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

First Amendment

THIS **FIRST** AMENDMENT ("Amendment") is made as of **March 1, 2024**, in San Francisco, California, by and between **San Francisco Public Health Foundation** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

Recitals

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

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to extend the term of the agreement, increase the Not to Exceed amount to capture additional funding for added terms, add units of service for the added terms (no change to scope of work), and update standard contractual clauses; and

WHEREAS, Contractor was competitively selected pursuant to a Request for Qualifications entitled Department of Public Health As Needed Project Based Program Administration and Support Services issued through RFQ No. 3-2020 which resulted in a prequalified pool of suppliers from which Contractor was selected as the highest rank proposer after a solicitation by the Department to the prequalified pool, and this Amendment is consistent with the terms of the RFQ and the awarded Contract; and

WHEREAS, this Contract is deemed exempt from Chapter 14B of the San Francisco Administrative Code because funding includes state and federal grants, which disallow local preferences and, as such, there is no Local Business Enterprise ("LBE") subcontracting participation requirement for this Agreement; and

WHEREAS, this Amendment is consistent with an approval obtained on December 4, 2023 from the Civil Service Commission under PSC number 2000-07/08 in the amount of \$109,000,000 for the period commencing 02/01/2008 and continuous; and

WHEREAS, this Amendment is consistent with	an approval obtained from the Cit	y's Board of
Supervisors under Resolution #	approved on	in the amount
of \$11,197,782 for the period commencing July	1, 2021 and ending June 30, 2029	; and
Now, THEREFORE, the parties agree as follow	'S:	

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2021, between Contractor and City.

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

Article 2 Modifications of Scope to the Agreement

The Agreement is hereby modified as follows:

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

Article 2 Term of the Agreement

- 2.1 **Term**. The term of this Agreement shall commence on July 1, 2021, and expire on June 30, 2024, unless earlier terminated as otherwise provided herein.
- 2.2 **Options to Extend**. The City has five options to renew the Agreement for a period of one year each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

Option 1: 07/01/2024 - 06/30/2025 Option 2: 07/01/2025 - 06/30/2026 Option 3: 07/01/2026 - 06/30/2027

Option 4: 07/01/2027 – 06/30/2028

Option 5: 07/01/2028 – 06/30/2029

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

Article 2 Term of the Agreement

- 2.1 **Term**. The term of this Agreement shall commence on July 1, 2021, and expire on June 30, 2029, unless earlier terminated as otherwise provided herein.
- 2.2 **Options to Extend**. The City has five options to renew the Agreement for a period of one year each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

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

3.3.1 Calculation of Charges. Contractor shall provide an invoice to the City on a monthly basis for goods delivered and/or Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for goods and/or Services identified in the invoice that the City, in his or her sole discretion, concludes has been satisfactorily performed. In no event shall the amount of this Agreement exceed Nine Million Five Hundred Seventy-Two Thousand Three Hundred Twenty-Three DOLLARS (\$9,572,323). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges." A portion of payment may be withheld until conclusion of the Agreement if agreed to by both Parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any services covered by this Agreement.

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

- 3.3.1 Calculation of Charges and Contract Not to Exceed Amount. The amount of this Agreement shall not exceed Eleven Million One Hundred Ninety-Seven Thousand Seven Hundred Eighty-Two DOLLARS (\$11,197,782), the breakdown of which appears in Appendix B, "Calculation of Charges." City shall not be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any Services covered by this Agreement.
- 2.3 **Appendix A-1.** Appendix A-1 is hereby replaced in its entirety by Appendix A-1, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix A-1 in any place, the true meaning shall be Appendix A-1, which is a correct and updated version.
- 2.4 **Appendix B.** Appendix B is hereby replaced in its entirety by Appendix B, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B in any place, the true meaning shall be Appendix B, which is a correct and updated version.
- 2.5 **Appendix B-1c.** Appendix B-1c is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.6 **Appendix B-2d**. Appendix B-2d is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.7 **Appendix B-7**. Appendix B-7 is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.8 **Appendix B-1d**. Appendix B-1d is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.9 **Appendix B-2e**. Appendix B-2e is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.10 **Appendix B-7a**. Appendix B-7a is hereby added to this Amendment and fully incorporated within the Agreement.

- 2.11 **Appendix B-1e**. Appendix B-1e is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.12 **Appendix B-2f**. Appendix B-2f is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.13 **Appendix B-7b**. Appendix B-7b is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.14 **Appendix B-1f.** Appendix B-1f is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.15 **Appendix B-2g**. Appendix B-2g is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.16 **Appendix B-1g**. Appendix B-1g is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.17 **Appendix B-2h**. Appendix B-2h is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.18 **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.
- 2.19 **Appendix E.** Appendix E is hereby replaced in its entirety by Appendix E Dated: OCPA & CAT v1/10/2024, and Attestation forms 06-07-2017, and Protected Information Destruction Order Purge Certification 01-10-2024, attached to this Amendment and incorporated within the Agreement.
- 2.20 **Appendix F-1c.** Appendix F-1c is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.21 **Appendix F-2d**. Appendix F-2d is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.22 **Appendix F-7**. Appendix F-7 is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.23 **Appendix F-1d**. Appendix F-1d is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.24 **Appendix F-2e**. Appendix F-2e is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.25 **Appendix F-7a**. Appendix F-7a is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.26 **Appendix F-1e**. Appendix F-1e is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.27 **Appendix F-2f**. Appendix F-2f is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.28 **Appendix F-7b**. Appendix F-7b is hereby added to this Amendment and fully incorporated within the Agreement.

- 2.29 **Appendix F-1f.** Appendix F-1f is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.30 **Appendix F-2g**. Appendix F-2g is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.31 **Appendix F-1g**. Appendix F-1g is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.32 **Appendix F-2h**. Appendix F-2h is hereby added to this Amendment and fully incorporated within the Agreement.

Article 3 Updates of Standard Terms to the Agreement

The Agreement is hereby modified as follows:

3.1 Section 10.15 Public Access to Nonprofit Records and Meetings. Section 10.15 of the Agreement is replaced in its entirety to read as follows:

10.15 Nonprofit Contractor Requirements.

- 10.15.1 Good Standing. If Contractor is a nonprofit organization, Contractor 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. Contractor shall immediately notify City of any change in its eligibility to perform under the Agreement. Upon City's request, Contractor shall provide documentation demonstrating its compliance with applicable legal requirements. If Contractor will use any subcontractors to perform the Agreement, Contractor is responsible for ensuring they are also in compliance with the California Attorney General's Registry of Charitable Trusts for the duration of the Agreement. Any failure by Contractor or its subcontractors to remain in good standing with applicable requirements shall be a material breach of this Agreement.
- 10.15.2 Public Access to Nonprofit Records and Meetings. If Contractor is a nonprofit organization; provides Services that do not include services or benefits to City employees (and/or to their family members, dependents, or their other designated beneficiaries); and receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.
- 3.2 **Section 12.6 Prevention of Fraud, Waste and Abuse.** *The following section is hereby added and incorporated in Article 12 of the Agreement:*
- **12.6 Prevention of Fraud, Waste and Abuse.** Contractor 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. Contractor shall immediately notify City of any suspected fraud, waste, and abuse under state or federal law.

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

Article 13 Data and Security

- 13.1 Nondisclosure of Private, Proprietary or Confidential Information.
- **13.1.1 Protection of Private Information.** If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.
- 13.1.2 City Data; Confidential Information. In the performance of Services, Contractor may have access to, or collect on City's behalf, City Data, which may include proprietary or Confidential Information that if disclosed to third parties may damage City. If City discloses proprietary or Confidential Information to Contractor, or Contractor collects such information on City's behalf, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or Confidential Information.
- 13.2 Reserved. (Payment Card Industry ("PCI") Requirements)
- 13.3 Business Associate Agreement. The parties acknowledge that City is a Covered Entity as defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act").

The parties acknowledge that CONTRACTOR will:

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

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

- a. **Appendix E** SFDPH Business Associate Agreement (BAA) (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;

Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

13.4 Management of City Data.

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

13.4.2 Disposition of City Data. Upon request of City or termination or expiration of this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all City Data given to, or collected or created by Contractor on City's behalf, which includes all original media. Once Contractor has received written confirmation from City that City Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractor's environment(s), work stations

that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by "clearing," "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

- **13.5.** Ownership of City Data. The Parties agree that as between them, all rights, including all intellectual property rights, in and to City Data and any derivative works of City Data is the exclusive property of City.
- 13.6 Loss or Unauthorized Access to City's Data; Security Breach Notification. Contractor shall comply with all applicable laws that require the notification to individuals in the event of unauthorized release of PII, PHI, or other event requiring notification. Contractor shall notify City of any actual or potential exposure or misappropriation of City Data (any "Leak") within twenty-four (24) hours of the discovery of such, but within twelve (12) hours if the Data Leak involved PII or PHI. Contractor, at its own expense, will reasonably cooperate with City and law enforcement authorities to investigate any such Leak and to notify injured or potentially injured parties. Contractor shall pay for the provision to the affected individuals of twenty-four (24) months of free credit monitoring services, if the Leak involved information of a nature reasonably necessitating such credit monitoring. The remedies and obligations set forth in this subsection are in addition to any other City may have. City shall conduct all media communications related to such Leak.
- 13.7 Protected Health Information. Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

Article 4 Effective Date

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

Article 5 Legal Effect

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

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

CITY	CONTRACTOR
Recommended by:	SAN FRANCISCO PUBLIC HEALTH
	FOUNDATION
	CocuSigned by:
	remailer Harrington.
Grant Colfax, MD	Junifer Harrington 3/14/2024 7:55:23 PDT
Director of Health	Executive Director
Department of Public Health	1 Hallidie Plaza, Suite 808
1	San Francisco, CA 94102
	City Supplier number: 0000011526
Approved as to Form:	
D '101'	
David Chiu	
City Attorney	
By:	
Deputy City Attorney	
Approved:	
Callaia V.v.alla	
Sailaja Kurella	
Director of the Office of Contract	
Administration, and Purchaser	
By:	

Appendix A-1 Contract Term 07/01/2021-06/30/2029

Appendix Term 07/01/2021-06/30/2029

1. Program Name: Food System Program – Ensuring Food Security and Healthy Eating for

vulnerable San Franciscans Population Health Division

Program Address c/o Paula Jones – 101 New Montgomery, Suite 400

City, State, Zip Code San Francisco, CA 94105

Telephone (628)217-5273

Contractor Name: San Francisco Public Health Foundation (SFPHF)

1 Hallidie Plaza, Suite 808, San Francisco, CA 94102

415-504-6738 Fax: 415-520-0471

www.sfphf.org

Executive Director/Program Director: Jennifer Harrington

Telephone: 614-288-4294

Email Address: jharrington@sfphf.org

Narrative Completed by Paula Jones, System of Care Program Manager/ Deputy Director, Director

of Food Security

Email Address: paula.jones@sfdph.org

2. Nature of Document

New Revision [X] Modification/Amendment

3. Goal Statement

The San Francisco Department of Public Health, Population Health Division's Food System Program focuses on improving health equity and health outcomes through ensuring access to healthy food for vulnerable San Franciscans. The goals of this contract are to improve food security and healthy eating for vulnerable San Franciscans. An additional goal of this contract is to ensure that patients in the SF Health Network are food secure.

4. Target Population

Services will be provided to all ethnicities and population, with focused expertise to address the unique cultural needs of populations that are particularly impacted by health disparities and adverse effects, along with food insecurity:

- Black, African American
- Asian, including Chinese

Appendix A-1 1 of 7 Contract ID# 1000021500

Appendix A-1 Contract Term 07/01/2021-06/30/2029

Appendix Term 07/01/2021-06/30/2029

- Pacific Islander
- Latinx
- Youth and transitional-age youth
- Seniors
- Low-income populations
- Individuals experiencing health disparities
- Others as identified

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

Units of Service (UOS) Description	Units of	Number	Unduplicate
FY 07/01/2021-06/30/2022	Service	of	d
1 UOS = 1 Consultant x 1 Month	(UOS)	Clients	Clients
		(NOC)	(UDC)
Consultants: 1 consultant x 12 months; 3	39	NA	
consultants x 9 Months			
Total UOS	39		

Units of Service (UOS) Description FY 07/01/2022-06/30/2023 1 UOS = 1 Consultant x 1 Month	Units of Service (UOS)	Number of Clients (NOC)	Unduplicate d Clients (UDC)
EatSF/Voucher4Veggies X 12 months	12	NÁ	
Heart of The City X 12 months	12		
Collaborative Consulting X 9 months	9		
Total UOS	33		

Units of Service (UOS) Description	Units of	Number	Unduplicate
FY 07/01/2023-06/30/2024	Service	of	d
1 UOS = 1 Consultant x 1 Month	(UOS)	Clients	Clients
		(NOC)	(UDC)
Facente Consulting x 7 months	7	NA	
Heart of the City Farmers Market x 24	24		
Shields Marketing x 6 months	6		
Total UOS	37		

Appendix A-1 Amendment: 03/01/2024

Appendix A-1 Contract Term 07/01/2021-06/30/2029

Appendix Term 07/01/2021-06/30/2029

Units of Service (UOS) Description	Units of	Number	Unduplicate
FY 07/01/2024-06/30/2025 (B-1c=25 UOS, B-2d=12	Service	of	d
UOS, B-7=12 UOS)	(UOS)	Clients	Clients
1 UOS = 1 Consultant x 1 Month		(NOC)	(UDC)
Data Consultant x 7 months (B-1c)	7	NA	
Subcontractor/s for Healthy Food Purchasing			
Supplement x 36 (B-1c, B-2d, B-7)	36		
Communications Consultant x 6 months (B-1c)	6		
Total UOS	49		

Units of Service (UOS) Description	Units of	Number	Unduplicate
FY 07/01/2025-06/30/2026 (B-1d=25 UOS, B-2e=12	Service	of	d
UOS, B-7a=12 UOS)	(UOS)	Clients	Clients
1 UOS = 1 Consultant x 1 Month		(NOC)	(UDC)
Data Consultant x 7 months (B-1d)	7	NA	
Subcontractor/s for Healthy Food Purchasing			
Supplement x 36 (B-1d, B-2e, B-7a)	36		
Communications Consultant x 6 months (B-1d)	6		
Total UOS	49		

