

**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH**

FIRST AMENDMENT TO GRANT AGREEMENT

BETWEEN

CITY AND COUNTY OF
SAN FRANCISCO

AND

**CATHOLIC CHARITIES
CID# 1000020913**

FIRST AMENDMENT

This FIRST AMENDMENT of the, JULY 1, 2021 Grant Agreement (the "Agreement") is dated as of **SEPTEMBER 1, 2025** and is made in the City and County of San Francisco, State of California, by and between **CATHOLIC CHARITIES** ("Grantee") and the **City and County of San Francisco**, a municipal corporation ("City") acting by and through **Department of Public Health** ("Department").

RECITALS

WHEREAS, the Agreement was competitively procured as required through **RFP 39-2020 – HIV HEALTH SERVICES RENTAL SUBSIDIES SERVICES** dated **NOVEMBER 4, 2020** and this modification is consistent therewith; and

WHEREAS, the City's Board of Supervisors approved this Agreement by **RESOLUTION NUMBER** on _____; and

WHEREAS, Grantee has submitted to the Agency the Application Documents (as hereinafter defined) seeking a grant for the purpose of funding the matters set forth in the Grant Plan (as defined in the Agreement); and

WHEREAS, the term "Agreement" shall mean the Agreement dated **JULY 1, 2021** between the Grantee and City; and

WHEREAS, the Original Grant Agreement is being amended to increase the Maximum Amount, extend the Term, update the standard clauses, and modify the Agreement as follows:

- a. Replace Appendix A-1 with Attachment 1.1 of Appendix B to update low income status, update the client management database from ARIES to HCC, and update the objectives and measurements. Dated 09/01/2025.
- b. Replace Appendix B with Attachment 2 of Appendix B. Dated 09/01/2025.
- c. Replace Appendix B-1d with Attachment 2.1d, and Add Attachment 2.1e, Attachment 2.1f, Attachment 2.1g, Attachment 2.1h, Attachment 2.1i and their corresponding invoices to update funding levels, capturing revised funding amounts. Dated 09/01/2025.
- d. Replace Appendix C, "Form of Funding Request", with Appendix C to update funding request. Dated 09/01/2025.
- e. Replace Appendix E. Appendix E is hereby replaced in its entirety by Appendix E. Dated 09/01/2025.

- f. Replace Appendix K. Appendix K is hereby replaced in its entirety by Appendix K. Dated 09/01/2025; and

WHEREAS, City and Grantee desire to execute this amendment to update the prior Agreement;

NOW, THEREFORE, City and Grantee agree to amend said Grant Agreement as follows:

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

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

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

(a) Article 3 Term.

Article 3 Term of the Grant Agreement currently reads as follows:

3.1 Effective Date. This Agreement shall become effective when the Controller has certified to the availability of funds as set forth in Section 2.2 and the Department has notified Grantee thereof in writing.

3.2 Duration of Term. The term of this Agreement shall commence on **July 1, 2021** and expire on **June 30, 2026**, unless earlier terminated as otherwise provided herein. Grantee shall not begin performance of its obligations under this Agreement until it receives written notice from City to proceed.

3.3 The City has **five (5)** options to renew the Agreement for a period of time span listed below each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 17.2, "Modification of this Agreement."

- Option 1: 07/01/2026 – 06/30/2027
- Option 2: 07/01/2027 – 06/30/2028
- Option 3: 07/01/2028 – 06/30/2029
- Option 4: 07/01/2029 – 06/30/2030
- Option 5: 07/01/2030 – 06/30/2031

Such section is hereby amended to read as follows:

3.1 Effective Date. This Agreement shall become effective when the Controller has certified to the availability of funds as set forth in Section 2.2 and the Department has notified Grantee thereof in writing.

3.2 Duration of Term. The term of this Agreement shall commence on **July 1, 2021** and expire on **June 30, 2031**, unless earlier terminated as otherwise provided herein. Grantee shall not begin performance of its obligations under this Agreement until it receives written notice from City to proceed.

(b) Section 5.1 Maximum Amount of Grant Funds.

Section 5.1 Maximum Amount of Grant Funds of the Grant Agreement currently reads as follows:

5.1 Maximum Amount of Grant Funds. In no event shall the amount of Grant Funds disbursed hereunder exceed **SIX MILLION ONE HUNDRED NINE THOUSAND TWO HUNDRED EIGHT** Dollars (\$6,109,208).

Such section is hereby amended to read as follows:

5.1 Maximum Amount of Grant Funds. In no event shall the amount of Grant Funds disbursed hereunder exceed **THIRTEEN MILLION FOUR HUNDRED TWENTY-SIX THOUSAND FOUR HUNDRED FOURTEEN** Dollars (\$13,426,414).

(c) Section 8.8 California Attorney General's Registry of Charitable Trusts.

Section 8.8 California Attorney General's Registry of Charitable Trusts is hereby added in its entirety to read as follows in Article 8:

8.8 California Attorney General's Registry of Charitable Trusts. If a Grantee is a non-profit entity, the Grantee represents that it is in good standing with the California Attorney General's Registry of Charitable Trusts and will remain in good standing during the term of this Agreement. Grantee shall immediately notify City of any change in its eligibility to perform under the Agreement. Upon City request, Grantee shall provide documentation demonstrating its compliance with applicable legal requirements. If Grantee will use any subgrantees/subrecipients to perform the Agreement, Grantee is responsible for ensuring they are also in compliance with the California Attorney General's Registry of Charitable Trusts at the time of grant execution and for the duration of the agreement. Any failure by Grantee or any subgrantees/subrecipients to remain in good standing with applicable requirements shall be a material breach of this Agreement.

(d) Section 9.5 Infringement Indemnity.

Section 9.5 Infringement and Indemnity is hereby added in its entirety to read as follows in Article 9:

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

(e) Section 15.1 Requirements.

Section 15.1 Requirements is hereby revised in its entirety to read as follows:

15.1 Requirements. Unless otherwise specifically provided herein, all notices, consents, directions, approvals, instructions, requests and other communications hereunder shall be in writing, shall be addressed to the person and address set forth below and may be sent by U.S. mail or e-mail, and shall be addressed as follows:):

If to the Department or City:

DEPARTMENT OF PUBLIC HEALTH
OFFICE OF CONTRACT MANAGEMENT AND
COMPLIANCE
101 GROVE ST. RM. 402
San Francisco, CA 94102
Attn: Kristine Ly
Email: kristine.ly@sfdph.org

And

HIV HEALTH SERVICES
25 VAN NESS AVENUE, 8TH FLOOR
San Francisco, CA 94102
Attn: BILL BLUM
Email: bill.blum@sfdph.org

If to Grantee:

CATHOLIC CHARITIES
990 EDDY STREET
San Francisco, CA 94109
Attn: ELLEN HAMMERLE, CEO
Email: ehammerle@catholiccharitiessf.org

Any notice of default must be sent by registered mail.

(f) Section 17.6 Entire Agreement.

Section 17.6 Entire Agreement is hereby revised in its entirety to read as follows in Article 16:

17.6 Entire Agreement. This Agreement and the Application Documents set forth the entire Agreement between the parties, and supersede all other oral or written provisions. If there is any conflict between the terms of this Agreement and the Application Documents, the terms of this Agreement shall govern. The following appendices are attached to and a part of this Agreement:

Appendix A, Definition of Eligible Expenses
Appendix B, Definition of Grant Plan
Appendix C, Form of Funding Request
Appendix D, Interests in Other City Contracts
Appendix E, Reserved
Appendix F, Reserved
Appendix G, State/Federal Funding Terms
Appendix H, Permitted Subgrantees
Appendix I, Reserved
Appendix J, Dispute Resolution Procedure
Appendix K, Reserved

(g) Section 16.21 Compliance with Other Laws.

Section 16.21 Compliance with Other Laws is hereby revised in its entirety to read as follows in Article 16:

16.21 Compliance with Other Laws.

(a) Without limiting the scope of any of the preceding sections of this Article 16, Grantee shall keep itself fully informed of City's Charter, codes, ordinances and regulations and all state, and federal laws, rules and regulations affecting the performance of this Agreement and shall at all times comply with such Charter codes, ordinances, and regulations rules and laws.

(b) Grantee represents that it is in good standing with the California Attorney General's Registry of Charitable Trusts and will remain in good standing during the term of this Agreement. Grantee shall immediately notify City of any change in its eligibility to perform under the Agreement. Upon City request, Grantee shall provide documentation demonstrating its compliance with applicable legal requirements. If Grantee will use any subcontractors/subgrantees/subrecipients to perform the Agreement, Grantee is responsible for ensuring they are also in compliance with the California Attorney General's Registry of Charitable Trusts at the time of grant execution and for the duration of the agreement. Any failure by Grantee or any subcontractors/subgrantees/subrecipients to remain in good standing with applicable requirements shall be a material breach of this Agreement.

(h) Section 17.15 Applicable Law.

Section 17.15 Applicable Law is hereby added in its entirety to read as follows in Article 17:

17.15 Applicable Law. This Agreement will be governed by, construed, and enforced in accordance with the laws of the State of California and City's Charter. Any legal suit, action, or proceeding arising out of or relating to this Agreement shall be instituted in the Superior Court for the City and County of San Francisco, and each party agrees to the exclusive jurisdiction of such court in any such suit, action, or proceeding (excluding bankruptcy matters). The parties irrevocably and unconditionally waive any objection to the laying of venue of any suit, action, or proceeding in such court and irrevocably waive and agree not to plead or claim that any suit, action, or proceeding brought in San Francisco Superior Court relating to this Agreement has been brought in an inconvenient forum. The Parties also unconditionally and irrevocably waive any right to remove any such suit, action, or proceeding to Federal Court.

(i) Article 18 Department Data and Security.

Article 18 Department Data and Security is hereby replaced in its entirety to read as follows:

18.1 Nondisclosure of Private, Proprietary or Confidential Information.

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

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

18.2 Reserved. (Payment Card Industry (“PCI”) Requirements)

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

The parties acknowledge that GRANTEE will:

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

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

- a. **Appendix E SFDPH Business Associate Agreement (BAA) (1-10-2024)**
 1. SFDPH Attachment 1 Privacy Attestation (06-07-2017)
 2. SFDPH Attachment 2 Data Security Attestation (06-07-2017)
 3. SFDPH Attachment 3 Protected Information Destruction Order Purge Certification (01-10-2024)
2. ☒ **NOT do any of the activities listed above in subsection 1.** Grantee is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

18.4 Management of City Data.

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

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

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

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

monitoring. The remedies and obligations set forth in this subsection are in addition to any other City may have. City shall conduct all media communications related to such Leak.

18.7 Protected Health Information. Grantee, all subcontractors, all agents and employees of Grantee and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Grantee by City in the performance of this Agreement. Grantee agrees that any failure of Grantee 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 Grantee or its subcontractors or agents by City, Grantee 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.

(j) Section 19.6.3 City Program Scope Reduction.

Section 19.6.3 City Program Scope Reduction is hereby amended to read as follows in Article 19:

19.6.3 Reserved.

(k) Section 19.7 Prevention of Fraud, Waste and Abuse.

Section 19.7 Prevention of Fraud, Waste and Abuse is hereby added in its entirety to read as follows in Article 19:

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

The Appendices listed below are Amended as follows:

(l) Appendix B. Appendix B is hereby replaced in its entirety by Appendix B, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B in any place, the true meaning shall be Appendix B, which is a correct and updated version. Dated: Amendment 09/01/2025.

(m) Attachment 1.1 of Appendix B. Appendix A-1 is hereby replaced in its entirety by Attachment 1.1 of Appendix B, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Attachment 1.1 of Appendix B in any place, the true meaning shall be Attachment 1.1 of Appendix B, which is a correct and updated version. Dated: Amendment 09/01/2025.

(n) **Attachment 2 of Appendix B.** Appendix B Calculation of Charges is hereby replaced in its entirety by Attachment 2 of Appendix B, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Attachment 2 of Appendix B in any place, the true meaning shall be Attachment 2 of Appendix B, which is a correct and updated version. Dated: Amendment 09/01/2025.

(o) **Attachment 2.1d of Appendix B.** Appendix B-1d is hereby replaced in its entirety by Attachment 2.1d of Appendix B, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Attachment 2.1d of Appendix B in any place, the true meaning shall be Attachment 2.1d of Appendix B, which is a correct and updated version. Dated: Amendment 09/01/2025.

(p) **Attachment 2.1e of Appendix B.** Attachment 2.1e of Appendix B is hereby added to this Amendment and fully incorporated within the Agreement. Dated: Amendment 09/01/2025.

(q) **Attachment 2.1f of Appendix B.** Attachment 2.1f of Appendix B is hereby added to this Amendment and fully incorporated within the Agreement. Dated: Amendment 09/01/2025.

(r) **Attachment 2.1g of Appendix B.** Attachment 2.1g of Appendix B is hereby added to this Amendment and fully incorporated within the Agreement. Dated: Amendment 09/01/2025.

(s) **Attachment 2.1h of Appendix B.** Attachment 2.1h of Appendix B is hereby added to this Amendment and fully incorporated within the Agreement. Dated: Amendment 09/01/2025.

(t) **Attachment 2.1i of Appendix B.** Attachment 2.1i of Appendix B is hereby added to this Amendment and fully incorporated within the Agreement. Dated: Amendment 09/01/2025.

(u) **Appendix C.** Appendix C is hereby replaced in its entirety by Appendix C, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix C in any place, the true meaning shall be Appendix C, which is a correct and updated version. Dated: Amendment 09/01/2025.

(v) **Appendix C-1d.** Appendix F-1d is hereby replaced in its entirety by Appendix C.1d, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix C-1d in any place, the true meaning shall be Appendix C-1d, which is a correct and updated version. Dated: Amendment 09/01/2025.

(w) **Appendix C-1e.** Appendix C-1e is hereby added to this Amendment and fully incorporated within the Agreement. Dated: Amendment 09/01/2025.

(x) **Appendix C-1f.** Appendix C-1f is hereby added to this Amendment and fully incorporated within the Agreement. Dated: Amendment 09/01/2025.

(y) **Appendix C-1g.** Appendix C-1g is hereby added to this Amendment and fully incorporated within the Agreement. Dated: Amendment 09/01/2025.

(z) **Appendix C-1h.** Appendix C-1h is hereby added to this Amendment and fully incorporated within the Agreement. Dated: Amendment 09/01/2025.

(aa) **Appendix C-1i.** Appendix C-1i is hereby added to this Amendment and fully incorporated within the Agreement. Dated: Amendment 09/01/2025.

