year Six: B-1m and B-1n July 1, 2021 – June 30, 2022

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1m) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1m) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1m) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Total Services Delivered	8,024	54,300

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1n) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

Year Seven: B-1o and B-1p July 1, 2022 – June 30, 2023

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1o) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1o) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1o) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Total Services Delivered	8,024	54,300

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1p) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

Year Eight: B-1q and B-1r July 1, 2023 – June 30, 2024

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1q) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1q) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1q) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Total Services Delivered	8,024	54,300

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1r) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

Year Nine: B-1s and B-1t July 1, 2024 – June 30, 2025

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1s) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1s) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1s) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Total Services Delivered	8,024	54,300

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1t) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

Year Ten: B-1u and B-1v July 1, 2025 – June 30, 2026

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1u) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1u) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1u) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Total Services Delivered	8,024	54,300

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1v) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

6. Methodology:

A. **Syringe Access and Disposal Services** includes the following direct client services:

1. **Provision of sterile injection equipment to clients.** SAC partners will provide sterile injection equipment at mobile van based sites, through street outreach, camp outreach, secondary exchange programming, private syringe exchange, fixed site, and multi-service drop in center sites.
2. **Distribution of syringe disposal supplies, (fitpacks, small bio-bins).** Every participant will be offered a disposal container when picking up supplies. SAC staff members will provide encouragement and positive reinforcement to participants who bring in returns. Additionally, disposal sweep community outreach workers will make sharps containers available to people they engage during sweeps and to residents and business owners who would like to join the cause.
3. **Collection of disposed injection equipment, including disposal at sites and sweep programs, and in collaboration with the SFDPH Rapid Response Team as needed.** SAC staff members and volunteers will sweep mapped routes (see attachments) in documented hot spot areas. SAC staff members will provide training on safe handling to all

volunteers and staff assisting with sweeps. SAC staff members will properly close and lock sharps containers.

4. Provision of safer sex supplies, health education on subjects such as safer injection practices, appropriate disposal procedures and overdose prevention as well as health promotion,

Safer sex supplies will be made available at all SAC sites, and SAC members will engage participants around overdose prevention and provide DOPE Trainings, safer disposal and proper use of sharps containers, and engage with participants about safer injection, vein care, and self-care.

5. Referral and linkage to medical care, case management, treatment services and other ancillary services. All SAC staff members will provide referrals (and when feasible) offer warm hand offs to services including medical care, the broad spectrum of substance use treatment services available in San Francisco, food, shelter, mental health counseling, and benefits.

6. Linkage to HIV/HCV testing. All SAC members will offer participants linkage to on-site HIV/HCV testing or referrals to HIV/HCV testing.

B. Syringe Access and Disposal Coordination includes the following non-direct client services:

- 1. Overall coordination and responsibility for any agencies subcontracted to perform syringe access or disposal services or to reach the target populations.** SFAF, the SAC Lead Coordinating agency, will monitor subcontractor performance, supply budget, syringe returns, ensure that work is documented and reported, and in collaboration with SAC membership problem solve, innovate, and deepen our relationships and coordinate our services.
- 2. Participate in meetings of any subcontractors and SFDPH Rapid Response Clean Team engaged in disposal efforts (including sweeps) to ensure consistency of service delivery and ensure complementary and non-duplicative efforts.** SFAF will participate in disposal team meetings and assess and re-assess sweep mapped routes to avoid duplicating services and adjusting service areas to heavy need areas and to respond to community concerns.
- 3. Provide leadership to and training for any subcontractors.** SAC Coordinating agency will arrange for trainings on subjects of interest to subcontractors and invite SAC members to SAS upcoming staff development trainings on boundaries, HCV medical care and linkage, safer injecting/vein care harm reduction counseling, and referral resources.
- 4. In partnership with DPH, act as a “Good Neighbor”/Community Partner and actively establish and maintain positive relationships with neighbors, police, and other stakeholders in the community. In areas around syringe sites, syringe providers must respond collaboratively to residents, and adhere to all city requirements. When requested, attend community and/or police meetings with DPH to present information about the syringe access and disposal program.** SAC Coordinating agency SFAF will be

a good neighbor, build community ties, alliances, and respectfully engage with people opposed to harm reduction services in their neighborhoods. SAC staff will make every effort – dependent on staffing schedules and availability – to attend community and/or police meetings with DPH to present information about the syringe access and disposal program.

- C. **Bulk Purchasing and Distribution** includes the following support services for any subcontractors:
1. **Order, purchase, and distribute syringes and safer injection equipment for the lead agency, any subcontracted agencies.**
- D. **Citywide Syringe Sweeps:** A coordinated effort of at least two people whose sole purpose it is to search for, collect, and report on improperly discarded syringes, particularly on the streets and sidewalk within a specific geographic area. Sweeps must be complementary to other disposal efforts provided by the applicant and in collaboration with the SFDPH Rapid Response Clean Team. Requirements include:
1. **Development of sweep schedules, focusing on hot spots, i.e., locations where improperly discarded syringes historically have appeared frequently.** See attached maps and sweep schedule.
 2. **Ability to respond to DPH requests to increase sweeps in specific areas as needed.** Sweep schedules may be adjusted to meet the needs of the community.
 3. **Ability to incorporate other new methods of responding to sweep requests in real-time such as cell phone, text, mobile phone application.**
 4. **Providing education to community about safe disposal options.** All SAC members will share in development of safe disposal materials and outreach strategies to build community support for harm reduction and syringe access and safer disposal efforts.
- E. **Coordination of Community-Based Sweeps Events:** SFAF will coordinate neighborhood-wide sweep events that mobilize residents and staff of agencies working in areas where sweeps are necessary to create visibility, a sense of community and common purpose while providing a service.
- F. **Data Collection and Reporting:** Documentation of services must include logs of distribution of sterile injection equipment and supplies, collection and disposal of discarded syringes including:
1. **Reporting of sterile injection equipment distribution by site,** Syringes in and Syringes out will be collected by all SAC agencies. Data by site will be requested (as opposed to aggregate monthly data).
 2. **Submission of collected needle data on a quarterly basis,** Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected.
 3. **Reporting of sweep data monthly to DPH, Records of education and outreach efforts to community about safe disposal options.**

Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected. SAC members will track: # of Syringes collected, # of sharps containers distributed, the disposal sweep route, and provide a narrative after each sweep documenting community relationship building, education and outreach efforts, and contacts for follow up.

4. Distribution of syringe disposal supplies.(fitpacks, small bio-bins, tongs)

SAC lead agency will track syringe disposal container and tong purchases and provide data on supplies ordered by each agency.

7. Objectives and Measurements:

A. Individualized Objectives

- 1) By the end of each contract term, Syringe Access Collaborative/San Francisco AIDS Foundation will report on the percentage of HIV tests among people who inject drugs.
- 2) By the end of each contract term, Syringe Access Collaborative/San Francisco AIDS Foundation will report on linkage to care rates among newly diagnosed people who inject drugs, as defined by attending first medical appointment within three months of diagnosis.
- 3) By the end of each contract term, Syringe Access Collaborative/San Francisco AIDS Foundation will report a 70% retention rate among HIV-positive people who inject drugs, retention defined as having had a doctor's appointment, prescription refill, and/or lab work per treatment plan within the past six months.

8. Continuous Quality Improvement (CQI):

1. **Staff Issues:** SFAF's SAS Program Manager, in collaboration with the Director or Behavioral Health Services and the Senior Director of Programs and Services, will review monthly SAC UOS, coordinate client satisfaction survey, ensure that site data and sweep data are recorded and submitted.
2. **Data Collection Tools** will include: syringe access site data log, syringe disposal sweep log, volunteer sign in sheets, condom purchase invoices
3. **Data:**

All SAC members will collect the following data by individual site:

- syringes returned
- syringes distributed
- Number of contacts and apparent demographics
- Syringes swept
- Mapped route of sweeps
- Narrative of community encounters/conversations/items for follow up

In addition, SFAF collects more comprehensive data on participants through an annual anonymous survey. These voluntary surveys assess demographic data, health status (such as HIV status, linkage to care, medication adherence, etc.), risk behaviors, and client satisfaction.

4. **Frequency:** Site data will be collected at every site, entered into an excel spreadsheet, and analyzed on a monthly basis. Sweep data will be collected at every sweep, entered into an excel spreadsheet, and analyzed on a monthly basis.
5. **Data Reporting:** The SAS Program Manager and the Logistics Coordinator will receive and analyze these data, in coordination with the Government Contracts Director. The evaluation data will be used to measure whether sites have adequate staffing levels, if the site is well utilized or needs outreach to make it successfully reach people, to track our disposal rate and use it to motivate staff and participants to increase returns, and to assess whether our level of service meets the needs of the community.

a) Staff assigned to program evaluation.

At SFAF, all program data are compiled and reviewed quarterly by our Senior Director of Program Strategy and Evaluation, Government Contracts Director, and Chief Program Officer. At least twice a year, each program manager sits down with their supervisor and their team to review the data and determine any program refinements that may be necessary (such as if the program is not on track to meet its objectives). At this meeting, action items are developed to make these changes. The Chief Program Officer and Senior Director of Program Strategy and Evaluation keep and review an active list of the action items. In addition to these quality assurance procedures, every six months the data are presented to SFAF's Leadership Team and Program Team, who discuss findings and brainstorm ways to improve that program or other programs within SFAF.

SFAF will comply with all Health Commission, Local, State, Federal, and/or Funding Source policies and requirements, including those pertaining to Harm Reduction, the Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction. All SAC members will comply with the CHEP "Syringe Access and Disposal Program Policies and Guidelines" located here: <http://harmreduction.org/wp-content/uploads/2012/01/SPPPGVersion2-3-1-2011.pdf>.

- b) **How you will review and assess the extent to which your program is meeting its objectives.** Monthly review of contract UOS versus performance, reading client satisfaction surveys, conversations with participants about their experiences at our services, surveys.
- c) **What you will do if you learn the program is not meeting its objectives.** Meet with the Syringe Access Collaborative and strategize, seek counsel from SFDPH, identify problems and adjust services to solve them.
- d) **How you will use data/evaluation findings to change the program.** Looking at demographic data, attendance patterns, service utilization, and reading client satisfaction surveys can highlight areas that need adjusting to improve the program.

9. Required Language: None required.

10. Subcontractors & Consultants:

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

Contractor Name: San Francisco AIDS Foundation
Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance

Appendix A-2
Appendix Term: 7/1/2016 – 6/30/2026
Funding Sources: General Fund

1. Identifiers:

Program Name: San Francisco AIDS Foundation: HIV Syringe Access and Disposal Services – Homeless Youth Alliance (No client services will be provided at 607-A Haight Street)

Program Address: 1035 Market Street, Suite 400

City, State, Zip Code: San Francisco, CA 94103

Telephone/FAX: (415) 487-3000/(415) 487-3094

Website Address: www.sfaf.org

Contractor Address: same as above

City, State, Zip Code:

Person completing this Narrative: Richard Hill, Director of Government Contracts

Telephone: (415) 487-8042

Email Address: rhill@sfaf.org

2. Nature of Document:

Check one New RPB **Contract Amendment**

3. Goal Statement:

To reduce new HIV infections by providing syringe access and disposal services to people who inject drugs (PWID) in San Francisco.

4. Target Population:

While the SFAF strives to serve all, this program’s primary focus is to serve San Francisco residents who are PWIDs, homeless, active drug users, formerly incarcerated, and/or struggling with mental health challenges, ensuring that services reach and meet the specific needs of the following subpopulations: males who have sex with males, youth, females, transgender persons, and males who have sex with females. The Homeless Youth Alliance (HYA) offers services for young adults aged 13-29 living on the street in the Haight and female-identified IDUs in the Mission.

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

Year One, B-2: July 1, 2016 – June 30, 2017

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HYA Wraparound & Disposal Services		
a) Personnel and Operating Expenses		
b) HYA Disposal Efforts	12	N/A
One UOS = one month of personnel/operating expenses & disposal services		
Total Services Delivered	12	N/A

Year Two, B-2a: July 1, 2017 – June 30, 2018

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HYA Wraparound & Disposal Services a) Personnel and Operating Expenses b) HYA Disposal Efforts One UOS = one month of personnel/operating expenses & disposal services	12	N/A
Total Services Delivered	12	N/A

Year Three, B-2b: July 1, 2018 – June 30, 2019

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HYA Wraparound & Disposal Services a) Personnel and Operating Expenses b) HYA Disposal Efforts One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses	12	N/A
Total Services Delivered	12	N/A

Year Three, B-2c: July 1, 2019 – June 30, 2020

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HYA Wraparound & Disposal Services a) Personnel and Operating Expenses b) HYA Disposal Efforts One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses	12	N/A
Total Services Delivered	12	N/A

Year Three, B-2d: July 1, 2020 – June 30, 2021

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HYA Wraparound & Disposal Services a) Personnel and Operating Expenses b) HYA Disposal Efforts One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses	12	N/A
Total Services Delivered	12	N/A

Year Three, B-2e: July 1, 2021 – June 30, 2022

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HYA Wraparound & Disposal Services a) Personnel and Operating Expenses b) HYA Disposal Efforts One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses	12	N/A
Total Services Delivered	12	N/A

Year Three, B-2f: July 1, 2022 – June 30, 2023

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HYA Wraparound & Disposal Services a) Personnel and Operating Expenses b) HYA Disposal Efforts One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses	12	N/A
Total Services Delivered	12	N/A

Year Three, B-2g: July 1, 2023 – June 30, 2024

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HYA Wraparound & Disposal Services a) Personnel and Operating Expenses b) HYA Disposal Efforts One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses	12	N/A
Total Services Delivered	12	N/A

Year Three, B-2h: July 1, 2024 – June 30, 2025

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HYA Wraparound & Disposal Services a) Personnel and Operating Expenses b) HYA Disposal Efforts One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses	12	N/A
Total Services Delivered	12	N/A

Year Three, B-2i: July 1, 2025 – June 30, 2026

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HYA Wraparound & Disposal Services a) Personnel and Operating Expenses b) HYA Disposal Efforts One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses	12	N/A
Total Services Delivered	12	N/A

6. Methodology

For the **Homeless Youth Alliance Wrap Around** program, the San Francisco AIDS Foundation has developed a Program Plan with the HIV Prevention Section which will reflect program requirements of RFP 3-2016 and community planning priorities. This Plan provides a justification for the UOS in the grid above.

The additional funding for Homeless Youth Alliance will be used for various personnel and operating expenses, and for syringe disposal services.

7. Objectives and Measurements:

N/A

8. Continuous Quality Improvement:

Please see Appendix A-1

9. Required Language: None required.

10. Subcontractors & Consultants:

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

the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.

- D. SFAF acknowledges that it will provide to City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
- E. SFAF will develop and execute subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
- F. Any such subcontract agreements will be kept on file with SFAF, with a copy sent the Department of Public Health's Program Director associated with this engagement.
- G. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether there are listed again here in this Appendix.

Contractor: San Francisco AIDS Foundation
Program Name: HIV Syringe Access and Disposal Services – Harm Reduction Center

Appendix A-3
Appendix Term: 11/01/2016 – 06/30/2026
Funding Sources: General Fund

1. Identifiers:

Program Name: San Francisco AIDS Foundation: HIV Syringe Access and Disposal Services – 6th Street Harm Reduction Center

Program Address: 1035 Market Street, Suite 400

City, State, Zip Code: San Francisco, CA 94103

Telephone/FAX: (415) 487-3000/(415) 487-3094

Website Address: www.sfaf.org

Contractor Address: same as above

City, State, Zip Code:

Person completing this Narrative: Richard Hill, Director of Government Contracts

Telephone: (415) 487-8042

Email Address: rhill@sfaf.org

2. Nature of Document:

Check one New RPB **Contract Amendment**

3. Goal Statement:

To reduce new HIV infections by providing syringe access and disposal services to people who inject drugs (PWID) in San Francisco.

4. Target Population:

While the SFAF strives to serve all, this program’s primary focus is to serve San Francisco residents who are PWIDs, homeless, active drug users, formerly incarcerated, and/or struggling with mental health challenges, ensuring that services reach and meet the specific needs of the following subpopulations: males who have sex with males, youth, females, transgender persons, and males who have sex with females.

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

Year One, B-3: November 1, 2016 – June 30, 2017

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Harm Reduction Center service hours One UOS = one month of Harm Reduction Center services 2,300 clients per month * 8 months = 18,400 NOC**	8	18,400
Total Services Delivered	8	18,400

Year Two, B-3a: July 1, 2017 – June 30, 2018

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services One UOS = one hour of Syringe Access services 7/1/17-12/31/17: 30 hrs/wk * 26 wks = 780 UOS 1/1/18-6/30/18: 36.3 hrs/wk * 26 weeks = 944 UOS ~16.6 contacts per hour * 1,724 hours = 28,628 NOC	1,724	28,628
Lounge Services (six months only) One UOS = one hour of Lounge services 1/1/18-6/30/18: ~49 hrs/wk * 26 weeks = 1,275 UOS 6 contacts per hour * 1,275 hours = 7,650 NOC	1,275	7,650
Total Services Delivered	2,999	36,278

Year Three, B-3b: July 1, 2018 – June 30, 2019

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services One UOS = one hour of Syringe Access services 36.3 hrs/wk * 52 wks = 1,888 UOS 16.6 contacts per hour * 1,888 hours = 31,341 NOC	1,888	31,341
Lounge Services One UOS = one hour of Lounge services 37 hrs/wk * 52 weeks = 1,924 UOS ~6 contacts per hour * 1,924 hours = 11,475 NOC	1,924	11,475
Total Services Delivered	3,812	42,816

Year Four: B-3c July 1, 2019 – June 30, 2020

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services One UOS = one hour of Syringe Access services 36.3 hrs/wk * 52 wks = 1,888 UOS 16.6 contacts per hour * 1,888 hours = 31,341 NOC	1,888	31,341
Lounge Services One UOS = one hour of Lounge services 49.03 hrs/wk * 52 weeks = 2,550 UOS approx. 3 contacts per hour * 2,550 hours = 8,000 NOC	2,550	8,000
Total Services Delivered	4,438	39,341

Year Five: B-3d July 1, 2020 – June 30, 2021

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services One UOS = one hour of Syringe Access services 36.3 hrs/wk * 52 wks = 1,888 UOS 16.6 contacts per hour * 1,888 hours = 31,341 NOC	1,888	31,341
Lounge Services One UOS = one hour of Lounge services 49.03 hrs/wk * 52 weeks = 2,550 UOS approx. 3 contacts per hour * 2,550 hours = 8,000 NOC	2,550	8,000
Total Services Delivered	4,438	39,341

Year Six: B-3e July 1, 2021 – June 30, 2022

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services One UOS = one hour of Syringe Access services 36.3 hrs/wk * 52 wks = 1,888 UOS 16.6 contacts per hour * 1,888 hours = 31,341 NOC	1,888	31,341
Lounge Services One UOS = one hour of Lounge services 49.03 hrs/wk * 52 weeks = 2,550 UOS approx. 3 contacts per hour * 2,550 hours = 8,000 NOC	2,550	8,000
Total Services Delivered	4,438	39,341

Year Seven: B-3f July 1, 2022 – June 30, 2023

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services One UOS = one hour of Syringe Access services 36.3 hrs/wk * 52 wks = 1,888 UOS 16.6 contacts per hour * 1,888 hours = 31,341 NOC	1,888	31,341
Lounge Services One UOS = one hour of Lounge services 49.03 hrs/wk * 52 weeks = 2,550 UOS approx. 3 contacts per hour * 2,550 hours = 8,000 NOC	2,550	8,000
Total Services Delivered	4,438	39,341

Year Eight: B-3g July 1, 2023 – June 30, 2024

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services One UOS = one hour of Syringe Access services 36.3 hrs/wk * 52 wks = 1,888 UOS 16.6 contacts per hour * 1,888 hours = 31,341 NOC	1,888	31,341
Lounge Services One UOS = one hour of Lounge services 49.03 hrs/wk * 52 weeks = 2,550 UOS approx. 3 contacts per hour * 2,550 hours = 8,000 NOC	2,550	8,000
Total Services Delivered	4,438	39,341

Year Nine: B-3h July 1, 2024 – June 30, 2025

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services One UOS = one hour of Syringe Access services 36.3 hrs/wk * 52 wks = 1,888 UOS 16.6 contacts per hour * 1,888 hours = 31,341 NOC	1,888	31,341
Lounge Services One UOS = one hour of Lounge services 49.03 hrs/wk * 52 weeks = 2,550 UOS approx. 3 contacts per hour * 2,550 hours = 8,000 NOC	2,550	8,000
Total Services Delivered	4,438	39,341

Year Ten: B-3i July 1, 2025 – June 30, 2026

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services One UOS = one hour of Syringe Access services 36.3 hrs/wk * 52 wks = 1,888 UOS 16.6 contacts per hour * 1,888 hours = 31,341 NOC	1,888	31,341
Lounge Services One UOS = one hour of Lounge services 49.03 hrs/wk * 52 weeks = 2,550 UOS approx. 3 contacts per hour * 2,550 hours = 8,000 NOC	2,550	8,000
Total Services Delivered	4,438	39,341

*The Harm Reduction Center serves an estimated 4,000 clients per month. This number has been pro-rated between Appendices A-1 and A-3 based on the percentage of hours (UOS) allocated to each Appendix.

6. Methodology:

The **Harm Reduction Center** located at 117 6th Street in San Francisco’s Mid-Market neighborhood is one of SFAF’s storefront syringe access services sites. The service delivery continuum at this location is expanded and enhanced to provide a broad range of services to address the health and well-being needs of people who inject drugs (PWIDs).

Services available at the Harm Reduction Center include a new lounge area which provides space for clients to drop in and hang out, with opportunities to access a range of low-threshold engagement activities; engagement in and linkage to HIV and HCV testing and care; peer-based activities and education on topics such as overdose prevention, vein care, harm reduction counseling; crisis intervention; syringe access services, including access to syringes and supplies as well as disposal for used syringes; food; a breakfast club adherence program; and secure lockers for clients to store HIV and HCV medications.

During the contract period, SFAF will make space improvements for a proposed lab and clinical service expansion.

7. Objectives and Measurements:

A. Individualized Objectives

- 1) By the end of each contract term, Syringe Access Collaborative/San Francisco AIDS Foundation will report on the percentage of HIV tests among people who inject drugs.
- 2) By the end of each contract term, Syringe Access Collaborative/San Francisco AIDS Foundation will report on linkage to care rates among newly diagnosed people who inject drugs, as defined by attending first medical appointment within three months of diagnosis.
- 3) By the end of each contract term, Syringe Access Collaborative/San Francisco AIDS Foundation will report a 70% retention rate among HIV-positive people who inject drugs, retention defined as having had a doctor’s appointment, prescription refill, and/or lab work per treatment plan within the past six months.

8. Continuous Quality Improvement (CQI):

See Appendix A-1.

9. Required Language:

None required.

10. Subcontractors & Consultants:

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

Contractor Name: San Francisco AIDS Foundation	Appendix A-4
Program Name: HIV Syringe Access and Disposal Services – Syringe Sweeps Program	Appendix Term: 07/1/2019 – 6/30/2026
	Funding Source: GF

1. Identifiers:

San Francisco AIDS Foundation – HIV Syringe Access and Disposal Services – Syringe Sweeps Program

1035 Market Street, Suite 400, San Francisco, CA 94103
(415) 487-3000/fax (415) 487-3094

Website Address: www.sfaf.org

Person completing this Narrative: Richard Hill, Director of Government Contracts

Telephone: (415) 487-8042

Email Address: rhill@sfaf.org

2. Nature of Document:

Original Contract Amendment RPB

3. Goal Statement:

To reduce new HIV infections by providing syringe access and disposal services to people who inject drugs (PWID) in San Francisco.

4. Target Population:

N/A – no direct services are provided to individuals on this contract.