Units of Service (UOS) Description	Units of	Number	Unduplicate
FY 07/01/2026-06/30/2027 (B-1e=25 UOS, B-2f=12	Service	of	d
UOS, B-7b=12 UOS)	(UOS)	Clients	Clients
1 UOS = 1 Consultant x 1 Month		(NOC)	(UDC)
Data Consultant x 7 months (B-1e)	7	NA	
Subcontractor/s for Healthy Food Purchasing			
Supplement x 36 (B-1e, B-2f, B-7b)	36		
Communications Consultant x 6 months (B-1e)	6		
Total UOS	49		

Units of Service (UOS) Description FY 07/01/2027-06/30/2028 (B-1f=25 UOS, B-2g=12 UOS)	Units of Service (UOS)	Number of Clients	Unduplicate d Clients
1 UOS = 1 Consultant x 1 Month	7	(NOC)	(UDC)
Data Consultant x 7 months (B-1f)	/	NA	
Subcontractor/s for Healthy Food Purchasing	24		
Supplement x 24 (B-1f, B-2g)			
Communications Consultant x 6 months (B-1f)	6		
Total UOS	37		

Appendix A-1 Contract Term 07/01/2021-06/30/2029

Appendix Term 07/01/2021-06/30/2029

Units of Service (UOS) Description	Units of	Number	Unduplicate
FY 07/01/2028-06/30/2029 (B-1g=25 UOS, B-2h=12	Service	of	d
UOS)	(UOS)	Clients	Clients
1 UOS = 1 Consultant x 1 Month		(NOC)	(UDC)
Data Consultant x 7 months (B-1g)	7	NA	
Subcontractor/s for Healthy Food Purchasing			
Supplement x 24 (B-1g, B-2h)	24		
Communications Consultant x 6 months (B-1g)	6		
Total UOS	37		

6. Methodology

A. Program Administration Methodology:

SFPHF does not provide direct client services through this contract, however the subcontractors in this contract may provide direct client services. SFPHF is solely responsible for managing its subcontractors. To the extent that DPH provides objectives, direction, and input regarding the work to be provided under this Agreement, SFPHF shall determine how such objectives, direction, and input are addressed and is solely responsible for how such a result is obtained. SFPHF retains all authority over the conduct of its subcontractors.

For all subcontracts, SFPHF oversees project implementation and ensures the projects complies with DPH standards and protocols as well as all city contract requirements. SFPHF provides all fiscal management of contracted funds – including audits, invoicing, purchasing, and budget reconciliation; and oversees and ensures payroll meets standard accounting practices. SFPHF provides program administration support services and funding distribution, manages/monitors performance and accountability of subcontractors and project funds, issues payments on a cost reimbursement basis, monitors budget, maintains records, produces financial reports as requested, and undergoes an annual audit.

Below are the Program Administration Support Services that SFPHF will provide for Food Security:

Subcontract Management of Subcontractors includes the following services:

- 1. Manage subcontract agreements while adhering to applicable and related City and County policy and procedures, including but not limited to:
 - a. Ensure all subcontractors are fiscally responsible and have "Generally Accepted Accounting Principles (GAAP)" in place.
 - b. Ensure that all subcontractors carry insurance in the amounts and coverages outlined in Article 5
 - c. Ensure that all subcontractors carry cyber security insurance as required by the City and County, and ensure privacy and confidentiality procedures are complied with, including any applicable trainings.

Appendix A-1 4 of 7 Contract ID# 1000021500

Appendix A-1 Contract Term 07/01/2021-06/30/2029

Appendix Term 07/01/2021-06/30/2029

- d. Ensure that subcontractors comply with sections of Article 10 "Additional Requirements Incorporated by Reference."
- 2. Demonstrate responsibility to act as primary liaison in collaborative agreements.

Program Administration of Subcontractors includes the following services:

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

Capacity/Building Program Support includes the following services:

- 1. Ensure the following for all program administration services:
 - a. quality of services provided; and
 - b. quality employment management principles and practices; and
 - c. prompt and adequate reporting and invoicing with the Department or other agencies; and
 - d. timeline and goals are met as negotiated in contract; and
 - e. as needed, administrative coordination among subcontractors and collaborators.

Summary Report includes:

1. Prepare and submit annually summary of program administration support services completed and in progress.

7. Objectives and Measurements

Standardized Objectives:

All objectives, and descriptions of how objectives are measured, are contained in the DPH document entitled "Fiscal Intermediary Performance Objectives".

Appendix A-1 5 of 7 Contract ID# 1000021500

Appendix A-1 Contract Term 07/01/2021-06/30/2029

Appendix Term 07/01/2021-06/30/2029

Individualized Objectives:

FY 2021-2022

- 1. By June 30, 2022, SFPHF program staff will complete subcontract management for any requested consultants starting from July 1, 2021, through to June 30, 2022.
- 2. By August 31, 2022, SFPHF program staff will provide summary report for Food Security staff including work completed and in progress from July 1, 2021, through June 30, 2022.

FY 2022-2023

- 1. By June 30, 2023, SFPHF program staff will complete subcontract management for any requested consultants starting from July 1, 2022, through to June 30, 2023.
- 2. By June 30, 2023, SFPHF program staff will provide summary report for Food Security staff including work completed and in progress from July 1, 2022, through June 30, 2023.

FY 2023-2024

- 1. By June 30, 2024, SFPHF program staff will complete subcontract management for any requested consultants starting from July 1, 2023, through to June 30, 2024.
- 2. By August 31, 2024, SFPHF program staff will provide summary report for Food Security staff including work completed and in progress from July 1, 2023, through June 30, 2024.

FY 2024-2025

- 1. By June 30, 2025, SFPHF program staff will complete subcontract management for any requested consultants starting from July 1, 2024, through to June 30, 2025.
- 2. By August 31, 2025, SFPHF program staff will provide summary report for Food Security staff including work completed and in progress from July 1, 2024, through June 30, 2025.

FY 2025-2026

- 1. By June 30, 2026, SFPHF program staff will complete subcontract management for any requested consultants starting from July 1, 2025, through to June 30, 2026.
- 2. By August 31, 2026, SFPHF program staff will provide summary report for Food Security staff including work completed and in progress from July 1, 2025, through June 30, 2026.

FY 2026-2027

- 1. By June 30, 2027, SFPHF program staff will complete subcontract management for any requested consultants starting from July 1, 2025, through to June 30, 2027.
- 2. By August 31, 2027, SFPHF program staff will provide summary report for Food Security staff including work completed and in progress from July 1, 2026, through June 30, 2027.

FY 2027-2028

1. By June 30, 2028, SFPHF program staff will complete subcontract management for any requested consultants starting from July 1, 2027, through to June 30, 2028.

Appendix A-1 6 of 7 Contract ID# 1000021500

Appendix A-1 Contract Term 07/01/2021-06/30/2029

Appendix Term 07/01/2021-06/30/2029

2. By August 31, 2028, SFPHF program staff will provide summary report for Food Security staff including work completed and in progress from July 1, 2027, through June 30, 2028.

FY 2028-2029

- 1. By June 30, 2029, SFPHF program staff will complete subcontract management for any requested consultants starting from July 1, 2028, through to June 30, 2029.
- 2. By August 31, 2029, SFPHF program staff will provide summary report for Food Security staff including work completed and in progress from July 1, 2028, through June 30, 2029.

8. Continuous Quality Improvement

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

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

9. Subcontractors

- 1. SFPHF is responsible for its subcontractors and Consultants' performance under this contract agreement.
- 2. SFPHF must comply with P-600 Article 5. Insurance and Indemnity. All SFPHF staff, consultants, and subcontractors must have the appropriate insurance coverage as outlined in the P-600 Article 5. Insurance and Indemnity.
- 3. SFPHF shall assume liability for any and all work-related injuries/illness including infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Disease. SFPHF must demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.
- 4. SFPHF will provide a list of the approved selected subcontractors and consultants.
- 5. SFPHF will develop subcontract agreements with all subcontractors supporting the efforts outlined in this project.
- 6. Subcontract agreements will be kept on file with SFPHF and copied to the Departments Program Director.
- 7. Subcontractors will maintain a secure inventory system for any supplements and/or vouchers kept onsite before distribution to participants.

Appendix A-1 7 of 7 Contract ID# 1000021500

Appendix B

Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

Appendix B-1, B-1a - B-1g	Food System Program – Ensuring Food Security and Healthy Eating for vulnerable San Franciscans (General Fund)
Appendix B-2, B-2a - B-2h	Food System Program – Ensuring Food Security and Healthy Eating for vulnerable San Franciscans (Sugary Drinks Distributor Tax)
Appendix B-3, B-3a	Food System Program – Ensuring Food Security and Healthy Eating for vulnerable San Franciscans (Addback)
Appendix B-4, B-4a	Food System Program – Ensuring Food Security and Healthy Eating for vulnerable San Franciscans (Dream Keepers Initiative)
Appendix B-5, B-5a, B-5b	Food System Program – Ensuring Food Security and Healthy Eating for vulnerable San Franciscans (CDC CHW Grant 93.495)
Appendix B-6	Food System Program – Ensuring Food Security and Healthy Eating for vulnerable San Franciscans (CDC-RFA-DP21-2111)
Appendix B-7 , B-7a , B-7b	Food System Program – Ensuring Food Security and Healthy Eating for vulnerable San Franciscans (USDA GusNIP grant)

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, \$525,000 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

Term	Funding Sour	ce Amo	unt
7/01/21-6/30/22	General Fund	\$400,000	Appx B-1
7/01/21-6/30/22	SDDT	\$185,317	Appx B-2
7/01/21-6/30/22	General Fund	\$75,000	Appx B-1
7/01/21-6/30/22	CDC RFA	\$125,000	Appx B-6
7/01/21-6/30/22	Dream Keepers	\$1,500,000	Appx B-4
7/01/21-6/30/22	SDDT	\$1,640,000	Appx B-2
7/01/21-6/30/22	SDDT	\$700,000	Appx B-2a
7/01/21-6/30/22	Addback	\$191,000	Appx B-3
8/01/21-7/31/22	CDC CHW	\$250,000	Appx B-5
7/01/22-6/30/23	General Fund	\$475,000	Appx B-1a
7/01/22-6/30/23	SDDT	\$1,000,000	Appx B-2b
8/01/22-7/31/23	CDC CHW	\$260,000	Appx B-5a
7/01/23-6/30/24	General Fund	\$475,000	Appx B-1b
7/01/23-6/30/24	SDDT	\$1,000,000	Appx B-2c
8/01/23-7/31/24	CDC CHW	\$270,400	Appx B-5b
7/01/21-6/30/22	CDC RFA	-\$125,000	Appx B-6
9/30/21-9/29/22	CDC RFA	\$125,000	Appx B-6
7/01/21-6/30/22	General Fund	-\$234,270	Appx B-1
7/01/21-6/30/22	General Fund	-\$75,000	Appx B-1
7/01/21-6/30/22	Dream Keepers	-\$1,262,031	Appx B-4
7/01/21-6/30/22	SDDT	-\$63,519	Appx B-2a
8/01/21-7/31/22	CDC CHW	-\$250,000	Appx B-5
9/30/21-9/29/22	CDC RFA	-\$125,000	Appx B-6
9/30/21-3/31/23	CDC RFA	\$125,000	Appx B-6
7/01/22-6/30/23	General Fund	\$150,000	Appx B-1a
7/01/22-6/30/23	General Fund	\$159,270	Appx B-1a
7/01/22-6/30/23	HSA Work Order	\$100,000	Appx B-3a
7/01/22-6/30/23	Dream Keepers	\$600,000	Appx B-4a
7/01/22-6/30/23	Dream Keepers	\$1,262,031	Appx B-4a
7/01/22-6/30/23	SDDT	\$63,519	Appx B-2d
8/01/22-7/31/23	CDC CHW	-\$260,000	Appx B-5a
8/01/23-7/31/24	CDC CHW	-\$270,400	Appx B-5b
7/01/22-7/31/24	TBD	\$80,400	TBD
7/01/22-6/30/23	General Fund	\$0	Appx B-1a
7/01/22-6/30/23	SDDT	\$0	Appx B-2b
7/01/22-6/30/23	SDDT	\$0	Appx B-2d
9/30/21-3/31/23	CDC RFA	\$0	Appx B-6
7/01/22-6/30/23	General Fund	-\$17,708	Appx B-1a
7/01/22-6/30/23	SDDT	-\$21,900	Appx B-2b
	7/01/21-6/30/22 7/01/21-6/30/22 7/01/21-6/30/22 7/01/21-6/30/22 7/01/21-6/30/22 7/01/21-6/30/22 7/01/21-6/30/22 7/01/21-6/30/22 7/01/21-6/30/22 8/01/21-7/31/22 7/01/22-6/30/23 7/01/22-6/30/23 7/01/23-6/30/24 7/01/23-6/30/24 8/01/23-7/31/24 7/01/21-6/30/22 9/30/21-9/29/22 7/01/21-6/30/22 7/01/21-6/30/22 7/01/21-6/30/22 7/01/21-6/30/22 7/01/21-6/30/22 7/01/21-6/30/22 7/01/21-6/30/22 7/01/21-6/30/23 7/01/22-6/30/23	7/01/21-6/30/22 SDDT 7/01/21-6/30/22 SDDT 7/01/21-6/30/22 General Fund 7/01/21-6/30/22 CDC RFA 7/01/21-6/30/22 Dream Keepers 7/01/21-6/30/22 SDDT 7/01/21-6/30/22 SDDT 7/01/21-6/30/22 SDDT 7/01/21-6/30/22 SDDT 7/01/21-6/30/22 Addback 8/01/21-7/31/22 CDC CHW 7/01/22-6/30/23 General Fund 7/01/22-6/30/23 SDDT 8/01/22-6/30/24 General Fund 7/01/23-6/30/24 SDDT 8/01/23-6/30/24 General Fund 7/01/23-6/30/24 SDDT 8/01/23-6/30/24 CDC CHW 7/01/21-6/30/22 CDC RFA 9/30/21-9/29/22 CDC RFA 7/01/21-6/30/22 General Fund 7/01/21-6/30/22 General Fund 7/01/21-6/30/22 SDDT 8/01/21-6/30/22 SDDT 8/01/21-6/30/22 SDDT 8/01/21-6/30/22 SDDT 8/01/21-6/30/22 SDDT 8/01/21-6/30/23 General Fund Dream Keepers 7/01/22-6/30/23 General Fund 7/01/22-6/30/23 General Fund HSA Work Order Dream Keepers 7/01/22-6/30/23 SDDT 7/01/22-6/30/23 SDDT CDC CHW 7/01/22-6/30/23 SDDT	7/01/21-6/30/22 General Fund \$400,000 7/01/21-6/30/22 SDDT \$185,317 7/01/21-6/30/22 General Fund \$75,000 7/01/21-6/30/22 Dream Keepers \$1,500,000 7/01/21-6/30/22 SDDT \$1,640,000 7/01/21-6/30/22 SDDT \$700,000 7/01/21-6/30/22 Addback \$191,000 8/01/21-7/31/22 CDC CHW \$250,000 7/01/22-6/30/23 General Fund \$475,000 7/01/22-6/30/23 SDDT \$1,000,000 8/01/22-7/31/23 CDC CHW \$260,000 7/01/23-6/30/24 General Fund \$475,000 7/01/23-6/30/24 General Fund \$475,000 8/01/23-7/31/24 CDC CHW \$270,400 7/01/21-6/30/22 CDC RFA \$125,000 9/30/21-9/29/22 CDC RFA \$125,000 9/30/21-6/30/22 General Fund -\$75,000 7/01/21-6/30/22 Dream Keepers -\$1,262,031 7/01/21-6/30/22 Dream Keepers \$1,262,031 8/01/21-7/31/23