(bb) **Appendix D.** Appendix D is hereby replaced in its entirety by Appendix D, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix D in any place, the true meaning shall be Appendix D, which is a correct and updated version. Dated: Amendment 09/01/2025.

(cc) **Appendix E.** Appendix E is hereby replaced in its entirety by Appendix E, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix E in any place, the true meaning shall be Appendix E, which is a correct and updated version. . Dated: Amendment 09/01/2025.

(dd) **Appendix H.** Appendix H is hereby replaced in its entirety by Appendix H, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix H in any place, the true meaning shall be Appendix H, which is a correct and updated version. Dated: Amendment 09/01/2025.

(ee) **Appendix K.** Appendix K is hereby replaced in its entirety by Appendix K, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix K in any place, the true meaning shall be Appendix K, which is a correct and updated version. Dated: Amendment 09/01/2025.

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

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

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to the Grant Agreement to be duly executed as of the date first specified herein.

CITY
DEPARTMENT OF PUBLIC HEALTH

GRANTEE:
CATHOLIC CHARITIES

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

Signed by:
By: Dr. Ellen Hammerle 10/14/2025 | 1:54:33 PDT
D600F819775A4A2...

Print Name: Ellen Hammerle, PhD

Approved as to Form:

Title: Chief Executive Director

David Chiu
City Attorney

Federal Tax ID #: 94-1498472

City Vendor Number: 0000023239

By: _____
Deputy City Attorney

Appendix B--Definition of Grant Plan

1. General Grant Plan Terms

A. Grant Administrator:

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

B. Reports:

Grantee shall comply and submit reports as required in Article 6 of the Agreement. Including required reports outlined in the delivery of the scope of services.

C. Evaluation:

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

The City agrees that any final City evaluation reports generated through the City evaluation program shall be made available to Grantee within thirty (30) working days. Grantee 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:

Grantee 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 fulfill the terms of the Grant Plan. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

E. Adequate Resources:

Grantee agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to fulfill the terms of the Grant Plan required under this Agreement.

F. Infection Control, Health and Safety:

(1) Grantee must have a Bloodborne Pathogen (BBP) Exposure Control plan for its employees, agents and Sub-Grantees 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) Grantee must demonstrate personnel policies/procedures for protection of its employees, agents, Sub-Grantees 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) Grantee 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) Grantee is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

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

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

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

G. Aerosol Transmissible Disease Program, Health and Safety:

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

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

H. Acknowledgment of Funding:

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

I. Grievance Procedure:

Grantee 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. Grantee 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.

J. Quality Assurance:

Grantee agrees to develop and implement a Quality Assurance Plan based on internal standards established by Grantee 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.

K. Compliance With Grant Award Notices:

Grantee recognizes that funding for this Agreement is provided to the City through federal, state or private foundation awards. Grantee 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.

Grantee agrees that funds received by Grantee 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 Grantee from its billings to the City to ensure that no portion of the City's reimbursement to Grantee is duplicated.

2. Detailed Grant Plan

A. Attachment 1 Grant Plans

Grant Plan Attachment	Grant Plan Term	Funding Source
Attachment 1 Grant Plan Summary Appendix A	07/01/21-06/30/31	General Fund
Attachment 1.1 HIV Assisted Housing Subsidies Program Appendix A-1	07/01/21-06/30/31	General Fund

B. Attachment 2 Grant Budget

C. Attachment 2.1 Grant Budget Detail

Grant Budget Detail Attachment	Grant Budget Detail Term	Funding Source
Attachment 2 Grant Budget Summary Appendix B	07/01/21-06/30/31	General Fund
Attachment 2.1 HIV Assisted Housing Subsidies Program Appendix B-1	07/01/21-06/30/22	General Fund
Attachment 2.1a HIV Assisted Housing Subsidies Program Appendix B-1a	07/01/22-06/30/23	General Fund
Attachment 2.1b HIV Assisted Housing Subsidies Program Appendix B-1b	07/01/23-06/30/24	General Fund
Attachment 2.1c HIV Assisted Housing Subsidies Program Appendix B-1c	07/01/24-06/30/25	General Fund
Attachment 2.1d HIV Assisted Housing Subsidies Program Appendix B-1d	07/01/25-06/30/26	General Fund
Attachment 2.1e HIV Assisted Housing Subsidies Program Appendix B-1e	07/01/26-06/30/27	General Fund
Attachment 2.1f HIV Assisted Housing Subsidies Program Appendix B-1f	07/01/27-06/30/28	General Fund

Attachment 2.1g HIV Assisted Housing Subsidies Program Appendix B-1g	07/01/28-06/30/29	General Fund
Attachment 2.1h HIV Assisted Housing Subsidies Program Appendix B-1h	07/01/29-06/30/30	General Fund
Attachment 2.1i HIV Assisted Housing Subsidies Program Appendix B-1i	07/01/30-06/30/31	General Fund

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 Sub-Grantees of Grantee, will be paid unless the provider received advance written approval from the City Attorney.

Attachment 1.1 of Appendix B

**Catholic Charities CYO
HIV Assisted Housing and Health Program (AHHP)**

**Appendix A- 1
07/01/21- 06/30/31
General Fund**

1. IDENTIFIERS

Program Name Catholic Charities CYO (CCCYO) /Assisted Housing Program

Program Address/Phone 990 Eddy St., SF CA 94109, www.catholiccharitiessf.org

Contractor Address/Phone 990 Eddy St., SF CA 94109, 415-972-1200, Fax: 415-972-1202

Program Contacts Lucia Lopez, Program Director, 415-972-1235, llopez@catholiccharitiessf.org
Stephanie Godt, Associate Deputy Director, 415-202-0940, sgodt@catholiccharitiessf.org
Ellen Hammerle, CEO, 415-972-1344, ehammerle@catholiccharitiessf.org
Rory Shiels, CFO, 415-972-1202, rshiels@catholiccharitiessf.org

2. NATURE OF DOCUMENT☐ Original☐ Revision to Program Budgets (RPB)☒ **Contract Amendment****3. GOAL STATEMENT**

The goal of Assisted Housing and Health Program [AHHP] partial rent subsidy is to stabilize the precarious housing situations of severe need individuals living with HIV/AIDS through the provision of partial rent subsidies, and short-term housing advocacy that supports clients to access and remain in care.

4. OUTREACH EFFORTS

Catholic Charities will service all regardless of their race, ethnicity, gender, sexual orientation or national origin. To ensure vulnerable populations have knowledge of and access to these services, Catholic Charities' outreach efforts will include but are not limited to meet the unique need of low-income HIV+ clients living in San Francisco, many who are seniors, and includes those who are multiply diagnosed with co-occurring Hep C, mental health, and/or substance use issues.

Catholic Charities (CC) assures that all HIV Health Services (HHS) funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low incomes and are uninsured. Secondary enrollment is reserved for SF residents who have low incomes and are underinsured. Low Income status is equal to 600%, previously 500% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services. The shift from 500% to 600% occurred in January 2025 to align with California State Office of AIDS requirements.

Client HIV diagnosis is confirmed at intake. Client eligibility determination for residency, low-income, and insurance status is confirmed at intake and at 12-month intervals thereafter. Six-month interim eligibility confirmation may be obtained by client self-attestation but must be documented in the client file or in HCC, previously ARIES.

5. MODALITIES and INTERVENTIONS:

See Appendix B for UOS/UDC.

6. METHODOLOGY***Outreach, Recruitment, and Program Promotion***

The AHHP Program Director will work with SFDPH HIV Health Services to implement an ongoing plan for outreach to HIV service providers/programs to obtain program clients from the target population. HIV Health Services and the AHHP Program Director will make use of a document listing the agreed upon HIV service providers and other human service agencies that should receive outreach to introduce or reintroduce the AHHP and provide information about eligibility and access to its services. The AHHP Program Director will make assignments to all AHHP staff to conduct coordinated outreach

Attachment 1.1 of Appendix B**Catholic Charities CYO****HIV Assisted Housing and Health Program (AHHP)****Appendix A- 1****07/01/21- 06/30/31****General Fund**

each month to programs on this list so that each program is reached at least once per quarter. Additions and deletions to this list of programs will be made only with the approval of HIV Health Services.

In addition, a rotating member of the AHHP management or staff attends the monthly Frontline Organizing Group (FOG) meetings to stay in touch with other HIV health and social services agencies. AHHP informs FOG whenever rental subsidy slots are available to share this information through the FOG extensive e-mail distribution list of frontline workers.

Outreach and Social Media

In addition to connecting with local service agencies, Catholic Charities conducts outreach directly to potential clients through social media. Catholic Charities AHHP website includes a direct dial phone number and drop-in times to access services with a Catholic Charities Housing Specialist who is sensitive to the needs of people living with HIV.

In addition, the Catholic Charities Communications Department will support outreach through quarterly postings about AHHP. Postings will list the eligibility requirements along with the AHHP and Housing Specialist contact information. Catholic Charities social media outlets and tools include the following:

- CatholicCharitiesSF.org
- facebook.com/catholiccharitiessf
- linkedin.com/company/catholiccharitiessf
- youtube.com/channel/UC-XxNvBWc1B0AZ6tAuvntuA?sub_confirmation=1
- instagram.com/catholiccharities
- twitter.com/catholiccharities

Locations

The Assisted Housing office is located at 990 Eddy Street, SF CA 94109. There are also seven conveniently located Catholic Charities satellite offices throughout San Francisco in proximity to clients served. Intakes may be conducted at any one of these Catholic Charities sites that is agreed upon by clients and program staff. Catholic Charities San Francisco has "site control" over real property used to deliver and administer AHHP services.

The program is designed to meet clients where they are located; and accommodate challenges in mobility. The program provides staff to assist with transportation including to and from the Assisted Housing program office. Program staff is available for initial interviews to walk-in clients as necessary. When in-person meetings are unavailable, virtual meetings will be conducted if possible, but hard copies of signed documents are required. Submission of documents by USPS or electronically by email or fax is allowed.

Hours of Operation

The Program operates Monday through Friday, five (5) days per week from 8:30 am to 5:00 pm and by appointment after regular business hours. Clients are encouraged to schedule interviews in advance by telephone, however drop-in services are available from 2 - 4 p.m. daily. As needed, the program will provide flexible hours and appointments.

Service Delivery Model***Intake, Assessment, Admission, Eligibility and Enrollment***

Initial eligibility screening may take place over the telephone, in person or virtually. A clients' subsidy options are determined by their expressed needs, goals or other determining factors collected during Intake. The eligibility criteria are described verbally and in writing carefully and thoroughly. If eligibility is met, a comprehensive intake appointment is scheduled within five [5] business days.

At the start of the intake, the Housing Specialist gives the client an overview of the AHHP subsidies. The Housing Specialist and the client identify resources the client will need and use to maintain housing. The AHHP subsidy clients must be currently housed to be eligible for program services. Many eligible clients are in imminent danger of losing secure housing because of income and/or presenting issues.

Proof of HIV Diagnosis – Please note that the new database that has replaced ARIES is HIV Care Connect (HCC)

Documentation of Diagnosis (DOD) may be obtained in one of two ways:

1. The Housing Specialist begins by searching for all potential new client names in the HIV Health Services HCC, previously ARIES database. If the client is found in the HCC, previously ARIES database this serves as documentation of HIV Diagnosis because HCC, previously ARIES contains only HIV positive individuals.
2. If the potential new client is not named in HCC, previously ARIES, the Housing Specialist obtains a signed client consent form to release/receive the client's HIV status. The Housing Specialist sends the client authorization to

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Catholic Charities CYO

HIV Assisted Housing and Health Program (AHHP)

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release the form to the primary care provider/clinic via fax or e-mail and keeps a copy on file with the AHHP. If the return information is not received from the provider within 5 working days, the Housing Specialist follows up with a member of the provider's staff.

Income Eligibility and Verification

Partial rent or shallow subsidies are based on verified monthly income. Clients must have an income of $\leq 30\%$ of HUD median income which is \$28,000 per year or \$2,333 per month for 2021. The AHHP Program Director assures that the Housing Specialists know the updated amount at the beginning of each year. Income is verified and documented through one or more of the following

- pay-check stubs
- Social Security documents
- bank statements
- personal tax returns
- benefits statements

The client's income and number of dependent children in the household determine the subsidy amount paid to Assisted Housing clients.

- Income $\leq 30\%$ of HUD median income for heads of household without dependent children are eligible for a subsidy of \$400 per month per leaseholder
- Income $\leq 30\%$ of HUD median income for heads of household with dependent children are eligible for a subsidy of \$500 per month (available only for 4 clients)
- As of September 1, 2025 subsidy amount will change to \$450 per month for heads of household without dependent children and \$550 per month for heads of household with dependent children. 30% of HUD median income is \$32,750 per year or \$2,729 per month for 2025.

Proof of Residency

All clients provide an executed lease / rental agreement / rental contract listing the client's name and address in San Francisco as proof of residency. New clients are given an IRS W-9 form to have their landlord complete. This form contains the landlord's name, address, and tax ID number which is required by the IRS from contractors, freelancers or consultants paid more than \$600 by one particular entity such as Catholic Charities. It denotes the receipt of taxable dollars by the owner or operator. Once the landlord completes the W-9 form and the client returns it, the Housing Specialist asks the Program Manager or Director to review the case file for accuracy, agency requirements, and services planning, and approve the client for a subsidy. The approval is to validate an applicant, to eliminate the possibility of malfeasance and falsification of documents. Each quarter the program sends a request to the landlord or property manager to confirm in writing that the client is still a tenant at the property.

Partial Rent Subsidy Agreement

Participants who receive a partial rent subsidy in the AHHP are required to accept other long-term affordable housing opportunities when they become available. The purpose of the AHHP subsidy is to assist clients in securing and maintaining housing, as well as to provide information and referrals to assist in accessing medical care. All clients must sign the following agreement:

I, (name of client), voluntarily agree that Catholic Charities will pay a monthly subsidy of (amount) every month I participate in the Assisted Housing and Health Program. As a client receiving a partial rent subsidy, I will pay the remaining unpaid rent balance personally each month in compliance with the rental agreement between the landlord and myself. Catholic Charities will not be liable for disputes between the landlord and myself.

The Housing Specialist obtains the client's signature on the above agreement during the intake process which is an acknowledgment of all terms specified in the agreement.

Client Consent to Release Specific Information

A release of information is signed by the client to allow Catholic Charities to receive specific information to assist in the provision of services. This is essential for the verification of information; sometimes with a family member in case of emergency, third party [landlord], providers of other services, including but not limited to medical services, or other social

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service providers. To be compliant with HIPAA regulations these authorizations are only requested as needed for specific detailed information and are not designed to collect any, and all, information about a client.