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

Year One: July 1, 2019 – June 30, 2020 (General Fund) (B-4)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Hours One UOS = one hour of Syringe Disposal Services 364 hours of syringe disposal services/month * 12 months = 4,368 UOS.	4,368
Total Services Delivered	4,368

Year Two: July 1, 2020 – June 30, 2021 (General Fund) (B-4a)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Hours One UOS = one hour of Syringe Disposal Services 364 hours of syringe disposal services/month * 12 months = 4,368 UOS.	4,368
Total Services Delivered	4,368

Contractor Name: San Francisco AIDS Foundation	Appendix A-4
Program Name: HIV Syringe Access and Disposal Services – Syringe Sweeps Program	Appendix Term: 07/1/2019 – 6/30/2026
	Funding Source: GF

Year Three: July 1, 2021 – June 30, 2022 (General Fund) (B-4b)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Hours One UOS = one hour of Syringe Disposal Services 364 hours of syringe disposal services/month * 12 months = 4,368 UOS.	4,368
Total Services Delivered	4,368

Year Four: July 1, 2022 – June 30, 2023 (General Fund) (B-4c)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Hours One UOS = one hour of Syringe Disposal Services 364 hours of syringe disposal services/month * 12 months = 4,368 UOS.	4,368
Total Services Delivered	4,368

Year Five: July 1, 2023 – June 30, 2024 (General Fund) (B-4d)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Hours One UOS = one hour of Syringe Disposal Services 364 hours of syringe disposal services/month * 12 months = 4,368 UOS.	4,368
Total Services Delivered	4,368

Year Six: July 1, 2024 – June 30, 2025 (General Fund) (B-4e)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Hours One UOS = one hour of Syringe Disposal Services 364 hours of syringe disposal services/month * 12 months = 4,368 UOS.	4,368
Total Services Delivered	4,368

Contractor Name: San Francisco AIDS Foundation	Appendix A-4
Program Name: HIV Syringe Access and Disposal Services – Syringe Sweeps Program	Appendix Term: 07/1/2019 – 6/30/2026
	Funding Source: GF

Year Seven: July 1, 2025 – June 30, 2026 (General Fund) (B-4f)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Hours One UOS = one hour of Syringe Disposal Services 364 hours of syringe disposal services/month * 12 months = 4,368 UOS.	4,368
Total Services Delivered	4,368

6. Methodology:

A. Citywide Syringe Clean-up: A coordinated effort of staff members whose sole purpose it is to search for, collect, and report on improperly discarded syringes, particularly on the streets and sidewalk within a specific geographic area. Clean-up activities must be complementary to other disposal efforts provided by the applicant and in collaboration with the SFDPH Rapid Response Clean Team. Requirements include:

- 1. Development of clean-up schedules, focusing on hot spots, i.e., locations where improperly discarded syringes historically have appeared frequently.**
- 2. Ability to respond to DPH requests to increase clean-ups in specific areas as needed.** Clean-up schedules may be adjusted to meet the needs of the community.
- 3. Ability to incorporate other new methods of responding to clean-up requests in real-time such as cell phone, text, mobile phone application.**
- 4. Providing education to community about safe disposal options.** All Clean-up Team members will share in development of safe disposal materials and outreach strategies to build community support for harm reduction and syringe access and safer disposal efforts.

B. Data Collection and Reporting: Syringe Clean-up Data is collected monthly including the route cleaned and the number of needles collected. Clean-up Team members track: # of Syringes collected, # of sharps containers distributed, and the disposal clean-up route.

C. Syringe Disposal Evaluation Activities: With our external contractors, SFAF has built an app for the purpose of tracking our disposal efforts through our Syringe Clean-up program. The app enables Clean-up staff to enter the number of syringes collected and disposed of during their shifts. As the app has geo-location features, we are able to report to SFDPH the total number of syringes collected as well as coverage areas and hot spots for given time periods. We are also created opportunities for expansion to our SAC partners, DPH partners, and volunteers as the app is used. Phase two development will

Contractor Name: San Francisco AIDS Foundation	Appendix A-4
Program Name: HIV Syringe Access and Disposal Services – Syringe Sweeps Program	Appendix Term: 07/1/2019 – 6/30/2026
	Funding Source: GF

focus on a feature to enable individuals from the community to let our teams know about syringes they have identified and Clean-up staff will be dispatched in a timely manner to complete sweeps of the identified areas.

7. Objectives and Measurements:

By the end of each program year, the Syringe Clean-up Team will collect at least 120,000 syringes annually as documented by disposal clean-up logs.

8. Continuous Quality Improvement (CQI):

Describe the program’s CQI activities to enhance, improve, and monitor the quality of services delivered, including data collection and reporting. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal, and/or Funding Source policies and requirements - such as, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

SFAF complies with all Health Commission, Local, State, Federal, and/or Funding Source policies and requirements, including those pertaining to Harm Reduction, the Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction. All Syringe Clean-up Team members comply with the CHEP “Syringe Access and Disposal Program Policies and Guidelines” located here: <http://harmreduction.org/wp-content/uploads/2012/01/SPPPGVersion2-3-1-2011.pdf>.

9. Required Language: None required.

Contractor Name: San Francisco AIDS Foundation	Appendix A-5
Program Name: HIV Syringe Access and Disposal Services – Syringe Sweeps – War Memorial	Appendix Term: 07/1/2019 – 6/30/2026
	Funding Source: Work Order

1. Identifiers:

San Francisco AIDS Foundation – HIV Syringe Access and Disposal Services – Syringe Sweeps
 War Memorial
 1035 Market Street, Suite 400, San Francisco, CA 94103
 (415) 487-3000/fax (415) 487-3094
Website Address: www.sfaf.org

Person completing this Narrative: Richard Hill, Director of Government Contracts
Telephone: (415) 487-8042
Email Address: rhill@sfaf.org

2. Nature of Document:

Original Contract Amendment RPB

3. Goal Statement:

To reduce new HIV infections by providing syringe access and disposal services to people who inject drugs (PWID) in San Francisco.

4. Target Population:

N/A – no direct services are provided to individuals on this contract.

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

Year One: July 1, 2019 – June 30, 2020 (B-5)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Weeks One UOS = one week of Syringe Disposal Services 52 weeks/year = 52 UOS.	52
Total Services Delivered	52

Year Two: July 1, 2020 – June 30, 2021 (B-5a)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Weeks One UOS = one week of Syringe Disposal Services 52 weeks/year = 52 UOS.	52
Total Services Delivered	52

Contractor Name: San Francisco AIDS Foundation	Appendix A-5
Program Name: HIV Syringe Access and Disposal Services – Syringe Sweeps – War Memorial	Appendix Term: 07/1/2019 – 6/30/2026
	Funding Source: Work Order

Year Three: July 1, 2021 – June 30, 2022 (B-5b)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Weeks One UOS = one week of Syringe Disposal Services 52 weeks/year = 52 UOS.	52
Total Services Delivered	52

Year Four: July 1, 2022 – June 30, 2023 (B-5c)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Weeks One UOS = one week of Syringe Disposal Services 52 weeks/year = 52 UOS.	52
Total Services Delivered	52

Year Five: July 1, 2023 – June 30, 2024 (B-5d)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Weeks One UOS = one week of Syringe Disposal Services 52 weeks/year = 52 UOS.	52
Total Services Delivered	52

Year Six: July 1, 2024 – June 30, 2025 (B-5e)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Weeks One UOS = one week of Syringe Disposal Services 52 weeks/year = 52 UOS.	52
Total Services Delivered	52

Contractor Name: San Francisco AIDS Foundation	Appendix A-5
Program Name: HIV Syringe Access and Disposal Services – Syringe Sweeps – War Memorial	Appendix Term: 07/1/2019 – 6/30/2026
	Funding Source: Work Order

Year Seven: July 1, 2025 – June 30, 2026 (B-5f)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Weeks One UOS = one week of Syringe Disposal Services 52 weeks/year = 52 UOS.	52
Total Services Delivered	52

6. Methodology:

This appendix funds syringe clean-up activities at the San Francisco War Memorial Veterans Building. For complete description of syringe clean-up activities, see Appendix A-4.

7. Objectives and Measurements:

See Appendix A-4.

8. Continuous Quality Improvement (CQI):

See Appendix A-4.

9. Required Language: None required.

**Appendix B
Calculation of Charges**

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

Appendix B	Budget Summary
Appendix B-1, B-1a, B-1b, B-1c, B-1d, B-1e, B-1f, B-1g, B-1h, B-1i, B-1j, B-1k, B-1l, B-1m, B-1n, B-1o, B-1p, B-1q, B-1r, B-1s, B-1t, B-1u, B-1v	HIV Syringe Access and Disposal Services
Appendix B-2, B-2a, B-2b, B-2c, B-2d, B-2e, B-2f, B-2g, B-2h, B-2i	HIV Syringe Access and Disposal Services – Homeless Youth Alliance
Appendix B-3, B-3a, B-3b, B-3c, B-3d, B-3e, B-3f, B-3g, B-3h, B-3i	HIV Syringe Access and Disposal Services – Harm Reduction Center
Appendix B-4, B-4a, B-4b, B-4c, B-4d, B-4e, B-4f	HIV Syringe Access and Disposal – Syringe Sweeps Program
Appendix B-5, B-5a, B-5b, B-5c, B-5d, B-5e, B-5f	HIV Syringe Access and Disposal – Syringe Sweeps War Memorial

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$3,105,621** 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	07/01/16 – 06/30/17	General Fund	\$2,216,799
Original Agreement	07/01/16 – 12/31/16	CDC	\$5,000
Original Agreement	07/01/17 – 06/30/18	General Fund	\$2,216,799
Original Agreement	07/01/17 – 12/31/17	CDC	\$5,000
Internal Contract Revision #1	11/01/16 – 06/30/17	General Fund	\$344,000
Amendment #1	07/01/17 – 12/31/17	CDC	-\$5,000
Amendment #1	01/01/17 – 12/31/17	CDC	\$5,000
Amendment #1	07/01/17 – 06/30/18	General Fund	\$939,420
Amendment #1	01/01/18 – 12/31/18	CDC	\$5,000
Amendment #1	07/01/18 – 06/30/19	General Fund	\$3,328,145
Internal Contract Revision #2	07/01/17 – 06/30/18	General Fund	\$0
Internal Contract Revision #2	07/01/18 – 06/30/19	General Fund	\$0
Amendment #2	01/01/17 – 12/31/17	CDC – Unspent Funds	-\$3,036
Amendment #2	01/01/18 – 12/31/18	CDC – Unspent Funds	-\$5,000
Amendment #2	07/01/19 – 06/30/20	General Fund	\$2,006,497
Amendment #2	07/01/19 – 06/30/20	General Fund	\$211,838
Amendment #2	07/01/19 – 06/30/20	General Fund	\$168,914
Amendment #2	07/01/19 – 06/30/20	General Fund	\$1,000,000
Amendment #2	07/01/20 – 06/30/21	General Fund	\$2,006,497
Amendment #2	07/01/20 – 06/30/21	General Fund	\$211,838
Amendment #2	07/01/20 – 06/30/21	General Fund	\$168,914
Amendment #2	07/01/20 – 06/30/21	General Fund	\$1,000,000
Amendment #2	07/01/21 – 06/30/22	General Fund	\$2,006,497
Amendment #2	07/01/21 – 06/30/22	General Fund	\$211,838
Amendment #2	07/01/21 – 06/30/22	General Fund	\$168,914
Amendment #2	07/01/21 – 06/30/22	General Fund	\$1,000,000
Amendment #2	07/01/22 – 06/30/23	General Fund	\$2,006,497
Amendment #2	07/01/22 – 06/30/23	General Fund	\$211,838
Amendment #2	07/01/22 – 06/30/23	General Fund	\$168,914
Amendment #2	07/01/22 – 06/30/23	General Fund	\$1,000,000
Amendment #2	07/01/23 – 06/30/24	General Fund	\$2,006,497
Amendment #2	07/01/23 – 06/30/24	General Fund	\$211,838
Amendment #2	07/01/23 – 06/30/24	General Fund	\$168,914
Amendment #2	07/01/23 – 06/30/24	General Fund	\$1,000,000
Amendment #2	07/01/24 – 06/30/25	General Fund	\$2,006,497
Amendment #2	07/01/24 – 06/30/25	General Fund	\$211,838

Amendment #2	07/01/24 – 06/30/25	General Fund	\$168,914
Amendment #2	07/01/24 – 06/30/25	General Fund	\$1,000,000
Amendment #2	07/01/25 – 06/30/26	General Fund	\$2,006,497
Amendment #2	07/01/25 – 06/30/26	General Fund	\$211,838
Amendment #2	07/01/25 – 06/30/26	General Fund	\$168,914
Amendment #2	07/01/25 – 06/30/26	General Fund	\$1,000,000
Revision to Program Budgets #3	07/01/19 – 06/30/20	General Fund	\$750,000
Revision to Program Budgets #3	07/01/20 – 06/30/21	General Fund	\$750,000
Revision to Program Budgets #4	07/01/2019 – 06/30/2020	General Fund	\$9,783
Revision to Program Budgets #4	07/01/2019 – 06/30/2020	General Fund	\$1,034
Revision to Program Budgets #4	07/01/2019 – 06/30/2020	General Fund	\$824
Revision to Program Budgets #4	07/01/2019 – 06/30/2020	General Fund	\$30,000
Revision to Program Budgets #4	07/01/2019 – 06/30/2020	General Fund	\$22,500
Revision to Program Budgets #4	07/01/2019 – 06/30/2020	Work Order	\$6,937
Amendment #3	07/01/2018 – 06/30/2019	General Fund - Unspent	-\$111,396
Amendment #3	07/01/2018 – 06/30/2019	General Fund - Unspent	-\$19,386
Amendment #3	07/01/2020 – 06/30/2021	General Fund	\$60,190
Amendment #3	07/01/2020 – 06/30/2021	General Fund	\$6,356
Amendment #3	07/01/2020 – 06/30/2021	General Fund	\$5,068
Amendment #3	07/01/2020 – 06/30/2021	General Fund	\$55,750
Amendment #3	07/01/2020 – 06/30/2021	General Fund	\$41,813
Amendment #3	07/01/2020 – 06/30/2021	Work Order	\$6,937
Amendment #3	07/01/2021 – 06/30/2022	General Fund	\$60,190
Amendment #3	07/01/2021 – 06/30/2022	General Fund	\$6,356
Amendment #3	07/01/2021 – 06/30/2022	General Fund	\$5,068
Amendment #3	07/01/2021 – 06/30/2022	General Fund	\$55,750
Amendment #3	07/01/2021 – 06/30/2022	General Fund	\$791,813
Amendment #3	07/01/2021 – 06/30/2022	Work Order	\$6,937
Amendment #3	07/01/2022 – 06/30/2023	General Fund	\$60,190
Amendment #3	07/01/2022 – 06/30/2023	General Fund	\$6,356
Amendment #3	07/01/2022 – 06/30/2023	General Fund	\$5,068
Amendment #3	07/01/2022 – 06/30/2023	General Fund	\$55,750
Amendment #3	07/01/2022 – 06/30/2023	General Fund	\$791,813
Amendment #3	07/01/2022 – 06/30/2023	Work Order	\$6,937
Amendment #3	07/01/2023 – 06/30/2024	General Fund	\$60,190
Amendment #3	07/01/2023 – 06/30/2024	General Fund	\$6,356
Amendment #3	07/01/2023 – 06/30/2024	General Fund	\$5,068
Amendment #3	07/01/2023 – 06/30/2024	General Fund	\$55,750
Amendment #3	07/01/2023 – 06/30/2024	General Fund	\$791,813

Amendment #3	07/01/2023 – 06/30/2024	Work Order	\$6,937
Amendment #3	07/01/2024 – 06/30/2025	General Fund	\$60,190
Amendment #3	07/01/2024 – 06/30/2025	General Fund	\$6,356
Amendment #3	07/01/2024 – 06/30/2025	General Fund	\$5,068
Amendment #3	07/01/2024 – 06/30/2025	General Fund	\$55,750
Amendment #3	07/01/2024 – 06/30/2025	General Fund	\$791,813
Amendment #3	07/01/2024 – 06/30/2025	Work Order	\$6,937
Amendment #3	07/01/2025 – 06/30/2026	General Fund	\$60,190
Amendment #3	07/01/2025 – 06/30/2026	General Fund	\$6,356
Amendment #3	07/01/2025 – 06/30/2026	General Fund	\$5,068
Amendment #3	07/01/2025 – 06/30/2026	General Fund	\$55,750
Amendment #3	07/01/2025 – 06/30/2026	General Fund	\$791,813
Amendment #3	07/01/2025 – 06/30/2026	Work Order	\$6,937
		Total Award	\$39,009,850
		Contingency (FY20/21 thru FY25/26)	\$3,105,621
		(This equals the total NTE) Total	\$42,115,471

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

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

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

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

CID# 1000002634										Appendix #	B	Page #	5						
DPH Section HPS																			
Check one:	<input type="checkbox"/> Original	<input checked="" type="checkbox"/> AMD	<input type="checkbox"/> RPB	Contract Term (7/1/16-6/30/26)				Fiscal Year(s)			16-26								
Agency/Organization Name San Francisco AIDS Foundation										Funding Notification Date			1/29/2020						
Contractor Name (may be same as above) San Francisco AIDS Foundation										FN#9									
Program/Provider Name										HIV Syringe Access & Disposal Services			TOTALS -						
Appendix Number													Page 5						
Appendix Term (mm/dd/yy-mm/dd/yy)										7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-6.30.17	11.1.16-6.30.17	7.1.17-6.30-18	7.1.17-6.30-18	1.1.17-12.30-17	7.1.17-6.30-18	
EXPENSES																			
Salaries										\$ 271,038	\$ -	\$ -	\$ -	\$ 174,282	\$ 464,500	\$ -	\$ -	\$ -	\$ 909,820
Employee Benefits										\$ 67,760	\$ -	\$ -	\$ -	\$ 43,569	\$ 116,125	\$ -	\$ -	\$ -	\$ 227,454
Total Personnel Expenses										\$ 338,798	\$ -	\$ -	\$ -	\$ 217,851	\$ 580,625	\$ -	\$ -	\$ -	\$ 1,137,274
Operating Expense										\$ 1,355,049	\$ 178,830	\$ 4,545	\$ 142,595	\$ 94,876	\$ 1,155,569	\$ 183,301	\$ 4,545	\$ 146,160	\$ 3,265,470
Subtotal Direct Costs										\$ 1,693,847	\$ 178,830	\$ 4,545	\$ 142,595	\$ 312,727	\$ 1,736,194	\$ 183,301	\$ 4,545	\$ 146,160	\$ 4,402,744
Indirect Cost Amount										\$ 169,385	\$ 17,883	\$ 455	\$ 14,259	\$ 31,273	\$ 173,619	\$ 18,330	\$ 455	\$ 14,615	\$ 440,274
Indirect Cost Rate (%)										10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Total Expenses										\$ 1,863,232	\$ 196,713	\$ 5,000	\$ 156,854	\$ 344,000	\$ 1,909,813	\$ 201,631	\$ 5,000	\$ 160,775	\$ 4,843,018
REVENUES & FUNDING SOURCES																			
DPH Funding Sources (select from drop-down list)																			
HPS COUNTY HPS GF										1,863,232					1,909,813				3,773,045
HPS COUNTY GF Children's Fund											196,713					201,631			398,344
HPS FED CDC - PD90, CFDA #93.940												5,000					5,000		10,000
HPS COUNTY HPS GF													156,854					160,775	317,629
HHS COUNTY GF														344,000					344,000
Unspent Funds																(3,036)		(3,036)	
Total DPH Revenues										1,863,232	196,713	5,000	156,854	344,000	1,909,813	201,631	1,964	160,775	4,839,982
Total Revenues (DPH and Non-DPH)										1,863,232	196,713	5,000	156,854	344,000	1,909,813	201,631	1,964	160,775	4,839,982
Payment Method										Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
Prepared By Larry Zapatka										Phone #			415-487-3055						

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

CID# 100002634							Appendix #	B	Page #	6
DPH Section HPS										
Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB			Contract Term (7/1/16-6/30/26)				Fiscal Year(s)		16-26	
Agency/Organization Name San Francisco AIDS Foundation							Funding Notification Date 1/29/2020			
Contractor Name (may be same as above) San Francisco AIDS Foundation										FN#9
Program/Provider Name		HIV Syringe Access & Disposal Services						TOTALS -		TOTALS -
Appendix Number		A-3/B-3a	A-1/B-1f	A-1/B-1g	A-1/B-1h	A-2/B-2b	A-3/B-3b	Page 6		Pages 5 & 6
Appendix Term (mm/dd/yy-mm/dd/yy)		7.1.17-6.30.18	7.1.18-6.30.19	7.1.18-6.30.19	1.1.18 - 12.31.18	7.1.18-6.30.19	7.1.18-6.30.19			
EXPENSES										
Salaries		\$ 588,550	\$ 488,174	\$ -	\$ -	\$ -	\$ 671,050	\$ 1,747,774		\$ 2,657,594
Employee Benefits		\$ 147,138	\$ 122,044	\$ -	\$ -	\$ -	\$ 167,763	\$ 436,945		\$ 664,399
Total Personnel Expenses		\$ 735,688	\$ 610,218	\$ -	\$ -	\$ -	\$ 838,813	\$ 2,184,719		\$ 3,321,993
Operating Expense		\$ 67,948	\$ 1,168,581	\$ 187,884	\$ 4,545	\$ 149,814	\$ 70,278	\$ 1,649,050		\$ 4,914,520
Subtotal Direct Costs		\$ 803,636	\$ 1,778,799	\$ 187,884	\$ 4,545	\$ 149,814	\$ 909,091	\$ 3,833,769		\$ 8,236,513
Indirect Cost Amount		\$ 80,364	\$ 177,880	\$ 18,788	\$ 455	\$ 14,980	\$ 90,909	\$ 383,376		\$ 823,650
Indirect Cost Rate (%)		10.0%	10.0%	10.0%	10.0%	10.0%	10.0%			
Total Expenses		\$ 884,000	\$ 1,956,679	\$ 206,672	\$ 5,000	\$ 164,794	\$ 1,000,000	\$ 4,217,145		\$ 9,060,163
REVENUES & FUNDING SOURCES										
DPH Funding Sources (select from drop-down list)										
HPS COUNTY HPS GF			1,956,679					1,956,679		5,729,724
HPS COUNTY GF Children's Fund				206,672				206,672		605,016
HPS FED CDC - PD90, CFDA #93.940					5,000			5,000		15,000
HPS COUNTY HPS GF						164,794		164,794		482,423
HHS COUNTY GF		884,000					1,000,000	1,884,000		2,228,000
Unspent Funds			(19,386)		(5,000)		(111,396)	(135,782)		(138,818)
Total DPH Revenues		884,000	1,937,293	206,672	-	164,794	888,604	-		4,081,363
Total Revenues (DPH and Non-DPH)		884,000	1,937,293	206,672	0	164,794	888,604	-		8,921,345
Payment Method		Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)			
Prepared By		Larry Zapatka			Phone #		415-487-3055			

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

CID# 1000002634		Appendix # B											Page # 7		
DPH Section HPS															
Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB		Contract Term (7/1/16-6/30/26)											Fiscal Year(s) 16-26		
Agency/Organization Name San Francisco AIDS Foundation													Funding Notification Date 1/29/2020		
Contractor Name (may be same as above) San Francisco AIDS Foundation													FN#9		
Program/Provider Name		HIV Syringe Access & Disposal Services											TOTALS -		
Appendix Number		A-1/B-1i	A-1/B-1j	A-2/B-2c	A-3/B-3c	A-4/B-4	A-5/B-5	A-1/B-1k	A-1/B-1l	A-2/B-2d	A-3/B-3d	A-4/B-4a	A-5/B-5a	TOTALS -	TOTALS -
Appendix Term (mm/dd/yy-mm/dd/yy)		7.1.19-6.30.20	7.1.19-6.30.20	7.1.19-6.30.20	7.1.19-6.30.20	7.1.19-6.30.20	7.1.19-6.30.20	7.1.20-6.30.21	7.1.20-6.30.21	7.1.20-6.30.21	7.1.20-6.30.21	7.1.20-6.30.21	7.1.20-6.30.21	Page 7	Pages 5 - 7
EXPENSES															
Salaries	\$ 496,916	\$ -	\$ -	\$ 680,792	\$ 470,605	\$ 5,878	\$ 521,453	\$ -	\$ -	\$ 699,520	\$ 483,524	\$ 5,878	\$ 3,364,566	\$ 6,022,160	
Employee Benefits	\$ 124,229	\$ -	\$ -	\$ 170,198	\$ 141,182	\$ -	\$ 130,363	\$ -	\$ -	\$ 174,880	\$ 145,057	\$ -	\$ 885,909	\$ 1,550,308	
Total Personnel Expenses	\$ 621,145	\$ -	\$ -	\$ 850,990	\$ 611,787	\$ 5,878	\$ 651,816	\$ -	\$ -	\$ 874,400	\$ 628,581	\$ 5,878	\$ 4,250,475	\$ 7,572,468	
Operating Expense	\$ 1,211,837	\$ 193,520	\$ 154,308	\$ 85,374	\$ 59,952	\$ 154	\$ 1,226,990	\$ 198,358	\$ 158,166	\$ 85,373	\$ 59,952	\$ 154	\$ 3,434,138	\$ 8,348,658	
Subtotal Direct Costs	\$ 1,832,982	\$ 193,520	\$ 154,308	\$ 936,364	\$ 671,739	\$ 6,032	\$ 1,878,806	\$ 198,358	\$ 158,166	\$ 959,773	\$ 688,533	\$ 6,032	\$ 7,684,613	\$ 15,921,126	
Indirect Cost Amount	\$ 183,298	\$ 19,352	\$ 15,430	\$ 93,636	\$ 100,761	\$ 905	\$ 187,881	\$ 19,836	\$ 15,816	\$ 95,977	\$ 103,280	\$ 905	\$ 837,077	\$ 1,660,727	
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	15.0%	15.0%	10.0%	10.0%	10.0%	10.0%	10.0%	15.0%			
Total Expenses	\$ 2,016,280	\$ 212,872	\$ 169,738	\$ 1,030,000	\$ 772,500	\$ 6,937	\$ 2,066,687	\$ 218,194	\$ 173,982	\$ 1,055,750	\$ 791,813	\$ 6,937	\$ 8,521,690	\$ 17,581,853	
REVENUES & FUNDING SOURCES															
DPH Funding Sources (select from drop-down list)															
HPS COUNTY HPS GF	2,016,280						2,066,687						4,082,967	9,812,691	
HPS COUNTY GF Children's Fund		212,872						218,194					431,066	1,036,082	
HPS FED CDC - PD90, CFDA #93.940													-	15,000	
HPS COUNTY HPS GF			169,738						173,982				343,720	826,143	
HHS COUNTY GF				1,030,000	772,500					1,055,750	791,813		3,650,063	5,878,063	
HHS COUNTY GF													-	(138,818)	
Work Order						6,937							6,937	13,874	
Total DPH Revenues	2,016,280	212,872	169,738	1,030,000	772,500	6,937	2,066,687	218,194	173,982	1,055,750	791,813	6,937	8,521,690	17,443,035	
Total Revenues (DPH and Non-DPH)	2,016,280	212,872	169,738	1,030,000	772,500	6,937	2,066,687	218,194	173,982	1,055,750	791,813	6,937	8,521,690	17,443,035	
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
Prepared By	Larry Zapalka														
Phone #															415-487-3055