Revision to Program Budgets #4	7/01/22-6/30/23	Dream Keepers	-\$1,468,535	Appx B-4a
Revision to Program Budgets #4	7/01/22-6/30/23	SDDT	-\$6,319	Appx B-2d
Revision to Program Budgets #4	7/01/23-6/30/24	General Fund	\$17,708	Appx B-1b
Revision to Program Budgets #4	7/01/23-6/30/24	SDDT	-\$671,781	Аррх В-2с
Revision to Program Budgets #4	7/01/23-0/30/24	TBD	-\$80,400	TBD
Amendment #1	7/01/24-6/30/25	General Fund	· · · · · · · · · · · · · · · · · · ·	Appx B-1c
			\$475,000	Appx B-2d
Amendment #1	7/01/24-6/30/25	SDDT	\$300,000	
Amendment #1	7/01/24-6/30/25	USDA GusNIP	\$150,000	Appx B-7
Amendment #1	7/01/25-6/30/26	General Fund	\$475,000	Appx B-1d
Amendment #1	7/01/25-6/30/26	SDDT	\$300,000	Appx B-2e
Amendment #1	7/01/25-6/30/26	USDA GusNIP	\$175,000	Appx B-7a
Amendment #1	7/01/26-6/30/27	General Fund	\$475,000	Appx B-1e
Amendment #1	7/01/26-6/30/27	SDDT	\$300,000	Appx B-2f
Amendment #1	7/01/26-6/30/27	USDA GusNIP	\$175,000	Appx B-7b
Amendment #1	7/01/27-6/30/28	General Fund	\$475,000	Appx B-1f
Amendment #1	7/01/27-6/30/28	SDDT	\$300,000	Appx B-2g
Amendment #1	7/01/28-6/30/29	General Fund	\$475,000	Appx B-1g
Amendment #1	7/01/28-6/30/29	SDDT	\$300,000	Appx B-2h
		_	\$10,672,782	
	(Contingency	\$525,000	
	(This equals the	he total NTE) Total	\$11,197,782	

- C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.
- D. A final closing invoice clearly marked "FINAL" shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.
- 3. No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Appendix B

Amendment: 03/01/2024 3 of 6 Contract ID# 1000021500

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

1000021500 DPH Section: PHD Food Security PHD Food Security

Appendix Number:	General Fund A-1/B-1 77/01/2021-06/30/2022	\$DDT A-2/B-2 07/01/2021-06/30/2022 \$ - 0.0% \$ 1,659,379 \$ - \$ 1,659,379	\$ 636,365	\$ - \$ 173,636	\$ 1,363,636 \$ 1,363,636	\$ 227,275 \$ 22,725	\$ - \$ 113,640	\$ - \$ 712,980
Appendix Number: Appendix Number: Appendix Term: O7/6 EXPENSES Employee Benefits \$ Total Personnel Expenses \$ Employee Fringe Benefit Rate Operating Expense \$ Capital Expense (\$5,000 and over) \$ Subtotal Direct Costs \$ Indirect Cost Amount \$ Indirect Cost Rate (%) Unspent Funds - CarryForward/Grant Not Awarded \$ Total Expenses \$ REVENUES & FUNDING SOURCES DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admin	A-1/B-1 17/101/2021-06/30/2022 - 0.0% 431,818 - 431,818 43,182 10.0% (309,270)	\$ - 0.0% \$ 1,659,379 \$ 1,659,379 \$ 1,659,38	\$ 636,365 \$ 63,635 \$ 10.0%	\$ 173,636 \$ 17,364	\$ 1,363,636 \$ 1,363,636 \$ 136,364	\$ - 0.0% \$ 227,275 \$ 227,7275 \$ 227,7275	\$ 113,640 \$ 113,640	A-1/B-1a 07/01/2022-06/30/2023 \$
Appendix Term: EXPENSES Employee Benefits Total Personnel Expenses \$ Employee Fringe Benefit Rate Operating Expense \$ Capital Expense (\$5,000 and over) \$ Subtotal Direct Costs \$ Indirect Cost Amount \$ Indirect Cost Rate (%) Unspent Funds - CarryForward/Grant Not Awarded \$ Total Expenses \$ REVENUES & FUNDING SOURCES DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admin	77/01/2021-06/30/2022 	\$ - \$ 0.0% \$ 1,659,379 \$ 1,659,379 \$ 165,938	\$ 636,365 \$ 63,635 \$ 10.0%	\$ 173,636 \$ 173,636 \$ 173,636	\$ 1,363,636 \$ 1,363,636 \$ 1,363,636	\$ - \$ 0.0% \$ 227,275 \$ 227,275 \$ 227,275	9/30/2021-3/31/2023 \$ 113,640 \$ 113,640	\$ - 0.0% \$ 712,980 \$ 712,980
EXPENSES Employee Benefits \$ Total Personnel Expenses \$ Employee Fringe Benefit Rate Operating Expense \$ Capital Expense (\$5,000 and over) \$ Subtotal Direct Costs \$ Indirect Cost Amount \$ Indirect Cost Rate (%) Unspent Funds - CarryForward/Grant Not Awarded \$ Total Expenses \$ REVENUES & FUNDING SOURCES DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admin		\$ - \$ 0.0% \$ 1,659,379 \$ - \$ 1,659,379 \$ 165,938	\$ 636,365 \$ 63,635 10.0%	\$ 173,636 \$ - \$ 173,636 \$ 17,364	\$ 1,363,636 \$ - \$ 1,363,636 \$ 136,364	\$ - \$ 0.0% \$ 227,275 \$ - \$ 227,275 \$ 227,275	\$ 113,640 \$ - \$ 113,640	\$ - \$ 0.0% \$ 712,980 \$ - \$ 712,980
Employee Benefits \$ Total Personnel Expenses \$ Employee Fringe Benefit Rate Operating Expense \$ Capital Expense (\$5,000 and over) \$ Subtotal Direct Costs \$ Indirect Cost Amount Indirect Cost Rate (%) Unspent Funds - CarryForward/Grant Not Awarded \$ Total Expenses \$ REVENUES & FUNDING SOURCES DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admin	431,818 - 431,818 43,182 10.0% (309,270)	\$ 0.0% \$ 1,659,379 \$ - \$ 1,659,379 \$ 165,938	\$ 636,365 \$ 63,635	\$ 173,636 \$ 17,364	\$ 1,363,636 \$ 136,364	\$ 0.0% \$ 227,275 \$ - \$ 227,275 \$ 227,275	\$ - \$ 113,640	\$ 0.0% \$ 712,980 \$ - \$ 712,980
Total Personnel Expenses \$ Employee Fringe Benefit Rate Operating Expense \$ Capital Expense (\$5,000 and over) \$ Subtotal Direct Costs \$ Indirect Cost Amount \$ Indirect Cost Rate (%) Unspent Funds - CarryForward/Grant Not Awarded \$ Total Expenses \$ REVENUES & FUNDING SOURCES DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admin	431,818 - 431,818 43,182 10.0% (309,270)	\$ 0.0% \$ 1,659,379 \$ - \$ 1,659,379 \$ 165,938	\$ 636,365 \$ 63,635	\$ 173,636 \$ 17,364	\$ 1,363,636 \$ 136,364	\$ 0.0% \$ 227,275 \$ - \$ 227,275 \$ 227,275	\$ - \$ 113,640	\$ 0.0% \$ 712,980 \$ - \$ 712,980
Employee Fringe Benefit Rate Operating Expense \$ Capital Expense (\$5,000 and over) \$ Subtotal Direct Costs \$ Indirect Cost Amount \$ Indirect Cost Rate (%) Unspent Funds - CarryForward/Grant Not Awarded \$ Total Expenses \$ REVENUES & FUNDING SOURCES DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admin	431,818 - 431,818 43,182 10.0% (309,270)	0.0% \$ 1,659,379 \$ - \$ 1,659,379 \$ 165,938	\$ 636,365 \$ 63,635	\$ 173,636 \$ 17,364	\$ 1,363,636 \$ 136,364	\$ 227,275 \$ - \$ 227,275 \$ 22,725	\$ - \$ 113,640	0.0% \$ 712,980 \$ - \$ 712,980
Operating Expense \$ Capital Expense (\$5,000 and over) \$ Subtotal Direct Costs \$ Indirect Cost Amount \$ Indirect Cost Rate (%) Unspent Funds - CarryForward/Grant Not Awarded \$ Total Expenses \$ REVENUES & FUNDING SOURCES DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admin	431,818 - 431,818 43,182 10.0% (309,270)	\$ 1,659,379 \$ - \$ 1,659,379 \$ 165,938	\$ 636,365 \$ 63,635	\$ 173,636 \$ 17,364	\$ 1,363,636 \$ 136,364	\$ 227,275 \$ - \$ 227,275 \$ 22,725	\$ - \$ 113,640	\$ 712,980 \$ - \$ 712,980
Capital Expense (\$5,000 and over) \$ Subtotal Direct Costs \$ Indirect Cost Amount Indirect Cost Rate (%) Unspent Funds - CarryForward/Grant Not Awarded \$ Total Expenses \$ REVENUES & FUNDING SOURCES DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admin	- 431,818 43,182 10.0% (309,270)	\$ 1,659,379 \$ 165,938	\$ 636,365 \$ 63,635	\$ 173,636 \$ 17,364	\$ 1,363,636 \$ 136,364	\$ 227,275 \$ 22,725	\$ - \$ 113,640	\$ - \$ 712,980
Subtotal Direct Costs \$ Indirect Cost Amount Indirect Cost Rate (%) Unspent Funds - CarryForward/Grant Not Awarded Total Expenses REVENUES & FUNDING SOURCES DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admin	43,182 10.0% (309,270)	\$ 1,659,379 \$ 165,938	\$ 63,635 10.0%	\$ 17,364	\$ 136,364	\$ 227,275 \$ 22,725		
Indirect Cost Amount S Indirect Cost Amount Indirect Cost Rate (%) Unspent Funds - CarryForward/Grant Not Awarded S Total Expenses S REVENUES & FUNDING SOURCES DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admi	43,182 10.0% (309,270)	\$ 165,938	\$ 63,635 10.0%	\$ 17,364	\$ 136,364	\$ 22,725		
Indirect Cost Rate (%) Unspent Funds - CarryForward/Grant Not Awarded \$ Total Expenses \$ REVENUES & FUNDING SOURCES DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admin	10.0%		10.0%				\$ 11,360	\$ 71 290
Unspent Funds - CarryForward/Grant Not Awarded \$ Total Expenses \$ REVENUES & FUNDING SOURCES DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admin	(309,270)	10.0%		10.0%	10.0%	40.00/		Ψ 11,200
Total Expenses \$ REVENUES & FUNDING SOURCES DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admin	,		\$ (63,519	١		10.0%	10.0%	10.0%
REVENUES & FUNDING SOURCES DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admin	165 720)	\$ (1,262,031)	\$ (250,000)		\$ (17,708)
DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admin	165,730	\$ 1,825,317	\$ 636,481	\$ 191,000	\$ 237,969	\$ -	\$ 125,000	\$ 766,562
DPH Funding Sources (select from drop-down list) General Fund - PHD Admin General Fund - EH Admin								
General Fund - PHD Admin General Fund - EH Admin								
General Fund - EH Admin	165.730							634,270
Addback Funds	100,100							132,292
				191,000				
Dream Keepers Initiative				,,,,,,	237,969			
SDDT		1,640,000						
SDDT		185,317	636,481					
HSA Work Order						-		
CDC-RFA-DP21-2111							125,000	
USDA GusNIP Grant								
Total DPH Revenues \$	165,730	\$ 1,825,317	\$ 636,481	\$ 191,000	\$ 237,969	\$ -	\$ 125,000	\$ 766,562
Total Revenues (DPH and Non-DPH) \$	165,730	\$ 1,825,317	\$ 636,481	\$ 191,000	\$ 237,969	\$ -	\$ 125,000	\$ 766,562
Cost Reimbursement (CR) or Fee-For-Service (FFS)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)
Prepared By Jackie							Jehn Mikalacki	Phone #