Other Intake Information and Documentation

As part of the intake process the Housing Specialist presents information and/or obtains authorizations from the client on:

- HIPAA Notice
- Client Grievance Procedure
- Authorization for Release of Information (as needed)
- SFDPH HCC, previously ARIES Client Consent Form
- Clients' Rights and Responsibilities

Intake Determination and Approval

Once all eligibility documentation is collected the subsidy is approved. The Housing Specialist informs the client that s/he is eligible for the subsidy and when it will begin. If the subsidy is approved from the 1st through the 14th day of the month, the subsidy begins retroactively to the first day of the month it is approved and is disbursed on the Catholic Charities Accounts Payable Unit's payment cycle. If the subsidy is approved from the 15th through the last day of the month it begins on the first day of the subsequent month and is disbursed during the last week of the current month coinciding with rent being due the first day of the month. If a client is deemed eligible but there is no available subsidy slot, the client is placed on a waiting list not to exceed 20 clients at any point.

Housing Specialists provide pre and post-placement housing support services. Potential participants in pre-entry eligibility screening/assessment are provided with Problem-Solving assistance. This is a best practice to ensure wraparound services are provided to clients, which improves efficacy and/or outcomes and greater health protections and housing stabilization. These housing support services may be provided at any point during the client's enrollment in the program, and may consist of a review of income, benefits and entitlements, physical health, psychosocial needs, and may include any necessary referrals to assist in maintaining the client's housing stability.

Program Guidelines Issued to New Clients for Signature

The below bulleted language is in program paperwork issued to clients:

- All rent checks will be issued directly to the Landlord or residential hotel without exception.
- Lost, stolen, and destroyed checks will be replaced if they have not already been cashed. This policy also applies to checks issued with incorrect information provided to the program by the client or landlord.
- Checks will be replaced no sooner than 48 hours after being reported lost or stolen.
- This subsidy is portable within the City of San Francisco
- Address change proof (Lease or Letter on letterhead from hotel) and new Landlord information (completed "Request for Taxpayer Identifications Number and Certification" / W-9) must be provided to our program by no later than the 25th day after the subsidized month.
- The program goal is to help clients establish and maintain housing when possible, and the intention is to use the subsidy, in combination with the client's income, to pay rent in full each month.
- We ask that you call or drop- in to speak with your housing specialist once a month.

Termination of Services

- Fail to report to the Catholic Charities Assisted Housing program a change of address and new landlord information.
- Financial fraud or misrepresentation of eligibility criteria.
- Live or move into subsidized housing while receiving subsidy.
- By signing below, I recognize that failure to comply with this agreement will result in immediate termination from the Assisted Housing Partial Rent Subsidy Program.

Housing Specialist Services

Housing Specialists conduct, outreach, process intakes, make assessments and linkages, and provide property management assistance and wellness checks. The Housing Specialist will revisit issues and needs to ensure client remains on target and housing compliant and to capture emerging needs. Some clients de-stabilize after securing housing for a myriad of reasons. If not connected and engaged with services, they may jeopardize their health and housing subsidy.

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Clients are also urged to participate in PLUS Housing or the SF Department of Homelessness and Supportive Housing (DHS) DAHLIA portal for deeper subsidies and/or other permanent housing. If the client is eligible for the program but not currently housed, the Housing Specialist will assist clients with applications for Shelter Plus Care, the DAHLIA portal, a HUD Section 8 voucher, and/or any other transitional or permanent housing opportunities. Those unhoused or in imminent danger of losing housing will receive referrals to DHS Access Points for assistance. This assistance includes One System enrollment, shelter referrals, and diversion assistance as applicable.

Development of Individual Housing Stability Plan

The Housing Specialist and the client develop a Client Services Plan for all clients within 30 days of program enrollment and annually thereafter. The Housing Specialist assists clients with the development of a self-assessment tool for individuals who wish to determine their own strengths and areas for improvement as they work towards self-sufficiency. Assessments are completed quarterly by the Housing Specialist and client to determine paths of empowerment and short-term goal setting. All available subsidy slots are filled within 90 days of becoming available.

Client Eligibility Reassessments

The Housing Specialist uses all tools and resources available during the intake and recertification process to validate all information collected during the program application. These resources include but are not limited to information in the HCC, previously ARIES database, internal program data collection, rental leases, and conferences with property managers to resolve issues or to determine if the client is receiving any other housing subsidy.

Progressive Engagement

Progressive Engagement (PE) is an approach to support clients to self-resolve issues in their lives and tailor support and services to match client needs and requests. This approach also maintains a focus on clients' health and housing with goals to quickly resolve any immediate housing crisis issues.

The Housing Specialist works with clients to build their own "toolbox" for self-sufficiency and resilience through the progressive engagement approach. The Housing Specialist engages clients through progressive engagement such as providing outreach, referrals, advocacy, property management mediation/conflict resolution, eviction prevention, wellness checks and surveys, food security needs, motivational interviewing, trauma-informed care, and focused goal setting. Through progressive engagement, the Housing Specialist begins to connect clients to community services for physical, mental, and/or psychosocial issues.

Longer term subsidy clients require greater assistance to resolve issues related to aging, health, and isolation. Using the progressive engagement approach, the program provides greater support as needed or requested by the client. Working with clients to develop resources and wraparound services to address any needs (physical, mental, substance use disorders, or socioeconomic issues), or comorbidities is of critical importance. The Housing Specialist makes every reasonable effort to keep clients connected to services. Based on voluntary and flexible client participation, understanding identified needs using critical thinking and problem-solving, and working on a one-to-one basis, the Housing Specialist provides services as needed or requested.

Other Services

The Housing Specialist reviews the client's existing benefits and entitlements and advises the client about other potential financial resources that may be available. If a more thorough benefits counseling assessment is necessary clients are linked to PRC. If the client is eligible for Emergency Financial Assistance s/he is linked to PRC/AIDS Emergency Fund (AEF). Assistance with move in costs may be available through PRC/AEF.

If food insecurity is an issue the client is linked to Project Open Hand or another food assistance program. If the client is not already enrolled in the AIDS Drug Assistance Program (ADAP) the Housing Specialist will refer the client to the appropriate agency or HIV clinic to determine ADAP eligibility and enrollment to assist with the cost of HIV medications.

Those clients unhoused or in imminent danger of losing housing will receive referrals to the DPH DHS Access Points for assistance. The assistance will be in the form of problem-solving solving including ONE System enrollment, shelter referrals, and diversion assistance as applicable.

Exits/Referrals to Other Housing Resources

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All clients are urged to participate in PLUS Housing or the DAHLIA Portal for deeper subsidies and improved housing situations. If an eligible client is not currently housed, the Housing Specialist assists clients with applications for Shelter Plus Care, the DAHLIA website, a Section 8 voucher, and/or any other transitional or permanent housing opportunities.

Harm Reduction Strategies

The AHHP adheres to the SFDPH philosophy of promoting methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors by individuals. The program is committed to reducing the personal and societal harm created by substance use. Services are based on harm reduction techniques and follow the client from the point of entry throughout the continuum of housing and HIV services.

The AHHP harm reduction methods and treatment goals are free of judgment or blame and directly involve the client in a partnership when setting client-oriented goals. Client goals are usually set during intake and are built into the individual service plan. The program ensures that clients are supported in the achievement of goals in the service plan through linkages to behavioral health services and resources as needed to support health and independent living. A harm reduction approach to substance use recognizes that reducing self-harm supports clients' well-being, health, and housing stabilization.

COVID Adjustments to Service, as needed

All case management meetings with clients have been modified to meet the public health safety requirements necessitated by the COVID-19 pandemic. Case Managers do not meet with clients in person. Most staff work with clients is done via telephone calls. When a client service encounter is unavoidably face-to-face, such as a medical, mental health, or behavioral health crisis, all staff are fully prepared with personal protective equipment such as face coverings and maintain a safe social distance. Support Group activities and community gatherings are provided through virtual video interactions.

Linguistic Competency

Initial screenings and client Intakes may be conducted in Spanish by an AHHP staff member as necessary. Arrangements are made for those clients who are monolingual in a language other than English or Spanish. The Housing Specialist will conduct the intake interview with the assistance of a translator obtained through contract with the Translation and Interpretation Network (TIN).

HIV Care Connect (HCC), previously ARIES Database

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

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

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

Clients are required to enroll in HCC, previously ARIES to access the HIV Health Services funded subsidies. The Program Director reviews the HCC, previously ARIES Reports of UOS and UDC to ensure the proposed contract targets are achieved.

ARIES, the former client database of record, was decommissioned in April 05 2025 and replaced by HIV Care Connect.

Program Staffing

Program Director: Develops and directs the implementation of goals, objectives, policies, procedures, and work standards. Monitors and directs or performs day-to-day operations to ensure that policies and procedures are being followed, develops,

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and monitors the program's budget; plans, organizes, administers, reviews, and evaluates the work of staff and ensures that program goals are accomplished. Supervises program staff.

Case Manager (Housing Specialists): These positions are partially funded through this contract's General Fund with the balance through other funding sources. The CM Housing Specialists conduct client intakes; and help clients find solutions to housing problems through financial assistance, housing advocacy, and information referral services.

Program Coordinator: This position is partially funded through this contract's General Fund with the balance through other funding sources. The Program Coordinator assists all staff with client-related services and maintains records for accounting and reporting purposes. The Position is responsible for data entry and computer file management. Conducts client intakes; helps clients find solutions to housing problems through financial assistance, housing advocacy, and information referral services.

Associate Deputy Director: This position is partially funded through the contract's General Fund with the balance through other funding sources. The Associate Deputy Director provides general organization and management of all assisted housing services for people with HIV.

Assistant Deputy Director: This position is partially funded through the contract's General Fund with the balance through other funding sources. Staff supervision; develops, implements, evaluates prog P & P, standards; determines program service levels; ensures program reports & audits are complete; develops, monitors budgets, ensures prog oversight according to best practices; develop & maintain positive professional relations w collaborative providers, clients, funders, and communities.

Contingency Plan for Immediate Staff Replacement

The Program Director will make all efforts to maintain a full complement of staff, with each position filled throughout the term of the contract. In the event of staff illness/vacation, client coverage is maintained through the re-allocation of existing staff. Replacement staff are sought immediately if vacancies occur. The Program Director, in coordination with Catholic Charities People and Culture Department (Human Resources) actively recruits qualified applicants via the internet, healthcare agencies, local colleges/schools, the Employment Development Department, and available relevant registries. First consideration is given to existing part-time/on-call staff. The immediate supervisor of other vacated positions and HR will address any other vacancies. The timeframe for hiring staff varies; the complete hiring cycle ranges from two weeks to one month to complete. This process consists of advertising, screening qualifications, interviewing, and reference checking.

7. OBJECTIVES AND MEASUREMENTS

All objectives, and descriptions of how objectives will be measured, are contained in the document entitled: [Performance Objectives | SF.gov](#). Catholic Charities will be required to participate in an annual contract monitoring conducted by the Business Office of Contract Compliance (BOCC) per DPH Business Office's BOCC Policies and Procedures. Catholic Charities will fulfill the requirement found in the programs declaration of compliance.

8. CONTINUOUS QUALITY IMPROVEMENT

Catholic Charities is committed to providing the best services in accordance with the Standards of Care required by the Council on Accreditation. Catholic Charities agrees to abide by the standards of care for the services specified in this appendix as described in *Making the Connection: Standards of Care for Client-Centered Services*.

The Assisted Housing and Health Program's Continuous Quality Improvement is an on-going process. The Policy and Procedures Manual is updated annually to ensure the highest standards of service delivery. This occurs in the following various ways:

- Program Director reviews each Housing Specialist's caseload and reviews client files quarterly
- Clinical Consultant available to review client cases on an as-needed basis
- Program Director works with all staff to ensure program policies and protocols are followed; Management arbitrates client complaints, advocates for clients with landlords and other agencies, and implements recommendations
- AHHP staff participates in staff meetings, bi-weekly Case Conferences
- AHHP staff attend various trainings within Catholic Charities and/or with outside entities

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- Program Director, in coordination with the Clinical Consultant and the Director, Client Services provides cultural competency and sensitivity training to Housing Specialists and other appropriate staff
- Program Director prepares and conducts satisfaction survey during third quarter of contract period to track client satisfaction with housing and solicit feedback regarding program services
- AHHP confidential annual Client Satisfaction Surveys are conducted through “wellness checks”; suggestions evaluated, reported, and implemented as appropriate.
- Housing Specialists conduct telephone verbal satisfaction surveys in English or Spanish to every participant
- survey instrument contains “Yes/No” questions, a 5-point rating scale from “Unsure” to “Excellent” or “Unsure” to “Very Satisfied” and a comment section\
- Client Advisory meetings held quarterly to assure opportunities for clients to expression satisfaction or dissatisfaction with services (suspended during COVID)
- data collected and analyzed with summary reports sent to the Director of Client Services
- information gained from client feedback used to validate or modify program operations
- results kept in the Administrative Binder for review by SFDPH contract compliance staff at monitoring visits
- Housing Specialists maintain log of all clients receiving financial assistance, indicating period of rental assistance and UOS provided, Program Director monitors log for program compliance weekly
- Program Director convenes two Client Advisory meetings of clients and volunteers to discuss program development and any difficulties that may occur (suspended during COVID)
- program provides one staff training each quarter for staff development and continuing education
- DPH monthly Statement of Deliverables and invoices, Narrative Reports, Protocols and any other reports or forms required are submitted timely as requested
- all non-medical direct services staff successfully complete, or are enrolled in an HIV Treatment, Education, and Certification Program

Other Program Evaluation Items

- The Program Director is responsible for evaluating staff performance. Staff is evaluated annually on the anniversary date of the staff position’s employment.
- Data Collection Tools
The program uses several data collection tools: The SFDPH HCC, previously ARIES database and the Catholic Charities –CARES System, a web-based Data Inventory and Case Management system.
- Data Collected

HCC, previously ARIES Client (yes/no)	Living Arrangement	Health Status –Last 6 mos.
HIV Status & Source	Monthly Rent Payment	Medical Insurance Status
Veteran	Income to Rent Ratio	Primary Health Provider
Ethnicity	Other Service Providers	Living Situation last 12 mos.
Sexual Orientation	Gross Monthly Income & Source	Current Living Situation
Homeless (yes/no)	Section 8 Wait List Information	
Special Populations - Substance Use – Mental Illness, etc.		

- Frequency
Data is collected at Intake and updated on the anniversary date of the client’s enrollment. Data is reviewed quarterly and sent to funder as requested.
- Data Reporting
CCCYO program management and program funders receive this data. CCCYO uses the data to evaluate ongoing programmatic issues/trends and cost of services.