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

CID# 1000002634		Appendix # B											Page # 8		
DPH Section HPS															
Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB		Contract Term (7/1/16-6/30/26)											Fiscal Year(s) 16-26		
Agency/Organization Name San Francisco AIDS Foundation													Funding Notification Date 1/29/2020		
Contractor Name (may be same as above) San Francisco AIDS Foundation													FN#9		
Program/Provider Name		HIV Syringe Access & Disposal Services											TOTALS -		
Appendix Number	Appendix Term (mm/dd/yy-mm/dd/yy)	A-1/B-1m	A-1/B-1n	A-2/B-2e	A-3/B-3e	A-4/B-4b	A-5/B-5b	A-1/B-1o	A-1/B-1p	A-2/B-2f	A-3/B-3f	A-4/B-4c	A-5/B-5c	Page 8	Pages 5 - 8
EXPENSES															
Salaries	\$ 521,453	\$ -	\$ -	\$ 699,520	\$ 483,524	\$ 5,878	\$ 521,453	\$ -	\$ -	\$ 699,520	\$ 483,524	\$ 5,878	\$ 5,878	\$ 3,420,750	\$ 9,442,910
Employee Benefits	\$ 130,363	\$ -	\$ -	\$ 174,880	\$ 145,057	\$ -	\$ 130,363	\$ -	\$ -	\$ 174,880	\$ 145,057	\$ -	\$ -	\$ 900,600	\$ 2,450,908
Total Personnel Expenses	\$ 651,816	\$ -	\$ -	\$ 874,400	\$ 628,581	\$ 5,878	\$ 651,816	\$ -	\$ -	\$ 874,400	\$ 628,581	\$ 5,878	\$ 5,878	\$ 4,321,350	\$ 11,893,818
Operating Expense	\$ 1,226,990	\$ 198,358	\$ 158,166	\$ 85,373	\$ 59,952	\$ 154	\$ 1,226,990	\$ 198,358	\$ 158,166	\$ 85,373	\$ 59,952	\$ 154	\$ 154	\$ 3,457,986	\$ 11,806,644
Subtotal Direct Costs	\$ 1,878,806	\$ 198,358	\$ 158,166	\$ 959,773	\$ 688,533	\$ 6,032	\$ 1,878,806	\$ 198,358	\$ 158,166	\$ 959,773	\$ 688,533	\$ 6,032	\$ 6,032	\$ 7,779,336	\$ 23,700,462
Indirect Cost Amount	\$ 187,881	\$ 19,836	\$ 15,816	\$ 95,977	\$ 103,280	\$ 905	\$ 187,881	\$ 19,836	\$ 15,816	\$ 95,977	\$ 103,280	\$ 905	\$ 905	\$ 847,390	\$ 2,508,117
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	15.0%	15.0%	10.0%	10.0%	10.0%	10.0%	10.0%	15.0%	15.0%		
Total Expenses	\$ 2,066,687	\$ 218,194	\$ 173,982	\$ 1,055,750	\$ 791,813	\$ 6,937	\$ 2,066,687	\$ 218,194	\$ 173,982	\$ 1,055,750	\$ 791,813	\$ 6,937	\$ 6,937	\$ 8,626,726	\$ 26,208,579
REVENUES & FUNDING SOURCES															
DPH Funding Sources (select from drop-down list)															
HPS COUNTY HPS GF	2,066,687						2,066,687							4,133,374	13,946,065
HPS COUNTY GF Children's Fund		218,194						218,194						436,388	1,472,470
HPS FED CDC - PD90, CFDA #93.940														-	15,000
HPS COUNTY HPS GF			173,982						173,982					347,964	1,174,107
HHS COUNTY GF				1,055,750	791,813					1,055,750	791,813			3,695,126	9,573,189
Unspent Funds														-	(138,818)
Work Order							6,937							6,937	13,874
Total DPH Revenues	2,066,687	218,194	173,982	1,055,750	791,813	6,937	2,066,687	218,194	173,982	1,055,750	791,813	6,937	6,937	8,626,726	26,069,761
Total Revenues (DPH and Non-DPH)	2,066,687	218,194	173,982	1,055,750	791,813	6,937	2,066,687	218,194	173,982	1,055,750	791,813	6,937	6,937	8,626,726	26,069,761
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
Prepared By	Larry Zapatka			Phone #			415-487-3055								

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

CID# 1000002634		Appendix # B											Page # 9	
DPH Section HPS														
Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB		Contract Term (7/1/16-6/30/26)											Fiscal Year(s) 16-26	
Agency/Organization Name San Francisco AIDS Foundation													Funding Notification Date 1/29/2020	
Contractor Name (may be same as above) San Francisco AIDS Foundation													FN#9	
Program/Provider Name HIV Syringe Access & Disposal Services														
Appendix Number	A-1/B-1g	A-1/B-1r	A-2/B-2g	A-3/B-3g	A-4/B-4d	A-5/B-5d	A-1/B-1s	A-1/B-1t	A-2/B-2h	A-3/B-3h	A-4/B-4e	A-5/B-5e	TOTALS - Page 9	TOTALS - Pages 5 - 9
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1.23-6.30.24	7.1.23-6.30.24	7.1.23-6.30.24	7.1.23-6.30.24	7.1.23-6.30.24	7.1.23-6.30.24	7.1.24-6.30.25	7.1.24-6.30.25	7.1.24-6.30.25	7.1.24-6.30.25	7.1.23-6.30.24	7.1.23-6.30.24		
EXPENSES														
Salaries	\$ 521,453	\$ -	\$ -	\$ 699,520	\$ 483,524	\$ 5,878	\$ 521,453	\$ -	\$ -	\$ 699,520	\$ 483,524	\$ 5,878	\$ 3,420,750	\$ 12,863,660
Employee Benefits	\$ 130,363	\$ -	\$ -	\$ 174,880	\$ 145,057	\$ -	\$ 130,363	\$ -	\$ -	\$ 174,880	\$ 145,057	\$ -	\$ 900,600	\$ 3,351,508
Total Personnel Expenses	\$ 651,816	\$ -	\$ -	\$ 874,400	\$ 628,581	\$ 5,878	\$ 651,816	\$ -	\$ -	\$ 874,400	\$ 628,581	\$ 5,878	\$ 4,321,350	\$ 16,215,168
Operating Expense	\$ 1,226,990	\$ 198,358	\$ 158,166	\$ 85,373	\$ 59,952	\$ 154	\$ 1,226,990	\$ 198,358	\$ 158,166	\$ 85,373	\$ 59,952	\$ 154	\$ 3,457,986	\$ 15,264,630
Subtotal Direct Costs	\$ 1,878,806	\$ 198,358	\$ 158,166	\$ 959,773	\$ 688,533	\$ 6,032	\$ 1,878,806	\$ 198,358	\$ 158,166	\$ 959,773	\$ 688,533	\$ 6,032	\$ 7,779,336	\$ 31,479,798
Indirect Cost Amount	\$ 187,881	\$ 19,836	\$ 15,816	\$ 95,977	\$ 103,280	\$ 905	\$ 187,881	\$ 19,836	\$ 15,816	\$ 95,977	\$ 103,280	\$ 905	\$ 847,390	\$ 3,355,507
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	15.0%	15.0%	10.0%	10.0%	10.0%	10.0%	15.0%	15.0%		
Total Expenses	\$ 2,066,687	\$ 218,194	\$ 173,982	\$ 1,055,750	\$ 791,813	\$ 6,937	\$ 2,066,687	\$ 218,194	\$ 173,982	\$ 1,055,750	\$ 791,813	\$ 6,937	\$ 8,626,726	\$ 34,835,305
REVENUES & FUNDING SOURCES														
DPH Funding Sources (select from drop-down list)														
HPS COUNTY HPS GF	2,066,687						2,066,687						4,133,374	18,079,439
HPS COUNTY GF Children's Fund		218,194						218,194					436,388	1,908,858
HPS FED CDC - PD90, CFDA #93.940													-	15,000
HPS COUNTY HPS GF			173,982						173,982				347,964	1,522,074
HHS COUNTY GF				1,055,750	791,813					1,055,750	791,813		3,695,126	13,268,315
Unspent Funds													-	(138,818)
Work Order						6,937							6,937	13,874
Total DPH Revenues	2,066,687	218,194	173,982	1,055,750	791,813	6,937	2,066,687	218,194	173,982	1,055,750	791,813	6,937	8,626,726	34,696,487
Total Revenues (DPH and Non-DPH)	2,066,687	218,194	173,982	1,055,750	791,813	6,937	2,066,687	218,194	173,982	1,055,750	791,813	6,937	8,626,726	34,696,487
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
Prepared By	Larry Zaparka													
Phone #														415-487-3055

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

CID# 1000002634							Appendix #	B	Page #	10	
DPH Section HPS											
Check one:	<input type="checkbox"/> Original	<input checked="" type="checkbox"/> AMD	<input type="checkbox"/> RPB	Contract Term (7/1/16-6/30/26)				Fiscal Year(s)		16-26	
Agency/Organization Name San Francisco AIDS Foundation							Funding Notification Date 1/29/2020				
Contractor Name (may be same as above) San Francisco AIDS Foundation							FN#9				
Program/Provider Name		HIV Syringe Access & Disposal Services						TOTALS -	TOTALS -		
Appendix Number	A-1/B-1u	A-1/B-1v	A-2/B-2i	A-3/B-3i	A-4/B-4i	A-5/B-5f			Page 10	Page 5 - 10	
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1.25-6.30.26	7.1.25-6.30.26	7.1.25-6.30.26	7.1.25-6.30.26	7.1.25-6.30.26	7.1.25-6.30.26					
EXPENSES											
Salaries	\$ 521,453	\$ -	\$ -	\$ 699,520	\$ 483,524	\$ 5,878			\$ 1,710,375	\$ 14,574,035	
Employee Benefits	\$ 130,363	\$ -	\$ -	\$ 174,880	\$ 145,057	\$ -			\$ 450,300	\$ 3,801,808	
Total Personnel Expenses	\$ 651,816	\$ -	\$ -	\$ 874,400	\$ 628,581	\$ 5,878	\$ -	\$ -	\$ 2,160,675	\$ 18,375,843	
Operating Expense	\$ 1,226,990	\$ 198,358	\$ 158,166	\$ 85,373	\$ 59,952	\$ 154			\$ 1,728,993	\$ 16,993,623	
Subtotal Direct Costs	\$ 1,878,806	\$ 198,358	\$ 158,166	\$ 959,773	\$ 688,533	\$ 6,032	\$ -	\$ -	\$ 3,889,668	\$ 35,369,466	
Indirect Cost Amount	\$ 187,881	\$ 19,836	\$ 15,816	\$ 95,977	\$ 103,280	\$ 905			\$ 423,695	\$ 3,779,202	
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	15.0%	15.0%	0.0%	0.0%			
Total Expenses	\$ 2,066,687	\$ 218,194	\$ 173,982	\$ 1,055,750	\$ 791,813	\$ 6,937	\$ -	\$ -	\$ 4,313,363	\$ 39,148,668	
REVENUES & FUNDING SOURCES											
DPH Funding Sources (select from drop-down list)											
HPS COUNTY HPS GF	2,066,687								2,066,687	20,146,126	
HPS COUNTY GF Children's Fund		218,194							218,194	2,127,052	
HPS FED CDC - PD90, CFDA #93.940									-	15,000	
HPS COUNTY HPS GF			173,982						173,982	1,696,053	
HHS COUNTY GF				1,055,750	791,813				1,847,563	15,115,878	
Unspent Funds									-	(138,818)	
Work Order						6,937			6,937	48,559	
Total DPH Revenues	2,066,687	218,194	173,982	1,055,750	791,813	6,937	-	-	4,313,363	39,009,850	
Total Revenues (DPH and Non-DPH)	2,066,687	218,194	173,982	1,055,750	791,813	6,937	-	-	4,313,363	39,009,850	
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)					
Prepared By	Larry Zapatka			Phone #	415-487-3055						

Contractor Name **San Francisco AIDS Foundation**
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**
 Funding Source **General Fund**

Appendix # B-1k
 Page # 1
 Fiscal Year(s) 20-21
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
		Syringe Access Services (Hrs., City-wide Syringe Sweeps)		Syringe Access, Disposal Coordination & Bulk Purchasing				
Personnel Expenses	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,700	100%		0%			5,700
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,308	100%		0%			5,308
Data Manager	0.05	4,815	100%		0%			4,815
SAS Director	0.75	69,254	89%	8,559	11%			77,813
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%			113,026
SSE/Vol Coordinator	0.75	53,944	100%	-	0%			53,944
Health Educator	3.40	190,142		-	0%			190,142
		-	0%	-	0%			-
Total FTE & Total Salaries	8.10	379,445	73%	142,008	27%			521,453
Fringe Benefits	25.00%	94,861	73%	35,502	27%			130,363
Total Personnel Expenses		474,306	73%	177,510	27%			651,816
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure		Contract Total
Total Occupancy		85,166	89%	10,500	11%			95,666
Total Materials and Supplies		144,875	29%	354,695	71%			499,570
Total General Operating		6,659	61%	4,257	39%			10,916
Consultants/Subcontractor:		620,838	100%	-	0%			620,838
Total Operating Expenses		857,538	70%	369,452	30%			1,226,990
Total Direct Expenses		1,331,844	71%	546,962	29%			1,878,806
Indirect Expenses	10.00%	133,185	71%	54,696	29%			187,881
TOTAL EXPENSES		1,465,029	71%	601,658	29%			2,066,687
Units of Service (UOS) per Service Mode		8,012		12		-		8,024
Cost Per Unit of Service by Service Mode		182.86		50,138.22		-		
(NOC) per Service Mode		54,300		N/A				54,300

Rev. 07/15

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1k
 Fiscal Year: 20-21

1a) SALARIES

Staff Position 1: Programs & Operations Director				
Brief description of job duties: Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; coordinates program monitoring, evaluation and quality assurance procedures.				
Minimum qualifications: Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$114,000.00	0.05	12	1	\$ 5,700

Staff Position 2: Director, Behavioral Health Services				
Brief description of job duties: Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.				
Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$140,000.00	0.05	12	1	\$ 7,000

Staff Position 3: Dir. Gov't Grants				
Brief description of job duties: Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities.				
Minimum qualifications: Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$106,165.00	0.05	12	1	\$ 5,308

Staff Position 4: Data Manager				
Brief description of job duties: Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements.				
Minimum qualifications: Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$96,300.00	0.05	12	1	\$ 4,815

Staff Position 5: SAS Director				
Brief description of job duties: SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.75	12	1	\$ 77,813

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Glide	Operational expenses; staffing, office, IT, etc	\$104,014/yr	104,014
Saint James Infirmary	Operational expenses; staffing, office, IT, etc	\$108,258/yr	108,258
Homeless youth Alliance	Operational expenses; staffing, office, IT, etc	\$236,684/yr	236,684
S.F. Drug Users Union	Operational expenses; staffing, office, IT, etc	\$171,882/yr	171,882
Total Consultants/Subcontractors:			620,838

TOTAL OPERATING EXPENSES:	1,226,990
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TOTAL DIRECT COSTS:	1,878,806
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4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	187,881

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	187,881

TOTAL EXPENSES:	2,066,687
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Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26
 Funding Source General Fund

Appendix # B-11
 Page # 1
 Fiscal Year(s) 20-21
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Syringe Access, Disposal Coordination & Bulk Purchasing					Contract Totals	
Operating Expenses		Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy		33,000	100%	-	0%	-	0%	33,000
Total Materials and Supplies		153,358	100%	-	0%	-	0%	153,358
Total General Operating		12,000	100%	-	0%	-	0%	12,000
Total Operating Expenses		198,358	100%	-	0%	-	0%	198,358
Total Direct Expenses		198,358	100%	-	0%	-	0%	198,358
Indirect Expenses	10.00%	19,836	100%	-	0%	-	0%	19,836
TOTAL EXPENSES		218,194	100%	-	0%	-	0%	218,194
Units of Service (UOS) per Service Mode		12		-		-		12
Cost Per Unit of Service by Service Mode		18,182.84		-		-		
(NOC) per Service Mode		N/A						N/A

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-11
 Fiscal Year: 20-21

2) OPERATING EXPENSES:

Occupancy: _____

Expense Item	Brief Description	Rate	Cost
Rent	Rent for 6th street location, partial allocation.	25,000	25,000
Bldg Maint	Allocated amount of bldg maint for 6 th street.	\$250/mo	3,000
Utilities	Phone, water, PG&E, allocated for 6th street.	416.67/mo	5,000
Total Occupancy:			33,000

Materials & Supplies: _____

Expense Item	Brief Description	Rate	Cost
Syringes	398,920 syringes @ \$.15 each.	\$0.15	59,838
Bio Buckets	18/19 gallon buckets - 1,026 x \$24.367.	\$24.367	25,000
Bio Buckets	2 gallon - 5,454 x \$2.7502.	\$2.7502	15,000
Sterile Water	185 Cases x \$81.081/case.	\$81.081	15,000
Misc Exchange supplies	Turniquets, bandaids, ensure.	\$293.33/mo	3,520
Condoms & Lube	16,666 Lube packets @ \$.75 each.	\$0.75	12,500
Group food/snacks	\$192.307/week for location snack/group food x 52 weeks.	\$192.307	10,000
Incentives	1250 incentives @ \$10 each.	\$10.00	12,500
Total Materials & Supplies:			153,358

General Operating: _____

Expense Item	Brief Description	Rate	Cost
Repairs and maintenance	Auto fuel, repairs, maintenance for delivery vehicles.	83.33/mo	1,000
Insurance	Allocated amount of liability/umbrella insurance.	83.33/mo	1,000
Janitorial	Prorated janitorial services for 6th street location.	\$833.33/mo	10,000
Total General Operating:			12,000

TOTAL OPERATING EXPENSES: 198,358

TOTAL DIRECT COSTS: 198,358

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	19,836

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 19,836

TOTAL EXPENSES: 218,194

Contractor Name **San Francisco AIDS Foundation**
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**
 Funding Source **General Fund**

Appendix # **B-1m**
 Page # **1**
 Fiscal Year(s) **21-22**
 Funding Notification Date **1/29/2020**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
		Syringe Access Services (Hrs., City-wide Syringe Sweeps)		Syringe Access, Disposal Coordination & Bulk Purchasing				
Personnel Expenses	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,700	100%		0%			5,700
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,308	100%		0%			5,308
Data Manager	0.05	4,815	100%		0%			4,815
SAS Director	0.75	69,254	89%	8,559	11%			77,813
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%			113,026
SSE/Vol Coordinator	0.75	53,944	100%	-	0%			53,944
Health Educator	3.40	190,142		-	0%			190,142
		-	0%	-	0%			-
Total FTE & Total Salaries	8.10	379,445	73%	142,008	27%			521,453
Fringe Benefits	25.00%	94,861	73%	35,502	27%			130,363
Total Personnel Expenses		474,306	73%	177,510	27%			651,816
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure		Contract Total
Total Occupancy		85,166	89%	10,500	11%			95,666
Total Materials and Supplies		144,875	29%	354,695	71%			499,570
Total General Operating		6,659	61%	4,257	39%			10,916
Consultants/Subcontractor:		620,838	100%	-	0%			620,838
Total Operating Expenses		857,538	70%	369,452	30%			1,226,990
Total Direct Expenses		1,331,844	71%	546,962	29%			1,878,806
Indirect Expenses 10.00%		133,185	71%	54,696	29%			187,881
TOTAL EXPENSES		1,465,029	71%	601,658	29%			2,066,687
Units of Service (UOS) per Service Mode		8,012		12		-		8,024
Cost Per Unit of Service by Service Mode		182.86		50,138.22		-		
(NOC) per Service Mode		54,300		N/A				54,300

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1m
 Fiscal Year: 21-22

1a) SALARIES

Staff Position 1: Programs & Operations Director				
Brief description of job duties: Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; coordinates program monitoring, evaluation and quality assurance procedures.				
Minimum qualifications: Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$114,000.00	0.05	12	1	\$ 5,700

Staff Position 2: Director, Behavioral Health Services				
Brief description of job duties: Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.				
Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$140,000.00	0.05	12	1	\$ 7,000

Staff Position 3: Dir. Gov't Grants				
Brief description of job duties: Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities.				
Minimum qualifications: Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$106,165.00	0.05	12	1	\$ 5,308

Staff Position 4: Data Manager				
Brief description of job duties: Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements.				
Minimum qualifications: Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$96,300.00	0.05	12	1	\$ 4,815

Staff Position 5: SAS Director				
Brief description of job duties: SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.75	12	1	\$ 77,813

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	\$ 39,891.00
Retirement	\$ 9,960.00
Medical	\$ 53,866.00
Dental	
Unemployment Insurance	\$ 2,712.00
Disability Insurance	\$ 21,223.00
Paid Time Off	
Workers comp	\$ 2,711.00
Total Fringe Benefit:	130,363
Fringe Benefit %:	25.00%
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 651,816	

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo.	\$800/FTE	77,760
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66/mo	2,000
Utilities	Phone, PG&E & trash.	55.618/FTE	5,406
Rent office	Additional space for 6th Street.	875/mo	10,500
Total Occupancy:			95,666

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4,973
Volunteer Spt	Snacks, T-shirts, etc - \$333.34/mo.	\$333.34	4,000
Syringes	Syringes \$.15/each x 1,945,960 syringes.	\$0.15	291,894
Bio Buckets	18/19 gallon buckets - 2,052 x \$24.367.	\$24.367	50,000
Bio Buckets	2 gallon - 18,182 x \$2.75.	\$2.75	50,000
Alcohol Wipes	257 cases x \$38.91/case.	\$38.91	10,000
Cotton balls and pellets	1,040bags x \$16.827/bag.	\$16.827	17,500
Sterile Water	430 Cases x \$81.396/case.	\$81.396	35,000
Bagging Supplies	40 bundles x \$7.40/bundle.	\$7.40	296
Group Food	Additional food for increased groups \$718.14/wk x 50 wks.	718.14/wk	35,907
Total Materials & Supplies:			499,570

General Operating:

Expense Item	Brief Description	Rate	Cost
Equip rent & Lease	Office equip lease and maint cost \$86.75/FTE x 8.1FTE.	\$86.75/ FTE	8,432
Offsite storage	Records storage \$4.98/FTE x 8.1 x 12 mo.	\$4.98/FTE	484
Travel	Vehicle Fuel.	\$83.33/mo	1,000
Travel	Vehicle Repairs.	\$83.33/mo	1,000
Total General Operating:			10,916

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Glide	Operational expenses; staffing, office, IT, etc	\$104,014/yr	104,014
Saint James Infirmary	Operational expenses; staffing, office, IT, etc	\$108,258/yr	108,258
Homeless youth Alliance	Operational expenses; staffing, office, IT, etc	\$236,684/yr	236,684
S.F. Drug Users Union	Operational expenses; staffing, office, IT, etc	\$171,882/yr	171,882
Total Consultants/Subcontractors:			620,838

TOTAL OPERATING EXPENSES: 1,226,990

TOTAL DIRECT COSTS: 1,878,806

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	187,881

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 187,881

TOTAL EXPENSES: 2,066,687

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26
 Funding Source General Fund

Appendix # B-1n
 Page # 1
 Fiscal Year(s) 21-22
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Syringe Access, Disposal Coordination & Bulk Purchasing					Contract Totals	
Operating Expenses		Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy		33,000	100%	-	0%	-	0%	33,000
Total Materials and Supplies		153,358	100%	-	0%	-	0%	153,358
Total General Operating		12,000	100%	-	0%	-	0%	12,000
Total Operating Expenses		198,358	100%	-	0%	-	0%	198,358
Total Direct Expenses		198,358	100%	-	0%	-	0%	198,358
Indirect Expenses	10.00%	19,836	100%	-	0%	-	0%	19,836
TOTAL EXPENSES		218,194	100%	-	0%	-	0%	218,194
Units of Service (UOS) per Service Mode		12		-		-		12
Cost Per Unit of Service by Service Mode		18,182.84		-		-		
(NOC) per Service Mode		N/A						N/A

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1n
 Fiscal Year: 21-22

2) OPERATING EXPENSES:

Occupancy: _____

Expense Item	Brief Description	Rate	Cost
Rent	Rent for 6th street location, partial allocation.	25,000	25,000
Bldg Maint	Allocated amount of bldg maint for 6 th street.	\$250/mo	3,000
Utilities	Phone, water, PG&E, allocated for 6th street.	416.67/mo	5,000
Total Occupancy:			33,000

Materials & Supplies: _____

Expense Item	Brief Description	Rate	Cost
Syringes	398,920 syringes @ \$.15 each.	\$0.15	59,838
Bio Buckets	18/19 gallon buckets - 1,026 x \$24.367.	\$24.367	25,000
Bio Buckets	2 gallon - 5,454 x \$2.7502.	\$2.7502	15,000
Sterile Water	185 Cases x \$81.081/case.	\$81.081	15,000
Misc Exchange supplies	Turniquets, bandaids, ensure.	\$293.33/mo	3,520
Condoms & Lube	16,666 Lube packets @ \$.75 each.	\$0.75	12,500
Group food/snacks	\$192.307/week for location snack/group food x 52 weeks.	\$192.307	10,000
Incentives	1250 incentives @ \$10 each.	\$10.00	12,500
Total Materials & Supplies:			153,358

General Operating: _____

Expense Item	Brief Description	Rate	Cost
Repairs and maintenance	Auto fuel, repairs, maintenance for delivery vehicles.	83.33/mo	1,000
Insurance	Allocated amount of liability/umbrella insurance.	83.33/mo	1,000
Janitorial	Prorated janitorial services for 6th street location.	\$833.33/mo	10,000
Total General Operating:			12,000

TOTAL OPERATING EXPENSES: 198,358

TOTAL DIRECT COSTS: 198,358

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	19,836

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 19,836

TOTAL EXPENSES: 218,194

Contractor Name **San Francisco AIDS Foundation**
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**
 Funding Source **General Fund**

Appendix # **B-10**
 Page # **1**
 Fiscal Year(s) **22-23**
 Funding Notification Date **1/29/2020**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
		Syringe Access Services (Hrs., City-wide Syringe Sweeps)		Syringe Access, Disposal Coordination & Bulk Purchasing				
Personnel Expenses	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,700	100%		0%			5,700
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,308	100%		0%			5,308
Data Manager	0.05	4,815	100%		0%			4,815
SAS Director	0.75	69,254	89%	8,559	11%			77,813
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%			113,026
SSE/Vol Coordinator	0.75	53,944	100%	-	0%			53,944
Health Educator	3.40	190,142		-	0%			190,142
		-	0%	-	0%			-
Total FTE & Total Salaries	8.10	379,445	73%	142,008	27%			521,453
Fringe Benefits	25.00%	94,861	73%	35,502	27%			130,363
Total Personnel Expenses		474,306	73%	177,510	27%			651,816
Operating Expenses								
		Expenditure	%	Expenditure	%	Expenditure		Contract Total
Total Occupancy		85,166	89%	10,500	11%			95,666
Total Materials and Supplies		144,875	29%	354,695	71%			499,570
Total General Operating		6,659	61%	4,257	39%			10,916
Consultants/Subcontractor:		620,838	100%	-	0%			620,838
Total Operating Expenses		857,538	70%	369,452	30%			1,226,990
Total Direct Expenses		1,331,844	71%	546,962	29%			1,878,806
Indirect Expenses	10.00%	133,185	71%	54,696	29%			187,881
TOTAL EXPENSES		1,465,029	71%	601,658	29%			2,066,687
Units of Service (UOS) per Service Mode		8,012		12		-		8,024
Cost Per Unit of Service by Service Mode		182.86		50,138.22		-		
(NOC) per Service Mode		54,300		N/A				54,300

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1o
 Fiscal Year: 22-23

1a) SALARIES

Staff Position 1: Programs & Operations Director				
Brief description of job duties: Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; coordinates program monitoring, evaluation and quality assurance procedures.				
Minimum qualifications: Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$114,000.00	0.05	12	1	\$ 5,700

Staff Position 2: Director, Behavioral Health Services				
Brief description of job duties: Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.				
Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$140,000.00	0.05	12	1	\$ 7,000

Staff Position 3: Dir. Gov't Grants				
Brief description of job duties: Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities.				
Minimum qualifications: Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$106,165.00	0.05	12	1	\$ 5,308

Staff Position 4: Data Manager				
Brief description of job duties: Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements.				
Minimum qualifications: Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$96,300.00	0.05	12	1	\$ 4,815

Staff Position 5: SAS Director				
Brief description of job duties: SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.75	12	1	\$ 77,813

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	\$ 39,891.00
Retirement	\$ 9,960.00
Medical	\$ 53,866.00
Dental	
Unemployment Insurance	\$ 2,712.00
Disability Insurance	\$ 21,223.00
Paid Time Off	
Workers comp	\$ 2,711.00
Total Fringe Benefit:	130,363
Fringe Benefit %:	25.00%
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 651,816	

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo.	\$800/FTE	77,760
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66/mo	2,000
Utilities	Phone, PG&E & trash.	55.618/FTE	5,406
Rent office	Additional space for 6th Street.	875/mo	10,500
Total Occupancy:			95,666

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4,973
Volunteer Spt	Snacks, T-shirts, etc - \$333.34/mo.	\$333.34	4,000
Syringes	Syringes \$.15/each x 1,945,960 syringes.	\$0.15	291,894
Bio Buckets	18/19 gallon buckets - 2,052 x \$24.367.	\$24.367	50,000
Bio Buckets	2 gallon - 18,182 x \$2.75.	\$2.75	50,000
Alcohol Wipes	257 cases x \$38.91/case.	\$38.91	10,000
Cotton balls and pellets	1,040bags x \$16.827/bag.	\$16.827	17,500
Sterile Water	430 Cases x \$81.396/case.	\$81.396	35,000
Bagging Supplies	40 bundles x \$7.40/bundle.	\$7.40	296
Group Food	Additional food for increased groups \$718.14/wk x 50 wks.	718.14/wk	35,907
Total Materials & Supplies:			499,570

General Operating:

Expense Item	Brief Description	Rate	Cost
Equip rent & Lease	Office equip lease and maint cost \$86.75/FTE x 8.1FTE.	\$86.75/ FTE	8,432
Offsite storage	Records storage \$4.98/FTE x 8.1 x 12 mo.	\$4.98/FTE	484
Travel	Vehicle Fuel.	\$83.33/mo	1,000
Travel	Vehicle Repairs.	\$83.33/mo	1,000
Total General Operating:			10,916

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Glide	Operational expenses; staffing, office, IT, etc	\$104,014/yr	104,014
Saint James Infirmary	Operational expenses; staffing, office, IT, etc	\$108,258/yr	108,258
Homeless youth Alliance	Operational expenses; staffing, office, IT, etc	\$236,684/yr	236,684
S.F. Drug Users Union	Operational expenses; staffing, office, IT, etc	\$171,882/yr	171,882
Total Consultants/Subcontractors:			620,838

TOTAL OPERATING EXPENSES:	1,226,990
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TOTAL DIRECT COSTS:	1,878,806
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4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	187,881

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	187,881

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26
 Funding Source General Fund

Appendix # B-1p
 Page # 1
 Fiscal Year(s) 22-23
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

	SERVICE MODES						Contract Totals
	Syringe Access, Disposal Coordination & Bulk Purchasing						
Personnel Expenses							
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy	33,000	100%	-	0%	-	0%	33,000
Total Materials and Supplies	153,358	100%	-	0%	-	0%	153,358
Total General Operating	12,000	100%	-	0%	-	0%	12,000
Total Operating Expenses	198,358	100%	-	0%	-	0%	198,358
Total Direct Expenses	198,358	100%	-	0%	-	0%	198,358
Indirect Expenses 10.00%	19,836	100%		0%		0%	19,836
TOTAL EXPENSES	218,194	100%	-	0%	-	0%	218,194
Units of Service (UOS) per Service Mode	12		-		-		12
Cost Per Unit of Service by Service Mode	18,182.84		-		-		
(NOC) per Service Mode	N/A						N/A

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Contractor Name San Francisco AIDS Foundation
 Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1p
 Fiscal Year: 22-23

2) OPERATING EXPENSES:

Occupancy: _____

Expense Item	Brief Description	Rate	Cost
Rent	Rent for 6th street location, partial allocation.	25,000	25,000
Bldg Maint	Allocated amount of bldg maint for 6 th street.	\$250/mo	3,000
Utilities	Phone, water, PG&E, allocated for 6th street.	416.67/mo	5,000
Total Occupancy:			33,000

Materials & Supplies: _____

Expense Item	Brief Description	Rate	Cost
Syringes	398,920 syringes @ \$.15 each.	\$0.15	59,838
Bio Buckets	18/19 gallon buckets - 1,026 x \$24.367.	\$24.367	25,000
Bio Buckets	2 gallon - 5,454 x \$2.7502.	\$2.7502	15,000
Sterile Water	185 Cases x \$81.081/case.	\$81.081	15,000
Misc Exchange supplies	Turniquets, bandaids, ensure.	\$293.33/mo	3,520
Condoms & Lube	16,666 Lube packets @ \$.75 each.	\$0.75	12,500
Group food/snacks	\$192.307/week for location snack/group food x 52 weeks.	\$192.307	10,000
Incentives	1250 incentives @ \$10 each.	\$10.00	12,500
Total Materials & Supplies:			153,358

General Operating: _____

Expense Item	Brief Description	Rate	Cost
Repairs and maintenance	Auto fuel, repairs, maintenance for delivery vehicles.	83.33/mo	1,000
Insurance	Allocated amount of liability/umbrella insurance.	83.33/mo	1,000
Janitorial	Prorated janitorial services for 6th street location.	\$833.33/mo	10,000
Total General Operating:			12,000

TOTAL OPERATING EXPENSES: 198,358

TOTAL DIRECT COSTS: 198,358

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	19,836

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 19,836

TOTAL EXPENSES: 218,194

Contractor Name **San Francisco AIDS Foundation**
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**
 Funding Source **General Fund**

Appendix # **B-1q**
 Page # **1**
 Fiscal Year(s) **23-24**
 Funding Notification Date **1/29/2020**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
		Syringe Access Services (Hrs., City-wide Syringe Sweeps)		Syringe Access, Disposal Coordination & Bulk Purchasing				
Personnel Expenses	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,700	100%		0%			5,700
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,308	100%		0%			5,308
Data Manager	0.05	4,815	100%		0%			4,815
SAS Director	0.75	69,254	89%	8,559	11%			77,813
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%			113,026
SSE/Vol Coordinator	0.75	53,944	100%	-	0%			53,944
Health Educator	3.40	190,142		-	0%			190,142
		-	0%	-	0%			-
Total FTE & Total Salaries	8.10	379,445	73%	142,008	27%			521,453
Fringe Benefits	25.00%	94,861	73%	35,502	27%			130,363
Total Personnel Expenses		474,306	73%	177,510	27%			651,816
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure		Contract Total
Total Occupancy		85,166	89%	10,500	11%			95,666
Total Materials and Supplies		144,875	29%	354,695	71%			499,570
Total General Operating		6,659	61%	4,257	39%			10,916
Consultants/Subcontractor:		620,838	100%	-	0%			620,838
Total Operating Expenses		857,538	70%	369,452	30%			1,226,990
Total Direct Expenses		1,331,844	71%	546,962	29%			1,878,806
Indirect Expenses	10.00%	133,185	71%	54,696	29%			187,881
TOTAL EXPENSES		1,465,029	71%	601,658	29%			2,066,687
Units of Service (UOS) per Service Mode		8,012		12		-		8,024
Cost Per Unit of Service by Service Mode		182.86		50,138.22		-		
(NOC) per Service Mode		54,300		N/A				54,300

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1q
 Fiscal Year: 23-24

1a) SALARIES

Staff Position 1: Programs & Operations Director				
Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; Brief description of job duties: coordinates program monitoring, evaluation and quality assurance procedures.				
Masters in Public Health and 3 years community organizing and public health experience or an Minimum qualifications: equivalent combination of education and experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$114,000.00	0.05	12	1	\$ 5,700

Staff Position 2: Director, Behavioral Health Services				
Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. Brief description of job duties: and bisexual men.				
Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and Minimum qualifications: program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$140,000.00	0.05	12	1	\$ 7,000

Staff Position 3: Dir. Gov't Grants				
Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the Brief description of job duties: integrity of the service database by overseeing database quality assurance activities.				
Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations. Minimum qualifications: and negotiations.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$106,165.00	0.05	12	1	\$ 5,308

Staff Position 4: Data Manager				
Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation health programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract Brief description of job duties: requirements.				
Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 Minimum qualifications: years equivalent experience required.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$96,300.00	0.05	12	1	\$ 4,815

Staff Position 5: SAS Director				
SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with Brief description of job duties: waste removal company, prepare reports for compliance and maintain safety protocols.				
Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or Minimum qualifications: be willing to obtain certification on the job.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.75	12	1	\$ 77,813.

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	\$ 39,891.00
Retirement	\$ 9,960.00
Medical	\$ 53,866.00
Dental	
Unemployment Insurance	\$ 2,712.00
Disability Insurance	\$ 21,223.00
Paid Time Off	
Workers comp	\$ 2,711.00
Total Fringe Benefit:	130,363
	Fringe Benefit %: 25.00%
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 651,816	

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo.	\$800/FTE	77,760
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66/mo	2,000
Utilities	Phone, PG&E & trash.	55.618/FTE	5,406
Rent office	Additional space for 6th Street.	875/mo	10,500
Total Occupancy:			95,666

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4,973
Volunteer Spt	Snacks, T-shirts, etc - \$333.34/mo.	\$333.34	4,000
Syringes	Syringes \$.15/each x 1,945,960 syringes.	\$0.15	291,894
Bio Buckets	18/19 gallon buckets - 2,052 x \$24.367.	\$24.367	50,000
Bio Buckets	2 gallon - 18,182 x \$2.75.	\$2.75	50,000
Alcohol Wipes	257 cases x \$38.91/case.	\$38.91	10,000
Cotton balls and pellets	1,040bags x \$16.827/bag.	\$16.827	17,500
Sterile Water	430 Cases x \$81.396/case.	\$81.396	35,000
Bagging Supplies	40 bundles x \$7.40/bundle.	\$7.40	296
Group Food	Additional food for increased groups \$718.14/wk x 50 wks.	718.14/wk	35,907
Total Materials & Supplies:			499,570

General Operating:

Expense Item	Brief Description	Rate	Cost
Equip rent & Lease	Office equip lease and maint cost \$86.75/FTE x 8.1FTE.	\$86.75/ FTE	8,432
Offsite storage	Records storage \$4.98/FTE x 8.1 x 12 mo.	\$4.98/FTE	484
Travel	Vehicle Fuel.	\$83.33/mo	1,000
Travel	Vehicle Repairs.	\$83.33/mo	1,000
Total General Operating:			10,916

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Glide	Operational expenses; staffing, office, IT, etc	\$104,014/yr	104,014
Saint James Infirmary	Operational expenses; staffing, office, IT, etc	\$108,258/yr	108,258
Homeless youth Alliance	Operational expenses; staffing, office, IT, etc	\$236,684/yr	236,684
S.F. Drug Users Union	Operational expenses; staffing, office, IT, etc	\$171,882/yr	171,882
Total Consultants/Subcontractors:			620,838

TOTAL OPERATING EXPENSES:	1,226,990
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TOTAL DIRECT COSTS:	1,878,806
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4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	187,881

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	187,881

TOTAL EXPENSES:	2,066,687
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Contractor Name **San Francisco AIDS Foundation**
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**
 Funding Source **General Fund**

Appendix # **B-1r**
 Page # **1**
 Fiscal Year(s) **23-24**
 Funding Notification Date **1/29/2020**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Syringe Access, Disposal Coordination & Bulk Purchasing					Contract Totals	
Operating Expenses		Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy		33,000	100%	-	0%	-	0%	33,000
Total Materials and Supplies		153,358	100%	-	0%	-	0%	153,358
Total General Operating		12,000	100%	-	0%	-	0%	12,000
Total Operating Expenses		198,358	100%	-	0%	-	0%	198,358
Total Direct Expenses		198,358	100%	-	0%	-	0%	198,358
Indirect Expenses	10.00%	19,836	100%	-	0%	-	0%	19,836
TOTAL EXPENSES		218,194	100%	-	0%	-	0%	218,194
Units of Service (UOS) per Service Mode		12		-		-		12
Cost Per Unit of Service by Service Mode		18,182.84		-		-		
(NOC) per Service Mode		N/A						N/A

Rev. U/15

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26
 Funding Source General Fund

Appendix # B-1s
 Page # 1
 Fiscal Year(s) 24-25
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
		Syringe Access Services (Hrs., City-wide Syringe Sweeps)		Syringe Access, Disposal Coordination & Bulk Purchasing				
Personnel Expenses								
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,700	100%		0%			5,700
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,308	100%		0%			5,308
Data Manager	0.05	4,815	100%		0%			4,815
SAS Director	0.75	69,254	89%	8,559	11%			77,813
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%			113,026
SSE/Vol Coordinator	0.75	53,944	100%	-	0%			53,944
Health Educator	3.40	190,142		-	0%			190,142
		-	0%	-	0%			-
Total FTE & Total Salaries	8.10	379,445	73%	142,008	27%			521,453
Fringe Benefits	25.00%	94,861	73%	35,502	27%			130,363
Total Personnel Expenses		474,306	73%	177,510	27%			651,816
Operating Expenses								
		Expenditure	%	Expenditure	%	Expenditure		Contract Total
Total Occupancy		85,166	89%	10,500	11%			95,666
Total Materials and Supplies		144,875	29%	354,695	71%			499,570
Total General Operating		6,659	61%	4,257	39%			10,916
Consultants/Subcontractor:		620,838	100%	-	0%			620,838
Total Operating Expenses		857,538	70%	369,452	30%			1,226,990
Total Direct Expenses		1,331,844	71%	546,962	29%			1,878,806
Indirect Expenses	10.00%	133,185	71%	54,696	29%			187,881
TOTAL EXPENSES		1,465,029	71%	601,658	29%			2,066,687
Units of Service (UOS) per Service Mode		8,012		12		-		8,024
Cost Per Unit of Service by Service Mode		182.86		50,138.22		-		
(NOC) per Service Mode		54,300		N/A				54,300

Rev. 07/15

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1s
 Fiscal Year: 24-25

1a) SALARIES

Staff Position 1: Programs & Operations Director				
Brief description of job duties: Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; coordinates program monitoring, evaluation and quality assurance procedures.				
Minimum qualifications: Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$114,000.00	0.05	12	1	\$ 5,700

Staff Position 2: Director, Behavioral Health Services				
Brief description of job duties: Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.				
Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$140,000.00	0.05	12	1	\$ 7,000

Staff Position 3: Dir. Gov't Grants				
Brief description of job duties: Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities.				
Minimum qualifications: Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$106,165.00	0.05	12	1	\$ 5,308

Staff Position 4: Data Manager				
Brief description of job duties: Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements.				
Minimum qualifications: Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$96,300.00	0.05	12	1	\$ 4,815

Staff Position 5: SAS Director				
Brief description of job duties: SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company. prepare reports for compliance and maintain safety protocols.				
Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.75	12	1	\$ 77,813

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	\$ 39,891.00
Retirement	\$ 9,980.00
Medical	\$ 53,866.00
Dental	
Unemployment Insurance	\$ 2,712.00
Disability Insurance	\$ 21,223.00
Paid Time Off	
Workers comp	\$ 2,711.00
Total Fringe Benefit:	130,363
Fringe Benefit %:	25.00%
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 651,816	

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo.	\$800/FTE	77,760
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66/mo	2,000
Utilities	Phone, PG&E & trash.	55.618/FTE	5,406
Rent office	Additional space for 6th Street.	875/mo	10,500
Total Occupancy:			95,666

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4,973
Volunteer Spt	Snacks, T-shirts, etc - \$333.34/mo.	\$333.34	4,000
Syringes	Syringes \$.15/each x 1,945,960 syringes.	\$0.15	291,894
Bio Buckets	18/19 gallon buckets - 2,052 x \$24.367.	\$24.367	50,000
Bio Buckets	2 gallon - 18,182 x \$2.75.	\$2.75	50,000
Alcohol Wipes	257 cases x \$38.91/case.	\$38.91	10,000
Cotton balls and pellets	1,040bags x \$16.827/bag.	\$16.827	17,500
Sterile Water	430 Cases x \$81.396/case.	\$81.396	35,000
Bagging Supplies	40 bundles x \$7.40/bundle.	\$7.40	296
Group Food	Additional food for increased groups \$718.14/wk x 50 wks.	718.14/wk	35,907
Total Materials & Supplies:			499,570

General Operating:

Expense Item	Brief Description	Rate	Cost
Equip rent & Lease	Office equip lease and maint cost \$86.75/FTE x 8.1FTE.	\$86.75/ FTE	8,432
Offsite storage	Records storage \$4.98/FTE x 8.1 x 12 mo.	\$4.98/FTE	484
Travel	Vehicle Fuel.	\$83.33/mo	1,000
Travel	Vehicle Repairs.	\$83.33/mo	1,000
Total General Operating:			10,916

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Glide	Operational expenses; staffing, office, IT, etc	\$104,014/yr	104,014
Saint James Infirmary	Operational expenses; staffing, office, IT, etc	\$108,258/yr	108,258
Homeless youth Alliance	Operational expenses; staffing, office, IT, etc	\$236,684/yr	236,684
S.F. Drug Users Union	Operational expenses; staffing, office, IT, etc	\$171,882/yr	171,882
Total Consultants/Subcontractors:			620,838

TOTAL OPERATING EXPENSES: 1,226,990

TOTAL DIRECT COSTS: 1,878,806

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	187,881

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 187,881

TOTAL EXPENSES: 2,066,687

Contractor Name **San Francisco AIDS Foundation**
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**
 Funding Source **General Fund**

Appendix # **B-1t**
 Page # **1**
 Fiscal Year(s) **24-25**
 Funding Notification Date **1/29/2020**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Syringe Access, Disposal Coordination & Bulk Purchasing					Contract Totals	
Operating Expenses		Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy		33,000	100%	-	0%	-	0%	33,000
Total Materials and Supplies		153,358	100%	-	0%	-	0%	153,358
Total General Operating		12,000	100%	-	0%	-	0%	12,000
Total Operating Expenses		198,358	100%	-	0%	-	0%	198,358
Total Direct Expenses		198,358	100%	-	0%	-	0%	198,358
Indirect Expenses	10.00%	19,836	100%	-	0%	-	0%	19,836
TOTAL EXPENSES		218,194	100%	-	0%	-	0%	218,194
Units of Service (UOS) per Service Mode		12		-		-		12
Cost Per Unit of Service by Service Mode		18,182.84		-		-		
(NOC) per Service Mode		N/A						N/A

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Contractor Name **San Francisco AIDS Foundation**
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**
 Funding Source **General Fund**

Appendix # **B-1u**
 Page # **1**
 Fiscal Year(s) **25-26**
 Funding Notification Date **1/29/2020**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
		Syringe Access Services (Hrs., City-wide Syringe Sweeps)		Syringe Access, Disposal Coordination & Bulk Purchasing				
Personnel Expenses	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,700	100%		0%			5,700
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,308	100%		0%			5,308
Data Manager	0.05	4,815	100%		0%			4,815
SAS Director	0.75	69,254	89%	8,559	11%			77,813
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%			113,026
SSE/Vol Coordinator	0.75	53,944	100%	-	0%			53,944
Health Educator	3.40	190,142		-	0%			190,142
		-	0%	-	0%			-
Total FTE & Total Salaries	8.10	379,445	73%	142,008	27%			521,453
Fringe Benefits	25.00%	94,861	73%	35,502	27%			130,363
Total Personnel Expenses		474,306	73%	177,510	27%			651,816
Operating Expenses								
		Expenditure	%	Expenditure	%	Expenditure		Contract Total
Total Occupancy		85,166	89%	10,500	11%			95,666
Total Materials and Supplies		144,875	29%	354,695	71%			499,570
Total General Operating		6,659	61%	4,257	39%			10,916
Consultants/Subcontractor:		620,838	100%	-	0%			620,838
Total Operating Expenses		857,538	70%	369,452	30%			1,226,990
Total Direct Expenses		1,331,844	71%	546,962	29%			1,878,806
Indirect Expenses	10.00%	133,185	71%	54,696	29%			187,881
TOTAL EXPENSES		1,465,029	71%	601,658	29%			2,066,687
Units of Service (UOS) per Service Mode		8,012		12		-		8,024
Cost Per Unit of Service by Service Mode		182.86		50,138.22		-		
(NOC) per Service Mode		54,300		N/A				54,300

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1u
 Fiscal Year: 25-26

1a) SALARIES

Staff Position 1: Programs & Operations Director				
Brief description of job duties: Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; coordinates program monitoring, evaluation and quality assurance procedures.				
Minimum qualifications: Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$114,000.00	0.05	12	1	\$ 5,700

Staff Position 2: Director, Behavioral Health Services				
Brief description of job duties: Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.				
Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$140,000.00	0.05	12	1	\$ 7,000