Contract Term: 7/01/2021-6/30/2029

Current Funding Notification Date: FN #6: 7/24/23, FN# 7 10/31/2023

	SDDT	CDC CHW Grant 93.495	HSA Work Order	Dream Keepers Initiative	SDDT Carryover	General Fund	SDDT	General Fund	SDDT	USDA	
	A-2/B-2b	A-5/B-5a	A-3/B-3a	A-4/B-4a	A-2/B-2d	A-1/B-1b	A-2/B-2c	A-1/B-1c	A-2/B-2d	A-3/B-7	
07	//01/2022-06/30/2023	08/01/2022-07/31/2023	07/01/2022-06/30/2023	07/01/2022-06/30/2023	07/01/2022-06/30/2023	07/01/2023-06/30/2024	07/01/2023-06/30/2024	07/01/2024-06/30/2025	07/01/2024-06/30/2025	07/01/2024-06/30/2025	
	_			-	-	=	-	-	-		
\$	-	\$ -				\$ -	\$ -	\$ -	\$ -	\$ -	
\$		\$ -				\$ -	\$ -	\$ -	\$ -	\$ -	
	0.0%	0.0%				0.0%	0.0%	0.0%	0.0%	0.0%	
\$	909,100	\$ -	\$ 90,910	\$ 1,692,771	\$ 57,745	\$ 447,916	\$ 298,381	\$ 431,818	\$ 272,727	\$ 136,364	
\$	-	\$ -		\$ -		\$ -	-	\$ -	\$ -	\$ -	
\$	909,100	\$ -	\$ 90,910	\$ 1,692,771	\$ 57,745	\$ 447,916	\$ 298,381	\$ 431,818	\$ 272,727	\$ 136,364	
\$	90,900	\$ -	\$ 9,090	\$ 169,260	\$ 5,774	\$ 44,792	\$ 29,838	\$ 43,182	\$ 27,273	\$ 13,636	
	10.0%	0.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
\$	(21,900)			\$ (1,468,535)	\$ (6,319)						
\$	978,100	\$ -	\$ 100,000	\$ 393,496	\$ 57,200	\$ 492,708	\$ 328,219	\$ 475,000	\$ 300,000	\$ 150,000	
						492,708		475,000			
						102,100					
				393,496							
	978,100						328,219		300,000		
					57,200						
		-	100,000								
										150,000	
\$	978,100	\$ -	\$ 100,000	\$ 393,496	\$ 57,200	\$ 492,708	\$ 328,219	\$ 475,000	\$ 300,000	\$ 150,000	
\$	978,100	\$ -	\$ 100,000	\$ 393,496	\$ 57,200	\$ 492,708	\$ 328,219	\$ 475,000	\$ 300,000	\$ 150,000	
	(CR)		(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	

415-504-6738 ext. 105

ALS	TOTA	SDDT		General Fund		SDDT		General Fund		USDA		SDDT		General Fund		USDA		SDDT	General Fund
		A-2/B-2h		A-1/B-1g	T	A-2/B-2g		A-1/B-1f	_	A-3/B-7b	T	A-2/B-2f	T	A-1/B-1e	Т	A-3/B-7a	Т	A-2/B-2e	A-1/B-1d
		07/01/2028-06/30/2029	0	07/01/2028-06/30/2029		07/01/2027-06/30/2028		07/01/2027-06/30/2028		07/01/2026-06/30/2027		07/01/2026-06/30/2027		07/01/2026-06/30/2027		07/01/2025-06/30/2026		07/01/2025-06/30/2026	01/2025-06/30/2026
								-											
	\$	-	\$	-	- \$	\$ -	\$	\$ -	- \$	\$ -	- \$	-	\$	\$ -	- \$	\$ -	\$	\$ -	-
	\$		\$		- \$	•	\$	'	- \$	\$ -	- \$		\$	\$ -	\$. \$	\$ -	
0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	┸	0.0%	Ш.	0.0%		0.0%		0.0%	0.0%
12,792,8	\$	272,727	\$	431,818	7 \$	\$ 272,727	\$	\$ 431,818	1 \$	\$ 159,091	7 \$	272,727	\$	\$ 431,818	1 \$	\$ 159,091	\$	\$ 272,727	431,818
	\$	-	\$	-	- \$	-	\$	\$ -	- \$	\$ -	- \$	-	\$	\$ -	- \$	-	\$	- \$	-
12,792,8	\$	272,727	\$	431,818	7 \$	\$ 272,727	\$	\$ 431,818	1 \$	\$ 159,091	7 \$	272,727	\$	\$ 431,818	\$	\$ 159,091	\$	\$ 272,727	431,818
1,279,2	\$	27,273	\$	43,182	3 \$	\$ 27,273	\$	\$ 43,182	9 \$	\$ 15,909	3 \$	27,273	\$	\$ 43,182	\$	\$ 15,909	\$	\$ 27,273	43,182
10.0%		10.0%		10.0%		10.0%		10.0%		10.0%	I	10.0%		10.0%		10.0%		10.0%	10.0%
(3,399,	\$										_		_		_				
10,672,7		300,000	\$	475,000	\$	\$ 300,000	\$	\$ 475,000	0 \$	\$ 175,000) \$	300,000	\$	\$ 475,000	\$	\$ 175,000	\$	\$ 300,000	475,000
3,667,				475,000				475,000			T			475,000					475,000
132,																			
191,											ᆚ		\perp		\perp				
631,											4		┸		丄				
4,446,	1	300,000	<u> </u>)	300,000					1	300,000	\bot		4		1	300,000	
878,	1				-		-		-		+		╄		+		+		
100, 125,	-		<u> </u>		-						+		+		+		+		
120,			1		-				0	175,000	+		+		+	175,000	+		
10,672,		300,000	\$	475,000	0 \$	\$ 300,000	\$	\$ 475,000	_	•) \$	300,000	\$	\$ 475,000	_	•	\$	\$ 300,000	475,000
10,672,	\$	300,000	\$	475,000) \$	\$ 300,000	\$	\$ 475,000	0 \$	\$ 175,000) \$	300,000	\$	\$ 475,000	\$	\$ 175,000	\$	\$ 300,000	475,000
		(CR)		(CR)		(CR)		(CR)		(CR)	十	(CR)	\top	(CR)	T	(CR)	Ť	(CR)	(CR)

Contractor: San Francisco Public Health F Program: PHD Food Security	oundation			 Appendix: Appendix Term:	B-1c 07/01/2024-06/30/2025
	UOS COST	ALLOCATIO	ON BY SERVICE MODE	Funding Source:	General Fund
Service Modes:	Program	n Admin			
Operating Expenses	Expense	%			Totals
Total Occupancy	-	0%			-
Total Materials and Supplies	1,818	100%			1,818
Total General Operating	15,000	100%			15,000
Total Staff Travel		0%			-
Consultants/Subcontractor:					
Data Consultants	15,000	100%			15,000
Communications Consultants	20,000	100%			20,000
Subcontractors for Healthy Food Purchasing Supplemen	380,000	100%			380,000
Other (specify):					
Total Operating Expenses	431,818	100%			431,818
Total Direct Expenses	431,818	100%			431,818
Indirect Expenses 10.0%	43,182	100%			43,182
TOTAL EXPENSES	475,000	100%			475,000
Unit of Service Type	Consultant	ts (Months)			
Number of UOS per Service Mode	2	,			25
Cost Per UOS by Service Mode	\$19,00				N/A
Number of UDC/NOC per Service Mode	, ,,,,				
				ı	Rev: 02/18

BUDGET JUSTIFICATION

Contractor Name	San Francisco Public H	ealth Founda	tion	Appendix:		B-1c	
Program Name:	PHD Food Security			Appendix Term:	07/	01/2024-06/3	30/2025
				Funding Source:		General Fu	ınd
1a) SALARIES							
	Total FTE, Base:	0.00	Annualized:	0.00			
1b) EMPLOYEE FRINGE BEN	EFITS:			Total Salaries:	\$		-
				Total Fringe Benefit:	\$		-
				Fringe Benefit %:			0.00%
	Г	TOTAL SALA	ARIES & EMPLOY	EE FRINGE BENEFITS:	\$		-
2) OPERATING EXPENSES:							
Occupancy:	_						
Expense Item	Concise/ Specific Descr	ription		Rate/Formula		Cost	
				Total Occupancy:	\$		-
Materials & Supplies:	_						
Expense Item	Concise/ Sp	ecific Descri	ption	Rate/Formula		Cost	
Supplies, Printing	Food, supplies, and other	meeting-relat	ed expenses	N/A	\$		1,818
	<u>l</u>		Tota	al Materials & Supplies:	\$		1,818
General Operating:	_						
Expense Item	Brief Description			Rate/Formula		Cost	
	Stipends for CBOS t	o convene co	mmunity and				
Stipends	disser	minate data.		\$7,500 ea for 2 CBOs	\$		15,000
	1		To	otal General Operating:	\$		15,000
				· · ·			
Staff Travel:	_						
Purpose of Travel	Location		Expense Item	Rate/Formula		Cost	
				Total Staff Travel:	•		

Amendment: 03/01/2024 2 of 3 Contract ID# 1000021500

Consultants/Subcontractors:

Consult/Subcontrctr Name	Service Description	Rate/Formula	Cost
Data Consultants	Data support for FSTF and BFSER	60 hrs @ \$250/hr	\$ 15,000
Communications Consultants	Communications support for FSTF and BFSER	80hrs @ \$250/hr	\$ 20,000
Subcontractors for Healthy Food Purchasing Supplement	Administration of programs to increase purchasing power of healthy foods for low-income residents.	Total voucher value of \$304,000 with a maximum admin. fee of 20% at \$76,000	\$ 380,000
	Total Cons	sultants/Subcontractors:	\$ 415,000

TOTAL OPERATING EXPENSES: \$ 431,818

TOTAL DIRECT COSTS: \$ 431,818

4) INDIRECT COSTS

Amount

Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 43,182

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: \$ 43,182

TOTAL EXPENSES: \$ 475,000

Contractor: Sa	an Francisco Public Health Fou	ındation		Appendix:	B-2d		
Program: Ph	ID Food Security					 Appendix Term:	07/01/2024-06/30/2025
						 Funding Source:	SDDT
		UOS COST A	LLOCATIO	ON BY SERVICE	MODE		
	Service Modes:	Program	Admin				
Position Titles	Annualized FTE	Salaries	% FTE				Totals
Total FTE & Salaries	0.00	-	0%				
Fringe Benefits	0.00%	-	0%				ı
Personnel Expenses		-	0%				-
Operating Expenses		Expense	%				Totals
Total Occupancy		-	0%				-
Total Materials and Sup			0%				-
Total General Operating			0%				-
Total Staff Travel			0%				-
Consultants/Subcontrac							
Subcontractors for Health	y Food Purchasing Supplement	272,727	100%				272,727
Other (specify):							
Total Operating Expense	es	272,727	100%				272,727
Total Direct Expenses		272,727	100%				272,727
Indirect Expenses	10.0%	27,273	100%				27,273
TOTAL EXPENSES		300,000	100%				300,000
	Unit of Service Type	Consultants	(Months)				
Nu	ımber of UOS per Service Mode	12	,				12
	Cost Per UOS by Service Mode	\$25,000	0.01				N/A
Numbe	er of UDC/NOC per Service Mode						
				•			Rev: 02/18

BUDGET JUSTIFICATION

Contractor Name	San Francisco Public He	alth Foundation	on	Appendix:	B-2d
Program Name:	PHD Food Security			Appendix Term:	07/01/2024-06/30/2025
				Funding Source:	SDDT
1a) SALARIES					
	Total FTE, Base:	0.00	Annualized:	0.00	
1b) EMPLOYEE FRINGE BENI	EFITS:			Total Salaries:	\$ -
				Total Fringe Benefit:	\$ -
				Fringe Benefit %:	0.00%
		TOTAL SA	LARIES & EMPLOY	EE FRINGE BENEFITS:	\$ -
2) OPERATING EXPENSES:					
Occupancy:					
Expense Item	Concise/ Specific Descri	ption		Rate/Formula	Cost
				Total Occumency	¢
				Total Occupancy:	5 -
Materials & Supplies:	_				
Expense Item	Concise/ S	pecific Descri	ption	Rate/Formula	Cost
			Tota	al Materials & Supplies:	\$ -
General Operating:					
Expense Item	Brief Description			Rate/Formula	Cost
	<u>. </u>				
	•		T	otal General Operating:	\$ -
Staff Travel:					
Purpose of Travel	- Location		Expense Item	Rate/Formula	Cost
				Total Staff Travel:	\$ -
Consultants/Subcontractors:					
Consult/Subcontrctr Name	Service Description			Rate/Formula	Cost
Subcontractors for Healthy Food Purchasing Supplement	Administration of programs healthy foods for low-incor		urchasing power of	Total voucher value of \$218,181.60 with a maximum admin. fee of 20% at \$54,545.40	\$ 272,727
			Total Consu	ultants/Subcontractors:	\$ 272,727
			TOTAL O	DEDATING EYDENSES:	¢ 272 727

TOTAL DIRECT COSTS: \$ 272,727

4) INDIRECT COSTS

	Amount
Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 27,273

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	\$ 27,273

TOTAL EXPENSES: \$ 300,000

Contractor: San Francisco Public Health Foundation							Appendix:	B-7
Program:	PHD Food Security						Appendix Term:	07/01/2024-06/30/2025
							Funding Source:	USDA
		UOS COST A	ALLOCATIO	N BY SERVICI	E MOD	E		
	Service Modes:	Program	Admin			_		
Position Titles	Annualized FTE	Salaries	% FTE					Totals
Total FTE & Salaries	0.00	-	0%					-
Fringe Benefits	0.00%	-	0%					-
Personnel Expenses		-	0%					-
Operating Expenses		Expense	%					Totals
Total Occupancy		-	0%					-
Total Materials and Su			0%					-
Total General Operation	ng		0%					-
Total Staff Travel			0%					-
Consultants/Subcontr		400.004	4000/					400.004
Subcontractors for He	althy Food Purchasing Supplement	136,364	100%					136,364
Other (specify):								-
Total Operating Exper	nses	136,364	100%					136,364
Total Direct Expenses		136,364	100%					136,364
Indirect Expenses	10.0%	13,636	100%					13,636
TOTAL EXPENSES		150,000	100%					150,000
	Unit of Service Type	Consultants	s (Months)					
	Number of UOS per Service Mode	12						12
	Cost Per UOS by Service Mode	\$12,50	0.00					N/A
Nu	umber of UDC/NOC per Service Mode							
	·						L	Rev: 02/18