HIPAA Compliance

Catholic Charities AHHP complies with the DPH Privacy Policy and understands that DPH audits all contractors to that effect, as evidenced by the following:

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- a) All staff who handle patient health information are trained (including new hires) and annually updated in the program's privacy/confidentiality policies and procedures.
- b) A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is provided in writing to all patients/clients served in their threshold and other languages. If the document is not available in a patient's/client's relevant language, verbal translation is provided.
- c) A copy of the HIPAA requirements is in each client's chart or electronic file that the patient was "noticed". *(Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided as needed).*
- d) A Summary of the above Privacy Notice is posted and visible in registration and common areas of the facility
- e) The HIPAA Privacy Notice is posted in the client waiting room. *(Examples in English, Cantonese, Vietnamese, Tagalog, Spanish and Russian will be provided as needed).*
- f) Each disclosure of a client's health information for purposes other than treatment, payment or operations is documented and documentation of such exists in client files.
- g) Authorization for disclosure of a patient/client's health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program.

9. REQUIRED LANGUAGE

- a) Third Party Reimbursement: See Target Population, Page 1
- b) Low Income: See Target Population, Page 1
- c) Client Eligibility: See Target Population, Page 1
- d) Client Retention: N/A
- e) Vouchers: N/A
- f) HCC, previously ARIES Database: See Methodology, Page 7
- g) Objectives: See Objectives, Page 8
- h) Standards of Care: See CQI, Page 8

ATTACHMENT 2 of Appendix B Grant Budget Summary

1. Estimated Funding Allocations by Funding Source

Grant Plan	Grant Plan Term	Funding Source	Estimated Funding Allocation	Type
Attachment 2.1 Appendix B-1	07/01/21-06/30/22	General Fund	\$1,090,930	Original
Attachment 2.1 Appendix B-1	07/01/21-06/30/22	General Fund	\$ 67,001	RPB #1
Attachment 2.1a Appendix B-1a	07/01/22-06/30/23	General Fund	\$1,090,930	Original
Attachment 2.1a Appendix B-1a	07/01/22-06/30/23	General Fund	\$ 67,001	RPB #1
Attachment 2.1a Appendix B-1a	07/01/22-06/30/23	General Fund	\$46,317	RPB #2
Attachment 2.1b Appendix B-1b	07/01/23-06/30/24	General Fund	\$1,090,930	Original
Attachment 2.1b Appendix B-1b	07/01/23-06/30/24	General Fund	\$ 67,001	RPB #1
Attachment 2.1b Appendix B-1b	07/01/23-06/30/24	General Fund	\$46,317	RPB #2
Attachment 2.1b Appendix B-1b	07/01/23-06/30/24	General Fund	\$57,202	RPB #3
Attachment 2.1b Appendix B-1b	07/01/23-06/30/24	General Fund	(\$80,991)	RPB #4
Attachment 2.1c Appendix B-1c	07/01/24-06/30/25	General Fund	\$1,090,930	Original
Attachment 2.1c Appendix B-1c	07/01/24-06/30/25	General Fund	\$ 67,001	RPB #1
Attachment 2.1c Appendix B-1c	07/01/24-06/30/25	General Fund	\$46,317	RPB #2
Attachment 2.1c Appendix B-1c	07/01/24-06/30/25	General Fund	\$57,202	RPB #3
Attachment 2.1c Appendix B-1c	07/01/24-06/30/25	General Fund	\$ 31,536	RPB #4
Attachment 2.1c Appendix B-1c	07/01/24-06/30/25	General Fund	\$ 0 (no-cost mod)	RPB #5
Attachment 2.1d Appendix B-1d	07/01/25-06/30/26	General Fund	\$1,090,930	Original
Attachment 2.1d Appendix B-1d	07/01/25-06/30/26	General Fund	\$ 67,001	RPB #1
Attachment 2.1d Appendix B-1d	07/01/25-06/30/26	General Fund	\$46,317	RPB #2
Attachment 2.1d Appendix B-1d	07/01/25-06/30/26	General Fund	\$ 57,202	RPB #4
Attachment 2.1 Appendix B-1	07/01/21-06/30/22	General Fund	(\$ 80,295)	AMD#1
Attachment 2.1a Appendix B-1a	07/01/22-06/30/23	General Fund	(\$ 207,055)	AMD#1
Attachment 2.1d Appendix B-1d	07/01/25-06/30/26	General Fund	\$44,466	AMD#1
Attachment 2.1e Appendix B-1e	07/01/26-06/30/27	General Fund	\$1,324,199	AMD#1
Attachment 2.1f Appendix B-1f	07/01/27-06/30/28	General Fund	\$1,324,199	AMD#1
Attachment 2.1g Appendix B-1g	07/01/28-06/30/29	General Fund	\$1,324,199	AMD#1
Attachment 2.1h Appendix B-1h	07/01/29-06/30/30	General Fund	\$1,324,199	AMD#1
Attachment 2.1i Appendix B-1i	07/01/30-06/30/31	General Fund	\$1,324,199	AMD#1
Subtotal Award			\$ 12,475,185	
Contingency			\$ 951,229	
Total NTE			\$ 13,426,414	

2. Method of Payment

A. For the purposes of this Section, "General Fund" shall mean all those funds, which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices, which include General Fund monies. Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner

(1) For Eligible Expenses reimbursable by Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Grant Budget)

Grantee shall submit a monthly Funding Request in the format attached, Appendix C, and in a form acceptable to the Grant Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs of the Eligible Expenses of the preceding month. Eligible Expenses are reimbursable only after incurred by the Grantee and in no case in advance.

3. Contingency Amount

A. Grantee understands that, of the maximum dollar obligation listed in Section 5.1 of this Agreement, **\$951,229** 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 Grant 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.

4. Revisions to the Grant Budget

A. Grantee agrees to comply with its Grant Budgets of Appendix B. Changes to the Grant Budget that do not increase or reduce the Maximum Amount of Grant Funds listed in Section 5.1 of the Agreement are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Grantee agrees to comply fully with that policy/procedure.

B. Grantee understands that the CITY may need to adjust funding sources and funding allocations and agrees that these needed adjustments will be executed in accordance with Section 19.6 of this Agreement. In event that such funding source or funding allocation is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will Grantee be entitled to compensation in excess of these amounts for these periods without there first being a modification as provided for in Section 17.2 of the Agreement or a revision to Grant Budget, as provided for in Section 19.6 section of this Agreement.

C. The amount for each fiscal year, to be used in Grant Budget and available to Grantee for that fiscal year shall conform with the Grant Plan, Grant Budget and Cost Reporting Data Collection form, as approved by the City's Department of Public Health based on the City's allocation of funding for services for that fiscal year.

Attachment 2 of Appendix B

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

CID #:	1000020913										Appendix B 07/01/21 - 06/30/31
DPH Section:	HIV Health Services										
Check one: ☐ Original Agreement ☒ Amendment ☐ Revision to Program Budgets										Current Fund Notice: 7/28/25	
Agency/Contractor Name:	Catholic Charities										
Program Name:	HIV Assisted Housing Subsidies										TOTALS
Appendix Number:	A-1/B-1	A-1/B-1a	A-1/B-1b	A-1/B-1c	A-1/B-1d	A-1/B-1e	A-1/B-1f	A-1/B-1g	A-1/B-1h	A-1/B-1i	
Appendix Term:	7/01/21-6/30/22	7/01/22-6/30/23	7/01/23-6/30/24	7/01/24-6/30/25	7/01/25-6/30/26	7/01/26-6/30/27	7/01/27-6/30/28	7/01/28-6/30/29	7/01/29-6/30/30	7/01/30-6/30/31	
EXPENSES											
Salaries	\$ 159,316	\$ 208,494	\$ 220,510	\$ 179,781	\$ 192,444	\$ 189,426	\$ 189,426	\$ 189,426	\$ 189,426	\$ 189,426	\$ 1,907,675
Employee Benefits	\$ 50,502	\$ 66,091	\$ 71,666	\$ 61,126	\$ 67,355	\$ 66,299	\$ 66,299	\$ 66,299	\$ 66,299	\$ 66,299	\$ 648,235
Total Personnel Expenses	\$ 209,818	\$ 274,585	\$ 292,176	\$ 240,907	\$ 259,799	\$ 255,725	\$ 255,725	\$ 255,725	\$ 255,725	\$ 255,725	\$ 2,555,910
Employee Fringe Benefit Rate	31.7%	31.7%	32.5%	34.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	34.0%
Operating Expense	\$ 797,079	\$ 772,587	\$ 804,737	\$ 883,429	\$ 875,780	\$ 895,752	\$ 895,752	\$ 895,752	\$ 895,752	\$ 895,752	\$ 8,612,372
Subtotal Direct Costs	\$ 1,006,897	\$ 1,047,172	\$ 1,096,913	\$ 1,124,336	\$ 1,135,579	\$ 1,151,477	\$ 1,151,477	\$ 1,151,477	\$ 1,151,477	\$ 1,151,477	\$ 11,168,283
Indirect Cost Amount	\$ 151,034	\$ 157,076	\$ 164,537	\$ 168,650	\$ 170,337	\$ 172,722	\$ 172,722	\$ 172,722	\$ 172,722	\$ 172,722	\$ 1,675,243
Indirect Cost Rate (%)	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
Total Expenses	\$ 1,157,931	\$ 1,204,248	\$ 1,261,450	\$ 1,292,986	\$ 1,305,916	\$ 1,324,199	\$ 1,324,199	\$ 1,324,199	\$ 1,324,199	\$ 1,324,199	\$ 12,843,526
REVENUES & FUNDING SOURCES											
DPH Funding Sources (select from drop-down list)											
HHS COUNTY GF	1,157,931	1,204,248	1,261,450	1,292,986	1,305,916	1,324,199	1,324,199	1,324,199	1,324,199	1,324,199	12,843,526
Reduce unspent \$	(80,295)	(207,055)	(80,991)								(368,341)
Total DPH Revenues	\$ 1,077,636	\$ 997,193	\$ 1,180,459	\$ 1,292,986	\$ 1,305,916	\$ 1,324,199	\$ 1,324,199	\$ 1,324,199	\$ 1,324,199	\$ 1,324,199	12,475,185
											-
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH/Non-DPH)	\$ 1,077,636	\$ 997,193	\$ 1,180,459	\$ 1,292,986	\$ 1,305,916	\$ 1,324,199	\$ 1,324,199	\$ 1,324,199	\$ 1,324,199	\$ 1,324,199	\$ 12,475,185
Cost Reimbursement (CR)	*****COST REIMBURSEMENT*****										
Prepared By	Mandy Ly, Senior Contracts Administrator, 415-972-1260										

Attachment 2 of Appendix B

UOS & UDC TABLE					
Contractor/Vendor:	Catholic Charities CYO				
Program Name:	Assisted Housing Program				
Total Contract:	\$12,475,185				
Funding Source:	General Fund				
System of Care:	HHS				
CID#	1000020913				
FN Date, #	07/28/20025, #7				
Year	2021-2022				
Program	Catholic Charities Rental Subsidies				
Funding Source	SFGF				
Appendices	A-1 / B-1				
Amount	\$1,077,636				
Term	7/1/2021 - 6/30/2022				
Services	Clients	Days	Occupancy	UOS	UDC
Rental Subsidy Days	240	365	95.00%	83220	240
TOTAL				83220	240
Year	2022-2023				
Program	Catholic Charities Rental Subsidies				
Funding Source	SFGF				
Appendices	A-1 / B-1a				
Amount	\$997,193				
Term	7/1/2022 - 6/30/2023				
Services	Clients	Days	Occupancy	UOS	UDC
Rental Subsidy Days	240	365	95.00%	83220	240
TOTAL				83220	240
Year	2023-2024				
Program	Catholic Charities Rental Subsidies				
Funding Source	SFGF				
Appendices	A-1 / B-1b				
Amount	\$1,180,459				
Term	7/1/2023 - 6/30/2024				
Services	Clients	Days	Occupancy	UOS	UDC
Rental Subsidy Days	154	365	95.00%	53400	154
TOTAL				53400	154

Attachment 2 of Appendix B

Year	2024-2025				
Program	Catholic Charities Rental Subsidies				
Funding Source	SFGF				
Appendices	A-1 / B-1c				
Amount	\$1,292,986				
Term	7/1/2024 - 6/30/2025				
Services	Clients	Days	Occupancy	UOS	UDC
Rental Subsidy Days	154	365	95.00%	53400	154
TOTAL				53400	154
Year	2025-2026				
Program	Catholic Charities Rental Subsidies				
Funding Source	SFGF				
Appendices	A-1 / B-1d				
Amount	\$1,305,916				
Term	7/1/2025 - 6/30/2026				
Services	Clients	Days	Occupancy	UOS	UDC
Rental Subsidy Days	154	365	95.00%	53400	154
TOTAL				53400	154
Year	2026-2027				
Program	Catholic Charities Rental Subsidies				
Funding Source	SFGF				
Appendices	A-1 / B-1e				
Amount	\$1,324,199				
Term	7/1/2026 - 6/30/2027				
Services	Clients	Days	Occupancy	UOS	UDC
Rental Subsidy Days	154	365	95.00%	53400	154
TOTAL				53400	154
Year	2027-2028				
Program	Catholic Charities Rental Subsidies				
Funding Source	SFGF				
Appendices	A-1 / B-1f				
Amount	\$1,324,199				
Term	7/1/2027 - 6/30/2028				
Services	Clients	Days	Occupancy	UOS	UDC
Rental Subsidy Days	154	365	95.00%	53400	154
TOTAL				53400	154

Attachment 2 of Appendix B

Year	2028-2029				
Program	Catholic Charities Rental Subsidies				
Funding Source	SFGF				
Appendices	A-1 / B-1g				
Amount	\$1,324,199				
Term	7/1/2028 - 6/30/2029				
Services	Clients	Days	Occupancy	UOS	UDC
<i>Rental Subsidy Days</i>	154	365	95.00%	53400	154
TOTAL				53400	154
Year	2029-2030				
Program	Catholic Charities Rental Subsidies				
Funding Source	SFGF				
Appendices	A-1 / B-1h				
Amount	\$1,324,199				
Term	7/1/2029 - 6/30/2030				
Services	Clients	Days	Occupancy	UOS	UDC
<i>Rental Subsidy Days</i>	154	365	95.00%	53400	154
TOTAL				53400	154
Year	2030-2031				
Program	Catholic Charities Rental Subsidies				
Funding Source	SFGF				
Appendices	A-1 / B-1i				
Amount	\$1,324,199				
Term	7/1/2030 - 6/30/2031				
Services	Clients	Days	Occupancy	UOS	UDC
<i>Rental Subsidy Days</i>	154	365	95.00%	53400	154
TOTAL				53400	154
UNIT OF SERVICE (UOS) DESCRIPTION	Partial Rent Subsidies: one day of a partial rent subsidy paid to the landlord including housing advocacy. Housing Advocacy services include the coordination and identification of a housing stability plan.				