Staff Position 3: Dir. Gov't Grants				
Brief description of job duties: Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities.				
Minimum qualifications: Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$106,165.00	0.05	12	1	\$ 5,308

Staff Position 4: Data Manager				
Brief description of job duties: Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements.				
Minimum qualifications: Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$96,300.00	0.05	12	1	\$ 4,815

Staff Position 5: SAS Director				
Brief description of job duties: SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.75	12	1	\$ 77,813

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	\$ 39,891.00
Retirement	\$ 9,960.00
Medical	\$ 53,866.00
Dental	
Unemployment Insurance	\$ 2,712.00
Disability Insurance	\$ 21,223.00
Paid Time Off	
Workers comp	\$ 2,711.00
Total Fringe Benefit:	130,363
Fringe Benefit %:	25.00%
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 651,816	

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo.	\$800/FTE	77,760
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66/mo	2,000
Utilities	Phone, PG&E & trash.	55.618/FTE	5,406
Rent office	Additional space for 6th Street.	875/mo	10,500
Total Occupancy:			95,666

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4,973
Volunteer Spt	Snacks, T-shirts, etc - \$333.34/mo.	\$333.34	4,000
Syringes	Syringes \$.15/each x 1,945,960 syringes.	\$0.15	291,894
Bio Buckets	18/19 gallon buckets - 2,052 x \$24.367.	\$24.367	50,000
Bio Buckets	2 gallon - 18,182 x \$2.75.	\$2.75	50,000
Alcohol Wipes	257 cases x \$38.91/case.	\$38.91	10,000
Cotton balls and pellets	1,040bags x \$16.827/bag.	\$16.827	17,500
Sterile Water	430 Cases x \$81.396/case.	\$81.396	35,000
Bagging Supplies	40 bundles x \$7.40/bundle.	\$7.40	296
Group Food	Additional food for increased groups \$718.14/wk x 50 wks.	718.14/wk	35,907
Total Materials & Supplies:			499,570

General Operating:

Expense Item	Brief Description	Rate	Cost
Equip rent & Lease	Office equip lease and maint cost \$86.75/FTE x 8.1FTE.	\$86.75/ FTE	8,432
Offsite storage	Records storage \$4.98/FTE x 8.1 x 12 mo.	\$4.98/FTE	484
Travel	Vehicle Fuel.	\$83.33/mo	1,000
Travel	Vehicle Repairs.	\$83.33/mo	1,000
Total General Operating:			10,916

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Glide	Operational expenses; staffing, office, IT, etc	\$104,014/yr	104,014
Saint James Infirmary	Operational expenses; staffing, office, IT, etc	\$108,258/yr	108,258
Homeless youth Alliance	Operational expenses; staffing, office, IT, etc	\$236,684/yr	236,684
S.F. Drug Users Union	Operational expenses; staffing, office, IT, etc	\$171,882/yr	171,882
Total Consultants/Subcontractors:			620,838

TOTAL OPERATING EXPENSES: 1,226,990

TOTAL DIRECT COSTS: 1,878,806

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	187,881

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 187,881

TOTAL EXPENSES: 2,066,687

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26
 Funding Source General Fund

Appendix # B-1v
 Page # 1
 Fiscal Year(s) 25-26
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Syringe Access, Disposal Coordination & Bulk Purchasing					Contract Totals	
Operating Expenses		Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy		33,000	100%	-	0%	-	0%	33,000
Total Materials and Supplies		153,358	100%	-	0%	-	0%	153,358
Total General Operating		12,000	100%	-	0%	-	0%	12,000
Total Operating Expenses		198,358	100%	-	0%	-	0%	198,358
Total Direct Expenses		198,358	100%	-	0%	-	0%	198,358
Indirect Expenses	10.00%	19,836	100%	-	0%	-	0%	19,836
TOTAL EXPENSES		218,194	100%	-	0%	-	0%	218,194
of Service (UOS) per Service Mode		12		-		-		12
per Unit of Service by Service Mode		18,182.84		-		-		
(NOC) per Service Mode		N/A						N/A

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Contractor Name **San Francisco AIDS Foundation**
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**
 Funding Source **General Fund**

Appendix # **B-2d**
 Page # **1**
 Fiscal Year(s) **20-21**
 Funding Notification Date **1/29/2020**

UOS COST ALLOCATION BY SERVICE MODE

	SERVICE MODES						Contract Totals
	HYA Wrap Around & Disposal Services						
Personnel Expenses							
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	158,166	100%	-	0%	-	0%	158,166
Total Operating Expenses	158,166	100%	-	0%	-	0%	158,166
Total Direct Expenses	158,166	100%	-	0%	-	0%	158,166
Indirect Expenses 10.00%	15,816	100%		0%		0%	15,816
TOTAL EXPENSES	173,982	100%	-	0%	-	0%	173,982
Units of Service (UOS) per Service Mode	12		-		-		12
Cost Per Unit of Service by Service Mode	14,498.50		-		-		
(NOC) per Service Mode	N/A						N/A

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-2d
Fiscal Year: 20-21

Consultants/Subcontractors: _____

Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$158,166	158,166

Total Consultants/Subcontractors: 158,166

TOTAL OPERATING EXPENSES: 158,166

TOTAL DIRECT COSTS: 158,166

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	15,816

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: 15,816

TOTAL EXPENSES: 173,982

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26
 Funding Source General Fund

Appendix # B-2e
 Page # 1
 Fiscal Year(s) 21-22
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		HYA Wrap Around & Disposal Services						Contract Totals
Operating Expenses		Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:		158,166	100%	-	0%	-	0%	158,166
Total Operating Expenses		158,166	100%	-	0%	-	0%	158,166
Total Direct Expenses		158,166	100%	-	0%	-	0%	158,166
Indirect Expenses 10.00%		15,816	100%		0%		0%	15,816
TOTAL EXPENSES		173,982	100%	-	0%	-	0%	173,982
Units of Service (UOS) per Service Mode		12		-		-		12
Cost Per Unit of Service by Service Mode (NOC) per Service Mode		14,498.50		-		-		N/A
		N/A						N/A

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-2e
Fiscal Year: 21-22

Consultants/Subcontractors: _____

Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$158,166	158,166

Total Consultants/Subcontractors: 158,166

TOTAL OPERATING EXPENSES: 158,166

TOTAL DIRECT COSTS: 158,166

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	15,816

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: 15,816

TOTAL EXPENSES: 173,982

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26
 Funding Source General Fund

Appendix # B-2f
 Page # 1
 Fiscal Year(s) 22-23
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

	SERVICE MODES						Contract Totals
	HYA Wrap Around & Disposal Services						
Personnel Expenses							
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	158,166	100%	-	0%	-	0%	158,166
Total Operating Expenses	158,166	100%	-	0%	-	0%	158,166
Total Direct Expenses	158,166	100%	-	0%	-	0%	158,166
Indirect Expenses 10.00%	15,816	100%		0%		0%	15,816
TOTAL EXPENSES	173,982	100%	-	0%	-	0%	173,982
Units of Service (UOS) per Service Mode	12		-		-		12
Cost Per Unit of Service by Service Mode (NOC) per Service Mode	14,498.50		-		-		
	N/A						N/A

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-2f
 Fiscal Year: 22-23

Consultants/Subcontractors: _____

Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$158,166	158,166

Total Consultants/Subcontractors: 158,166

TOTAL OPERATING EXPENSES: 158,166

TOTAL DIRECT COSTS: 158,166

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	15,816

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: 15,816

TOTAL EXPENSES: 173,982

Contractor Name **San Francisco AIDS Foundation**
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**
 Funding Source **General Fund**

Appendix # **B-2g**
 Page # **1**
 Fiscal Year(s) **23-24**
 Funding Notification Date **1/29/2020**

UOS COST ALLOCATION BY SERVICE MODE

	SERVICE MODES						Contract Totals
	HYA Wrap Around & Disposal Services						
Personnel Expenses							
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	158,166	100%	-	0%	-	0%	158,166
Total Operating Expenses	158,166	100%	-	0%	-	0%	158,166
Total Direct Expenses	158,166	100%	-	0%	-	0%	158,166
Indirect Expenses 10.00%	15,816	100%		0%		0%	15,816
TOTAL EXPENSES	173,982	100%	-	0%	-	0%	173,982
Units of Service (UOS) per Service Mode	12		-		-		12
Cost Per Unit of Service by Service Mode (NOC) per Service Mode	14,498.50		-		-		
	N/A						N/A

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton
 Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-2g
 Fiscal Year: 23-24

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$158,166	158,166

Total Consultants/Subcontractors: 158,166

TOTAL OPERATING EXPENSES: 158,166

TOTAL DIRECT COSTS: 158,166

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	15,816

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: 15,816

TOTAL EXPENSES: 173,982

Contractor Name **San Francisco AIDS Foundation**
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**
 Funding Source **General Fund**

Appendix # **B-2h**
 Page # **1**
 Fiscal Year(s) **24-25**
 Funding Notification Date **1/29/2020**

UOS COST ALLOCATION BY SERVICE MODE

	SERVICE MODES						Contract Totals
	HYA Wrap Around & Disposal Services						
Personnel Expenses							
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	158,166	100%	-	0%	-	0%	158,166
Total Operating Expenses	158,166	100%	-	0%	-	0%	158,166
Total Direct Expenses	158,166	100%	-	0%	-	0%	158,166
Indirect Expenses 10.00%	15,816	100%		0%		0%	15,816
TOTAL EXPENSES	173,982	100%	-	0%	-	0%	173,982
Units of Service (UOS) per Service Mode	12		-		-		12
Cost Per Unit of Service by Service Mode (NOC) per Service Mode	14,498.50		-		-		N/A
	N/A						N/A

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-2h
 Fiscal Year: 24-25

Consultants/Subcontractors: _____

Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$158,166	158,166

Total Consultants/Subcontractors: 158,166

TOTAL OPERATING EXPENSES: 158,166

TOTAL DIRECT COSTS: 158,166

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	15,816

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: 15,816

TOTAL EXPENSES: 173,982

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26
 Funding Source General Fund

Appendix # B-2i
 Page # 1
 Fiscal Year(s) 25-26
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

	SERVICE MODES						Contract Totals
	HYA Wrap Around & Disposal Services						
Personnel Expenses							
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	158,166	100%	-	0%	-	0%	158,166
Total Operating Expenses	158,166	100%	-	0%	-	0%	158,166
Total Direct Expenses	158,166	100%	-	0%	-	0%	158,166
Indirect Expenses 10.00%	15,816	100%		0%		0%	15,816
TOTAL EXPENSES	173,982	100%	-	0%	-	0%	173,982
Units of Service (UOS) per Service Mode	12		-		-		12
Cost Per Unit of Service by Service Mode (NOC) per Service Mode	14,498.50		-		-		N/A
	N/A						N/A

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-2i
 Fiscal Year: 25-26

Consultants/Subcontractors: _____

Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$158,166	158,166

Total Consultants/Subcontractors: 158,166

TOTAL OPERATING EXPENSES: 158,166

TOTAL DIRECT COSTS: 158,166

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	15,816

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: 15,816

TOTAL EXPENSES: 173,982

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26
 Funding Source General Fund

Appendix # B-3d
 Page # 1
 Fiscal Year(s) 20-21
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	FTE	SERVICE MODES						Contract Totals
		Syringe Access Services		Lounge Services		Salaries	% FTE	
Position Titles		Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
V.P Programs & Services	0.10	10,150	50%	10,150	50%		0%	20,300
Director, Behavioral Health Services	0.05	3,000	50%	3,000	50%	-	0%	6,000
Director, SAS	0.15	7,781	50%	7,782	50%	-	0%	15,563
Associate Director, 6th Street HRC	1.00	39,199	50%	39,199	50%	-	0%	78,398
Health Educator	7.75	218,988	50%	218,988	50%	-	0%	437,976
Mobile Health Educator	0.50	14,129	50%	14,128	50%	-	0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%	-	0%	56,513
Inventory Associate/Health Educator	1.00	28,257	50%	28,256	50%	-	0%	56,513
Total FTE & Total Salaries	11.55	349,760	50%	349,760	50%	-	0%	699,520
Fringe Benefits	25.00%	87,440	50%	87,440	50%	-	0%	174,880
Total Personnel Expenses		437,200	50%	437,200	50%	-	0%	874,400
Operating Expenses		Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
Total Occupancy		18,594	50%	18,593	50%	-	0%	37,187
Total Materials and Supplies		12,432	50%	12,432	50%	-	0%	24,864
Total General Operating		11,661	50%	11,661	50%	-	0%	23,322
Total Operating Expenses		42,687	50%	42,686	50%	-	0%	85,373
Total Direct Expenses		479,887	50%	479,886	50%	-	0%	959,773
Indirect Expenses	10.00%	47,988	50%	47,989	50%	-	0%	95,977
TOTAL EXPENSES		527,875	50%	527,875	50%	-	0%	1,055,750
Units of Service (UOS) per Service Mode		1,888		2,550		-		4,438
Cost Per Unit of Service by Service Mode		279.60		207.01		-		
(NOC) per Service Mode		31,341		8,000				39,341

Rev. 07/15

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Harm Reduction Center

Appendix #: B-3d

Fiscal Year: 20-21

1a) SALARIES

Staff Position 1: V.P Programs & Services				
Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men.				
Minimum qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$203,000.00	0.10	12	1	\$ 20,300

Staff Position 2: Director, Behavioral Health Services				
Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.				
Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$120,000.00	0.05	12	1	\$ 6,000

Staff Position 3: Director, SAS				
Brief description of job duties: Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.15	12	1	\$ 15,563

Staff Position 4: Associate Director, 6th Street HRC				
Brief description of job duties: Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support.				
Minimum qualifications: Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$78,398.00	1.00	12	1	\$ 78,398

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$2,000/mo x 12 mo.	2000	24,000
Rent-6th Street	Prorated rent @ \$432.25/mo x 12 mo.	432.25	5,187
Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo.	500	6,000
Total Occupancy:			37,187

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies\$547/mo.	\$547/mo	6,564
Incentives	exchange incentives, 1,260 incentives @ \$5each =\$6,300.		6,300
Group supplies	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,000
Total Materials & Supplies:			24,864

General Operating:

Expense Item	Brief Description	Rate	Cost
Janitorial	Prorated Monthly janitorial svc \$1,735.17/mo.	1,735.17/mo	20,822
Insurance	Prorated gen liability, hazard and auto insurance.	208.34	2,500
Total General Operating:			23,322

TOTAL OPERATING EXPENSES: 85,373

TOTAL DIRECT COSTS: 959,773

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	95,977

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: 95,977

TOTAL EXPENSES: 1,055,750

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26
 Funding Source General Fund

Appendix # B-3e
 Page # 1
 Fiscal Year(s) 21-22
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Syringe Access Services		Lounge Services				Contract Totals
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
V.P Programs & Services	0.10	10,150	50%	10,150	50%		0%	20,300
Director, Behavioral Health Services	0.05	3,000	50%	3,000	50%	-	0%	6,000
Director, SAS	0.15	7,781	50%	7,782	50%	-	0%	15,563
Associate Director, 6th Street HRC	1.00	39,199	50%	39,199	50%	-	0%	78,398
Health Educator	7.75	218,988	50%	218,988	50%	-	0%	437,976
Mobile Health Educator	0.50	14,129	50%	14,128	50%	-	0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%	-	0%	56,513
Inventory Associate/Health Educator	1.00	28,257	50%	28,256	50%	-	0%	56,513
Total FTE & Total Salaries	11.55	349,760	50%	349,760	50%	-	0%	699,520
Fringe Benefits	25.00%	87,440	50%	87,440	50%	-	0%	174,880
Total Personnel Expenses		437,200	50%	437,200	50%	-	0%	874,400
Operating Expenses								
		Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
Total Occupancy		18,594	50%	18,593	50%	-	0%	37,187
Total Materials and Supplies		12,432	50%	12,432	50%	-	0%	24,864
Total General Operating		11,661	50%	11,661	50%	-	0%	23,322
Total Operating Expenses		42,687	50%	42,686	50%	-	0%	85,373
Total Direct Expenses		479,887	50%	479,886	50%	-	0%	959,773
Indirect Expenses	10.00%	47,988	50%	47,989	50%	-	0%	95,977
TOTAL EXPENSES		527,875	50%	527,875	50%	-	0%	1,055,750
Units of Service (UOS) per Service Mode		1,888		2,550		-		4,438
Cost Per Unit of Service by Service Mode		279.60		207.01		-		
(NOC) per Service Mode		31,341		8,000				39,341

Rev. 01/15

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Harm Reduction Center

Appendix #: B-3e

Fiscal Year: 21-22

1a) SALARIES

Staff Position 1: V.P Programs & Services				
Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men.				
Minimum qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$203,000.00	0.10	12	1	\$ 20,300

Staff Position 2: Director, Behavioral Health Services				
Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.				
Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$120,000.00	0.05	12	1	\$ 6,000

Staff Position 3: Director, SAS				
Brief description of job duties: Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.15	12	1	\$ 15,563

Staff Position 4: Associate Director, 6th Street HRC				
Brief description of job duties: Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support.				
Minimum qualifications: Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$78,398.00	1.00	12	1	\$ 78,398

2) OPERATING EXPENSES:

Occupancy: _____

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$2,000/mo x 12 mo.	2000	24,000
Rent-6th Street	Prorated rent @ \$432.25/mo x 12 mo.	432.25	5,187
Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo.	500	6,000
Total Occupancy:			37,187

Materials & Supplies: _____

Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies\$547/mo.	\$547/mo	6,564
Incentives	exchange incentives, 1,260 incentives @ \$5each =\$6,300.		6,300
Group supplies	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,000
Total Materials & Supplies:			24,864

General Operating: _____

Expense Item	Brief Description	Rate	Cost
Janitorial	Prorated Monthly janitorial svc \$1,735.17/mo.	1,735.17/mo	20,822
Insurance	Prorated gen liability, hazard and auto insurance.	208.34	2,500
Total General Operating:			23,322

TOTAL OPERATING EXPENSES: 85,373

TOTAL DIRECT COSTS: 959,773

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	95,977

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 95,977

TOTAL EXPENSES: 1,055,750

Contractor Name **San Francisco AIDS Foundation**
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**
 Funding Source **General Fund**

Appendix # **B-3f**
 Page # **1**
 Fiscal Year(s) **22-23**
 Funding Notification Date **1/29/2020**

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	FTE	SERVICE MODES						Contract Totals
		Syringe Access Services		Lounge Services		Salaries	% FTE	
		Salaries	% FTE	Salaries	% FTE			
V.P Programs & Services	0.10	10,150	50%	10,150	50%	-	0%	20,300
Director, Behavioral Health Services	0.05	3,000	50%	3,000	50%	-	0%	6,000
Director, SAS	0.15	7,781	50%	7,782	50%	-	0%	15,563
Associate Director, 6th Street HRC	1.00	39,199	50%	39,199	50%	-	0%	78,398
Health Educator	7.75	218,988	50%	218,988	50%	-	0%	437,976
Mobile Health Educator	0.50	14,129	50%	14,128	50%	-	0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%	-	0%	56,513
Inventory Associate/Health Educator	1.00	28,257	50%	28,256	50%	-	0%	56,513
Total FTE & Total Salaries	11.55	349,760	50%	349,760	50%	-	0%	699,520
Fringe Benefits	25.00%	87,440	50%	87,440	50%	-	0%	174,880
Total Personnel Expenses		437,200	50%	437,200	50%	-	0%	874,400
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		18,594	50%	18,593	50%	-	0%	37,187
Total Materials and Supplies		12,432	50%	12,432	50%	-	0%	24,864
Total General Operating		11,661	50%	11,661	50%	-	0%	23,322
Total Operating Expenses		42,687	50%	42,686	50%	-	0%	85,373
Total Direct Expenses		479,887	50%	479,886	50%	-	0%	959,773
Indirect Expenses	10.00%	47,988	50%	47,989	50%	-	0%	95,977
TOTAL EXPENSES		527,875	50%	527,875	50%	-	0%	1,055,750
Units of Service (UOS) per Service Mode		1,888		2,550		-		4,438
Cost Per Unit of Service by Service Mode		279.60		207.01		-		
(NOC) per Service Mode		31,341		8,000				39,341

Rev. 0/1/15

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Harm Reduction Center

Appendix #: B-3f
 Fiscal Year: 22-23

1a) SALARIES

Staff Position 1: V.P Programs & Services				
Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men.				
Minimum qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$203,000.00	0.10	12	1	\$ 20,300

Staff Position 2: Director, Behavioral Health Services				
Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.				
Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$120,000.00	0.05	12	1	\$ 6,000

Staff Position 3: Director, SAS				
Brief description of job duties: Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.15	12	1	\$ 15,563

Staff Position 4: Associate Director, 6th Street HRC				
Brief description of job duties: Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support.				
Minimum qualifications: Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$78,398.00	1.00	12	1	\$ 78,398

2) OPERATING EXPENSES:

Occupancy: _____

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$2,000/mo x 12 mo.	2000	24,000
Rent-6th Street	Prorated rent @ \$432.25/mo x 12 mo.	432.25	5,187
Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo.	500	6,000
Total Occupancy:			37,187

Materials & Supplies: _____

Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies\$547/mo.	\$547/mo	6,564
Incentives	exchange incentives, 1,260 incentives @ \$5each =\$6,300.		6,300
Group supplies	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,000
Total Materials & Supplies:			24,864

General Operating: _____

Expense Item	Brief Description	Rate	Cost
Janitorial	Prorated Monthly janitorial svc \$1,735.17/mo.	1,735.17/mo	20,822
Insurance	Prorated gen liability, hazard and auto insurance.	208.34	2,500
Total General Operating:			23,322

TOTAL OPERATING EXPENSES: 85,373

TOTAL DIRECT COSTS: 959,773

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	95,977

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 95,977

TOTAL EXPENSES: 1,055,750

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26
 Funding Source General Fund

Appendix # B-3g
 Page # 1
 Fiscal Year(s) 23-24
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Syringe Access Services		Lounge Services				
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
V.P Programs & Services	0.10	10,150	50%	10,150	50%		0%	20,300
Director, Behavioral Health Services	0.05	3,000	50%	3,000	50%	-	0%	6,000
Director, SAS	0.15	7,781	50%	7,782	50%	-	0%	15,563
Associate Director, 6th Street HRC	1.00	39,199	50%	39,199	50%	-	0%	78,398
Health Educator	7.75	218,988	50%	218,988	50%	-	0%	437,976
Mobile Health Educator	0.50	14,129	50%	14,128	50%	-	0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%	-	0%	56,513
Inventory Associate/Health Educator	1.00	28,257	50%	28,256	50%	-	0%	56,513
Total FTE & Total Salaries	11.55	349,760	50%	349,760	50%	-	0%	699,520
Fringe Benefits	25.00%	87,440	50%	87,440	50%	-	0%	174,880
Total Personnel Expenses		437,200	50%	437,200	50%	-	0%	874,400
Operating Expenses		Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
Total Occupancy		18,594	50%	18,593	50%	-	0%	37,187
Total Materials and Supplies		12,432	50%	12,432	50%	-	0%	24,864
Total General Operating		11,661	50%	11,661	50%	-	0%	23,322
Total Operating Expenses		42,687	50%	42,686	50%	-	0%	85,373
Total Direct Expenses		479,887	50%	479,886	50%	-	0%	959,773
Indirect Expenses	10.00%	47,988	50%	47,989	50%	-	0%	95,977
TOTAL EXPENSES		527,875	50%	527,875	50%	-	0%	1,055,750
Units of Service (UOS) per Service Mode		1,888		2,550		-		4,438
Cost Per Unit of Service by Service Mode		279.60		207.01		-		
(NOC) per Service Mode		31,341		8,000				39,341

Rev. 0/1/15

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Harm Reduction Center

Appendix #: B-3g
 Fiscal Year: 23-24

1a) SALARIES

Staff Position 1: V.P Programs & Services				
Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men.				
Minimum qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$203,000.00	0.10	12	1	\$ 20,300

Staff Position 2: Director, Behavioral Health Services				
Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.				
Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$120,000.00	0.05	12	1	\$ 6,000

Staff Position 3: Director, SAS				
Brief description of job duties: Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.15	12	1	\$ 15,563

Staff Position 4: Associate Director, 6th Street HRC				
Brief description of job duties: Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support.				
Minimum qualifications: Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$78,398.00	1.00	12	1	\$ 78,398

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$2,000/mo x 12 mo.	2000	24,000
Rent-6th Street	Prorated rent @ \$432.25/mo x 12 mo.	432.25	5,187
Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo.	500	6,000
Total Occupancy:			37,187

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies\$547/mo.	\$547/mo	6,564
Incentives	exchange incentives, 1,260 incentives @ \$5each =\$6,300.		6,300
Group supplies	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,000
Total Materials & Supplies:			24,864

General Operating:

Expense Item	Brief Description	Rate	Cost
Janitorial	Prorated Monthly janitorial svc \$1,735.17/mo.	1,735.17/mo	20,822
Insurance	Prorated gen liability, hazard and auto insurance.	208.34	2,500
Total General Operating:			23,322

TOTAL OPERATING EXPENSES: 85,373

TOTAL DIRECT COSTS: 959,773

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	95,977

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 95,977

TOTAL EXPENSES: 1,055,750

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26
 Funding Source General Fund