BUDGET JUSTIFICATION

Contractor Name	San Francisco Public I	Appendix:	B-7			
Program Name:	PHD Food Security			Appendix Term:	07/01/2024-06/30/2025	
				Funding Source:	USDA	
1a) SALARIES						
	Total FTE, Base:	0.00	Annualized:	0.00		
1b) EMPLOYEE FRINGE BENI	EFITS:			Total Salaries:	\$	-
				Total Fringe Benefit:	\$	-
				Fringe Benefit %:		0.00%
	г	TOTAL CA	LADIES & EMDLOY	TE EDINOE DENEEITO.	•	
	L	TOTAL SA	LARIES & EMPLOY	EE FRINGE BENEFITS:	\$	-
2) ODERATING EVDENCES.						
2) OPERATING EXPENSES:						
Occupancy:						
Expense Item	- Concise/ Specific Desc	crintion		Rate/Formula	Cost	
Expense item		onpuon		rtato/i oriniala		
	<u> </u>			Total Occupancy:	\$	
				<u>. </u>	<u></u>	
Materials & Supplies:						
Expense Item	Concise	/ Specific Descri	ntion	Rate/Formula	Cost	
- Aponeo item		, оросии 2000и	 	Tuto/Tormala		
			Tota	al Materials & Supplies:	\$	-
General Operating:	_					
Expense Item	Brief Description			Rate/Formula	Cost	
·						
			Т	otal General Operating:	\$	-
Staff Travel:	_					
Purpose of Travel	Location		Expense Item	Rate/Formula	Cost	
			1			
			J.	Total Staff Travel:	\$	-
Consultants/Subcontractors:						
Consult/Subcontrctr Name	Service Description			Rate/Formula	Cost	
Consult out out it	Control Description				0031	
	Administration of progra	ıme to increase nı	Total voucher value of \$109,091.20 with a			
Subcontractors for Hoolthy	healthy foods for low-inc	•	archasing power or	maximum admin. fee of		
Subcontractors for Healthy Food Purchasing Supplement		condition.		20% at \$27,272.80	\$	136,364
1 Joan Grondoning Oupplement	+				Ψ	100,004
	<u>I</u>		Total Consi	ultants/Subcontractors:	•	136 364

Amendment: 03/01/2024 2 of 3 Contract ID# 1000021500

TOTAL OPERATING EXPENSES:	\$ 136,364
	•
TOTAL DIRECT COSTS:	\$ 136,364

4) INDIRECT COSTS

	Amount
Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 13,636

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS: \$	13,636

TOTAL EXPENSES: \$ 150,000

Contractor: San Francisco Public Health F Program: PHD Food Security		Appendix: Appendix Term:	07/01/2025-06/30/2026			
	UOS COST	ALLOCATIO	N BY SERVICE MODE		Funding Source:	General Fund
Service Modes:	Program	ı Admin				
Operating Expenses	Expense	%				Totals
Total Occupancy		0%				
Total Materials and Supplies	1,818	100%				1,818
Total General Operating	15,000	100%				15,000
Total Staff Travel		0%				
Consultants/Subcontractor:						
Data Consultants	15,000	100%				15,000
Communications Consultants	20,000	100%				20,000
Subcontractors for Healthy Food Purchasing Supplemer	380,000	100%				380,000
Other (specify):						
Total Operating Expenses	431,818	100%				431,818
Total Direct Expenses	431,818	100%				431,818
Indirect Expenses 10.0%	431,010	100%				43,182
TOTAL EXPENSES	475,000	100%				475,000
	110,000	10070		<u> </u>		,
Unit of Service Type	Consultant	s (Months)				
Number of UOS per Service Mode	2	5				25
Cost Per UOS by Service Mode		00.00				N/A
Number of UDC/NOC per Service Mode	, ,,,,,,					
						Rev: 02/

BUDGET JUSTIFICATION

Contractor Name	Appendix:	B-1d				
Program Name:	PHD Food Security			Appendix Term:	07/01/2025-06	/30/2026
				Funding Source:	General F	und
1a) SALARIES						
	Total FTE, Base:	0.00	Annualized:	0.00		
1b) EMPLOYEE FRINGE BENE	EFITS:			Total Salaries:	\$	-
				Tatal Faire as Demotit	•	
				Total Fringe Benefit:	\$	-
				Fringe Benefit %:		0.00%
		TOTAL SALADIS	S & EMDLOV	EE FRINGE BENEFITS:	¢	
		TOTAL SALARIE	3 & EIVIPLOT	EE FRINGE BENEFITS.	Ą	-
2) OPERATING EXPENSES:						
2) OI EIVITING EXI ENGES.						
Occupancy:	_					
					<u>.</u> .	
Expense Item	Concise/ Specific De	scription		Rate/Formula	Cost	1
				Tatal Occurrence	•	
			•	Total Occupancy:	\$	-
Materials & Supplies:						
•	-				<u>.</u> .	
Expense Item	Concise/ S	pecific Descripti	on	Rate/Formula	Cost	
Supplies, Printing	Food, supplies, and otl	her meeting-relate	d expenses.	N/A	\$	1,818
			Tota	al Materials & Supplies:	\$	1,818
General Operating:	_					
Expense Item	Brief Description			Rate/Formula	Cost	
	Stipends for CBOS to	convene commun	ty and			
Stipends	disseminate data.			\$7,500 ea for 2 CBOs	\$	15,000
			To	otal General Operating:	\$	15,000
Staff Travel:	_					
Purpose of Travel	Location		Expense Iten	Rate/Formula	Cost	
	•			Total Staff Travel:	\$	

Consultants/Subcontractors:

Consult/Subcontrctr Name	Service Description	Rate/Formula	Cost
Data Consultants	Data support for FSTF and BFSER	60 hrs @ \$250/hr	\$ 15,000
Communications Consultants	Communications support for FSTF and BFSER	80hrs @ \$250/hr	\$ 20,000
Subcontractors for Healthy Food Purchasing Supplement	Administration of programs to increase purchasing power of healthy foods for low-income residents	Total voucher value of \$304,000 with a maximum admin. fee of 20% at \$76,000	\$ 380,000

Total Consultants/Subcontractors: \$ 415,000

TOTAL OPERATING EXPENSES:	\$ 431,818
TOTAL DIRECT COSTS:	\$ 431.818

4) INDIRECT COSTS

Amount

Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 43,182

 Indirect Rate:
 10.00%

 TOTAL INDIRECT COSTS:
 \$ 43,182

TOTAL EXPENSES: \$ 475,000

Contractor: San Francisco Public Health Foundation						 Appendix:	B-2e
Program: F	PHD Food Security					Appendix Term:	07/01/2025-06/30/2026
_						 Funding Source:	SDDT
		UOS COST A	LLOCATIO	N BY SERVIC	E MODE		
						1	
	Service Modes:	Program	Admin				
Position Titles	Annualized FTE	Salaries	% FTE				Totals
Total FTE & Salaries	0.00	-	0%				-
Fringe Benefits	0.00%	-	0%				-
Personnel Expenses		-	0%				-
					П	 <u> </u>	Ŧ
Operating Expenses		Expense	%				Totals
Total Occupancy	P.		0%				-
Total Materials and Su			0%				-
Total General Operating Total Staff Travel	1 <u>g</u>		0% 0%	-			-
Consultants/Subcontra	ootori		0%				-
	althy Food Purchasing Supplement	272,727	100%	-			272,727
Subcontractors for Field	ality 1 000 1 dichasing Supplement	212,121	10070				-
Other (specify):							
							-
Total Operating Expen	ises	272,727	100%				272,727
Total Direct Expenses		272,727	100%				272,727
Indirect Expenses	10.0%	27,273	100%				27,273
TOTAL EXPENSES	10.070	300,000	100%				300,000
							223,200
	Unit of Service Type	Consultants	s (Months)				
	Number of UOS per Service Mode	12					12
	Cost Per UOS by Service Mode	\$25,000	0.00				N/A
Nu	ımber of UDC/NOC per Service Mode						
					•	•	Rev: 02/18

BUDGET JUSTIFICATION

Contractor Name	San Francisco Public	Health Foundation	on	Appendix:	B-2e)
Program Name:	PHD Food Security			Appendix Term:	07/01/2025-0	6/30/2026
•				Funding Source:	SDD.	Γ
1a) SALARIES				•		
	Total FTE, Base:	0.00	Annualized:	0.00		
1b) EMPLOYEE FRINGE BEN	EFITS:			Total Salaries:	\$	-
				Total Fringe Benefit:	\$	-
				Fringe Benefit %:		0.00%
	-				 	
	<u> </u>	TOTAL SA	LARIES & EMPLOY	EE FRINGE BENEFITS:	\$	-
2) OPERATING EXPENSES:						
Occupancy:						
	- Concise/ Specific Des	arintian		Rate/Formula	Cost	
Expense Item	Concise/ Specific Des	сприоп		Rate/Formula	Cosi	
	<u> </u>			Total Occupancy:	\$	
				Total Occupancy.	Ψ	
Materials & Supplies:						
	- Consist	e/ Specific Descri	ntion	Rate/Formula	Cost	.
Expense Item	Concise	er specific descri	ption	Kale/Formula	CUS	
			Tota	al Materials & Supplies:	\$	
				ar materials a supplies.		
General Operating:						
	- Brief Description			Rate/Formula	Cost	
Expense Item	I Description			Rate/Formula	COS	
	<u> </u>		т	Lotal General Operating:	\$	_
				otal General Operating.	Ψ	
Staff Travel:						
	-		,	D / /F		
Purpose of Travel	Location		Expense Item	Rate/Formula	Cost	!
				Total Staff Travel:	¢	
				Total Stall Travel:	-	-
Consultants/Subcontractors:						
	-					
Consult/Subcontrctr Name	Service Description			Rate/Formula	Cost	<u> </u>
				Total voucher value of		
	Administration of progra		rchasing power of	\$218,181.60 with a		
Subcontractors for Healthy	healthy foods for low-in	come residents.		maximum admin. fee of		
Food Purchasing Supplement				20% at \$54,545.40	\$	272,727
			Total Consu	ultants/Subcontractors:	\$	272,727
			TOTAL O	PERATING EXPENSES:	\$	272,727

TOTAL DIRECT COSTS: \$ 272,727

4) INDIRECT COSTS

	Amount
Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 27,273

3 of 3

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	\$ 27,273

TOTAL EXPENSES: \$ 300,000

Contractor: S	Contractor: San Francisco Public Health Foundation						Appendix:	B-7a
Program: P	PHD Food Security						Appendix Term:	07/01/2025-06/30/2026
							Funding Source:	USDA
		UOS COST A	LLOCATIO	N BY SERVICI	E MODE			
	Service Modes:	Program	Admin					
Position Titles	Annualized FTE	Salaries	% FTE					Totals
Total FTE & Salaries	0.00	-	0%					-
Fringe Benefits	0.00%	-	0%					-
Personnel Expenses		-	0%					-
Operating Expenses		Expense	%					Totals
Total Occupancy			0%					-
Total Materials and Sup			0%					-
Total General Operatin	g		0%					-
Total Staff Travel Consultants/Subcontra	a de vi		0%					-
	thy Food Purchasing Supplement	159,091	100%					159,091
Other (specify):								
Total Operating Expens	ses	159,091	100%					159,091
Total Direct Expenses	1	159,091	100%					159,091
Indirect Expenses	10.0%	15,909	100%					15,909
TOTAL EXPENSES	10.070	175,000	100%					175,000
	Unit of Service Type	Consultants	s (Monthe)			•		
N	lumber of UOS per Service Mode	12	,		+			12
Cost Per UOS by Service Mode		\$14,58						N/A
Numh	ber of UDC/NOC per Service Mode	Ψ11,000						1 1/2 1
. Turing	55. 5. 55 5/1105 por 55/1105 WOULD							Rev: 02/18

Contractor Name	San Francisco Public He	alth Foundatio	n	Appendix:	B-7a	
Program Name:	PHD Food Security			Appendix Term:	07/01/2025-06/	/30/2026
				Funding Source:	USDA	
1a) SALARIES						
	T / LETE B			• • •		
	Total FTE, Base:	0.00	Annualized:	0.00		
1b) EMPLOYEE FRINGE BENE	CEITO.			Total Salaries:	¢	
ID) EMPLOTEE PRINGE BEING	IF11 3 .			i otal Salaries.	Ą	-
				Total Fringe Benefit:	\$	-
				Fringe Benefit %:		0.00%
	_					
	<u>L</u>	TOTAL SA	LARIES & EMPLOY	EE FRINGE BENEFITS:	\$	-
2) OPERATING EXPENSES:						
2) OF ERATING EXPENSES.						
Occupancy:	_					
Expense Item	Concise/ Specific Descri	iption		Rate/Formula	Cost	
				Total Occupancy:	\$	-
Materials & Supplies:	-					
Expense Item	Concise/ S	Specific Descri	ption	Rate/Formula	Cost	
			Tati	al Matariala 9 Cumplica	¢	
			100	al Materials & Supplies:	-	
General Operating:						
Expense Item	- Brief Description			Rate/Formula	Cost	
Expense item	Brief Besonption		Т	otal General Operating:		_
			-	otal Conoral Operating.	-	
Staff Travel:						
Purpose of Travel	Location		Expense Item	Rate/Formula	Cost	
Turpood or mutor			Expense item	ratori orinata	0001	
				Total Staff Travel:	\$	-
Consultants/Subcontractors:	_					
Consult/Subcontrctr Name	Service Description			Rate/Formula	Cost	
				Total voucher value of		
Subcontractors for Healthy	Administration of programs	s to increase pu	rchasing power of	\$127,272.80 with a		
Food Purchasing Supplement	healthy foods for low-incor	me residents.		maximum admin. fee of		
				20% at \$31,818.20	\$	159,091
	<u> </u>		T. (10	alternate (Oraber 1	•	450.004
			l otal Const	ultants/Subcontractors:	D	159,091
			TOTAL O	PERATING EXPENSES:	\$	159,091