Attachment 2.1d of Appendix B

Contractor: Catholic Charities				Appendix: B-1d				
Program: Assisted Housing Program				Appendix Term: 07/01/25-06/30/26				
Full Contract Term: 07/01/21-06/30/31				Funding Source: GF				
UOS COST ALLOCATION BY SERVICE MODE								
Service Modes:		Rental Subsidy Day						
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Case Manager (Housing Specialist)	2.18	131,589	100%					131,589
Program Coordinator	0.15	10,131	100%					10,131
Program Director	0.50	44,243	100%					44,243
Associate Deputy Director	0.05	6,481	100%					6,481
Total FTE & Salaries	2.88	192,444	100%					192,444
Fringe Benefits	35.00%	67,355	100%					67,355
Total Personnel Expenses		259,799	100%					259,799
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		30,000	100%					30,000
Total Materials and Supplies		5,050	100%					5,050
Total General Operating		8,180	100%					8,180
Total Staff Travel		1,000	100%					1,000
Other (specify):								
Direct Assistance Rental Subsidies		821,000	100%					821,000
Direct Assistance Basic Needs		5,390	100%					5,390
Direct Assistance Back Rent		5,160	100%					5,160
Total Operating Expenses		875,780	100%					875,780
Total Direct Expenses		1,135,579	100%					1,135,579
Indirect Expenses 15.0%		170,337	100%					170,337
TOTAL EXPENSES		1,305,916	100%					1,305,916
Unit of Service Type		Rental Subsidy Days						
Number of UOS per Service Mode		53,400						53,400
Cost Per UOS by Service Mode		\$24.47						N/A
Number of UDC/NOC per Service Mode		154						154
Rev: 02/18								

Attachment 2.1d of Appendix B

BUDGET JUSTIFICATION**Contractor Name** Catholic CharitiesAppendix: B-1d**Program Name:** Assisted Housing ProgramAppendix Term: 07/01/25-06/30/26Funding Source: GF**1a) SALARIES**

Staff Position 1	Case Manager (Housing Specialist)				
Brief duties related to this program and clients served	client intakes; help clients find solutions to housing problems through financial assistance, housing advocacy, info referral svcs.				
Degree, license (if applicable), experience	Min. Qualifications: BA and 1 yr of related experience in the human services industry.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	60,362	2.18	12	N/A	\$ 131,589

Staff Position 2:	Program Coordinator				
Brief duties related to this program and clients served	assists staff with client-related svcs, maintains records for acctng& reporting; data entry, computer file mngt; client intakes; helps clients find solutions to housing problems through financial assistance, housing advocacy, info referral svcs.				
Degree, license (if applicable), experience	Min. Qualifications: Bachelor's in social svcs or related field, 4 yrs exp, or Master's w 2 yrs providing direct svcs & case mngt				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	67,538	0.15	12	N/A	\$ 10,131

Staff Position 3:	Program Director				
Brief duties related to this program and clients served	provides program oversight and day-to-day operations include but not limited to: initial risk assessment, staff supervision, client care and workflow. Requires working with a multidisciplinary team to assess patients ongoing needs.				
Degree, license (if applicable), experience	Min. Qualifications: HIV-related experience, and direct care consistent with the needs of clients/participants who are underhoused and experiencing concurrent associate disabilities relate to HIV/AIDS. 5+ yrs. experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	88,485	0.50	12	N/A	\$ 44,243

Staff Position 4:	Associate Deputy Director				
Brief duties related to this program and clients served	Staff spvsn; develops, implements, evaluates prog P & P, standards; determines prog service levels; ensures prog reports & audits are complete; develops, monitors budgets, ensures prog oversight according to best practices; develop & maintain positive professional relations w collaborative providers, clients, funders, and communities.				
Degree, license (if applicable), experience	Min Quals: BA or MA in social work or related field, 5-7 yrs supervising staff, working in human svcs & direct client svcs.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	129,610	0.05	12	N/A	\$ 6,481

Total FTE, Base: 2.880 Annualized: N/A

Attachment 2.1d of Appendix B

1b) EMPLOYEE FRINGE BENEFITS:

Total Salaries: \$ 192,444

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

	Component	Cost
	FICA	\$ 14,722
	SUTA/FUTA	\$ 635
	Worker's Comp.	\$ 693
	Retirement	\$ 9,622
	Flex (Health, Dental, etc) \$14,126.40 per FTE	\$ 40,684
	AD&D Life Insurance	\$ 1,020
	Cell/Commuter Stipend	\$ 1,123
	Other: Reduction of Benefits actuals	\$ (1,143.81)

Total Fringe Benefit: \$ 67,355

Fringe Benefit %: 35.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 259,799

2) OPERATING EXPENSES:

Occupancy: (HHS funded programs must use Appropriate Cost Allocation Methodology)

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Rent	Staff office space, (charges including utilities, phone, janitorial, shared costs etc.)	~\$868.06 per FTE x 2.88 FTE x12 mos	\$ 30,000
Total Occupancy:			\$ 30,000

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	General office supplies, computer costs, paper, and postage etc.	~\$1,579.86 per FTE/yr x 2.88 FTE	\$ 4,550
Printing/Reproduction	Printing supplies and charges (toner, stationary, etc) for client surveys, correspondence, etc.	~\$173.61 per FTE/yr x 2.88 FTE	\$ 500
Total Materials & Supplies:			\$ 5,050

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Insurance	Property & General Liability.	~\$1,764 per FTE/yr x 2.88 FTE	\$ 5,080
Staff Training	Conferences, Mtgs, Trainings for staff, professional develop with outside vendor to meet the challenges of subsidy admiistration.	~\$347.22 per FTE/yr x 2.88 FTE	\$ 1,000
Rent Equip	IKON copier lease/maintenance.	~\$416.67 per FTE/yr x 2.88 FTE	\$ 1,200

Attachment 2.1d of Appendix B

Recruitment Costs	Job ads and fingerprinting costs for new employees. 2 Job Ads x \$125 per month x 3 months=\$750. 2 Fingerprinting cost x 75 per person = \$150. Total \$900 per year.	\$900 per year	\$ 900
Total General Operating:			\$ 8,180

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
For in-home case mngt [for shut-ins], home visits, annual recertifications. Mileage, Pkng & Tolls related to mtgs and trainings	Local & Out of Town.	Mileage, Parking & Tolls	~\$347.22 per FTE x 2.88 FTE	\$ 1,000
Total Staff Travel:			\$	1,000

Other:

Expense Item	Brief Description	Rate/Formula	Cost
Direct Assistance Rental Subsidies	Monthly partial rent subsidy payments paid directly to landlords on behalf of clients. 150 clients x \$400/month x 2 months = \$120,000 + 4 families x \$500/month x 2 months = \$4,000 150 clients x \$450/month x 10 months = \$675,000 + 4 families x \$550/month x 10 months = \$22,000.	\$120,000 + \$4,000 + \$675,000 + \$22,000 = \$821,000	\$ 821,000
Direct Assistance Basic Needs	Client Incentives-assistance to decrease financial burden from day-to-day needs [i.e. food and personal care]. 154 clients x ~\$35/yr = \$5,390.	154 clients x ~\$35/yr = \$5,390	\$ 5,390
Direct Assistance Back Rent	To help 5 clients who are experiencing difficulties paying their rent..	5 clients x \$1,032/yr=\$5,160	\$ 5,160
Total Other:			\$ 831,550

TOTAL OPERATING EXPENSES: \$ 875,780

TOTAL DIRECT COSTS: \$ 1,135,579

4) INDIRECT COSTS

	Amount
Shared cost of Acctng, Payroll, Contracts, HR, Facilities, IT, Exec Salaries, Benefits & Operating Exp @ 15% of Direct Costs.	\$ 170,337

Indirect Rate: 15.00%

TOTAL INDIRECT COSTS: \$ 170,337

TOTAL EXPENSES: \$ 1,305,916

Attachment 2.1e of Appendix B

Contractor: Catholic Charities				Appendix: B-1e					
Program: Assisted Housing Program				Appendix Term: 07/01/26-06/30/27					
Full Contract Term: 07/01/21-06/30/31				Funding Source: GF					
UOS COST ALLOCATION BY SERVICE MODE									
Service Modes:		Rental Subsidy Day							
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
Case Manager (Housing Specialist)	2.13	128,571	100%					128,571	
Program Coordinator	0.15	10,131	100%					10,131	
Program Director	0.50	44,243	100%					44,243	
Associate Deputy Director	0.05	6,481	100%					6,481	
Total FTE & Salaries	2.83	189,426	100%					189,426	
Fringe Benefits	35.00%	66,299	100%					66,299	
Total Personnel Expenses		255,725	100%					255,725	
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals	
Total Occupancy		30,000	100%					30,000	
Total Materials and Supplies		4,550	100%					4,550	
Total General Operating		8,092	100%					8,092	
Total Staff Travel		1,000	100%					1,000	
Other (specify):									
Direct Assistance Rental Subsidies		836,400	100%					836,400	
Direct Assistance Basic Needs		7,710	100%					7,710	
Direct Assistance Back Rent		8,000	100%					8,000	
Total Operating Expenses		895,752	100%					895,752	
Total Direct Expenses		1,151,477	100%					1,151,477	
Indirect Expenses 15.0%		172,722	100%					172,722	
TOTAL EXPENSES		1,324,199	100%					1,324,199	
Unit of Service Type		Rental Subsidy Days							
Number of UOS per Service Mode		53,400						53,400	
Cost Per UOS by Service Mode		\$24.81						N/A	
Number of UDC/NOC per Service Mode		154						154	
Rev: 02/18									

Rev: 02/18

Attachment 2.1e of Appendix B**BUDGET JUSTIFICATION****Contractor Name** Catholic Charities**Program Name:** Assisted Housing ProgramAppendix: B-1eAppendix Term: 07/01/26-06/30/27Funding Source: GF**1a) SALARIES**

Staff Position 1	Case Manager (Housing Specialist)				
Brief duties related to this program and clients served	client intakes; help clients find solutions to housing problems through financial assistance, housing advocacy, info referral svcs.				
Degree, license (if applicable), experience	Min. Qualifications: BA and 1 yr of related experience in the human services industry.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	60,362	2.13	12	N/A	\$ 128,571

Staff Position 2:	Program Coordinator				
Brief duties related to this program and clients served	assists staff with client-related svcs, maintains records for acctng& reporting; data entry, computer file mngt; client intakes; helps clients find solutions to housing problems through financial assistance, housing advocacy, info referral svcs.				
Degree, license (if applicable), experience	Min. Qualifications: Bachelor's in social svcs or related field, 4 yrs exp, or Master's w 2 yrs providing direct svcs & case mngt.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	67,538	0.15	12	N/A	\$ 10,131

Staff Position 3:	Program Director				
Brief duties related to this program and clients served	provides program oversight and day-to-day operations include but not limited to: initial risk assessment, staff supervision, client care and workflow. Requires working with a multidisciplinary team to assess patients ongoing needs.				
Degree, license (if applicable), experience	Min. Qualifications: HIV-related experience, and direct care consistent with the needs of clients/participants who are underhoused and experiencing concurrent associate disabilities relate to HIV/AIDS. 5+ yrs. experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	88,485	0.50	12	N/A	\$ 44,243

Staff Position 4:	Associate Deputy Director				
Brief duties related to this program and clients served	Staff spvsn; develops, implements, evaluates prog P & P, standards; determines prog service levels; ensures prog reports & audits are complete; develops, monitors budgets, ensures prog oversight according to best practices; develop & maintain positive professional relations w collaborative providers, clients, funders, and communities.				
Degree, license (if applicable), experience	Min Quals: BA or MA in social work or related field, 5-7 yrs supervising staff, working in human svcs & direct client svcs.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	129,610	0.05	12	N/A	\$ 6,481

Total FTE, Base: 2.830**Annualized: N/A**

Attachment 2.1e of Appendix B**1b) EMPLOYEE FRINGE BENEFITS:****Total Salaries: \$ 189,426**

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

	Component	Cost
	FICA	\$ 14,491
	SUTA/FUTA	\$ 625
	Worker's Comp.	\$ 682
	Retirement	\$ 9,471
	Flex (Health, Dental, etc) \$14,126.40 per FTE	\$ 39,978
	AD&D Life Insurance	\$ 1,004
	Cell/Commuter Stipend	\$ 1,104
	Other: Reduction of Benefits actuals	\$ (1,055.70)

Total Fringe Benefit: \$ 66,299**Fringe Benefit %: 35.00%****TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 255,725****2) OPERATING EXPENSES:****Occupancy:** (HHS funded programs must use Appropriate Cost Allocation Methodology)

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Rent	Staff office space, (charges including utilities, phone, janitorial, shared costs etc.)	~\$883.39 per FTE x 2.83 FTE x12 mos	\$ 30,000
Total Occupancy:			\$ 30,000

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	General office supplies, computer costs, paper, and postage etc.	~\$1,431.1 per FTE/yr x 2.83 FTE	\$ 4,050
Printing/Reproduction	Printing supplies and charges (toner, stationary, etc) for client surveys, correspondence, etc.	~\$176.68 per FTE/yr x 2.83 FTE	\$ 500
Total Materials & Supplies:			\$ 4,550

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Insurance	Property & General Liability.	~\$1,764 per FTE/yr x 2.83 FTE	\$ 4,992
Staff Training	Conferences, Mtgs, Trainings for staff, professional develop with outside vendor to meet the challenges of subsidy administration.	~\$353.36 per FTE/yr x 2.83 FTE	\$ 1,000
Rent Equip	IKON copier lease/maintenance.	~\$424.03 per FTE/yr x 2.83 FTE	\$ 1,200
Recruitment Costs	Job ads and fingerprinting costs for new employees. 2 Job Ads x \$125 per month x 3 months=\$750. 2 Fingerprinting cost x 75 per person = \$150. Total \$900 per year.	\$900 per year	\$ 900

Attachment 2.1e of Appendix B

Total General Operating: \$ 8,092

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
For in-home case mngt [for shut-ins], home visits, annual recertifications. Mileage, Pkng & Tolls related to mtgs and trainings	Local & Out of Town.	Mileage, Parking & Tolls	~\$353.36 per FTE x 2.83 FTE	\$ 1,000

Total Staff Travel: \$ 1,000

Other:

Expense Item	Brief Description	Rate/Formula	Cost
Direct Assistance Rental Subsidies	Monthly partial rent subsidy payments paid directly to landlords on behalf of clients. 150 clients x \$450/month x 12 months = \$810,000 + 4 families x \$550/month x 12 months = \$26,400.	\$810,000 + \$26,400 = \$836,400	\$ 836,400
Direct Assistance Basic Needs	Client Incentives-assistance to decrease financial burden from day-to-day needs [i.e. food and personal care]. 154 clients x ~\$50.06/yr = \$5,390.	154 clients x ~\$50.06/yr = \$7,710	\$ 7,710
Direct Assistance Back Rent	To help 6 clients who are experiencing difficulties paying their rent.	6 clients x \$1,333.33/yr=\$8,000	\$ 8,000

Total Other: \$ 852,110

TOTAL OPERATING EXPENSES: \$ 895,752

TOTAL DIRECT COSTS: \$ 1,151,477

4) INDIRECT COSTS

	Amount
Shared cost of Accntg, Payroll, Contracts, HR, Facilities, IT, Exec Salaries, Benefits & Operating Exp @ 15% of Direct Costs.	\$ 172,722

Indirect Rate: 15.00%

TOTAL INDIRECT COSTS: \$ 172,722

TOTAL EXPENSES: \$ 1,324,199

Attachment 2.1f of Appendix B

Contractor: Catholic Charities				Appendix: B-1f				
Program: Assisted Housing Program				Appendix Term: 07/01/27-06/30/28				
Full Contract Term: 07/01/21-06/30/31				Funding Source: GF				
UOS COST ALLOCATION BY SERVICE MODE								
Service Modes:		Rental Subsidy Day						
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Case Manager (Housing Specialist)	2.13	128,571	100%					128,571
Program Coordinator	0.15	10,131	100%					10,131
Program Director	0.50	44,243	100%					44,243
Associate Deputy Director	0.05	6,481	100%					6,481
Total FTE & Salaries	2.83	189,426	100%					189,426
Fringe Benefits	35.00%	66,299	100%					66,299
Total Personnel Expenses		255,725	100%					255,725
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		30,000	100%					30,000
Total Materials and Supplies		4,550	100%					4,550
Total General Operating		8,092	100%					8,092
Total Staff Travel		1,000	100%					1,000
Other (specify):								
Direct Assistance Rental Subsidies		836,400	100%					836,400
Direct Assistance Basic Needs		7,710	100%					7,710
Direct Assistance Back Rent		8,000	100%					8,000
Total Operating Expenses		895,752	100%					895,752
Total Direct Expenses		1,151,477	100%					1,151,477
Indirect Expenses 15.0%		172,722	100%					172,722
TOTAL EXPENSES		1,324,199	100%					1,324,199
Unit of Service Type		Rental Subsidy Days						
Number of UOS per Service Mode		53,400						53,400
Cost Per UOS by Service Mode		\$24.81						N/A
Number of UDC/NOC per Service Mode		154						154
Rev: 02/18								

Rev: 02/18

Attachment 2.1f of Appendix B**BUDGET JUSTIFICATION****Contractor Name** Catholic Charities**Program Name:** Assisted Housing ProgramAppendix: B-1fAppendix Term: 07/01/27-06/30/28Funding Source: GF**1a) SALARIES**

Staff Position 1	Case Manager (Housing Specialist)				
Brief duties related to this program and clients served	client intakes; help clients find solutions to housing problems through financial assistance, housing advocacy, info referral svcs.				
Degree, license (if applicable), experience	Min. Qualifications: BA and 1 yr of related experience in the human services industry.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	60,362	2.13	12	N/A	\$ 128,571

Staff Position 2:	Program Coordinator				
Brief duties related to this program and clients served	assists staff with client-related svcs, maintains records for acctng& reporting; data entry, computer file mngt; client intakes; helps clients find solutions to housing problems through financial assistance, housing advocacy, info referral svcs.				
Degree, license (if applicable), experience	Min. Qualifications: Bachelor's in social svcs or related field, 4 yrs exp, or Master's w 2 yrs providing direct svcs & case mngt.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	67,538	0.15	12	N/A	\$ 10,131

Staff Position 3:	Program Director				
Brief duties related to this program and clients served	provides program oversight and day-to-day operations include but not limited to: initial risk assessment, staff supervision, client care and workflow. Requires working with a multidisciplinary team to assess patients ongoing needs.				
Degree, license (if applicable), experience	Min. Qualifications: HIV-related experience, and direct care consistent with the needs of clients/participants who are underhoused and experiencing concurrent associate disabilities relate to HIV/AIDS. 5+ yrs. experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	88,485	0.50	12	N/A	\$ 44,243

Staff Position 4:	Associate Deputy Director				
Brief duties related to this program and clients served	Staff spvsn; develops, implements, evaluates prog P & P, standards; determines prog service levels; ensures prog reports & audits are complete; develops, monitors budgets, ensures prog oversight according to best practices; develop & maintain positive professional relations w collaborative providers, clients, funders, and communities.				
Degree, license (if applicable), experience	Min Quals: BA or MA in social work or related field, 5-7 yrs supervising staff, working in human svcs & direct client svcs.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	129,610	0.05	12	N/A	\$ 6,481

Total FTE, Base: 2.830 Annualized: N/A

Attachment 2.1f of Appendix B**1b) EMPLOYEE FRINGE BENEFITS:****Total Salaries: \$ 189,426**

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

	Component	Cost
	FICA	\$ 14,491
	SUTA/FUTA	\$ 625
	Worker's Comp.	\$ 682
	Retirement	\$ 9,471
	Flex (Health, Dental, etc) \$14,126.40 per FTE	\$ 39,978
	AD&D Life Insurance	\$ 1,004
	Cell/Commuter Stipend	\$ 1,104
	Other: Reduction of Benefits actuals	\$ (1,055.70)

Total Fringe Benefit: \$ 66,299**Fringe Benefit %: 35.00%****TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 255,725****2) OPERATING EXPENSES:****Occupancy:** (HHS funded programs must use Appropriate Cost Allocation Methodology)

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Rent	Staff office space, (charges including utilities, phone, janitorial, shared costs etc.)	~\$883.39 per FTE x 2.83 FTE x12 mos	\$ 30,000
Total Occupancy:			\$ 30,000

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	General office supplies, computer costs, paper, and postage etc.	~\$1,431.1 per FTE/yr x 2.83 FTE	\$ 4,050
Printing/Reproduction	Printing supplies and charges (toner, stationary, etc) for client surveys, correspondence, etc.	~\$176.68 per FTE/yr x 2.83 FTE	\$ 500
Total Materials & Supplies:			\$ 4,550

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Insurance	Property & General Liability.	~\$1,764 per FTE/yr x 2.83 FTE	\$ 4,992
Staff Training	Conferences, Mtgs, Trainings for staff, professional develop with outside vendor to meet the challenges of subsidy administration.	~\$353.36 per FTE/yr x 2.83 FTE	\$ 1,000
Rent Equip	IKON copier lease/maintenance.	~\$424.03 per FTE/yr x 2.83 FTE	\$ 1,200
Recruitment Costs	Job ads and fingerprinting costs for new employees. 2 Job Ads x \$125 per month x 3 months=\$750. 2 Fingerprinting cost x 75 per person = \$150. Total \$900 per year.	\$900 per year	\$ 900

Attachment 2.1f of Appendix B

Total General Operating: \$ 8,092

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
For in-home case mngt [for shut-ins], home visits, annual recertifications. Mileage, Pkng & Tolls related to mtgs and trainings	Local & Out of Town.	Mileage, Parking & Tolls	~\$353.36 per FTE x 2.83 FTE	\$ 1,000
Total Staff Travel: \$				1,000

Other:

Expense Item	Brief Description	Rate/Formula	Cost
Direct Assistance Rental Subsidies	Monthly partial rent subsidy payments paid directly to landlords on behalf of clients. 150 clients x \$450/month x 12 months = \$810,000 + 4 families x \$550/month x 12 months = \$26,400.	\$810,000 + \$26,400 = \$836,400	\$ 836,400
Direct Assistance Basic Needs	Client Incentives-assistance to decrease financial burden from day-to-day needs [i.e. food and personal care]. 154 clients x ~\$50.06/yr = \$5,390.	154 clients x ~\$50.06/yr = \$7,710	\$ 7,710
Direct Assistance Back Rent	To help 6 clients who are experiencing difficulties paying their rent.	6 clients x \$1,333.33/yr=\$8,000	\$ 8,000
Total Other: \$			852,110

TOTAL OPERATING EXPENSES: \$ 895,752

TOTAL DIRECT COSTS: \$ 1,151,477

4) INDIRECT COSTS

	Amount
Shared cost of Acctng, Payroll, Contracts, HR, Facilities, IT, Exec Salaries, Benefits & Operating Exp @ 15% of Direct Costs.	\$ 172,722

Indirect Rate: 15.00%
TOTAL INDIRECT COSTS: \$ 172,722

TOTAL EXPENSES: \$ 1,324,199

Attachment 2.1g of Appendix B

Contractor: <u>Catholic Charities</u>				Appendix: B-1g				
Program: <u>Assisted Housing Program</u>				Appendix Term: 07/01/28-06/30/29				
Full Contract Term: <u>07/01/21-06/30/31</u>				Funding Source: GF				
UOS COST ALLOCATION BY SERVICE MODE								
Service Modes:		Rental Subsidy Day						
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Case Manager (Housing Specialist)	2.13	128,571	100%					128,571
Program Coordinator	0.15	10,131	100%					10,131
Program Director	0.50	44,243	100%					44,243
Associate Deputy Director	0.05	6,481	100%					6,481
Total FTE & Salaries	2.83	189,426	100%					189,426
Fringe Benefits	35.00%	66,299	100%					66,299
Total Personnel Expenses		255,725	100%					255,725
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		30,000	100%					30,000
Total Materials and Supplies		4,550	100%					4,550
Total General Operating		8,092	100%					8,092
Total Staff Travel		1,000	100%					1,000
Other (specify):								
Direct Assistance Rental Subsidies		836,400	100%					836,400
Direct Assistance Basic Needs		7,710	100%					7,710
Direct Assistance Back Rent		8,000	100%					8,000
Total Operating Expenses		895,752	100%					895,752
Total Direct Expenses		1,151,477	100%					1,151,477
Indirect Expenses 15.0%		172,722	100%					172,722
TOTAL EXPENSES		1,324,199	100%					1,324,199
Unit of Service Type		Rental Subsidy Days						
Number of UOS per Service Mode		53,400						53,400
Cost Per UOS by Service Mode		\$24.81						N/A
Number of UDC/NOC per Service Mode		154						154
Rev: 02/18								

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Attachment 2.1g of Appendix B

BUDGET JUSTIFICATION

Contractor Name Catholic Charities

Program Name: Assisted Housing Program

Appendix: B-1g

Appendix Term: 07/01/28-06/30/29

Funding Source: GF

1a) SALARIES

Staff Position 1	Case Manager (Housing Specialist)				
Brief duties related to this program and clients served	client intakes; help clients find solutions to housing problems through financial assistance, housing advocacy, info referral svcs.				
Degree, license (if applicable), experience	Min. Qualifications: BA and 1 yr of related experience in the human services industry.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	60,362	2.13	12	N/A	\$ 128,571

Staff Position 2:	Program Coordinator				
Brief duties related to this program and clients served	assists staff with client-related svcs, maintains records for acctng& reporting; data entry, computer file mngt; client intakes; helps clients find solutions to housing problems through financial assistance, housing advocacy, info referral svcs.				
Degree, license (if applicable), experience	Min. Qualifications: Bachelor's in social svcs or related field, 4 yrs exp, or Master's w 2 yrs providing direct svcs & case mngt.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	67,538	0.15	12	N/A	\$ 10,131

Staff Position 3:	Program Director				
Brief duties related to this program and clients served	provides program oversight and day-to-day operations include but not limited to: initial risk assessment, staff supervision, client care and workflow. Requires working with a multidisciplinary team to assess patients ongoing needs.				
Degree, license (if applicable), experience	Min. Qualifications: HIV-related experience, and direct care consistent with the needs of clients/participants who are underhoused and experiencing concurrent associate disabilities relate to HIV/AIDS. 5+ yrs. experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	88,485	0.50	12	N/A	\$ 44,243

Staff Position 4:	Associate Deputy Director				
Brief duties related to this program and clients served	Staff spvsn; develops, implements, evaluates prog P & P, standards; determines prog service levels; ensures prog reports & audits are complete; develops, monitors budgets, ensures prog oversight according to best practices; develop & maintain positive professional relations w collaborative providers, clients, funders, and communities.				
Degree, license (if applicable), experience	Min Quals: BA or MA in social work or related field, 5-7 yrs supervising staff, working in human svcs & direct client svcs.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	129,610	0.05	12	N/A	\$ 6,481

Total FTE, Base: 2.830 Annualized: N/A

Attachment 2.1g of Appendix B**1b) EMPLOYEE FRINGE BENEFITS:****Total Salaries: \$ 189,426**

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

	Component	Cost
	FICA	\$ 14,491
	SUTA/FUTA	\$ 625
	Worker's Comp.	\$ 682
	Retirement	\$ 9,471
	Flex (Health, Dental, etc) \$14,126.40 per FTE	\$ 39,978
	AD&D Life Insurance	\$ 1,004
	Cell/Commuter Stipend	\$ 1,104
	Other: Reduction of Benefits actuals	\$ (1,055.70)

Total Fringe Benefit: \$ 66,299**Fringe Benefit %: 35.00%****TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 255,725****2) OPERATING EXPENSES:****Occupancy:** (HHS funded programs must use Appropriate Cost Allocation Methodology)

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Rent	Staff office space, (charges including utilities, phone, janitorial, shared costs etc.).	~\$883.39 per FTE x 2.83 FTE x 12 mos	\$ 30,000
Total Occupancy:			\$ 30,000

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	General office supplies, computer costs, paper, and postage etc.	~\$1,431.1 per FTE/yr x 2.83 FTE	\$ 4,050
Printing/Reproduction	Printing supplies and charges (toner, stationary, etc) for client surveys, correspondence, etc.	~\$176.68 per FTE/yr x 2.83 FTE	\$ 500
Total Materials & Supplies:			\$ 4,550

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Insurance	Property & General Liability.	~\$1,764 per FTE/yr x 2.83 FTE	\$ 4,992
Staff Training	Conferences, Mtgs, Trainings for staff, professional develop with outside vendor to meet the challenges of subsidy administration.	~\$353.36 per FTE/yr x 2.83 FTE	\$ 1,000
Rent Equip	IKON copier lease/maintenance.	~\$424.03 per FTE/yr x 2.83 FTE	\$ 1,200
Recruitment Costs	Job ads and fingerprinting costs for new employees. 2 Job Ads x \$125 per month x 3 months=\$750. 2 Fingerprinting cost x 75 per person = \$150. Total \$900 per year.	\$900 per year	\$ 900