Appendix # B-3h
 Page # 1
 Fiscal Year(s) 24-25
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	FTE	SERVICE MODES						Contract Totals
		Syringe Access Services		Lounge Services		Salaries	% FTE	
Position Titles		Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
V.P Programs & Services	0.10	10,150	50%	10,150	50%	-	0%	20,300
Director, Behavioral Health Services	0.05	3,000	50%	3,000	50%	-	0%	6,000
Director, SAS	0.15	7,781	50%	7,782	50%	-	0%	15,563
Associate Director, 6th Street HRC	1.00	39,199	50%	39,199	50%	-	0%	78,398
Health Educator	7.75	218,988	50%	218,988	50%	-	0%	437,976
Mobile Health Educator	0.50	14,129	50%	14,128	50%	-	0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%	-	0%	56,513
Inventory Associate/Health Educator	1.00	28,257	50%	28,256	50%	-	0%	56,513
Total FTE & Total Salaries	11.55	349,760	50%	349,760	50%	-	0%	699,520
Fringe Benefits	25.00%	87,440	50%	87,440	50%	-	0%	174,880
Total Personnel Expenses		437,200	50%	437,200	50%	-	0%	874,400
Operating Expenses		Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
Total Occupancy		18,594	50%	18,593	50%	-	0%	37,187
Total Materials and Supplies		12,432	50%	12,432	50%	-	0%	24,864
Total General Operating		11,661	50%	11,661	50%	-	0%	23,322
Total Operating Expenses		42,687	50%	42,686	50%	-	0%	85,373
Total Direct Expenses		479,887	50%	479,886	50%	-	0%	959,773
Indirect Expenses	10.00%	47,988	50%	47,989	50%	-	0%	95,977
TOTAL EXPENSES		527,875	50%	527,875	50%	-	0%	1,055,750
Units of Service (UOS) per Service Mode		1,888		2,550		-		4,438
Cost Per Unit of Service by Service Mode		279.60		207.01		-		
(NOC) per Service Mode		31,341		8,000				39,341

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Harm Reduction Center

Appendix #: B-3h
 Fiscal Year: 24-25

1a) SALARIES

Staff Position 1: V.P Programs & Services				
Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men.				
Minimum qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$203,000.00	0.10	12	1	\$ 20,300

Staff Position 2: Director, Behavioral Health Services				
Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.				
Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$120,000.00	0.05	12	1	\$ 6,000

Staff Position 3: Director, SAS				
Brief description of job duties: Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.15	12	1	\$ 15,563

Staff Position 4: Associate Director, 6th Street HRC				
Brief description of job duties: Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support.				
Minimum qualifications: Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$78,398.00	1.00	12	1	\$ 78,398

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$2,000/mo x 12 mo.	2000	24,000
Rent-6th Street	Prorated rent @ \$432.25/mo x 12 mo.	432.25	5,187
Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo.	500	6,000
Total Occupancy:			37,187

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies\$547/mo.	\$547/mo	6,564
Incentives	exchange incentives, 1,260 incentives @ \$5each =\$6,300.		6,300
Group supplies	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,000
Total Materials & Supplies:			24,864

General Operating:

Expense Item	Brief Description	Rate	Cost
Janitorial	Prorated Monthly janitorial svc \$1,735.17/mo.	1,735.17/mo	20,822
Insurance	Prorated gen liability, hazard and auto insurance.	208.34	2,500
Total General Operating:			23,322

TOTAL OPERATING EXPENSES: 85,373

TOTAL DIRECT COSTS: 959,773

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	95,977

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: 95,977

TOTAL EXPENSES: 1,055,750

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26
 Funding Source General Fund

Appendix # B-3i
 Page # 1
 Fiscal Year(s) 25-26
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	FTE	SERVICE MODES						Contract Totals
		Syringe Access Services		Lounge Services				
		Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
V.P Programs & Services	0.10	10,150	50%	10,150	50%	-	0%	20,300
Director, Behavioral Health Services	0.05	3,000	50%	3,000	50%	-	0%	6,000
Director, SAS	0.15	7,781	50%	7,782	50%	-	0%	15,563
Associate Director, 6th Street HRC	1.00	39,199	50%	39,199	50%	-	0%	78,398
Health Educator	7.75	218,988	50%	218,988	50%	-	0%	437,976
Mobile Health Educator	0.50	14,129	50%	14,128	50%	-	0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%	-	0%	56,513
Inventory Associate/Health Educator	1.00	28,257	50%	28,256	50%	-	0%	56,513
Total FTE & Total Salaries	11.55	349,760	50%	349,760	50%	-	0%	699,520
Fringe Benefits	25.00%	87,440	50%	87,440	50%	-	0%	174,880
Total Personnel Expenses		437,200	50%	437,200	50%	-	0%	874,400
Operating Expenses		Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
Total Occupancy		18,594	50%	18,593	50%	-	0%	37,187
Total Materials and Supplies		12,432	50%	12,432	50%	-	0%	24,864
Total General Operating		11,661	50%	11,661	50%	-	0%	23,322
Total Operating Expenses		42,687	50%	42,686	50%	-	0%	85,373
Total Direct Expenses		479,887	50%	479,886	50%	-	0%	959,773
Indirect Expenses	10.00%	47,988	50%	47,989	50%	-	0%	95,977
TOTAL EXPENSES		527,875	50%	527,875	50%	-	0%	1,055,750
Units of Service (UOS) per Service Mode		1,888		2,550		-		4,438
Cost Per Unit of Service by Service Mode		279.60		207.01		-		
(NOC) per Service Mode		31,341		8,000				39,341

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Harm Reduction Center

Appendix #: B-3i
 Fiscal Year: 25-26

1a) SALARIES

Staff Position 1: V.P Programs & Services				
Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men.				
Brief description of job duties:				
Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$203,000.00	0.10	12	1	\$ 20,300

Staff Position 2: Director, Behavioral Health Services				
Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.				
Brief description of job duties:				
Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$120,000.00	0.05	12	1	\$ 6,000

Staff Position 3: Director, SAS				
Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Brief description of job duties:				
Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.15	12	1	\$ 15,563

Staff Position 4: Associate Director, 6th Street HRC				
Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support.				
Brief description of job duties:				
Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$78,398.00	1.00	12	1	\$ 78,398

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$2,000/mo x 12 mo.	2000	24,000
Rent-6th Street	Prorated rent @ \$432.25/mo x 12 mo.	432.25	5,187
Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo.	500	6,000
Total Occupancy:			37,187

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies \$547/mo.	\$547/mo	6,564
Incentives	exchange incentives, 1,260 incentives @ \$5 each = \$6,300.		6,300
Group supplies	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,000
Total Materials & Supplies:			24,864

General Operating:

Expense Item	Brief Description	Rate	Cost
Janitorial	Prorated Monthly janitorial svc \$1,735.17/mo.	1,735.17/mo	20,822
Insurance	Prorated gen liability, hazard and auto insurance.	208.34	2,500
Total General Operating:			23,322

TOTAL OPERATING EXPENSES: 85,373

TOTAL DIRECT COSTS: 959,773

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	95,977

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 95,977

TOTAL EXPENSES: 1,055,750

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16 - 6/30/26
 Funding Source General Fund

Appendix # B-4a
 Page # 1
 Fiscal Year(s) 20-21
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

SERVICE MODES								
Personnel Expenses	Syringe Disposal Service Hours							Contract Totals
	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Manager, Syringe Clean Up	2.00	140,000	100%		0%		0%	140,000
Inventory & Logistics Coordinator	0.80	37,622	100%	-	0%	-	0%	37,622
Associate, Syringe Clean Up	5.60	227,483	100%	-	0%	-	0%	227,483
Syringe Sweeps Mgr. Disposal, Mobile & C	0.25	23,882	100%	-	0%	-	0%	23,882
Associate, Syringe Clean Up - Mobile	1.00	54,537	100%	-	0%	-	0%	54,537
			0%		0%		0%	
			0%		0%		0%	
		-	0%	-	0%	-	0%	-
Total FTE & Total Salaries	9.65	483,524	100%	-	0%	-	0%	483,524
Fringe Benefits	30.00%	145,057	100%	-	0%	-	0%	145,057
Total Personnel Expenses		628,581	100%	-	0%	-	0%	628,581
Operating Expenses	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total	
Total Occupancy	31,752	100%		0%	-	0%	31,752	
Total Materials and Supplies	8,800	100%		0%	-	0%	8,800	
Total General Operating	19,400	100%		0%	-	0%	19,400	
Total Staff Travel	-	0%	-	0%	-	0%	-	
Consultants/Subcontractor:	-	0%	-	0%	-	0%	-	
Other (specify):	-	0%	-	0%	-	0%	-	
		0%		0%		0%	-	
		0%		0%		0%	-	
		0%		0%		0%	-	
		0%		0%		0%	-	
Total Operating Expenses	59,952	100%	-	0%	-	0%	59,952	
Capital Expenses	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total	
Capital Expenditure 1	-	0%	-	0%	-	0%	-	
Capital Expenditure 2	-	0%	-	0%	-	0%	-	
Total Capital Expenses	-	0%	-	0%	-	0%	-	
Total Direct Expenses	688,533	100%	-	0%	-	0%	688,533	
Indirect Expenses	103,280	100%	-	0%	-	0%	103,280	
TOTAL EXPENSES	791,813	100%	-	0%	-	0%	791,813	
Units of Service (UOS) per Service Mode	4,368				-		4,368	
Cost Per Unit of Service by Service Mode	181.28				-			
(NOC) per Service Mode	N/A						N/A	

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Syringe Sweeps

Appendix #: B-4a
 Fiscal Year: 20-21

1a) SALARIES

Staff Position 1: Manager, Syringe Clean Up				
Hires, trains, and supervises disposal team members. Ensures adherence to safety protocol; schedules and coordinates clean-up activities; and completes required documentation. Leads street clean-up efforts.				
Driver's License. Minimum of three years experience working with people who inject drugs and one year of experience supervising teams.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$70,000.00	2.00	12	1	\$ 140,000

Staff Position 2: Inventory & Logistics Coordinator				
Supports the managers with logistics, operations, scheduling, coordination, administrative, and inventory/supply management. Conducts street clean-up.				
Driver's License. 1 year or more of experience working with people who inject drugs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,028.00	0.80	12	1	\$ 37,622

Staff Position 3: Associate, Syringe Clean Up				
Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately.				
Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$40,622.00	5.60	12	1	\$ 227,483

Staff Position 4: Syringe Sweeps Mgr. Disposal, Mobile & Outreach				
Coordinates and oversees mobile, outreach, and syringe disposal efforts. Includes supervision of health educators, Syringe Clean Up Managers, and Inventory Coordinators.				
Minimum of three years supervising staff. Minimum three years of experience working with people who inject drugs and/or are experiencing homelessness.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$95,529.00	0.25	12	1	\$ 23,882

Insurance	Insurance for vehicle, \$200/mo x 12 mo.	\$200/mo	2,400
Professional services	Service providers like Apple Development, Amazon Web Svc, ancillary maint.		5,000
Total General Operating:			19,400

Staff Travel: _____

Purpose of Travel	Location	Expense Item	Rate	Cost
Total Staff Travel:				-

Consultants/Subcontractors: _____

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

Other: _____

Expense Item	Brief Description	Rate	Cost
Total Other:			-

TOTAL OPERATING EXPENSES: 59,952

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 688,533

4) INDIRECT COSTS

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

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
The San Francisco AIDS Foundation has a federally negotiated indirect rate of 27%. This contract seeks a reimbursement rate of 15% of total direct costs.	103,280

Indirect Rate: 15.00%

TOTAL INDIRECT COSTS: 103,280

TOTAL EXPENSES: 791,813

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16 - 6/30/26
 Funding Source General Fund

Appendix # B-4b
 Page # 1
 Fiscal Year(s) 21-22
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Syringe Disposal Service Hours						
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Manager, Syringe Clean Up	2.00	140,000	100%		0%		0%	140,000
Inventory & Logistics Coordinator	0.80	37,622	100%	-	0%	-	0%	37,622
Associate, Syringe Clean Up	5.60	227,483	100%	-	0%	-	0%	227,483
Syringe Sweeps Mgr. Disposal, Mobile & C	0.25	23,882	100%	-	0%	-	0%	23,882
Associate, Syringe Clean Up - Mobile	1.00	54,537	100%	-	0%	-	0%	54,537
			0%		0%		0%	
			0%		0%		0%	
		-	0%	-	0%	-	0%	-
Total FTE & Total Salaries	9.65	483,524	100%	-	0%	-	0%	483,524
Fringe Benefits	30.00%	145,057	100%	-	0%	-	0%	145,057
Total Personnel Expenses		628,581	100%	-	0%	-	0%	628,581
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		31,752	100%		0%	-	0%	31,752
Total Materials and Supplies		8,800	100%		0%	-	0%	8,800
Total General Operating		19,400	100%		0%	-	0%	19,400
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-
Other (specify):		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
Total Operating Expenses		59,952	100%	-	0%	-	0%	59,952
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2		-	0%	-	0%	-	0%	-
Total Capital Expenses		-	0%	-	0%	-	0%	-
Total Direct Expenses		688,533	100%	-	0%	-	0%	688,533
Indirect Expenses	15.00%	103,280	100%	-	0%	-	0%	103,280
TOTAL EXPENSES		791,813	100%	-	0%	-	0%	791,813
Units of Service (UOS) per Service Mode		4,368				-		4,368
Cost Per Unit of Service by Service Mode		181.28		-		-		
(NOC) per Service Mode		N/A						N/A

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Syringe Sweeps

Appendix #: B-4b
 Fiscal Year: 21-22

1a) SALARIES

Staff Position 1: Manager, Syringe Clean Up				
Hires, trains, and supervises disposal team members. Ensures adherence to safety protocol; schedules and coordinates clean-up activities; and completes required documentation. Leads street clean-up efforts.				
Brief description of job duties:				
Driver's License. Minimum of three years experience working with people who inject drugs and one year of experience supervising teams.				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$70,000.00	2.00	12	1	\$ 140,000

Staff Position 2: Inventory & Logistics Coordinator				
Supports the managers with logistics, operations, scheduling, coordination, administrative, and inventory/supply management. Conducts street clean-up.				
Brief description of job duties:				
Driver's License. 1 year or more of experience working with people who inject drugs.				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,028.00	0.80	12	1	\$ 37,622

Staff Position 3: Associate, Syringe Clean Up				
Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately.				
Brief description of job duties:				
Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$40,622.00	5.60	12	1	\$ 227,483

Staff Position 4: Syringe Sweeps Mgr. Disposal, Mobile & Outreach				
Coordinates and oversees mobile, outreach, and syringe disposal efforts. Includes supervision of health educators, Syringe Clean Up Managers, and Inventory Coordinators.				
Brief description of job duties:				
Minimum of three years supervising staff. Minimum three years of experience working with people who inject drugs and/or are experiencing homelessness.				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$95,529.00	0.25	12	1	\$ 23,882

Insurance	Insurance for vehicle, \$200/mo x 12 mo.	\$200/mo	2,400
Professional services	Service providers like Apple Development, Amazon Web Svc, ancillary maint.		5,000
Total General Operating:			19,400

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
Total Staff Travel:				-

Consultants/Subcontractors:

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

Other:

Expense Item	Brief Description	Rate	Cost
Total Other:			-

TOTAL OPERATING EXPENSES: 59,952

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 688,533

4) INDIRECT COSTS

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

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs.	103,280

Indirect Rate: 15.00%
TOTAL INDIRECT COSTS: 103,280

TOTAL EXPENSES: 791,813

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16 - 6/30/26
 Funding Source General Fund

Appendix # B-4c
 Page # 1
 Fiscal Year(s) 22-23
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	SERVICE MODES							
	Syringe Disposal Service Hours							
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Manager, Syringe Clean Up	2.00	140,000	100%		0%		0%	140,000
Inventory & Logistics Coordinator	0.80	37,622	100%	-	0%	-	0%	37,622
Associate, Syringe Clean Up	5.60	227,483	100%	-	0%	-	0%	227,483
Syringe Sweeps Mgr. Disposal, Mobile & C	0.25	23,882	100%	-	0%	-	0%	23,882
Associate, Syringe Clean Up - Mobile	1.00	54,537	100%	-	0%	-	0%	54,537
			0%		0%		0%	
			0%		0%		0%	
		-	0%	-	0%	-	0%	-
Total FTE & Total Salaries	9.65	483,524	100%	-	0%	-	0%	483,524
Fringe Benefits	30.00%	145,057	100%	-	0%	-	0%	145,057
Total Personnel Expenses		628,581	100%	-	0%	-	0%	628,581
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		31,752	100%		0%	-	0%	31,752
Total Materials and Supplies		8,800	100%		0%	-	0%	8,800
Total General Operating		19,400	100%		0%	-	0%	19,400
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		-	0%		0%	-	0%	-
Other (specify):		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
Total Operating Expenses		59,952	100%	-	0%	-	0%	59,952
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2			0%		0%		0%	-
Total Capital Expenses		-	0%	-	0%	-	0%	-
Total Direct Expenses		688,533	100%	-	0%	-	0%	688,533
Indirect Expenses	15.00%	103,280	100%	-	0%	-	0%	103,280
TOTAL EXPENSES		791,813	100%	-	0%	-	0%	791,813
Units of Service (UOS) per Service Mode		4,368				-		4,368
Cost Per Unit of Service by Service Mode		181.28		-		-		
(NOC) per Service Mode		N/A						N/A

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Syringe Sweeps

Appendix #: B-4c
 Fiscal Year: 22-23

1a) SALARIES

Staff Position 1: Manager, Syringe Clean Up				
Hires, trains, and supervises disposal team members. Ensures adherence to safety protocol; schedules and coordinates clean-up activities; and completes required				
Brief description of job duties: documentation. Leads street clean-up efforts.				
Driver's License. Minimum of three years experience working with people who inject				
Minimum qualifications: drugs and one year of experience supervising teams.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$70,000.00	2.00	12	1	\$ 140,000

Staff Position 2: Inventory & Logistics Coordinator				
Supports the managers with logistics, operations, scheduling, coordination,				
Brief description of job duties: administrative, and inventory/supply management. Conducts street clean-up.				
Minimum qualifications: Driver's License. 1 year or more of experience working with people who inject drugs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,028.00	0.80	12	1	\$ 37,622

Staff Position 3: Associate, Syringe Clean Up				
Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately.				
Brief description of job duties:				
Minimum of 6 months experience working or volunteering with substance users,				
Minimum qualifications: homeless populations, and/or harm reduction programs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$40,622.00	5.60	12	1	\$ 227,483

Staff Position 4: Syringe Sweeps Mgr. Disposal, Mobile & Outreach				
Coordinates and oversees mobile, outreach, and syringe disposal efforts. Includes supervision of health educators, Syringe Clean Up Managers, and Inventory Coordinators.				
Brief description of job duties:				
Minimum of three years supervising staff. Minimum three years of experience working				
Minimum qualifications: with people who inject drugs and/or are experiencing homelessness.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$95,529.00	0.25	12	1	\$ 23,882

Insurance	Insurance for vehicle, \$200/mo x 12 mo.	\$200/mo	2,400
Professional services	Service providers like Apple Development, Amazon Web Svc, ancillary maint.		5,000
Total General Operating:			19,400

Staff Travel: _____

Purpose of Travel	Location	Expense Item	Rate	Cost
Total Staff Travel:				-

Consultants/Subcontractors: _____

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

Other: _____

Expense Item	Brief Description	Rate	Cost
Total Other:			-

TOTAL OPERATING EXPENSES: 59,952

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 688,533

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs.	103,280

Indirect Rate: 15.00%
TOTAL INDIRECT COSTS: 103,280

TOTAL EXPENSES: 791,813

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16 - 6/30/26
 Funding Source General Fund

Appendix # B-4d
 Page # 1
 Fiscal Year(s) 23-24
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

SERVICE MODES								
Personnel Expenses	Syringe Disposal Service Hours							Contract Totals
	Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	
Manager, Syringe Clean Up	2.00	140,000	100%		0%		0%	140,000
Inventory & Logistics Coordinator	0.80	37,622	100%	-	0%	-	0%	37,622
Associate, Syringe Clean Up	5.60	227,483	100%	-	0%	-	0%	227,483
Syringe Sweeps Mgr. Disposal, Mobile & C	0.25	23,882	100%	-	0%	-	0%	23,882
Associate, Syringe Clean Up - Mobile	1.00	54,537	100%	-	0%	-	0%	54,537
			0%		0%		0%	
			0%		0%		0%	
		-	0%	-	0%	-	0%	-
Total FTE & Total Salaries	9.65	483,524	100%	-	0%	-	0%	483,524
Fringe Benefits	30.00%	145,057	100%	-	0%	-	0%	145,057
Total Personnel Expenses		628,581	100%	-	0%	-	0%	628,581
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		31,752	100%		0%	-	0%	31,752
Total Materials and Supplies		8,800	100%		0%	-	0%	8,800
Total General Operating		19,400	100%		0%	-	0%	19,400
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-
Other (specify):		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
Total Operating Expenses		59,952	100%	-	0%	-	0%	59,952
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2		-	0%	-	0%	-	0%	-
Total Capital Expenses		-	0%	-	0%	-	0%	-
Total Direct Expenses		688,533	100%	-	0%	-	0%	688,533
Indirect Expenses	15.00%	103,280	100%	-	0%	-	0%	103,280
TOTAL EXPENSES		791,813	100%	-	0%	-	0%	791,813
Units of Service (UOS) per Service Mode		4,368				-		4,368
Cost Per Unit of Service by Service Mode		181.28		-		-		
(NOC) per Service Mode		N/A						N/A

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Syringe Sweeps

Appendix #: B-4d
 Fiscal Year: 23-24

1a) SALARIES

Staff Position 1: Manager, Syringe Clean Up				
Brief description of job duties: Hires, trains, and supervises disposal team members. Ensures adherence to safety protocol; schedules and coordinates clean-up activities; and completes required documentation. Leads street clean-up efforts.				
Minimum qualifications: Driver's License. Minimum of three years experience working with people who inject drugs and one year of experience supervising teams.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$70,000.00	2.00	12	1	\$ 140,000

Staff Position 2: Inventory & Logistics Coordinator				
Brief description of job duties: Supports the managers with logistics, operations, scheduling, coordination, administrative, and inventory/supply management. Conducts street clean-up.				
Minimum qualifications: Driver's License. 1 year or more of experience working with people who inject drugs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,028.00	0.80	12	1	\$ 37,622

Staff Position 3: Associate, Syringe Clean Up				
Brief description of job duties: Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately.				
Minimum qualifications: Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$40,622.00	5.60	12	1	\$ 227,483

Staff Position 4: Syringe Sweeps Mgr. Disposal, Mobile & Outreach				
Brief description of job duties: Coordinates and oversees mobile, outreach, and syringe disposal efforts. Includes supervision of health educators, Syringe Clean Up Managers, and Inventory Coordinators.				
Minimum qualifications: Minimum of three years supervising staff. Minimum three years of experience working with people who inject drugs and/or are experiencing homelessness.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$95,529.00	0.25	12	1	\$ 23,882

Insurance	Insurance for vehicle, \$200/mo x 12 mo.	\$200/mo	2,400
Professional services	Service providers like Apple Development, Amazon Web Svc, ancillary maint.		5,000
Total General Operating:			19,400

Staff Travel: _____

Purpose of Travel	Location	Expense Item	Rate	Cost
Total Staff Travel:				-

Consultants/Subcontractors: _____

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

Other: _____

Expense Item	Brief Description	Rate	Cost
Total Other:			-

TOTAL OPERATING EXPENSES: 59,952

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 688,533

4) INDIRECT COSTS

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

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs.	103,280

Indirect Rate: 15.00%
TOTAL INDIRECT COSTS: 103,280

TOTAL EXPENSES: 791,813

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16 - 6/30/26
 Funding Source General Fund

Appendix # B-4e
 Page # 1
 Fiscal Year(s) 24-25
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Syringe Disposal Service Hours						
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Manager, Syringe Clean Up	2.00	140,000	100%		0%		0%	140,000
Inventory & Logistics Coordinator	0.80	37,622	100%	-	0%	-	0%	37,622
Associate, Syringe Clean Up	5.60	227,483	100%	-	0%	-	0%	227,483
Syringe Sweeps Mgr. Disposal, Mobile & C	0.25	23,882	100%	-	0%	-	0%	23,882
Associate, Syringe Clean Up - Mobile	1.00	54,537	100%	-	0%	-	0%	54,537
			0%		0%		0%	
		-	0%	-	0%	-	0%	-
Total FTE & Total Salaries	9.65	483,524	100%	-	0%	-	0%	483,524
Fringe Benefits	30.00%	145,057	100%	-	0%	-	0%	145,057
Total Personnel Expenses		628,581	100%	-	0%	-	0%	628,581
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		31,752	100%		0%	-	0%	31,752
Total Materials and Supplies		8,800	100%		0%	-	0%	8,800
Total General Operating		19,400	100%		0%	-	0%	19,400
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-
Other (specify):		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
Total Operating Expenses		59,952	100%	-	0%	-	0%	59,952
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2		-	0%	-	0%	-	0%	-
Total Capital Expenses		-	0%	-	0%	-	0%	-
Total Direct Expenses		688,533	100%	-	0%	-	0%	688,533
Indirect Expenses	15.00%	103,280	100%	-	0%	-	0%	103,280
TOTAL EXPENSES		791,813	100%	-	0%	-	0%	791,813
Units of Service (UOS) per Service Mode		4,368				-		4,368
Cost Per Unit of Service by Service Mode		181.28		-		-		
(NOC) per Service Mode		N/A						N/A