TOTAL DIRECT COSTS: \$ 159,091

4) INDIRECT COSTS

	Amount
Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 15,909

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS: \$	15,909

TOTAL EXPENSES: \$ 175,000

Contractor: San Francisco Public Health Fo	oundation	•			Appendix:	B-1e	
Program: PHD Food Security				_	Appendix Term:	07/01/2026-06/30/2027	
					Funding Source:	General Fund	
	UOS COST	ALLOCATIO	ON BY SERVICE I	MODE			
Service Modes:	Program	Admin					
Operating Expenses	Expense	%				Totals	
Total Occupancy		0%				-	
Total Materials and Supplies	1,818	100%				1,818	
Total General Operating	15,000	100%				15,000	
Total Staff Travel		0%				-	
Consultants/Subcontractor:							
Data Consultants	15,000	100%				15,000	
Communications Consultants	20,000	100%				20,000	
Subcontractors for Healthy Food Purchasing Supplement	380,000	100%			+	380,000	
Other (specify):						-	
Total Operating Expenses	431,818	100%				431,818	
Total Divert Evenese	431,818	100%				431,818	
Total Direct Expenses	+						
Indirect Expenses 10.0%	43,182	100%				43,182	
TOTAL EXPENSES	475,000	100%				475,000	
Unit of Service Type	Consultant	s (Months)					
Number of UOS per Service Mode	25	5				25	
Cost Per UOS by Service Mode	\$19,00	00.00				N/A	
Number of UDC/NOC per Service Mode	, ,						
110111001 01 02 01 100 por 001 1100 111000						Rev: 02/18	

Contractor Name	e San Francisco Public He	Appendix:	B-1e			
Program Name:	PHD Food Security			Appendix Term:	07/01/2026-06	6/30/2027
				Funding Source:	General I	und
1a) SALARIES						
	Total FTE, Base:	0.00	Annualized:	0.00		
1b) EMPLOYEE FRINGE BEN	EFITS:			Total Salaries:	\$	
				Total Fringe Benefit:	\$	-
				Fringe Benefit %:		0.00%
	TO	TAL SALAR	RIES & EMPLOY	EE FRINGE BENEFITS:	\$	-
2) OPERATING EXPENSES:	_					
Occupancy:	_					
Expense Item	Concise/ Specific Descr	iption		Rate/Formula	Cost	
				Total Occupancy:	\$	-
Materials & Supplies:	_					
Expense Item	Concise/ Spe	cific Descrip	otion	Rate/Formula	Cost	
Supplies, Printing	Food, supplies, and other	meeting-rela	ated expenses	N/A	\$	1,818
			Tota	al Materials & Supplies:	\$	1,818
General Operating:						
Expense Item	 Brief Description 			Rate/Formula	Cost	
	Stipends for CBOS to con	vene commi	unity and			
Stipends	disseminate data.			\$7,500 ea for 2 CBOs	\$	15,000
			To	otal General Operating:	\$	15,000
Staff Travel:						
Purpose of Travel	Location		expense Iter	Rate/Formula	Cost	;
				Total Staff Travel:	<u>•</u>	
				TOTAL STAIL LLAVEL:	Ψ	-

Consultants/Subcontractors:

Consult/Subcontrctr Name	Service Description	Rate/Formula	Cost
Data Consultants	Data support for FSTF and BFSER	60 hrs @ \$250/hr	\$ 15,000
Communications Consultants	Communications support for FSTF and BFSER	80hrs @ \$250/hr	\$ 20,000
Subcontractors for Healthy Food Purchasing Supplement	Administration of programs to increase purchasing power of healthy foods for low-income residents	Total voucher value of \$304,000 with a maximum admin. fee of 20% at \$76,000	\$ 380,000
	\$ 415,000		

TOTAL OPERATING EXPENSES: \$ 431,818

TOTAL DIRECT COSTS: \$ 431,818

4) INDIRECT COSTS

Amount

Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 43,182

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: \$ 43,182

TOTAL EXPENSES: \$ 475,000

Contractor:	San Francisco Pu		Appendix:	B-2f			
Program:	Program: PHD Food Security						07/01/2026-06/30/2027
-				Funding Source:	SDDT		
		UOS COST A	DE				
	Service Modes:	Program	Admin				
Position Titles	Annualized FTE	Salaries	% FTE				Totals
Total FTE & Salaries	0.00	-	0%				-
Fringe Benefits	0.00%	-	0%				-
Personnel Expenses		-	0%				-
					"		
Operating Expenses		Expense	%				Totals
Total Occupancy			0%				-
Total Materials and Su	• •		0%				-
Total General Operation Total Staff Travel	ng		0% 0%				-
Consultants/Subconti	ractor		0%				-
Subcontractors for Health		272,727	100%				272,727
Supplement	y rood r drondsing	212,121	100 /6				
Other (specify):							
							-
Total Operating Exper	nses	272,727	100%				272,727
Total Direct Expenses		272,727	100%				272,727
Indirect Expenses	10.0%	27,273	100%				27,273
TOTAL EXPENSES		300,000	100%				300,000
Unit	of Service Type	Consultants	s (Months)				
	per Service Mode	12					12
	by Service Mode	\$25,00					N/A
Number of UDC/NOC	-	+,50					
3, 32 3, 100	r				1		Rev: 02/18

Contractor Name	San Francisco Public	Appendix:	B-2			
Program Name:	PHD Food Security			Appendix Term:		
				Funding Source:	SDD	Т
1a) SALARIES						
	Total FTE, Base:	0.00	Annualized:	0.00		
1b) EMPLOYEE FRINGE BENI	EFITS:			Total Salaries:	\$	-
				Total Fringe Benefit:	\$	-
				Fringe Benefit %:		0.00%
		TOTAL SA	LARIES & EMPLOY	EE FRINGE BENEFITS:	\$	-
2) OPERATING EXPENSES:						
Occupancy:	-					
Expense Item	Concise/ Specific Des	scription		Rate/Formula	Cos	t
				Total Occupancy:	\$	-
Materials & Supplies:	-					
Expense Item	Concis	e/ Specific Descri	ption	Rate/Formula	Cos	t
			Tota	al Materials & Supplies:	\$	-
General Operating:						
Expense Item	- Brief Description			Rate/Formula	Cos	+
Expense item	Brief Becomption			Nate/i offiliala	003	
			To	otal General Operating:	\$	-
Staff Travel:	_					
Purpose of Travel	Location		Expense Item	Rate/Formula	Cos	t
				Total Ctaff Travels	<u></u>	
				Total Staff Travel:		
Consultants/Subcontractors:	_					
Consult/Subcontrctr Name	Service Description			Rate/Formula	Cos	t
Subcontractors for Healthy Food Purchasing Supplement	Administration of progr healthy foods for low-ir		irchasing power of	Total voucher value of \$218,181.60 with a maximum admin. fee of		
				20% at \$54,545.40	\$	272,727
			Total Consu	ultants/Subcontractors:	<u> </u> 	272,727

TOTAL OPERATING EXPENSES:	\$ 272,727
TOTAL DIRECT COSTS:	\$ 272,727

4) INDIRECT COSTS

Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 27,273

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: \$ 27,273

TOTAL EXPENSES: \$ 300,000

Contractor: San Francisco Public Health Foundation					Appendix:	B-7b	
Program: PHD Food Security				 Appendix Term:	07/01/2026-06/30/2027		
						 Funding Source:	USDA
		UOS COST A	LLOCATIO	N BY SERVIC	E MODE		
	Service Modes:	Program	Admin				
Position Titles	Annualized FTE	Salaries	% FTE				Totals
Total FTE & Salaries	0.00	-	0%				-
Fringe Benefits	0.00%	-	0%				ı
Personnel Expenses		-	0%				-
Operating Expenses		Expense	%				Totals
Total Occupancy		•	0%				-
Total Materials and Supp			0%				ı
Total General Operating			0%				-
Total Staff Travel			0%				-
Consultants/Subcontrac							
Subcontractors for Health	y Food Purchasing Supplement	159,091	100%				159,091
Other (specify):							
Total Operating Expense	es	159,091	100%				159,091
Total Direct Expenses		159,091	100%				159,091
Indirect Expenses	10.0%	15,909	100%				15,909
TOTAL EXPENSES		175,000	100%				175,000
	Unit of Service Type	Consultants	s (Months)				
Nu	ımber of UOS per Service Mode	12	` '				12
	Cost Per UOS by Service Mode	\$14,58	3.34				N/A
	er of UDC/NOC per Service Mode						
						·	Rev: 02/18

Contractor Name	San Francisco Public	: Health Foundatio	on	Appendix:	B-7b	
Program Name:	PHD Food Security			Appendix Term:		
			<u> </u>	Funding Source:	USDA	1
1a) SALARIES						
	Total FTE, Base:	0.00	Annualized:	0.00		
1b) EMPLOYEE FRINGE BENE	EFITS:			Total Salaries:	\$	
				Total Fringe Benefit:	\$	
	ſ			Fringe Benefit %:		0.00%
		TOTAL SAI	LARIES & EMPLOY	'EE FRINGE BENEFITS:	\$	-
2) OPERATING EXPENSES:						
Occupancy:	_					
Expense Item	Concise/ Specific Des	scription		Rate/Formula	Cost	
				Total Occupancy:	\$	<u> </u>
Materials & Supplies:						
Expense Item	- Concis	se/ Specific Descrip	ntion	Rate/Formula	Cost	
	<u> </u>	<u>о</u> героз	1	1.235).		
			Tota	al Materials & Supplies:	\$	•
General Operating:						
Expense Item	Brief Description			Rate/Formula	Cost	
				'- t-l O I On anotin m	<u> </u>	
				otal General Operating:	\$	•
Staff Travel:	_					
Purpose of Travel	Location		Expense Item	Rate/Formula	Cost	
· 						
				Total Staff Travel:	\$	-
Consultants/Subcontractors:						
-	_				2 1	
Consult/Subcontrctr Name	Service Description			Rate/Formula	Cost	
Subcontractors for Healthy Food Purchasing Supplement	Administration of progr healthy foods for low-in		rchasing power of	Total voucher value of \$127,272.80 with a maximum admin. fee of 20% at \$31,818.20	\$	159,091
	<u></u>					
			Total Consu	ultants/Subcontractors:	\$	159,091
			TOTAL O	PERATING EXPENSES:	\$	159,091

TOTAL DIRECT COSTS:	\$ 159,091

4) INDIRECT COSTS

Amour	11

Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 15,909

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: \$ 15,909

TOTAL EXPENSES: \$ 175,000

Contractor: San Francisco Public Health Foundation Program: PHD Food Security					Appendix: Appendix Term:		
UOS COST ALLOCATION BY SERVICE MODE					Funding Source:	General Fund	
Service Modes:	Program	Admin					
Operating Expenses	Expense	%				Totals	
Total Occupancy	-	0%				-	
Total Materials and Supplies	1,818	100%				1,818	
Total General Operating	15,000	100%				15,000	
Total Staff Travel		0%				-	
Consultants/Subcontractor:							
Data Consultants	15,000	100%				15,000	
Communications Consultants	20,000	100%				20,000	
Subcontractors for Healthy Food Purchasing Supplement	380,000	100%				380,000	
Other (specify):							
Total Operating Expenses	431,818	100%				431,818	
				1			
Total Direct Expenses	431,818	100%				431,818	
Indirect Expenses 10.0%	43,182	100%				43,182	
TOTAL EXPENSES	475,000	100%				475,000	
Unit of Service Type	Consultant	s (Months)					
Number of UOS per Service Mode	2	5				25	
Cost Per UOS by Service Mode						N/A	
Number of UDC/NOC per Service Mode							
radifiber of ODO/NOO per dervice mode						Rev: 02/18	

Contractor Name	me San Francisco Public Health Foundation			Appendix:	B-1f		
Program Name:	PHD Food Security			Appendix Term:	07/01/2027-06/30/2028		
				Funding Source:	General	Fund	
1a) SALARIES							
	Total FTE, Base:	0.00	Annualized:	0.00			
1b) EMPLOYEE FRINGE BENE	EFITS:			Total Salaries:	\$	-	
				Total Fringe Benefit:	\$	-	
				Fringe Benefit %:		0.00%	
		TAL 041 45	VIEG & EMBL 6\	EE EDINAL DENESITA	^		
	10	IAL SALAR	RIES & EMPLOY	EE FRINGE BENEFITS:	\$	-	
O) ODERATING EVDENOES							
2) OPERATING EXPENSES:							
Occupancy:							
	-						
Expense Item	Concise/ Specific Descri	iption		Rate/Formula	Cos	t	
				Total Occupancy:	\$	-	
Materials & Supplies:	_						
Expense Item	Concise/ Specific Description			Rate/Formula	Cos	t	
Supplies, Printing	Food, supplies, and other	meeting-rela	ted expenses	N/A	\$	1,818	
- прримен, и имину	у сел, серрисе, сила силе.		μ στινου		*	.,	
			Tota	al Materials & Supplies:	\$	1,818	
				.,	<u> </u>		
General Operating:							
Expense Item	- Brief Description			Rate/Formula	Cos	t	
Expense item	Stipends for CBOS to con	vene commi	ınity and	rtato/i omitala			
Stipends	disseminate data.	vono oominio	and	\$7,500 ea for 2 CBOs	\$	15,000	
Опропаз				ψ1,500 θα 101 2 0003	Ψ	10,000	
			T	otal General Operating:	\$	15,000	
				<u></u>	<u> </u>		
Staff Travel:							
-			"	Deta/Carrenta	0		
Purpose of Travel	Location		Expense Iter	Rate/Formula	Cos	τ 	
				Total Ctaff Travel	<u>¢</u>		
				Total Staff Travel:	Þ	-	

Consultants/Subcontractors:

Consult/Subcontrctr Name	Service Description	Rate/Formula	Cost
Data Consultants	Data support for FSTF and BFSER	60 hrs @ \$250/hr	\$ 15,000
Communications Consultants	Communications support for FSTF and BFSER	80hrs @ \$250/hr	\$ 20,000
Subcontractors for Healthy Food Purchasing Supplement	Administration of programs to increase purchasing power of healthy foods for low-income residents	Total voucher value of \$304,000 with a maximum admin. fee of 20% at \$76,000	\$ 380,000