Attachment 2.1g of Appendix B

Total General Operating: \$ 8,092

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
For in-home case mngt [for shut-ins], home visits, annual recertifications. Mileage, Pkng & Tolls related to mtgs and trainings	Local & Out of Town.	Mileage, Parking & Tolls	~\$353.36 per FTE x 2.83 FTE	\$ 1,000

Total Staff Travel: \$ 1,000

Other:

Expense Item	Brief Description	Rate/Formula	Cost
Direct Assistance Rental Subsidies	Monthly partial rent subsidy payments paid directly to landlords on behalf of clients. 150 clients x \$450/month x 12 months = \$810,000 + 4 families x \$550/month x 12 months = \$26,400.	\$810,000 + \$26,400 = \$836,400	\$ 836,400
Direct Assistance Basic Needs	Client Incentives-assistance to decrease financial burden from day-to-day needs [i.e. food and personal care]. 154 clients x ~\$50.06/yr = \$5,390.	154 clients x ~\$50.06/yr = \$7,710	\$ 7,710
Direct Assistance Back Rent	To help 6 clients who are experiencing difficulties paying their rent.	6 clients x \$1,333.33/yr=\$8,000	\$ 8,000

Total Other: \$ 852,110

TOTAL OPERATING EXPENSES: \$ 895,752

TOTAL DIRECT COSTS: \$ 1,151,477

4) INDIRECT COSTS

	Amount
Shared cost of Acctng, Payroll, Contracts, HR, Facilities, IT, Exec Salaries, Benefits & Operating Exp @ 15% of Direct Costs.	\$ 172,722

Indirect Rate: 15.00%

TOTAL INDIRECT COSTS: \$ 172,722

TOTAL EXPENSES: \$ 1,324,199

Attachment 2.1h of Appendix B

Contractor: <u>Catholic Charities</u>				Appendix: B-1h				
Program: <u>Assisted Housing Program</u>				Appendix Term: 07/01/29-06/30/30				
Full Contract Term: <u>07/01/21-06/30/31</u>				Funding Source: GF				
UOS COST ALLOCATION BY SERVICE MODE								
Service Modes:		Rental Subsidy Day						
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Case Manager (Housing Specialist)	2.13	128,571	100%					128,571
Program Coordinator	0.15	10,131	100%					10,131
Program Director	0.50	44,243	100%					44,243
Associate Deputy Director	0.05	6,481	100%					6,481
Total FTE & Salaries	2.83	189,426	100%					189,426
Fringe Benefits	35.00%	66,299	100%					66,299
Total Personnel Expenses		255,725	100%					255,725
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		30,000	100%					30,000
Total Materials and Supplies		4,550	100%					4,550
Total General Operating		8,092	100%					8,092
Total Staff Travel		1,000	100%					1,000
Other (specify):								
Direct Assistance Rental Subsidies		836,400	100%					836,400
Direct Assistance Basic Needs		7,710	100%					7,710
Direct Assistance Back Rent		8,000	100%					8,000
Total Operating Expenses		895,752	100%					895,752
Total Direct Expenses		1,151,477	100%					1,151,477
Indirect Expenses 15.0%		172,722	100%					172,722
TOTAL EXPENSES		1,324,199	100%					1,324,199
Unit of Service Type		Rental Subsidy Days						
Number of UOS per Service Mode		53,400						53,400
Cost Per UOS by Service Mode		\$24.81						N/A
Number of UDC/NOC per Service Mode		154						154
Rev: 02/18								

Rev: 02/18

Attachment 2.1h of Appendix B**BUDGET JUSTIFICATION****Contractor Name** Catholic Charities**Program Name:** Assisted Housing ProgramAppendix: B-1hAppendix Term: 07/01/29-06/30/30Funding Source: GF**1a) SALARIES**

Staff Position 1	Case Manager (Housing Specialist)				
Brief duties related to this program and clients served	client intakes; help clients find solutions to housing problems through financial assistance, housing advocacy, info referral svcs.				
Degree, license (if applicable), experience	Min. Qualifications: BA and 1 yr of related experience in the human services industry.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	60,362	2.13	12	N/A	\$ 128,571

Staff Position 2:	Program Coordinator				
Brief duties related to this program and clients served	assists staff with client-related svcs, maintains records for acctng& reporting; data entry, computer file mgmt; client intakes; helps clients find solutions to housing problems through financial assistance, housing advocacy, info referral svcs.				
Degree, license (if applicable), experience	Min. Qualifications: Bachelor's in social svcs or related field, 4 yrs exp, or Master's w 2 yrs providing direct svcs & case mgmt.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	67,538	0.15	12	N/A	\$ 10,131

Staff Position 3:	Program Director				
Brief duties related to this program and clients served	provides program oversight and day-to-day operations include but not limited to: initial risk assessment, staff supervision, client care and workflow. Requires working with a multidisciplinary team to assess patients ongoing needs.				
Degree, license (if applicable), experience	Min. Qualifications: HIV-related experience, and direct care consistent with the needs of clients/participants who are underhoused and experiencing concurrent associate disabilities relate to HIV/AIDS. 5+ yrs. experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	88,485	0.50	12	N/A	\$ 44,243

Staff Position 4:	Associate Deputy Director				
Brief duties related to this program and clients served	Staff spvsn; develops, implements, evaluates prog P & P, standards; determines prog service levels; ensures prog reports & audits are complete; develops, monitors budgets, ensures prog oversight according to best practices; develop & maintain positive professional relations w collaborative providers, clients, funders, and communities.				
Degree, license (if applicable), experience	Min Quals: BA or MA in social work or related field, 5-7 yrs supervising staff, working in human svcs & direct client svcs.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	129,610	0.05	12	N/A	\$ 6,481

Total FTE, Base: 2.830 Annualized: N/A

Attachment 2.1h of Appendix B**1b) EMPLOYEE FRINGE BENEFITS:****Total Salaries: \$ 189,426**

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

	Component	Cost
	FICA	\$ 14,491
	SUTA/FUTA	\$ 625
	Worker's Comp.	\$ 682
	Retirement	\$ 9,471
	Flex (Health, Dental, etc) \$14,126.40 per FTE	\$ 39,978
	AD&D Life Insurance	\$ 1,004
	Cell/Commuter Stipend	\$ 1,104
	Other: Reduction of Benefits actuals	\$ (1,055.70)

Total Fringe Benefit: \$ 66,299**Fringe Benefit %: 35.00%****TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 255,725****2) OPERATING EXPENSES:****Occupancy:** (HHS funded programs must use Appropriate Cost Allocation Methodology)

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Rent	Staff office space, (charges including utilities, phone, janitorial, shared costs etc.).	~\$883.39 per FTE x 2.83 FTE x 12 mos	\$ 30,000
Total Occupancy:			\$ 30,000

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	General office supplies, computer costs, paper, and postage etc.	~\$1,431.1 per FTE/yr x 2.83 FTE	\$ 4,050
Printing/Reproduction	Printing supplies and charges (toner, stationary, etc) for client surveys, correspondence, etc.	~\$176.68 per FTE/yr x 2.83 FTE	\$ 500
Total Materials & Supplies:			\$ 4,550

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Insurance	Property & General Liability.	~\$1,764 per FTE/yr x 2.83 FTE	\$ 4,992
Staff Training	Conferences, Mtgs, Trainings for staff, professional develop with outside vendor to meet the challenges of subsidy administration.	~\$353.36 per FTE/yr x 2.83 FTE	\$ 1,000
Rent Equip	IKON copier lease/maintenance.	~\$424.03 per FTE/yr x 2.83 FTE	\$ 1,200
Recruitment Costs	Job ads and fingerprinting costs for new employees. 2 Job Ads x \$125 per month x 3 months=\$750. 2 Fingerprinting cost x 75 per person = \$150. Total \$900 per year.	\$900 per year	\$ 900

Attachment 2.1h of Appendix B

Total General Operating: \$ 8,092

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
For in-home case mngt [for shut-ins], home visits, annual recertifications. Mileage, Pkng & Tolls related to mtgs and trainings	Local & Out of Town.	Mileage, Parking & Tolls	~\$353.36 per FTE x 2.83 FTE	\$ 1,000
Total Staff Travel:				\$ 1,000

Other:

Expense Item	Brief Description	Rate/Formula	Cost
Direct Assistance Rental Subsidies	Monthly partial rent subsidy payments paid directly to landlords on behalf of clients. 150 clients x \$450/month x 12 months = \$810,000 + 4 families x \$550/month x 12 months = \$26,400.	\$810,000 + \$26,400 = \$836,400	\$ 836,400
Direct Assistance Basic Needs	Client Incentives-assistance to decrease financial burden from day-to-day needs [i.e. food and personal care]. 154 clients x ~\$50.06/yr = \$5,390.	154 clients x ~\$50.06/yr = \$7,710	\$ 7,710
Direct Assistance Back Rent	To help 6 clients who are experiencing difficulties paying their rent.	6 clients x \$1,333.33/yr=\$8,000	\$ 8,000
Total Other:			\$ 852,110

TOTAL OPERATING EXPENSES: \$ 895,752

TOTAL DIRECT COSTS: \$ 1,151,477

4) INDIRECT COSTS

	Amount
Shared cost of Acctng, Payroll, Contracts, HR, Facilities, IT, Exec Salaries, Benefits & Operating Exp @ 15% of Direct Costs.	\$ 172,722

Indirect Rate: 15.00%

TOTAL INDIRECT COSTS: \$ 172,722

TOTAL EXPENSES: \$ 1,324,199

Attachment 2.1i of Appendix B

Contractor: Catholic Charities				Appendix: B-1i				
Program: Assisted Housing Program				Appendix Term: 07/01/30-06/30/31				
Full Contract Term: 07/01/21-06/30/31				Funding Source: GF				
UOS COST ALLOCATION BY SERVICE MODE								
Service Modes:		Rental Subsidy Day						
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Case Manager (Housing Specialist)	2.13	128,571	100%					128,571
Program Coordinator	0.15	10,131	100%					10,131
Program Director	0.50	44,243	100%					44,243
Associate Deputy Director	0.05	6,481	100%					6,481
Total FTE & Salaries	2.83	189,426	100%					189,426
Fringe Benefits	35.00%	66,299	100%					66,299
Total Personnel Expenses		255,725	100%					255,725
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		30,000	100%					30,000
Total Materials and Supplies		4,550	100%					4,550
Total General Operating		8,092	100%					8,092
Total Staff Travel		1,000	100%					1,000
Other (specify):								
Direct Assistance Rental Subsidies		836,400	100%					836,400
Direct Assistance Basic Needs		7,710	100%					7,710
Direct Assistance Back Rent		8,000	100%					8,000
Total Operating Expenses		895,752	100%					895,752
Total Direct Expenses		1,151,477	100%					1,151,477
Indirect Expenses 15.0%		172,722	100%					172,722
TOTAL EXPENSES		1,324,199	100%					1,324,199
Unit of Service Type		Rental Subsidy Days						
Number of UOS per Service Mode		53,400						53,400
Cost Per UOS by Service Mode		\$24.81						N/A
Number of UDC/NOC per Service Mode		154						154
Rev: 02/18								

Rev: 02/18

Attachment 2.1i of Appendix B**BUDGET JUSTIFICATION****Contractor Name** Catholic Charities**Program Name:** Assisted Housing ProgramAppendix: B-1iAppendix Term: 07/01/30-06/30/31Funding Source: GF**1a) SALARIES**

Staff Position 1	Case Manager (Housing Specialist)				
Brief duties related to this program and clients served	client intakes; help clients find solutions to housing problems through financial assistance, housing advocacy, info referral svcs.				
Degree, license (if applicable), experience	Min. Qualifications: BA and 1 yr of related experience in the human services industry.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	60,362	2.13	12	N/A	\$ 128,571

Staff Position 2:	Program Coordinator				
Brief duties related to this program and clients served	assists staff with client-related svcs, maintains records for acctng& reporting; data entry, computer file mngt; client intakes; helps clients find solutions to housing problems through financial assistance, housing advocacy, info referral svcs.				
Degree, license (if applicable), experience	Min. Qualifications: Bachelor's in social svcs or related field, 4 yrs exp, or Master's w 2 yrs providing direct svcs & case mngt.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	67,538	0.15	12	N/A	\$ 10,131

Staff Position 3:	Program Director				
Brief duties related to this program and clients served	provides program oversight and day-to-day operations include but not limited to: initial risk assessment, staff supervision, client care and workflow. Requires working with a multidisciplinary team to assess patients ongoing needs.				
Degree, license (if applicable), experience	Min. Qualifications: HIV-related experience, and direct care consistent with the needs of clients/participants who are underhoused and experiencing concurrent associate disabilities relate to HIV/AIDS. 5+ yrs. experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	88,485	0.50	12	N/A	\$ 44,243

Staff Position 4:	Associate Deputy Director				
Brief duties related to this program and clients served	Staff spvsn; develops, implements, evaluates prog P & P, standards; determines prog service levels; ensures prog reports & audits are complete; develops, monitors budgets, ensures prog oversight according to best practices; develop & maintain positive professional relations w collaborative providers, clients, funders, and communities.				
Degree, license (if applicable), experience	Min Quals: BA or MA in social work or related field, 5-7 yrs supervising staff, working in human svcs & direct client svcs.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	129,610	0.05	12	N/A	\$ 6,481

Total FTE, Base: 2.830 Annualized: N/A

Attachment 2.1i of Appendix B

1b) EMPLOYEE FRINGE BENEFITS:

Total Salaries: \$ 189,426

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

	Component	Cost
	FICA	\$ 14,491
	SUTA/FUTA	\$ 625
	Worker's Comp.	\$ 682
	Retirement	\$ 9,471
	Flex (Health, Dental, etc) \$14,126.40 per FTE	\$ 39,978
	AD&D Life Insurance	\$ 1,004
	Cell/Commuter Stipend	\$ 1,104
	Other: Reduction of Benefits actuals	\$ (1,055.70)

Total Fringe Benefit: \$ 66,299

Fringe Benefit %: 35.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 255,725

2) OPERATING EXPENSES:

Occupancy: (HHS funded programs must use Appropriate Cost Allocation Methodology)

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Rent	Staff office space, (charges including utilities, phone, janitorial, shared costs etc.).	~\$883.39 per FTE x 2.83 FTE x12 mos	\$ 30,000
Total Occupancy:			\$ 30,000