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Syringe Sweeps

Appendix #: B-4e
 Fiscal Year: 24-25

1a) SALARIES

Staff Position 1: Manager, Syringe Clean Up				
Brief description of job duties: Hires, trains, and supervises disposal team members. Ensures adherence to safety protocol; schedules and coordinates clean-up activities; and completes required documentation. Leads street clean-up efforts.				
Minimum qualifications: Driver's License. Minimum of three years experience working with people who inject drugs and one year of experience supervising teams.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$70,000.00	2.00	12	1	\$ 140,000

Staff Position 2: Inventory & Logistics Coordinator				
Brief description of job duties: Supports the managers with logistics, operations, scheduling, coordination, administrative, and inventory/supply management. Conducts street clean-up.				
Minimum qualifications: Driver's License. 1 year or more of experience working with people who inject drugs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,028.00	0.80	12	1	\$ 37,622

Staff Position 3: Associate, Syringe Clean Up				
Brief description of job duties: Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately.				
Minimum qualifications: Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$40,622.00	5.60	12	1	\$ 227,483

Staff Position 4: Syringe Sweeps Mgr. Disposal, Mobile & Outreach				
Brief description of job duties: Coordinates and oversees mobile, outreach, and syringe disposal efforts. Includes supervision of health educators, Syringe Clean Up Managers, and Inventory Coordinators.				
Minimum qualifications: Minimum of three years supervising staff. Minimum three years of experience working with people who inject drugs and/or are experiencing homelessness.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$95,529.00	0.25	12	1	\$ 23,882

Insurance	Insurance for vehicle, \$200/mo x 12 mo.	\$200/mo	2,400
Professional services	Service providers like Apple Development, Amazon Web Svc, ancillary maint.		5,000
Total General Operating:			19,400

Staff Travel: _____

Purpose of Travel	Location	Expense Item	Rate	Cost
Total Staff Travel:				-

Consultants/Subcontractors: _____

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

Other: _____

Expense Item	Brief Description	Rate	Cost
Total Other:			-

TOTAL OPERATING EXPENSES: 59,952

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 688,533

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs.	103,280

Indirect Rate: 15.00%
TOTAL INDIRECT COSTS: 103,280

TOTAL EXPENSES: 791,813

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16 - 6/30/26
 Funding Source General Fund

Appendix # B-4f
 Page # 1
 Fiscal Year(s) 25-26
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	SERVICE MODES							Contract Totals
	Syringe Disposal Service Hours							
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Manager, Syringe Clean Up	2.00	140,000	100%		0%		0%	140,000
Inventory & Logistics Coordinator	0.80	37,622	100%	-	0%	-	0%	37,622
Associate, Syringe Clean Up	5.60	227,483	100%	-	0%	-	0%	227,483
Syringe Sweeps Mgr. Disposal, Mobile & C	0.25	23,882	100%	-	0%	-	0%	23,882
Associate, Syringe Clean Up - Mobile	1.00	54,537	100%	-	0%	-	0%	54,537
			0%		0%		0%	
			0%		0%		0%	
		-	0%	-	0%	-	0%	-
Total FTE & Total Salaries	9.65	483,524	100%	-	0%	-	0%	483,524
Fringe Benefits	30.00%	145,057	100%	-	0%	-	0%	145,057
Total Personnel Expenses		628,581	100%	-	0%	-	0%	628,581
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		31,752	100%		0%	-	0%	31,752
Total Materials and Supplies		8,800	100%		0%	-	0%	8,800
Total General Operating		19,400	100%		0%	-	0%	19,400
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-
Other (specify):		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
Total Operating Expenses		59,952	100%	-	0%	-	0%	59,952
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2		-	0%	-	0%	-	0%	-
Total Capital Expenses		-	0%	-	0%	-	0%	-
Total Direct Expenses		688,533	100%	-	0%	-	0%	688,533
Indirect Expenses	15.00%	103,280	100%	-	0%	-	0%	103,280
TOTAL EXPENSES		791,813	100%	-	0%	-	0%	791,813
Units of Service (UOS) per Service Mode		4,368				-		4,368
Cost Per Unit of Service by Service Mode		181.28		-		-		
(NOC) per Service Mode		N/A						N/A

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Syringe Sweeps

Appendix #: B-4f
 Fiscal Year: 25-26

1a) SALARIES

Staff Position 1: Manager, Syringe Clean Up				
Brief description of job duties: Hires, trains, and supervises disposal team members. Ensures adherence to safety protocol; schedules and coordinates clean-up activities; and completes required documentation. Leads street clean-up efforts.				
Minimum qualifications: Driver's License. Minimum of three years experience working with people who inject drugs and one year of experience supervising teams.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$70,000.00	2.00	12	1	\$ 140,000

Staff Position 2: Inventory & Logistics Coordinator				
Brief description of job duties: Supports the managers with logistics, operations, scheduling, coordination, administrative, and inventory/supply management. Conducts street clean-up.				
Minimum qualifications: Driver's License. 1 year or more of experience working with people who inject drugs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,028.00	0.80	12	1	\$ 37,622

Staff Position 3: Associate, Syringe Clean Up				
Brief description of job duties: Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately.				
Minimum qualifications: Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$40,622.00	5.60	12	1	\$ 227,483

Staff Position 4: Syringe Sweeps Mgr. Disposal, Mobile & Outreach				
Brief description of job duties: Coordinates and oversees mobile, outreach, and syringe disposal efforts. Includes supervision of health educators, Syringe Clean Up Managers, and Inventory Coordinators.				
Minimum qualifications: Minimum of three years supervising staff. Minimum three years of experience working with people who inject drugs and/or are experiencing homelessness.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$95,529.00	0.25	12	1	\$ 23,882

Insurance	Insurance for vehicle, \$200/mo x 12 mo.	\$200/mo	2,400
Professional services	Service providers like Apple Development, Amazon Web Svc, ancillary maint.		5,000
Total General Operating:			19,400

Staff Travel: _____

Purpose of Travel	Location	Expense Item	Rate	Cost
Total Staff Travel:				-

Consultants/Subcontractors: _____

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

Other: _____

Expense Item	Brief Description	Rate	Cost
Total Other:			-

TOTAL OPERATING EXPENSES: 59,952

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 688,533

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
The San Francisco AIDS Foundation has a federally negotiated indirect rate of 27%. This contract seeks a reimbursement rate of 15% of total direct costs.	103,280

Indirect Rate: 15.00%
TOTAL INDIRECT COSTS: 103,280

TOTAL EXPENSES: 791,813

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Syringe Sweeps War Memorial

Appendix #: B-5a
 Fiscal Year: 20-21

1a) SALARIES

Staff Position 1: Associate, Syringe Clean Up				
Brief description of job duties: Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately.				
Minimum qualifications: Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,027.00	0.125	12	1	\$ 5,878

Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Total FTE: 0.125 Total Salaries: \$ 5,878

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	
Retirement	
Medical	
Dental	
Unemployment Insurance	
Disability Insurance	
Paid Time Off	
Other (workers comp):	
Total Fringe Benefit:	-
Fringe Benefit %:	0.0%
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:	
	5,878

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Total Occupancy:			-

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Program Supplies	Items include, but not limited to, tongs, bio buckets, gloves, bags, etc.		154
Total Materials & Supplies:			154

General Operating:

Expense Item	Brief Description	Rate	Cost
Total General Operating:			-

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
Total Staff Travel:				-

Consultants/Subcontractors:

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

Other: _____

Expense Item	Brief Description	Rate	Cost
Total Other:			-

TOTAL OPERATING EXPENSES: 154

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 6,032

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs.	905

Indirect Rate: 15.00%
TOTAL INDIRECT COSTS: 905

TOTAL EXPENSES: 6,937

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Syringe Sweeps War Memorial

Appendix #: B-5b
 Fiscal Year: 21-22

1a) SALARIES

Staff Position 1: Associate, Syringe Clean Up				
Brief description of job duties: Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately.				
Minimum qualifications: Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,027.00	0.125	12	1	\$ 5,878

Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Total FTE: 0.125 Total Salaries: \$ 5,878

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	
Retirement	
Medical	
Dental	
Unemployment Insurance	
Disability Insurance	
Paid Time Off	
Other (workers comp):	
Total Fringe Benefit:	-
	Fringe Benefit %: 0.0%
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 5,878	

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Total Occupancy:			-

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Program Supplies	Items include, but not limited to, tongs, bio buckets, gloves, bags, etc.		154
Total Materials & Supplies:			154

General Operating:

Expense Item	Brief Description	Rate	Cost
Total General Operating:			-

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
Total Staff Travel:				-

Consultants/Subcontractors:

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

Other: _____

Expense Item	Brief Description	Rate	Cost
Total Other:			-

TOTAL OPERATING EXPENSES: 154

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 6,032

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs.	905

Indirect Rate: 15.00%
TOTAL INDIRECT COSTS: 905

TOTAL EXPENSES: 6,937

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16 - 6/30/26
 Funding Source Work Order

Appendix # B-5c
 Page # 1
 Fiscal Year(s) 22-23
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Syringe Disposal Service Weeks - War Memorial		Evaluation				
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Associate, Syringe Clean Up	0.125	5,878	100%		0%		0%	5,878
			0%	-	0%	-	0%	-
			0%	-	0%	-	0%	-
			0%	-	0%	-	0%	-
			0%	-	0%	-	0%	-
			0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
Total FTE & Total Salaries	0.125	5,878	100%	-	0%	-	0%	5,878
Fringe Benefits	0.0%		0%	-	0%	-	0%	-
Total Personnel Expenses		5,878	100%	-	0%	-	0%	5,878
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy			0%		0%	-	0%	-
Total Materials and Supplies		154	100%		0%	-	0%	154
Total General Operating			0%		0%	-	0%	-
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-
Other (specify):		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
Total Operating Expenses		154	100%	-	0%	-	0%	154
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2		-	0%	-	0%	-	0%	-
Total Capital Expenses		-	0%	-	0%	-	0%	-
Total Direct Expenses		6,032	100%	-	0%	-	0%	6,032
Indirect Expenses 15.00%		905	100%	-	0%		0%	905
TOTAL EXPENSES		6,937	100%	-	0%	-	0%	6,937
Units of Service (UOS) per Service Mode		52				-		52
Cost Per Unit of Service by Service Mode		133.41		-		-		
(NOC) per Service Mode		N/A						N/A

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Syringe Sweeps War Memorial

Appendix #: B-5c
 Fiscal Year: 22-23

1a) SALARIES

Staff Position 1: Associate, Syringe Clean Up				
Brief description of job duties: Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately.				
Minimum qualifications: Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,027.00	0.125	12	1	\$ 5,878

Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Total FTE: 0.125 Total Salaries: \$ 5,878

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	
Retirement	
Medical	
Dental	
Unemployment Insurance	
Disability Insurance	
Paid Time Off	
Other (workers comp):	
Total Fringe Benefit:	-
	Fringe Benefit %: 0.0%
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 5,878	

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Total Occupancy:			-

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Program Supplies	Items include, but not limited to, tongs, bio buckets, gloves, bags, etc.		154
Total Materials & Supplies:			154

General Operating:

Expense Item	Brief Description	Rate	Cost
Total General Operating:			-

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
Total Staff Travel:				-

Consultants/Subcontractors:

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

Other: _____

Expense Item	Brief Description	Rate	Cost
Total Other:			-

TOTAL OPERATING EXPENSES: 154

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 6,032

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs.	905

Indirect Rate: 15.00%
TOTAL INDIRECT COSTS: 905

TOTAL EXPENSES: 6,937

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16 - 6/30/26
 Funding Source Work Order

Appendix # B-5d
 Page # 1
 Fiscal Year(s) 23-24
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	SERVICE MODES								Contract Totals
	Syringe Disposal Service Weeks - War Memorial		Evaluation						
	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE		
Position Titles									
Associate, Syringe Clean Up	0.125	5,878	100%	-	0%	-	0%	5,878	
			0%	-	0%	-	0%	-	
			0%	-	0%	-	0%	-	
			0%	-	0%	-	0%	-	
			0%	-	0%	-	0%	-	
			0%	-	0%	-	0%	-	
			0%	-	0%	-	0%	-	
			0%	-	0%	-	0%	-	
Total FTE & Total Salaries	0.125	5,878	100%	-	0%	-	0%	5,878	
Fringe Benefits	0.0%		0%	-	0%	-	0%	-	
Total Personnel Expenses		5,878	100%	-	0%	-	0%	5,878	
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total	
Total Occupancy			0%		0%	-	0%	-	
Total Materials and Supplies		154	100%		0%	-	0%	154	
Total General Operating			0%		0%	-	0%	-	
Total Staff Travel		-	0%	-	0%	-	0%	-	
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-	
Other (specify):		-	0%	-	0%	-	0%	-	
			0%		0%		0%	-	
			0%		0%		0%	-	
			0%		0%		0%	-	
			0%		0%		0%	-	
Total Operating Expenses		154	100%	-	0%	-	0%	154	
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total	
Capital Expenditure 1		-	0%	-	0%	-	0%	-	
Capital Expenditure 2		-	0%	-	0%	-	0%	-	
Total Capital Expenses		-	0%	-	0%	-	0%	-	
Total Direct Expenses		6,032	100%	-	0%	-	0%	6,032	
Indirect Expenses	15.00%	905	100%	-	0%	-	0%	905	
TOTAL EXPENSES		6,937	100%	-	0%	-	0%	6,937	
Units of Service (UOS) per Service Mode		52				-		52	
Cost Per Unit of Service by Service Mode		133.41		-		-			
(NOC) per Service Mode		N/A						N/A	

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Syringe Sweeps War Memorial

Appendix #: B-5d
 Fiscal Year: 23-24

1a) SALARIES

Staff Position 1: Associate, Syringe Clean Up				
Brief description of job duties: Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately.				
Minimum qualifications: Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,027.00	0.125	12	1	\$ 5,878

Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Total FTE: 0.125 Total Salaries: \$ 5,878

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	
Retirement	
Medical	
Dental	
Unemployment Insurance	
Disability Insurance	
Paid Time Off	
Other (workers comp):	
Total Fringe Benefit:	-
Fringe Benefit %:	0.0%
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 5,878	

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Total Occupancy:			-

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Program Supplies	Items include, but not limited to, tongs, bio buckets, gloves, bags, etc.		154
Total Materials & Supplies:			154

General Operating:

Expense Item	Brief Description	Rate	Cost
Total General Operating:			-

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
Total Staff Travel:				-

Consultants/Subcontractors:

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

Other: _____

Expense Item	Brief Description	Rate	Cost
Total Other:			-

TOTAL OPERATING EXPENSES: 154

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 6,032

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs.	905

Indirect Rate: 15.00%
TOTAL INDIRECT COSTS: 905

TOTAL EXPENSES: 6,937

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 7/1/16 -6/30/26
 Funding Source Work Order

Appendix # B-5e
 Page # 1
 Fiscal Year(s) 24-25
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Syringe Disposal Service Weeks - War Memorial		Evaluation				
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Associate, Syringe Clean Up	0.125	5,878	100%		0%		0%	5,878
			0%	-	0%	-	0%	-
			0%	-	0%	-	0%	-
			0%	-	0%	-	0%	-
			0%	-	0%	-	0%	-
			0%	-	0%	-	0%	-
			0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
Total FTE & Total Salaries	0.125	5,878	100%	-	0%	-	0%	5,878
Fringe Benefits	0.0%		0%	-	0%	-	0%	-
Total Personnel Expenses		5,878	100%	-	0%	-	0%	5,878
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy			0%		0%	-	0%	-
Total Materials and Supplies		154	100%		0%	-	0%	154
Total General Operating			0%		0%	-	0%	-
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-
Other (specify):		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
Total Operating Expenses		154	100%	-	0%	-	0%	154
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2		-	0%	-	0%	-	0%	-
Total Capital Expenses		-	0%	-	0%	-	0%	-
Total Direct Expenses		6,032	100%	-	0%	-	0%	6,032
Indirect Expenses	15.00%	905	100%	-	0%	-	0%	905
TOTAL EXPENSES		6,937	100%	-	0%	-	0%	6,937
Units of Service (UOS) per Service Mode		52				-		52
Cost Per Unit of Service by Service Mode		133.41		-		-		
(NOC) per Service Mode		N/A						N/A

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Syringe Sweeps War Memorial

Appendix #: B-5e
 Fiscal Year: 24-25

1a) SALARIES

Staff Position 1: Associate, Syringe Clean Up				
Brief description of job duties: Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately.				
Minimum qualifications: Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,027.00	0.125	12	1	\$ 5,878

Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Total FTE: 0.125 Total Salaries: \$ 5,878

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	
Retirement	
Medical	
Dental	
Unemployment Insurance	
Disability Insurance	
Paid Time Off	
Other (workers comp):	
Total Fringe Benefit:	-
Fringe Benefit %:	0.0%
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 5,878	

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Total Occupancy:			-

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Program Supplies	Items include, but not limited to, tongs, bio buckets, gloves, bags, etc.		154
Total Materials & Supplies:			154

General Operating:

Expense Item	Brief Description	Rate	Cost
Total General Operating:			-

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
Total Staff Travel:				-

Consultants/Subcontractors:

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

Other: _____

Expense Item	Brief Description	Rate	Cost
Total Other:			-

TOTAL OPERATING EXPENSES: 154

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 6,032

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs.	905

Indirect Rate: 15.00%
TOTAL INDIRECT COSTS: 905

TOTAL EXPENSES: 6,937

Contractor Name San Francisco AIDS Foundation
 Contract Term (mm/dd/yyyy) 07/01/16 -06/30/26
 Funding Source Work Order

Appendix # B-5f
 Page # 1
 Fiscal Year(s) 25-26
 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Syringe Disposal Service Weeks - War Memorial		Evaluation				
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Associate, Syringe Clean Up	0.125	5,878	100%		0%		0%	5,878
			0%	-	0%	-	0%	-
			0%	-	0%	-	0%	-
			0%	-	0%	-	0%	-
			0%	-	0%	-	0%	-
			0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
Total FTE & Total Salaries	0.125	5,878	100%	-	0%	-	0%	5,878
Fringe Benefits	0%		0%	-	0%	-	0%	-
Total Personnel Expenses		5,878	100%	-	0%	-	0%	5,878
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy			0%		0%	-	0%	-
Total Materials and Supplies		154	100%		0%	-	0%	154
Total General Operating			0%		0%	-	0%	-
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		-	0%		0%	-	0%	-
Other (specify):		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
Total Operating Expenses		154	100%	-	0%	-	0%	154
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2			0%		0%		0%	-
Total Capital Expenses		-	0%	-	0%	-	0%	-
Total Direct Expenses		6,032	100%	-	0%	-	0%	6,032
Indirect Expenses 15.00%		905	100%	-	0%		0%	905
TOTAL EXPENSES		6,937	100%	-	0%	-	0%	6,937
Units of Service (UOS) per Service Mode		52				-		52
Cost Per Unit of Service by Service Mode		133.41		-		-		
(NOC) per Service Mode		N/A						N/A

Rev. 07/15

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation
HIV Syringe Access & Disposal Services -
Program Name: Syringe Sweeps War Memorial

Appendix #: B-5f
 Fiscal Year: 25-26

1a) SALARIES

Staff Position 1: Associate, Syringe Clean Up				
Brief description of job duties: Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately.				
Minimum qualifications: Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,027.00	0.125	12	1	\$ 5,878

Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$ -

Total FTE: 0.125 Total Salaries: \$ 5,878

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	
Retirement	
Medical	
Dental	
Unemployment Insurance	
Disability Insurance	
Paid Time Off	
Other (workers comp):	
Total Fringe Benefit:	-
	Fringe Benefit %: 0.0%
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 5,878	

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Total Occupancy:			-

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Program Supplies	Items include, but not limited to, tongs, bio buckets, gloves, bags, etc.		154
Total Materials & Supplies:			154

General Operating:

Expense Item	Brief Description	Rate	Cost
Total General Operating:			-

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
Total Staff Travel:				-

Consultants/Subcontractors:

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

Other: _____

Expense Item	Brief Description	Rate	Cost
Total Other:			-

TOTAL OPERATING EXPENSES: 154

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 6,032

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs.	905

Indirect Rate: 15.00%
TOTAL INDIRECT COSTS: 905

TOTAL EXPENSES: 6,937

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

APPENDIX F-1k
07/01/2020 - 06/30/2021
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-1JUL20

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services

Project ID-Activity ID: _____

ACE Control #: _____

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
Syringe Access Services (hrs., City-Wide & Fringe)	8,012	54,300							8,012	54,300
Syringe Access, Disposal Coordination & BU	12	N/A							12	N/A

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	54300				54,300

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$521,453				\$521,453.00
Fringe Benefits	\$130,363				\$130,363.00
Total Personnel Expenses	\$651,816				\$651,816.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,666				\$95,666.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$499,570				\$499,570.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$10,916				\$10,916.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$620,838				\$620,838.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$1,226,990				\$1,226,990.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,878,806				\$1,878,806.00
Indirect Expenses	\$187,881				\$187,881.00
TOTAL EXPENSES	\$2,066,687				\$2,066,687.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103	By: _____ (DPH Authorized Signatory)	Date: _____
Attn: Contract Payments			

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

APPENDIX F-11
07/01/2020 - 06/30/2021
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-1JUL20

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services

Project ID-Activity ID: _____

ACE Control #: _____

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
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A							12	N/A

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

EXPENDITURES

	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33,000				\$33,000.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$153,358				\$153,358.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,000				\$12,000.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$198,358				\$198,358.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$198,358				\$198,358.00
Indirect Expenses	\$19,836				\$19,836.00
TOTAL EXPENSES	\$218,194				\$218,194.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: 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-1m
07/01/2021 - 06/30/2022
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-1JUL21

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services

Project ID-Activity ID: _____

ACE Control #: _____

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
Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordination & Bu	8,012	54,300							8,012	54,300
	12	N/A							12	N/A

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	54300				54,300

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$521,453				\$521,453.00
Fringe Benefits	\$130,363				\$130,363.00
Total Personnel Expenses	\$651,816				\$651,816.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,666				\$95,666.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$499,570				\$499,570.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$10,916				\$10,916.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$620,838				\$620,838.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$1,226,990				\$1,226,990.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,878,806				\$1,878,806.00
Indirect Expenses	\$187,881				\$187,881.00
TOTAL EXPENSES	\$2,066,687				\$2,066,687.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: 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-1n
07/01/2021 - 06/30/2022
PAGE A

Contractor: San Francisco AIDS Foundation Address: 1035 Market Street, Suite 400 San Francisco, CA 94103	Contract ID # 1000002634	Invoice Number A-1JUL21	Contract Purchase Order No:
Telephone: 415-487-3000 Fax:	CHEP	Funding Source: General Fund	Department ID-Authority ID:
Program Name: HIV Syringe Access and Disposal Services		Project ID-Activity ID:	Invoice Period: 07/1/21 - 07/31/21
ACE Control #: <input style="width: 150px;" type="text"/>		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
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A							12	N/A

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

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33,000				\$33,000.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$153,358				\$153,358.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,000				\$12,000.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$198,358				\$198,358.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$198,358				\$198,358.00
Indirect Expenses	\$19,836				\$19,836.00
TOTAL EXPENSES	\$218,194				\$218,194.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: 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-1o
07/01/2022 - 06/30/2023
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-1JUL22

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services

Project ID-Activity ID: _____

ACE Control #: _____

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
Syringe Access Services (hrs., City-Wide & Bu	8,012	54,300							8,012	54,300
Syringe Access, Disposal Coordination & Bu	12	N/A							12	N/A

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	54300				54300

EXPENDITURES

	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$521,453				\$521,453.00
Fringe Benefits	\$130,363				\$130,363.00
Total Personnel Expenses	\$651,816				\$651,816.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,666				\$95,666.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$499,570				\$499,570.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$10,916				\$10,916.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$620,838				\$620,838.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$1,226,990				\$1,226,990.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,878,806				\$1,878,806.00
Indirect Expenses	\$187,881				\$187,881.00
TOTAL EXPENSES	\$2,066,687				\$2,066,687.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to: 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-1p
07/01/2022 - 06/30/2023
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-1JUL22

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: **HIV Syringe Access and Disposal Services**

Project ID-Activity ID: _____

ACE Control #: _____

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
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A							12	N/A

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

EXPENDITURES

	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33,000				\$33,000.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$153,358				\$153,358.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,000				\$12,000.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$198,358				\$198,358.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$198,358				\$198,358.00
Indirect Expenses	\$19,836				\$19,836.00
TOTAL EXPENSES	\$218,194				\$218,194.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 403
San Francisco, CA 94103
Attn: **Contract Payments**

By: _____
(DPH Authorized Signatory)

Date: _____

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

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-1JUL23

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: **HIV Syringe Access and Disposal Services**