Total Consultants/Subcontractors: \$ 415,000

TOTAL OPERATING EXPENSES:	\$ 431,818
TOTAL DIRECT COSTS:	\$ 431,818

4) INDIRECT COSTS

Amount

Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 43,182

TOTAL EXPENSES: \$ 475,000

Amendment: 03/01/2024 3 of 3 Contract ID# 1000021500

Contractor: San Francisco Public Health Foundation							Appendix:	B-2g
Program: Ph	Program: PHD Food Security						Appendix Term:	07/01/2027-06/30/2028
								SDDT
		UOS COST A	LLOCATION	ON BY SERVIC	E MODE			
	Service Modes:	Program	Admin					
Position Titles	Annualized FTE	Salaries	% FTE					Totals
Total FTE & Salaries	0.00	-	0%					-
Fringe Benefits	0.00%	-	0%					-
Personnel Expenses		-	0%					-
Operating Expenses		Expense	%					Totals
Total Occupancy			0%					-
Total Materials and Sup			0%					-
Total General Operating			0%					-
Total Staff Travel			0%					-
Consultants/Subcontrac								
Subcontractors for Health	hy Food Purchasing Supplement	272,727	100%					272,727
Other (specify):								
Total Operating Expense	es	272,727	100%					272,727
Total Direct Expenses		272,727	100%					272,727
Indirect Expenses	10.0%	27,273	100%					27,273
TOTAL EXPENSES		300,000	100%					300,000
	Unit of Service Type	Consultants	s (Months)					
N	lumber of UOS per Service Mode	12			Ï			12
	Cost Per UOS by Service Mode	\$25,000	0.00					N/A
Numb	per of UDC/NOC per Service Mode							
							-	Rev: 02/18

Contractor Name San Francisco Public Health Foundation				Appendix:	B-2g	
Program Name:	PHD Food Security			Appendix Term:	07/01/2027-06/	30/2028
				Funding Source:	SDDT	
1a) SALARIES						
	Total FTE, Base:	0.00	Annualized:	0.00		
1b) EMPLOYEE FRINGE BENI	EFITS:			Total Salaries:	\$	-
				Total Fringe Benefit:	\$	-
				Fringe Benefit %:		0.00%
		TOTAL SAI	LARIES & EMPLOY	EE FRINGE BENEFITS:	\$	-
2) OPERATING EXPENSES:						
Occupancy:	-					
Expense Item	Concise/ Specific De	scription		Rate/Formula	Cost	
				Total Occupancy:	\$	-
Materials & Supplies:						
Expense Item	- Concis	e/ Specific Descrip	otion	Rate/Formula	Cost	
Expense item	Ooneis	er opecine bescrip	Stion	Rate/i Officia	0031	
	l .		Tota	al Materials & Supplies:	\$	-
General Operating:						
Expense Item	- Brief Description			Rate/Formula	Cost	
			To	otal General Operating:	\$	•
Staff Travel:						
Purpose of Travel	Location		Expense Item	Rate/Formula	Cost	
				Total Chaff Turnel	•	
				Total Staff Travel:	3	
Consultants/Subcontractors:	_					
Consult/Subcontrctr Name	Service Description			Rate/Formula	Cost	
Subcontractors for Healthy Food Purchasing Supplement Administration of programs to increase purchasing power of healthy foods for low-income residents		rchasing power of	Total voucher value of \$218,181.60 with a maximum admin. fee of 20% at \$54,545.40	\$	272,727	
	<u> </u>		Total Consu	ıltants/Subcontractors:		272,727 272,727
			13141 301131		*	
		j	TOTAL OF	PERATING EXPENSES:	\$	272,727

TOTAL DIRECT COSTS: \$	272,727

4) INDIRECT COSTS

		_		
Α	m	o	u	m

Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 27,273

 Indirect Rate:
 10.00%

 TOTAL INDIRECT COSTS:
 \$ 27,273

TOTAL EXPENSES: \$ 300,000

Contractor: San Francisco Public Health F	oundation	_		_	Appendix:	B-1g			
Program: PHD Food Security	Appendix Term:	07/01/2028-06/30/2029							
	UOS COST ALLOCATION BY SERVICE MODE								
Service Modes:	Program	n Admin							
Operating Expenses	Expense	%				Totals			
Total Occupancy	-	0%				-			
Total Materials and Supplies	1,818	100%				1,818			
Total General Operating	15,000	100%				15,000			
Total Staff Travel		0%				-			
Consultants/Subcontractor:									
Data Consultants	15,000	100%				15,000			
Communications Consultants	20,000	100%				20,000			
Subcontractors for Healthy Food Purchasing Supplemer	380,000	100%				380,000			
Other (specify):									
Total Operating Expenses	431,818	100%				431,818			
Total Direct Expenses	431,818	100%				431,818			
Indirect Expenses 10.0%	43,182	100%				43,182			
TOTAL EXPENSES	475,000	100%				475,000			
Unit of Service Type	Consultant	ts (Months)			+				
Number of UOS per Service Mode	2	5				25			
Cost Per UOS by Service Mode		00.00				N/A			
Number of UDC/NOC per Service Mode									
Trainibor of obortion por convice mode	<u> </u>			<u>I</u>	1	Rev: 02/18			

Contractor Name	San Francisco Public He	ealth Founda	ation	Appendix:	B-1g	
Program Name:	PHD Food Security			Appendix Term:	07/01/2028-06/	30/2029
				Funding Source:	General Fu	und
1a) SALARIES						
	Total FTE, Base:	0.00	Annualized:	0.00		
1b) EMPLOYEE FRINGE BENE	EFITS:			Total Salaries:	\$	-
				Total Fringe Benefit:	\$	-
				Fringe Benefit %:		0.00%
	TO	TAL SALAR	IES & EMPLOY	EE FRINGE BENEFITS:	\$	-
2) OPERATING EXPENSES:						
Occupancy:	-					
Expense Item	Concise/ Specific Descr	iption		Rate/Formula	Cost	
		•				
				Total Occupancy:	\$	
Materials & Supplies:	-					
Expense Item	Concise/ Spe	cific Descrip	tion	Rate/Formula	Cost	
Supplies, Printing	Food, supplies, and other	meeting-rela	ted expenses	N/A	\$	1,818
	<u> </u>		Tota	al Materials & Supplies:	\$	1,818
General Operating:	_					
Expense Item	Brief Description			Rate/Formula	Cost	
Stipends	Stipends for CBOS to con disseminate data.	vene commu	inity and	\$7,500 ea for 2 CBOs	\$	15,000
			T	otal General Operating:	\$	15,000
Staff Travel:	<u>-</u>					
Purpose of Travel	Location		Expense Iter	Rate/Formula	Cost	
Purpose of Travel	Location		Expense Iter	Rate/Formula Total Staff Travel:		

Consultants/Subcontractors:

Consult/Subcontrctr Name	Service Description	Rate/Formula	Cost
Data Consultants	Data support for FSTF and BFSER	60 hrs @ \$250/hr	\$ 15,000
Communications Consultants	Communications support for FSTF and BFSER	80hrs @ \$250/hr	\$ 20,000
Subcontractors for Healthy Food Purchasing Supplement	Administration of programs to increase purchasing power of healthy foods for low-income residents.	Total voucher value of \$304,000 with a maximum admin. fee of 20% at \$76,000	\$ 380,000

Total Consultants/Subcontractors: \$ 415,000

TOTAL OPERATING EXPENSES: \$ 431,818

TOTAL DIRECT COSTS: \$ 431,818

4) INDIRECT COSTS

Amount

Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 43,182

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: \$ 43,182

TOTAL EXPENSES: \$ 475,000

Contractor: San Francisco Public Health Foundation							pendix:	B-2h
Program: Pl		Appendix	k Term:	07/01/2028-06/30/2029				
						Funding 9	Source:	SDDT
		UOS COST A	LLOCATION	ON BY SERVICE MOD	E			
	Service Modes:	Program	Admin					
Position Titles	Annualized FTE	Salaries	% FTE					Totals
Total FTE & Salaries	0.00	-	0%					-
Fringe Benefits	0.00%	-	0%					-
Personnel Expenses		-	0%					-
Operating Expenses		Expense	%					Totals
Total Occupancy			0%					-
Total Materials and Sup	-		0%					-
Total General Operating	J		0%					-
Total Staff Travel	24.0		0%					-
Consultants/Subcontractors for Heal	thy Food Purchasing Supplement	272,727	100%					272,727
Other (specify):								-
Total Operating Expens	es	272,727	100%					272,727
Total Direct Expenses		272,727	100%					272,727
Indirect Expenses	10.0%	27,273	100%					27,273
TOTAL EXPENSES		300,000	100%					300,000
	Unit of Service Type	Consultants	s (Months)					
	Number of UOS per Service Mode	12	, ,			Ï		12
	Cost Per UOS by Service Mode	\$25,000	0.00					N/A
Nun	mber of UDC/NOC per Service Mode							
	•					<u> </u>		Rev: 02/

Amendment: 03/01/2024 1 of 3 Contract ID# 1000021500

Contractor Name	Appendix:	B-2h				
Program Name:	PHD Food Security			Appendix Term:	07/01/2028-06/	30/2029
				Funding Source:	SDDT	
1a) SALARIES						
	Total FTE, Base:	0.00	Annualized:	0.00		
		0.00	7	0.00		
1b) EMPLOYEE FRINGE BEN	EFITS:			Total Salaries:	\$	
				Total Fringe Benefit:	\$	-
				Fringe Benefit %:		0.00%
		TOTAL SA	LARIES & EMPLOY	EE FRINGE BENEFITS:	\$	-
2) OPERATING EXPENSES:						
Occupancy:	_					
Expense Item	Concise/ Specific Desc	ription		Rate/Formula	Cost	
				Total Occurrence	•	
				Total Occupancy:	3	-
Materials & Supplies:	_					
Expense Item	Concise/	Specific Descri	ption	Rate/Formula	Cost	
			al Materials & Supplies:	\$	-	
General Operating:	_					
Expense Item	Brief Description			Rate/Formula	Cost	
,						
	•		Т	otal General Operating:	\$	-
Staff Travel:	-					
Purpose of Travel	Location		Expense Item	Rate/Formula	Cost	
				Total Staff Travel:	¢	_
				Total Stall Travel:	-	-
Consultants/Subcontractors:	<u>-</u>					
Consult/Subcontrctr Name	Service Description			Rate/Formula	Cost	
Subcontractors for Healthy Food Purchasing Supplement	Administration of programs to increase purchasing power of healthy foods for low-income residents.		Total voucher value of \$218,181.60 with a maximum admin. fee of 20% at \$54,545.40	\$	272,727	
	<u> </u>		Total Cons	l ultants/Subcontractors:	•	272,727
			1010100113		*	,
			I TOTAL O	DERATING EXPENSES.	c	272 727

TOTAL DIRECT COSTS: \$ 272,727

4) INDIRECT COSTS

	Amount
Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 27,273

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS: \$	27,273

TOTAL EXPENSES: \$ 300,000

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH THIRD PARTY COMPUTER SYSTEM ACCESS AGREEMENT (SAA)

TABLE OF CONTENTS

SECTION 1 - "THIRD PARTY" CATEGORIES	. 1
SECTION 2 - DEFINITIONS	. 1
SECTION 3 – GENERAL REQUIREMENTS	. 1
SECTION 4 – ADDITIONAL REQUIREMENTS FOR TREATMENT PROVIDERS	
SECTION 5 – ADDITIONAL REQUIREMENTS FOR EDUCATION/TEACHING INSTITUTIONS	. 4
SECTION 6 – ADDITIONAL REQUIREMENTS FOR HEALTH INSURERS	. 4
SECTION 7 - DEPARTMENT'S RIGHTS	. 4
SECTION 8 - DATA BREACH; LOSS OF CITY DATA	. 5
Attachment 1 to SAA	. 6

TERMS AND CONDITIONS

The following terms and conditions govern Third Party access to San Francisco Department of Public Health ("Department" and/or "City") Computer Systems. Third Party access to Department Computer Systems and Department Confidential Information is predicated on compliance with the terms and conditions set forth herein.

SECTION 1 - "THIRD PARTY" CATEGORIES

- 1. **Third Party In General**: means an entity seeking to access a Department Computer System. Third Party includes, but is not limited to, Contractors (including but not limited to Contractor's employees, agents, subcontractors), Researchers, and Grantees, as further defined below. Category-specific terms for Treatment Providers, Education Institutions, and Health Insurers are set forth Sections 4 through 6, herein.
- 2. **Treatment Provider**: means an entity seeking access to Department Computer Systems in order to obtain patient information necessary to provide patient treatment, billing, and healthcare operations, including access for Physician Practices, Hospitals, Long Term Care Facilities, and Nursing Homes.
- 3. **Education Institution**: means an entity seeking access to Department Computer Systems to support the training of its students while performing education activities at Department facilities.
- 4. **Health Insurer**: means an entity seeking access to provide health insurance or managed care services for Department patients.

SECTION 2 - DEFINITIONS

- 1. "Agreement" means an Agreement between the Third Party and Department that necessitates Third Party's access to Department Computer System. Agreement includes, but is not limited to, clinical trial agreements, accreditation agreements, affiliation agreements, professional services agreements, no-cost memoranda of understanding, and insurance network agreements.
- 2. "**Department Computer System**" means an information technology system used to gather and store information, including Department Confidential Information, for the delivery of services to the Department.
- 3. "**Department Confidential Information**" means information contained in a Department Computer System, including identifiable protected health information ("PHI") or personally identifiable information ("PII") of Department patients.
- 4. "**Third Party**" and/or "**Contractor**" means a Third Party Treatment Provider, Education Institution, and/or Health Insurer, under contract with the City.
- 5. "User" means an individual who is being provided access to a Department Computer Systems on behalf of Third Party. Third Party Users include, but are not limited to, Third Party's employees, students/trainees, agents, and subcontractors.

SECTION 3 – GENERAL REQUIREMENTS

- 1. **Third Party Staff Responsibility**. Third Party is responsible for its work force and each Third Party User's compliance with these Third Party System Access Terms and Conditions.
- 2. **Limitations on Access.** User's access shall be based on the specific roles assigned by Department to ensure that access to Department Computer Systems and Department Confidential Information is limited to the minimum necessary to perform under the Agreement.