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	General office supplies, computer costs, paper, and postage etc.	~\$1,431.1 per FTE/yr x 2.83 FTE	\$ 4,050
Printing/Reproduction	Printing supplies and charges (toner, stationary, etc) for client surveys, correspondence, etc.	~\$176.68 per FTE/yr x 2.83 FTE	\$ 500
Total Materials & Supplies:			\$ 4,550

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Insurance	Property & General Liability.	~\$1,764 per FTE/yr x 2.83 FTE	\$ 4,992
Staff Training	Conferences, Mtgs, Trainings for staff, professional develop with outside vendor to meet the challenges of subsidy administration.	~\$353.36 per FTE/yr x 2.83 FTE	\$ 1,000
Rent Equip	IKON copier lease/maintenance.	~\$424.03 per FTE/yr x 2.83 FTE	\$ 1,200
Recruitment Costs	Job ads and fingerprinting costs for new employees. 2 Job Ads x \$125 per month x 3 months=\$750. 2 Fingerprinting cost x 75 per person = \$150. Total \$900 per year.	\$900 per year	\$ 900

Attachment 2.1i of Appendix B

Total General Operating: \$ 8,092

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
For in-home case mngt [for shut-ins], home visits, annual recertifications. Mileage, Pkng & Tolls related to mtgs and trainings	Local & Out of Town.	Mileage, Parking & Tolls	~\$353.36 per FTE x 2.83 FTE	\$ 1,000

Total Staff Travel: \$ 1,000

Other:

Expense Item	Brief Description	Rate/Formula	Cost
Direct Assistance Rental Subsidies	Monthly partial rent subsidy payments paid directly to landlords on behalf of clients. 150 clients x \$450/month x 12 months = \$810,000 + 4 families x \$550/month x 12 months = \$26,400.	\$810,000 + \$26,400 = \$836,400	\$ 836,400
Direct Assistance Basic Needs	Client Incentives-assistance to decrease financial burden from day-to-day needs [i.e. food and personal care]. 154 clients x ~\$50.06/yr = \$5,390.	154 clients x ~\$50.06/yr = \$7,710	\$ 7,710
Direct Assistance Back Rent	To help 6 clients who are experiencing difficulties paying their rent.	6 clients x \$1,333.33/yr=\$8,000	\$ 8,000

Total Other: \$ 852,110

TOTAL OPERATING EXPENSES: \$ 895,752

TOTAL DIRECT COSTS: \$ 1,151,477

4) INDIRECT COSTS

	Amount
Shared cost of Acctng, Payroll, Contracts, HR, Facilities, IT, Exec Salaries, Benefits & Operating Exp @ 15% of Direct Costs.	\$ 172,722

Indirect Rate: 15.00%

TOTAL INDIRECT COSTS: \$ 172,722

TOTAL EXPENSES: \$ 1,324,199

Appendix C--Form of Funding Request

FUNDING REQUEST

Pursuant to Section 5.3 of the Grant Agreement (the “Grant Agreement”) dated as of **September 1, 2025** between the undersigned (“Grantee”) and the City and County of San Francisco (all capitalized terms defined in the Grant Agreement shall have the same meaning when used herein), Grantee hereby requests a disbursement of Grant Funds as follows:

Total Amount Requested in this Request:	<u>\$13,426,414</u>
--	---------------------

Maximum Amount of Grant Funds Specified in Section 5.1 of the Grant Agreement:	<u>\$13,426,414</u>
---	---------------------

Grantee certifies that:

(a) The total amount of Grant Funds requested pursuant to this Funding Request will be used to pay Eligible Expenses, which Eligible Expenses are set forth on the attached Schedule 1, to which is attached true and correct copies of all required documentation of such Eligible Expenses.

(b) After giving effect to the disbursement requested pursuant to this Funding Request, the Grant Funds disbursed as of the date of this disbursement will not exceed the maximum amount set forth in Section 5.1.

(c) The representations and warranties made in the Agreement are true and correct in all material respects as if made on the date hereof;

(d) No Event of Default has occurred and is continuing; and

(e) The undersigned is an officer of Grantee authorized to execute this Funding Request on behalf of Grantee.

SCHEDULE 1 TO REQUEST FOR FUNDING

The following is an itemized list of Eligible Expenses for which Grant Funds are requested:

<u>Services Category</u>	<u>Amount</u>	<u>Term</u>
HIV Health Services Rental Subsidies Services	\$ 1,077,636	07/01/2021-6/30/2022
HIV Health Services Rental Subsidies Services	\$ 997,193	07/01/2022-6/30/2023
HIV Health Services Rental Subsidies Services	\$ 1,180,459	07/01/2023-6/30/2024
HIV Health Services Rental Subsidies Services	\$ 1,292,986	07/01/2024-6/30/2025
HIV Health Services Rental Subsidies Services	\$ 1,305,916	07/01/2025-6/30/2026
HIV Health Services Rental Subsidies Services	\$ 1,324,199	07/01/2026-6/30/2027
HIV Health Services Rental Subsidies Services	\$ 1,324,199	07/01/2027-6/30/2028
HIV Health Services Rental Subsidies Services	\$ 1,324,199	07/01/2028-6/30/2029
HIV Health Services Rental Subsidies Services	\$ 1,324,199	07/01/2029-6/30/2030
HIV Health Services Rental Subsidies Services	\$ 1,324,199	07/01/2030-6/30/2031
	<u>\$12,475,185</u>	
12% Contingency:	\$ 951,229	
Maximum Amount of Grant Funds:	<u>\$13,426,414</u>	

The following are attached as part of this Schedule 1:

- (1) an invoice for each item of Eligible Expense for which Grant Funds are requested;
- (2) the front and the back of canceled checks or other written evidence documenting the payment of each invoice;
- (3) for Eligible Expenses which are wages or salaries, payroll registers containing a detailed breakdown of earnings and withholdings, together with both sides of canceled payroll checks evidencing payment thereof (unless payment has been made electronically).

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

APPENDIX C-1d
Appendix Term (07/01/2025-06/30/2026)
PAGE A

Contractor: Catholic Charities Address: 990 Eddy Street San Francisco, CA 94109 Telephone: (415) 972-1200 Fax: (415) 972-1202 Program Name: Assisted Housing Program ACE Control #: 	Contract ID # 1000020913	Invoice Number Appendix A-1SEP25	Contract Purchase Order No: Funding Source: General Fund Department ID-Authority ID: 162644 10000 Project ID-Activity ID: 100026709 0001 Invoice Period: 09/1/25 - 09/30/25 FINAL Invoice (check if Yes)
---	---	---	--



DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Rental Subsidy Days	53,400	154							53,400	154

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix	154				154

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$192,444				\$192,444.00
Fringe Benefits	\$67,355				\$67,355.00
Total Personnel Expenses	\$259,799				\$259,799.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$30,000				\$30,000.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$5,050				\$5,050.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$8,180				\$8,180.00
Staff Travel - (e.g., Local & Out of Town)	\$1,000				\$1,000.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$831,550				\$831,550.00
Total Operating Expenses	\$875,780				\$875,780.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,135,579				\$1,135,579.00
Indirect Expenses	\$170,337				\$170,337.00
TOTAL EXPENSES	\$1,305,916				\$1,305,916.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____
 Title: _____

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

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX C-1e
Appendix Term (07/01/2026-06/30/2027)
PAGE A

Contractor: Catholic Charities
Address: 990 Eddy Street
San Francisco, CA 94109

Telephone: (415) 972-1200
Fax: (415) 972-1202

Program Name: Assisted Housing Program

ACE Control #:

Contract ID #
1000020913

HHS

Invoice Number
Appendix A-1JUL26

Contract Purchase Order No:

Funding Source: General Fund

Department ID-Authority ID: 162644 | 10000

Project ID-Activity ID: 100026709 | 0001

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

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Rental Subsidy Days	53,400	154							53,400	154

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix	154				154

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$189,426				\$189,426.00
Fringe Benefits	\$66,299				\$66,299.00
Total Personnel Expenses	\$255,725				\$255,725.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$30,000				\$30,000.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,550				\$4,550.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$8,092				\$8,092.00
Staff Travel - (e.g., Local & Out of Town)	\$1,000				\$1,000.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$852,110				\$852,110.00
Total Operating Expenses	\$895,752				\$895,752.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,151,477				\$1,151,477.00
Indirect Expenses	\$172,722				\$172,722.00
TOTAL EXPENSES	\$1,324,199				\$1,324,199.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____

Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____
(DPH Authorized Signatory)

ATTN: Accounts Payable

Date: _____

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

APPENDIX C-1h
Appendix Term (07/01/2029-06/30/2030)
PAGE A

Contractor: Catholic Charities Address: 990 Eddy Street San Francisco, CA 94109 Telephone: (415) 972-1200 Fax: (415) 972-1202 Program Name: Assisted Housing Program ACE Control #: 	Contract ID # 1000020913	Invoice Number Appendix A-1JUL29	Contract Purchase Order No: Funding Source: General Fund Department ID-Authority ID: 162644 10000 Project ID-Activity ID: 100026709 0001 Invoice Period: 07/1/29 - 07/31/29 FINAL Invoice (check if Yes)
---	---	---	--

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Rental Subsidy Days	53,400	154							53,400	154

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		154			154

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$189,426				\$189,426.00
Fringe Benefits	\$66,299				\$66,299.00
Total Personnel Expenses	\$255,725				\$255,725.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$30,000				\$30,000.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,550				\$4,550.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$8,092				\$8,092.00
Staff Travel - (e.g., Local & Out of Town)	\$1,000				\$1,000.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$852,110				\$852,110.00
Total Operating Expenses	\$895,752				\$895,752.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,151,477				\$1,151,477.00
Indirect Expenses	\$172,722				\$172,722.00
TOTAL EXPENSES	\$1,324,199				\$1,324,199.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

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

Appendix D - Interests In Other City Grants

**Subgrantees must also list their interests in other City Grants

City Department or Commission	Program Name	Dates of Grant Term	Not-To-Exceed Amount
Department of Homelessness and Supportive Housing	10 th & Mission LOSP – Support Services	January 1, 2021 – June 30, 2027	\$4,003,231
Human Services Agency	Adult Day Program (ADP) for Older Adults and Adults with Disabilities	July 1, 2024 – June 30, 2028	\$855,294
Human Services Agency	Alzheimer’s Day Care Resource Centers (ADCRCs) for Older Adults & Adults with Disabilities	July 1, 2024 – June 30, 2028	\$683,196
Department of Homelessness and Supportive Housing	Bayview Family Access Point	July 1, 2022 – June 30, 2026	\$4,012,287
Human Services Agency	Case Management	July 1, 2023 – June 30, 2027	\$1,328,355
Department of Homelessness and Supportive Housing	COC Housing Plus (COC – Rental Assistance & General Fund)	July 1, 2022 – August 31, 2025	\$2,645,764
Human Services Agency	Community Services	January 1, 2023 – June 30, 2027	\$2,860,700
Department of Homelessness and Supportive Housing	Edith Witt Senior Community LOSP	July 1, 2019 – June 30, 2027	\$1,372,217
Department of Homelessness and Supportive Housing	Emergency Housing Voucher	December 15, 2021 – June 30, 2026	\$2,098,750
Department of Homelessness and Supportive Housing	ESG Homelessness Prevention	July 1, 2020 – June 30, 2028	\$2,392,977
Department of Homelessness and Supportive Housing	FEPCO Homelessness Prevention	July 1, 2021 – December 31, 2025	\$9,786,606
Human Services Agency	Housing Subsidies to Seniors and Adults with Disabilities	July 1, 2024 – June 30, 2028	\$4,217,606
Department of Homelessness and Supportive Housing	Mission Family Access Point	July 1, 2018 – June 30, 2026	\$7,331,673
Department of Homelessness and Supportive Housing	Rita da Cascia (COC Support Services and Leasing, General Fund/Prop C)	July 1, 2020 – October 31, 2027	\$3,477,381
Department of Homelessness and Supportive Housing	Scattered Sites (General Fund/Prop C, COC Rental Assistance)	July 1, 2023 – July 31, 2026	\$7,119,725
Department of Homelessness and Supportive Housing	SF HOME Rapid Rehousing	July 1, 2018 – June 30, 2026	\$14,533,573

Department of Homelessness and Supportive Housing	St. Joseph's Family Center	July 1, 2021 – June 30, 2027	\$8,791,043
Department of Homelessness and Supportive Housing	Treasure Island (General Fund/Prop C, CoC Rental Assistance)	July 1, 2023 – March 31, 2026	\$8,812,214
Department of Children, Youth and Their Families	San Francisco Boys' and Girls' Homes (STRTP)	July 1, 2024 – June 30, 2029	\$4,132,100
Mayor's Office of Housing and Community Development	Assisted Housing and Health – Tenant Based Rental Subsidies	July 1, 2025 – June 30, 2026	\$329,218
Mayor's Office of Housing and Community Development	Peter Claver Community RCFCI	July 1, 2025 – June 30, 2026	\$767,698
Mayor's Office of Housing and Community Development	Locally Funded Emergency Rental Assistance Program	July 1, 2025 – June 30, 2026	\$2,779,500
Mayor's Office of Housing and Community Development	Anti Displacement Tenant-Based Rental Subsidy Program	July 1, 2025 – June 30, 2026	\$2,300,000
Mayor's Office of Housing and Community Development	Older Adults/Adults with Disabilities Tenant-Based Rental Subsidy Program	July 1, 2025 – June 30, 2026	\$3,100,000
Mayor's Office of Housing and Community Development	Persons with HIV/AIDS Tenant-Based Rental Subsidy Program	July 1, 2025 – June 30, 2026	\$3,246,688
Mayor's Office of Housing and Community Development	Partial Rental Subsidy Program for People with HIV/Aids - Competitive	June 1, 2023 – May 31, 2026	\$1,465,375
Mayor's Office of Housing and Community Development	Partial Rental Subsidy Program for People with HIV/Aids - Formula	June 1, 2023 – May 31, 2026	\$300,000
Department of Public Health	Rita da Cascia / Hazel Betsey	March 1, 2021 – February 28, 2031	\$2,046,333
Department of Public Health	Derek Silva Community	March 1, 2021 – February 28, 2031	\$4,574,076
Department of Public Health	HIV Facility-based Care - Peter Claver	March 1, 2020 – February 28, 2030	\$8,006,657
Department of Public Health	HIV Assisted Housing Subsidies	July 1, 2021 – June 30, 2031	\$12,475,185

Appendix E

Reserved

Appendix H--Permitted Subgrantees

Subcontractor Name
Permitted Subgrantees are listed in Appendix B Budgets

Appendix K

Reserved