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: 07/1/23 - 07/31/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Access Services (hrs., City-Wide & Bu	8,012	54,300							8,012	54,300
Syringe Access, Disposal Coordination & Bu	12	N/A							12	N/A

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	54300				54,300

EXPENDITURES

	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$521,453				\$521,453.00
Fringe Benefits	\$130,363				\$130,363.00
Total Personnel Expenses	\$651,816				\$651,816.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,666				\$95,666.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$499,570				\$499,570.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$10,916				\$10,916.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$620,838				\$620,838.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$1,226,990				\$1,226,990.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,878,806				\$1,878,806.00
Indirect Expenses	\$187,881				\$187,881.00
TOTAL EXPENSES	\$2,066,687				\$2,066,687.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: 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-1r
07/01/2023 - 06/30/2024
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
100002634

Invoice Number
A-1JUL23

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: 07/1/23 - 07/31/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A							12	N/A

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

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33,000				\$33,000.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$153,358				\$153,358.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,000				\$12,000.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$198,358				\$198,358.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$198,358				\$198,358.00
Indirect Expenses	\$19,836				\$19,836.00
TOTAL EXPENSES	\$218,194				\$218,194.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	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-1s
07/01/2024 - 06/30/2025
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-1JUL24

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordination & Bu	8,012	54,300							8,012	54,300
	12	N/A							12	N/A

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix		54300			54,300

EXPENDITURES

	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$521,453				\$521,453.00
Fringe Benefits	\$130,363				\$130,363.00
Total Personnel Expenses	\$651,816				\$651,816.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,666				\$95,666.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$499,570				\$499,570.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$10,916				\$10,916.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$620,838				\$620,838.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$1,226,990				\$1,226,990.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,878,806				\$1,878,806.00
Indirect Expenses	\$187,881				\$187,881.00
TOTAL EXPENSES	\$2,066,687				\$2,066,687.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	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-1t
07/01/2024 - 06/30/2025
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
100002634

Invoice Number
A-1JUL24

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: General Fund

Program Name: HIV Syringe Access and Disposal Services

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A							12	N/A

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

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33,000				\$33,000.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$153,358				\$153,358.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,000				\$12,000.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$198,358				\$198,358.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$198,358				\$198,358.00
Indirect Expenses	\$19,836				\$19,836.00
TOTAL EXPENSES	\$218,194				\$218,194.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: 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-1u
07/01/2025 - 06/30/2026
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
100002634

Invoice Number
A-1JUL25

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services

Project ID-Activity ID: _____

ACE Control #: _____

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

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Access Services (hrs., City-Wide & District)	8,012	54,300							8,012	54,300
Syringe Access Disposal Coordination & Billing	12	N/A							12	N/A

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	54300				54,300

EXPENDITURES

	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$521,453				\$521,453.00
Fringe Benefits	\$130,363				\$130,363.00
Total Personnel Expenses	\$651,816				\$651,816.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,666				\$95,666.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$499,570				\$499,570.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$10,916				\$10,916.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$620,838				\$620,838.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$1,226,990				\$1,226,990.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,878,806				\$1,878,806.00
Indirect Expenses	\$187,881				\$187,881.00
TOTAL EXPENSES	\$2,066,687				\$2,066,687.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103	By:	_____	Date:	_____
	Attn: Contract Payments		(DPH Authorized Signatory)		

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

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-1JUL25

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services

Project ID-Activity ID: _____

ACE Control #: _____

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

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A							12	N/A

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

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33,000				\$33,000.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$153,358				\$153,358.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,000				\$12,000.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$198,358				\$198,358.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$198,358				\$198,358.00
Indirect Expenses	\$19,836				\$19,836.00
TOTAL EXPENSES	\$218,194				\$218,194.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	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-2d
07/01/2020 - 06/30/2021
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-2JUL20

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance

Project ID-Activity ID: _____

ACE Control #: _____

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
HYA Wrap Around & Disposal Services	12	N/A							12	N/A

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

EXPENDITURES

	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$158,166				\$158,166.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$158,166				\$158,166.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$158,166				\$158,166.00
Indirect Expenses	\$15,816				\$15,816.00
TOTAL EXPENSES	\$173,982				\$173,982.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to:	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-2e
07/01/2021 - 06/30/2022
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-2JUL21

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance

Project ID-Activity ID: _____

ACE Control #: _____

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
HYA Wrap Around & Disposal Services	12	N/A							12	N/A

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

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$158,166				\$158,166.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$158,166				\$158,166.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$158,166				\$158,166.00
Indirect Expenses	\$15,816				\$15,816.00
TOTAL EXPENSES	\$173,982				\$173,982.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	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-2f
07/01/2022 - 06/30/2023
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-2JUL22

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: **HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

Project ID-Activity ID: _____

ACE Control #: _____

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
HYA Wrap Around & Disposal Services	12	N/A							12	N/A

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

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$158,166				\$158,166.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$158,166				\$158,166.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$158,166				\$158,166.00
Indirect Expenses	\$15,816				\$15,816.00
TOTAL EXPENSES	\$173,982				\$173,982.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to:	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-2g
07/01/2023 - 06/30/2024
PAGE A

Contractor: San Francisco AIDS Foundation	Contract ID # 100002634	Invoice Number A-2JUL23
Address: 1035 Market Street, Suite 400 San Francisco, CA 94103		Contract Purchase Order No.: _____
Telephone: 415-487-3000	CHEP	Funding Source: General Fund
Fax: _____		Department ID-Authority ID: _____
Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance		Project ID-Activity ID: _____
ACE Control #: _____		Invoice Period: 07/1/23 - 07/31/23
		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
HYA Wrap Around & Disposal Services	12	N/A							12	N/A

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

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$158,166				\$158,166.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$158,166				\$158,166.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$158,166				\$158,166.00
Indirect Expenses	\$15,816				\$15,816.00
TOTAL EXPENSES	\$173,982				\$173,982.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES: _____

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By: _____	Date: _____
	(DPH Authorized Signatory)	

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

APPENDIX F-2h
07/01/2024 - 06/30/2025
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-2JUL24

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: **HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
HYA Wrap Around & Disposal Services	12	N/A							12	N/A

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

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$158,166				\$158,166.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$158,166				\$158,166.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$158,166				\$158,166.00
Indirect Expenses	\$15,816				\$15,816.00
TOTAL EXPENSES	\$173,982				\$173,982.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103	By: _____ (DPH Authorized Signatory)	Date: _____
	Attn: Contract Payments		

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

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

Contractor: San Francisco AIDS Foundation Address: 1035 Market Street, Suite 400 San Francisco, CA 94103	Contract ID # <div style="border: 1px solid black; padding: 2px;">1000002634</div>	Invoice Number <div style="border: 1px solid black; padding: 2px;">A-2JUL25</div>
Telephone: 415-487-3000 Fax:	<div style="border: 1px solid black; padding: 5px; font-size: 24px; font-weight: bold;">CHEP</div>	Contract Purchase Order No: <input style="width: 100%;" type="text"/>
Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance		Funding Source: <div style="border: 1px solid black; padding: 2px;">General Fund</div>
ACE Control #: <input style="width: 150px;" type="text"/>	Department ID-Authority ID: <input style="width: 100%;" type="text"/>	Project ID-Activity ID: <input style="width: 100%;" type="text"/>
	Invoice Period: <div style="border: 1px solid black; padding: 2px;">07/1/25 - 07/31/25</div>	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
HYA Wrap Around & Disposal Services	12	N/A							12	N/A

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

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$158,166				\$158,166.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$158,166				\$158,166.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$158,166				\$158,166.00
Indirect Expenses	\$15,816				\$15,816.00
TOTAL EXPENSES	\$173,982				\$173,982.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: 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
07/01/2020 - 06/30/2021
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
100002634

Invoice Number
A-3JUL20

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center

Project ID-Activity ID: _____

ACE Control #: _____

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
Syringe Access Services	1,888	31,341							1,888	31,341
Lounge Services	2,550	8,000							2,550	8,000

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix		39341			39,341

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$699,520				\$699,520.00
Fringe Benefits	\$174,880				\$174,880.00
Total Personnel Expenses	\$874,400				\$874,400.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,187				\$37,187.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$24,864				\$24,864.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$23,322				\$23,322.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$85,373				\$85,373.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$959,773				\$959,773.00
Indirect Expenses	\$95,977				\$95,977.00
TOTAL EXPENSES	\$1,055,750				\$1,055,750.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	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-3e
07/01/2021 - 06/30/2022
PAGE A

Contractor: San Francisco AIDS Foundation	Contract ID # 1000002634	Invoice Number A-3JUL21
Address: 1035 Market Street, Suite 400 San Francisco, CA 94103		Contract Purchase Order No.: _____
Telephone: 415-487-3000	CHEP	Funding Source: General Fund
Fax: _____		Department ID-Authority ID: _____
Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center		Project ID-Activity ID: _____
ACE Control #: _____		Invoice Period: 07/1/21 - 07/31/21
		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
Syringe Access Services	1,888	31,341							1,888	31,341
Lounge Services	2,550	8,000							2,550	8,000

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	39341				39,341

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$699,520				\$699,520.00
Fringe Benefits	\$174,880				\$174,880.00
Total Personnel Expenses	\$874,400				\$874,400.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,187				\$37,187.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$24,864				\$24,864.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$23,322				\$23,322.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$85,373				\$85,373.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$959,773				\$959,773.00
Indirect Expenses	\$95,977				\$95,977.00
TOTAL EXPENSES	\$1,055,750				\$1,055,750.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES: _____

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

Signature: _____ Date: _____

Title: _____

Send to: 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-3f
07/01/2022 - 06/30/2023
PAGE A

Contractor: San Francisco AIDS Foundation	Contract ID # 1000002634	Invoice Number A-3JUL22
Address: 1035 Market Street, Suite 400 San Francisco, CA 94103		Contract Purchase Order No: _____
Telephone: 415-487-3000	CHEP	Funding Source: General Fund
Fax: _____		Department ID-Authority ID: _____
Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center		Project ID-Activity ID: _____
ACE Control #: _____		Invoice Period: 07/1/22 - 07/31/22
		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
Syringe Access Services	1,888	31,341							1,888	31,341
Lounge Services	2,550	8,000							2,550	8,000

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	39341				39,341

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$699,520				\$699,520.00
Fringe Benefits	\$174,880				\$174,880.00
Total Personnel Expenses	\$874,400				\$874,400.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,187				\$37,187.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$24,864				\$24,864.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$23,322				\$23,322.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$85,373				\$85,373.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$959,773				\$959,773.00
Indirect Expenses	\$95,977				\$95,977.00
TOTAL EXPENSES	\$1,055,750				\$1,055,750.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: 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-3g
07/01/2023 - 06/30/2024
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-3JUL23

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: **HIV Syringe Access and Disposal Services - Harm Reduction Center**

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: 07/1/23 - 07/31/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Access Services	1,888	31,341							1,888	31,341
Lounge Services	2,550	8,000							2,550	8,000

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	39341				39,341

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$699,520				\$699,520.00
Fringe Benefits	\$174,880				\$174,880.00
Total Personnel Expenses	\$874,400				\$874,400.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,187				\$37,187.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$24,864				\$24,864.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$23,322				\$23,322.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$85,373				\$85,373.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$959,773				\$959,773.00
Indirect Expenses	\$95,977				\$95,977.00
TOTAL EXPENSES	\$1,055,750				\$1,055,750.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	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-3h
07/01/2024 - 06/30/2025
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-3JUL24

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: **HIV Syringe Access and Disposal Services - Harm Reduction Center**

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Access Services	1,888	31,341							1,888	31,341
Lounge Services	2,550	8,000							2,550	8,000

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	39341				39,341

EXPENDITURES

	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$699,520				\$699,520.00
Fringe Benefits	\$174,880				\$174,880.00
Total Personnel Expenses	\$874,400				\$874,400.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,187				\$37,187.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$24,864				\$24,864.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$23,322				\$23,322.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$85,373				\$85,373.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$959,773				\$959,773.00
Indirect Expenses	\$95,977				\$95,977.00
TOTAL EXPENSES	\$1,055,750				\$1,055,750.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: 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-3i
07/01/2025 - 06/30/2026
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-3JUL25

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center

Project ID-Activity ID: _____

ACE Control #: _____

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

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Access Services	1,888	31,341							1,888	31,341
Lounge Services	2,550	8,000							2,550	8,000

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	39341				39,341

EXPENDITURES

	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$699,520				\$699,520.00
Fringe Benefits	\$174,880				\$174,880.00
Total Personnel Expenses	\$874,400				\$874,400.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,187				\$37,187.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$24,864				\$24,864.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$23,322				\$23,322.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$85,373				\$85,373.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$959,773				\$959,773.00
Indirect Expenses	\$95,977				\$95,977.00
TOTAL EXPENSES	\$1,055,750				\$1,055,750.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	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-4a
07/01/2020 - 06/30/2021
PAGE A

Contractor: **San Francisco AIDS Foundation** Contract ID # **100002634** Invoice Number **A-4JUL20**
 Address: **1035 Market Street, Suite 400**
San Francisco, CA 94103 Contract Purchase Order No: _____
 Telephone: **415-487-3000** Funding Source: **General Fund**
 Fax: _____ Department ID-Authority ID: _____
CHEP Project ID-Activity ID: _____
 Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps**
 ACE Control #: _____ 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
Syringe Disposal Service Hours	4,368	N/A							4,368	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)	\$483,524				\$483,524.00
Fringe Benefits	\$145,057				\$145,057.00
Total Personnel Expenses	\$628,581				\$628,581.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$31,752				\$31,752.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$8,800				\$8,800.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$19,400				\$19,400.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$59,952				\$59,952.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$688,533				\$688,533.00
Indirect Expenses	\$103,280				\$103,280.00
TOTAL EXPENSES	\$791,813				\$791,813.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES: _____

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

Signature: _____ Date: _____

Title: _____

Send to: 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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-4JUL21

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps**

Project ID-Activity ID: _____

ACE Control #: _____

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
Syringe Disposal Service Hours	4,368	N/A							4,368	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)	\$483,524				\$483,524.00
Fringe Benefits	\$145,057				\$145,057.00
Total Personnel Expenses	\$628,581				\$628,581.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$31,752				\$31,752.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$8,800				\$8,800.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$19,400				\$19,400.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$59,952				\$59,952.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$688,533				\$688,533.00
Indirect Expenses	\$103,280				\$103,280.00
TOTAL EXPENSES	\$791,813				\$791,813.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to: 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-4c
07/01/2022 - 06/30/2023
PAGE A

Contractor: San Francisco AIDS Foundation	Contract ID # 1000002634	Invoice Number A-4JUL22
Address: 1035 Market Street, Suite 400 San Francisco, CA 94103		Contract Purchase Order No: _____
Telephone: 415-487-3000	CHEP	Funding Source: General Fund
Fax: _____		Department ID-Authority ID: _____
Program Name: HIV Syringe Access and Disposal Services - Syringe Sweeps		Project ID-Activity ID: _____
ACE Control #: _____		Invoice Period: 07/1/22 - 07/31/22
		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
Syringe Disposal Service Hours	4,368	N/A							4,368	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)	\$483,524				\$483,524.00
Fringe Benefits	\$145,057				\$145,057.00
Total Personnel Expenses	\$628,581				\$628,581.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$31,752				\$31,752.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$8,800				\$8,800.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$19,400				\$19,400.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$59,952				\$59,952.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$688,533				\$688,533.00
Indirect Expenses	\$103,280				\$103,280.00
TOTAL EXPENSES	\$791,813				\$791,813.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: 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-4d
07/01/2023 - 06/30/2024
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-4JUL23

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps**

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: 07/1/23 - 07/31/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Disposal Service Hours	4,368	N/A							4,368	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)	\$483,524				\$483,524.00
Fringe Benefits	\$145,057				\$145,057.00
Total Personnel Expenses	\$628,581				\$628,581.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$31,752				\$31,752.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$8,800				\$8,800.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$19,400				\$19,400.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$59,952				\$59,952.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$688,533				\$688,533.00
Indirect Expenses	\$103,280				\$103,280.00
TOTAL EXPENSES	\$791,813				\$791,813.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: 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-4e
07/01/2024 - 06/30/2025
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-4JUL24

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps**

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Disposal Service Hours	4,368	N/A							4,368	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)	\$483,524				\$483,524.00
Fringe Benefits	\$145,057				\$145,057.00
Total Personnel Expenses	\$628,581				\$628,581.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$31,752				\$31,752.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$8,800				\$8,800.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$19,400				\$19,400.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$59,952				\$59,952.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$688,533				\$688,533.00
Indirect Expenses	\$103,280				\$103,280.00
TOTAL EXPENSES	\$791,813				\$791,813.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	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-4e
07/01/2024 - 06/30/2025
PAGE B

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Invoice Number
A-4JUL24

Telephone: 415-487-3000
Fax:

Contract Purchase Order No: _____

Fund Source: **General Fund**

Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps**

Department ID-Authority ID: _____

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **07/1/24 - 07/31/24**

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Manager, Syringe Clean Up	2.00	\$140,000				\$140,000.00
Inventory & Logistics Coordinator	0.80	\$37,622				\$37,622.00
Associate, Syringe Clean Up	5.60	\$227,483				\$227,483.00
Syringe Sweeps Mgr. Disposal, Mobile	0.25	\$23,882				\$23,882.00
Associate, Syringe Clean Up - Mobile	1.00	\$54,537				\$54,537.00
TOTAL SALARIES	9.65	\$483,524				\$483,524.00

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

Certified By: _____ Date: _____
Title: _____

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

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-4JUL25

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: General Fund

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services - Syringe Sweeps

Project ID-Activity ID: _____

ACE Control #: _____

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

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Disposal Service Hours	4,368	N/A							4,368	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)	\$483,524				\$483,524.00
Fringe Benefits	\$145,057				\$145,057.00
Total Personnel Expenses	\$628,581				\$628,581.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$31,752				\$31,752.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$8,800				\$8,800.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$19,400				\$19,400.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$59,952				\$59,952.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$688,533				\$688,533.00
Indirect Expenses	\$103,280				\$103,280.00
TOTAL EXPENSES	\$791,813				\$791,813.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: 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-5a
07/01/2020 - 06/30/2021
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-5JUL20

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: Work Order

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial

Project ID-Activity ID: _____

ACE Control #: _____

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
Syringe Disposal Service Weeks	52	N/A							52	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)	\$5,878				\$5,878.00
Fringe Benefits					
Total Personnel Expenses	\$5,878				\$5,878.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$154				\$154.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$154				\$154.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$6,032				\$6,032.00
Indirect Expenses	\$905				\$905.00
TOTAL EXPENSES	\$6,937				\$6,937.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: 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-5b
07/01/2021 - 06/30/2022
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-5JUL21

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: Work Order

Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial**

Department ID-Authority ID: _____

Project ID-Activity ID: _____

ACE Control #: _____

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
Syringe Disposal Service Weeks	52	N/A							52	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)	\$5,878				\$5,878.00
Fringe Benefits					
Total Personnel Expenses	\$5,878				\$5,878.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$154				\$154.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$154				\$154.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$6,032				\$6,032.00
Indirect Expenses	\$905				\$905.00
TOTAL EXPENSES	\$6,937				\$6,937.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to: 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-5c
07/01/2022 - 06/30/2023
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
100002634

Invoice Number
A-5JUL22

Telephone: 415-487-3000
Fax:



Contract Purchase Order No: _____

Funding Source: Work Order

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial

Project ID-Activity ID: _____

ACE Control #: _____

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
Syringe Disposal Service Weeks	52	N/A							52	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)	\$5,878				\$5,878.00
Fringe Benefits					
Total Personnel Expenses	\$5,878				\$5,878.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$154				\$154.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$154				\$154.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$6,032				\$6,032.00
Indirect Expenses	\$905				\$905.00
TOTAL EXPENSES	\$6,937				\$6,937.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: 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-5d
07/01/2023 - 06/30/2024
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-5JUL23

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: Work Order

Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial**

Department ID-Authority ID: _____

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: 07/1/23 - 07/31/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Disposal Service Weeks	52	N/A							52	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)	\$5,878				\$5,878.00
Fringe Benefits					
Total Personnel Expenses	\$5,878				\$5,878.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$154				\$154.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$154				\$154.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$6,032				\$6,032.00
Indirect Expenses	\$905				\$905.00
TOTAL EXPENSES	\$6,937				\$6,937.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	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-5e
07/01/2024 - 06/30/2025
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
1000002634

Invoice Number
A-5JUL24

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: **Work Order**

Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial**

Department ID-Authority ID: _____

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **07/1/24 - 07/31/24**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Disposal Service Weeks	52	N/A							52	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)	\$5,878				\$5,878.00
Fringe Benefits					
Total Personnel Expenses	\$5,878				\$5,878.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$154				\$154.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$154				\$154.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$6,032				\$6,032.00
Indirect Expenses	\$905				\$905.00
TOTAL EXPENSES	\$6,937				\$6,937.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	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-5f
07/01/2025 - 06/30/2026
PAGE A

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Contract ID #
100002634

Invoice Number
A-5JUL25

Telephone: 415-487-3000
Fax:

CHEP

Contract Purchase Order No: _____

Funding Source: Work Order

Department ID-Authority ID: _____

Program Name: HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial

Project ID-Activity ID: _____

ACE Control #: _____

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

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Disposal Service Weeks	52	N/A							52	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)	\$5,878				\$5,878.00
Fringe Benefits					
Total Personnel Expenses	\$5,878				\$5,878.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$154				\$154.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$154				\$154.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$6,032				\$6,032.00
Indirect Expenses	\$905				\$905.00
TOTAL EXPENSES	\$6,937				\$6,937.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2019

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

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

PRODUCER CalNonprofits Insurance Services 1500 41st Avenue Suite 280 Capitola CA 95010	CONTACT NAME: Kim Strehl	
	PHONE (A/C No, Ext): 888-427-5224	FAX (A/C, No):
E-MAIL ADDRESS: kims@cal-insurance.org		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Nonprofits Insurance Alliance of California		10023
INSURER B: Berkshire Hathaway Homestate Insurance Company		
INSURER C: Lloyds Syndicate		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 453153371 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	2019-00950	4/1/2019	4/1/2020	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 20,000
						PERSONAL & ADV INJURY	\$ 3,000,000
						GENERAL AGGREGATE	\$ 3,000,000
						PRODUCTS - COMP/OP AGG	\$ 3,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	2019-00950	4/1/2019	4/1/2020	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"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		2019-00950-UMB	4/1/2019	4/1/2020	EACH OCCURRENCE	\$ 10,000,000
						AGGREGATE	\$ 10,000,000
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	SAWC033700	7/1/2019	7/1/2020	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Fine Arts on loan to display		2019-00950-PROP	4/1/2019	4/1/2020	Floater - Limit	\$12,000
A	Fine Arts on loan to display		2019-00950-PROP	4/1/2019	4/1/2020	Floater - Deductible	\$1,000
C	Cyber Liability		EVO-PNP-386-234	4/1/2019	4/1/2020	Overall Policy Agg.	\$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Ongoing service contracts with City and County of San Francisco

City and County of San Francisco, its officers, directors, employees, agents, and representatives are named as additional insureds as respects General Liability and Auto Liability as required by written contract. Waiver of subrogation applies in favor of the City and County of San Francisco with respects to Workers Compensation as permitted by law.

CERTIFICATE HOLDER

CANCELLATION

City and County of San Francisco, Department of Public Health
 Attn: Contracts
 101 Grove Street, Suite 307
 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

Kim Strehl



A Head for Insurance. A Heart for Nonprofits.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

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

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.



**BUSINESS AUTO COVERAGE
ADDITIONAL INSURED/LOSS PAYEE EXTENSION**

POLICY NUMBER: 2019-00950-NPO

Schedule AI

Page 1

NAME OF INSURED: San Francisco AIDS Foundation; Stonewall; Magnet

**ADDITIONAL INSUREDS /
LOSS PAYEE**

Additional Insured - NIAC A1
City and County of San Francisco - SFMTA
1 South Van Ness Avenue, 7th Floor
San Francisco, CA 94103
As respects vehicle(s): ALL

Additional Insured - NIAC A1
City And County Of San Francisco, SFDPH, its Officers,
Directors, Employees, Agents and Representatives
101 Grove Street
San Francisco, CA 94102
As respects vehicle(s): ALL

Additional Insured - NIAC A1
Golden Gate National Recreation Area Office of Special
Park Uses
Fort Mason Bldg. 204
San Francisco, CA 94103
As respects vehicle(s): ALL

Additional Insured - CA2001
Penske Truck Leasing Co. LP
630 Cesar Chavez St.
San Francisco, CA 94124
As respects vehicle(s): ALL

Additional Insured - NIAC A1
San Francisco Department Of Public Health
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102
As respects vehicle(s): ALL

Loss Payee - CA9944
Subaru of America, Inc. its parent and subsidiaries c/o
Ebix BPO, Inc.
P.O. Box 257, Dept. 14-Z-343849
Portland, MI 48875
As respects vehicle(s): ALL

COUNTERSIGNED: 4/2/2019

BY 
(AUTHORIZED REPRESENTATIVE)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
 2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.