- 3. **Qualified Personnel**. Third Party and Department (i.e., training and onboarding) shall ensure that Third Party Users are qualified to access a Department Computer System.
- 4. **Remote Access/Multifactor Authentication**. Department may permit Third Party Users to access a Department Computer System remotely. Third Party User shall use Department's multifactor authentication solution when accessing Department systems remotely or whenever prompted.
- 5. **Issuance of Unique Accounts**. Department will issue a unique user account for each User of a Department Computer System. Third Party User is permitted neither to share such credentials nor use another user's account.
- 6. **Appropriate Use**. Third Party is responsible for the appropriate use and safeguarding of credentials for Department Computer System access issued to Third Party Users. Third Party shall take the appropriate steps to ensure that their employees, agents, and subcontractors will not intentionally seek out, download, transfer, read, use, or disclose Department Confidential Information other than for the use category described in Section 1 "Third Party" Categories.
- 7. **Notification of Change in Account Requirements**. Third Party shall promptly notify Department via Third Party's Report for DPH Service Desk (deph.helpdesk@sfdph.org) in the event that Third Party or a Third Party User no longer has a need to use Department Computer Systems(s), or if the Third Party User access requirements change. Such notification shall be made no later than one (1) business day after determination that use is no longer needed or that access requirements have changed.
- 8. **Assistance to Administer Accounts**. The Parties shall provide all reasonable assistance and information necessary for the other Party to administer the Third Party User accounts.
- 9. **Security Controls**. Third Party shall appropriately secure Third Party's computing infrastructure, including but not limited to computer equipment, mobile devices, software applications, and networks, using industry standard tools to reduce the threat that an unauthorized individual could use Third Party's computing infrastructure to gain unauthorized access to a Department Computer System. Third Party shall also take commercially reasonable measures to protect its computing infrastructure against intrusions, viruses, worms, ransomware, or other disabling codes. General security controls include, but are not limited to:
 - a **Password Policy**. Third Party must maintain a password policy based on information security best practices for password length, complexity, and reuse. Third Party credentials used to access Third Party networks and systems must be configured for a password change no greater than every 90 calendar days.
 - b Workstation/Laptop Encryption. All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must be configured with full disk encryption using a FIPS 140-2 certified algorithm.
 - c **Endpoint Protection Tools**. All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must maintain a current installation of comprehensive anti-virus, anti-malware, anti-ransomware, desktop firewall, and intrusion prevention software with automatic updates scheduled at least daily.
 - d **Patch Management**. To correct known security vulnerabilities, Third Party shall install security patches and updates in a timely manner on all Third Party-owned workstations, laptops, tablets, smart phones, and similar devices that access Department Computer Systems based on Third Party's risk assessment of such patches and updates, the technical requirements of Third Party's computer systems, and the vendor's written recommendations. If patches and

updates cannot be applied in a timely manner due to hardware or software constraints, mitigating controls must be implemented based upon the results of a risk assessment.

- e Mobile Device Management. Third Party shall ensure both corporate-owned and personally owned mobile devices have Mobile Device Management (MDM) installed. Given the prevalence of restricted data in Third Party's environment, all mobile devices used for Third Party's business must be encrypted. This applies to both corporate-owned and privately-owned mobile devices. At a minimum, the MDM should: Enforce an entity's security policies and perform real-time compliance checking and reporting; Enforce strong passwords/passcodes for access to mobile devices; Perform on-demand remote wipe if a mobile device is lost or stolen; Mandate device encryption.
- 10. Auditing Accounts Issued. Department reserves the right to audit the issuance and use of Third Party User accounts. To the extent that Department provides Third Party with access to tools or reports to audit what Department Confidential Information a Third Party User has accessed on a Department Computer System, Third Party must perform audits on a regular basis to determine if a Third Party User has inappropriately accessed Department Confidential Information.
- 11. **Assistance with Investigations**. Third Party must provide all assistance and information reasonably necessary for Department to investigate any suspected inappropriate use of a Department Computer Systems or access to Department Confidential Information. The Department may terminate a Third Party' User's access to a Department Computer System following a determination of inappropriate use of a Department Computer System.
- 12. **Inappropriate Access, Failure to Comply**. If Third Party suspects that a Third Party User has inappropriately accessed a Department Computer System or Department Confidential Information, Third Party must immediately, and within no more than one (1) business day, notify Department.
- 13. **Policies and Training**. Third Party must develop and implement appropriate policies and procedures to comply with applicable privacy, security and compliance rules and regulations. Third Party shall provide appropriate training to Third Party Users on such policies. Access will only be provided to Third Party Users once all required training is completed.
- 14. **Third Party Data User Confidentiality Agreement**. Before Department Computer System access is granted, as part of Department's compliance, privacy, and security training, each Third Party User must complete Department's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.
- 15. **Corrective Action**. Third Party shall take corrective action upon determining that a Third Party User may have violated these Third Party System Access Terms and Conditions.
- 16. **No Technical or Administrative Support**. Except as provided herein or otherwise agreed, the Department will provide no technical or administrative support to Third Party or Third Party User(s) for Department Computer System access; provided, however, that the foregoing does not apply to technical or administrative support necessary to fulfill Third Party's contractual and/or legal obligations, or as required to comply with the terms of this Agreement.

SECTION 4 – ADDITIONAL REQUIREMENTS FOR TREATMENT PROVIDERS

1. **Permitted Access, Use and Disclosure**. Treatment Providers and Treatment Provider Users shall access Department Confidential Information of a patient/client in accordance with applicable privacy rules and data protection laws. Requests to obtain data for research purposes require approval from an Institutional Review Board (IRB).

- 2. **Redisclosure Prohibition**. Treatment Providers may not redisclose Department Confidential Information, except as otherwise permitted by law.
- 3. **HIPAA Security Rule**. Under the HIPAA Security Rule, Treatment Providers must implement safeguards to ensure appropriate protection of protected/electronic health information (PHI/EHI), including but not limited to the following:
 - a) Ensure the confidentiality, integrity, and security of all PHI/EHI they create, receive, maintain or transmit when using Department Computer Systems;
 - b) Identify and protect against reasonably anticipated threats to the security or integrity of the information;
 - c) Protect against reasonably anticipated, impermissible uses or disclosures; and
 - d) Ensure compliance by their workforce.

SECTION 5 – ADDITIONAL REQUIREMENTS FOR EDUCATION/TEACHING INSTITUTIONS

- 1. **Education Institution is Responsible for its Users**. Education Institutions shall inform Education Institution Users (including students, staff, and faculty) of their duty to comply with the terms and conditions herein. Department shall ensure that all Education Institution Users granted access to a Department Computer System shall first successfully complete Department's standard staff training for privacy and compliance, information security and awareness, and software-application specific training before being provided User accounts and access to Department Computer Systems.
- 2. **Tracking of Training and Agreements**. Department shall maintain evidence of all Education Institution Users (including students, staff, and faculty) having successfully completed Department's standard staff training for privacy and compliance and information security and awareness. Such evidence shall be maintained for a period of five (5) years from the date of graduation or termination of the Third Party User's access.

SECTION 6 – ADDITIONAL REQUIREMENTS FOR HEALTH INSURERS

- 1. **Permitted Access, Use and Disclosure**. Health Insurers and Health Insurer Users may access Department Confidential Information only as necessary for payment processing and audits, including but not limited to quality assurance activities, wellness activities, care planning activities, and scheduling.
- 2. **Member / Patient Authorization**. Before accessing, using, or further disclosing Department Confidential Information, Health Insurers must secure all necessary written authorizations from the patient / member or such individuals who have medical decision-making authority for the patient / member.

SECTION 7 - DEPARTMENT'S RIGHTS

- 1. **Periodic Reviews**. Department reserves the right to perform regular audits to determine if a Third Party's access to Department Computer Systems complies with these terms and conditions.
- 2. **Revocation of Accounts for Lack of Use**. Department may revoke any account if it is not used for a period of ninety (90) days.
- 3. **Revocation of Access for Cause**. Department and Third Party reserves the right to suspend or terminate a Third Party User's access to Department Computer Systems at any time for cause, i.e., the Parties determined that a Third-Party User has violated the terms of this Agreement and/or Applicable law.
- 4. **Third Party Responsibility for Cost**. Each Third Party is responsible for its own costs incurred in connection with this Agreement or accessing Department Computer Systems.

SECTION 8 - DATA BREACH; LOSS OF CITY DATA.

- 1. **Data Breach Discovery**. Following Third Party's discovery of a breach of City Data disclosed to Third Party pursuant to this Agreement, Third Party shall notify City in accordance with applicable laws. Third Party shall:
 - i. mitigate, to the extent practicable, any risks or damages involved with the breach or security incident and to protect the operating environment; and
 - ii. comply with any requirements of federal and state laws as applicable to Third Party pertaining to the breach of City Data.
- 2. **Investigation of Breach and Security Incidents.** To the extent a breach or security system is identified within Third Party's System that involves City Data provided under this Agreement, Third Party shall investigate such breach or security incident. For the avoidance of doubt, City shall investigate any breach or security incident identified within the City's Data System To the extent of Third Party discovery of information that relates to the breach or security incident of City Data, Third Party User shall inform the City of:
 - i. the City Data believed to have been the subject of breach;
 - ii. a description of the unauthorized persons known or reasonably believed to have improperly used, accessed or acquired the City Data;
 - iii. to the extent known, a description of where the City Data is believed to have been improperly used or disclosed; and
 - iv. to the extent known, a description of the probable and proximate causes of the breach or security incident;
- 3. Written Report. To the extent a breach is identified within Third Party's System, Third Party shall provide a written report of the investigation to the City as soon as practicable; provided, however, that the report shall not include any information protected under the attorney-client privileged, attorney-work product, peer review laws, and/or other applicable privileges. The report shall include, but not be limited to, the information specified above, as well as information on measures to mitigate the breach or security incident.
- 4. **Notification to Individuals.** If notification to individuals whose information was breached is required under state or federal law, Third Party shall cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach
- 5. **Sample Notification to Individuals.** If notification to individuals is required, Third Party shall cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.
- 6. **Media Communications.** The Parties shall together determine any communications related to a Data Breach.
- 7. **Protected Health Information.** Third Party and its subcontractors, agents, and employees shall comply with all federal and state laws regarding the transmission, storage and protection of all PHI disclosed to Third Party by City. 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 PHI given to Third Party by City, Third Party shall indemnify City for the amount of such fine or penalties or damages, including costs of notification, but only in proportion to and to the extent that such fine, penalty or damages are caused by or result from the impermissible acts or omissions of Third Party. This section does not apply to the extent fines or penalties or damages were caused by the City or its officers, agents, subcontractors or employees.

Attachment 1 to SAA

System Specific Requirements

I. For Access to Department Epic through Care Link the following terms shall apply:

A. Department Care Link Requirements:

- 1. Connectivity.
 - a) Third Party must obtain and maintain an Internet connection and equipment in accordance with specifications provided by Epic and/or Department. Technical equipment and software specifications for accessing Department Care Link may change over time. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.
- 2. Compliance with Epic Terms and Conditions.
 - a) Third Party will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the Department Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing Department Care Link:
- 3. Epic-Provided Terms and Conditions
 - a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
 - b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to Department Epic through Epic Hyperspace the following terms shall apply:

A. Department Epic Hyperspace:

- 1. Connectivity.
 - a) Third Party must obtain and maintain an Internet connection and required equipment in accordance with specifications provided by Epic and Department. Technical equipment and software specifications for accessing Department Epic Hyperspace will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System in accordance with the terms of this agreement.
- 2. Application For Access and Compliance with Epic Terms and Conditions.
 - a) Prior to entering into agreement with Department to access Department Epic Hyperspace, Third Party must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: https://userweb.epic.com/Forms/AccessApplication. Epic Systems Corporation notifies Department, in writing, of Third Party's permissions to access Department Epic Hyperspace

prior to completing this agreement. Third Party will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to Department myAvatar the following terms shall apply:

A. Department myAvatar

- 1. Connectivity.
 - a. Third Party must obtain an Internet connection and required equipment in accordance with specifications provided by Department. Technical equipment and software specifications for accessing Department myAvatar will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.
- 2. Information Technology (IT) Support.
 - a. Third Party must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.
- 3. Access Control.
 - a. Access to the BHS Electronic Heath Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf
 - Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_ Form.pdf
 - c. All licensed, waivered, registered and/or certified providers must complete the Department credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

This Business Associate Agreement ("BAA") supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity ("CE"), and Contractor, the Business Associate ("BA") (the "Agreement"). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

RECITALS

- A. CE, by and through the San Francisco Department of Public Health ("SFDPH"), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.
- C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").
- D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this BAA.
- E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

1. Definitions.

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

1 | P a g e OCPA & CAT v1/10/2024

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

- **b. Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- **c. Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- **d.** Covered Entity means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- **e. Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- **f. Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- **g.** Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.
- **h.** Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- i. Health Care Operations shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- **j. Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- **k.** Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or

2 | P a g e OCPA & CAT v1/10/2024



San Francisco Department of Public Health Business Associate Agreement

with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

- **l. Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
- **m. Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- **n. Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- **o.** Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

- a. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.
- b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.



San Francisco Department of Public Health Business Associate Agreement

- c. Permitted Uses. BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2). and 164.504(e)(4)(i)].
- **d.** Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].
- e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.
- **f.** Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this



San Francisco Department of Public Health Business Associate Agreement

BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

- g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.
- h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.
- i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.



San Francisco Department of Public Health Business Associate Agreement

- **j.** Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- **k.** Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- **I.** Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.
- **m. Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]



San Francisco Department of Public Health Business Associate Agreement

o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents.

Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. Termination.

- **a. Material Breach.** A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]
- **b.** Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- **c.** Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI. Per the Secretary's guidance, the City will accept destruction of electronic PHI in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Media Sanitization. The City will accept destruction of PHI contained in paper records by shredding, burning, pulping, or pulverizing the records so that the PHI is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.
- **d.** Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).



San Francisco Department of Public Health Business Associate Agreement

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

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Attachment 3 – Protected Information Destruction Order Purge Certification 01-10-2024

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102

Email: compliance.privacy@sfdph.org Hotline (Toll-Free): 1-855-729-6040

-DocuSign Envelope ID: ADCBB892-B9ED-4EB4-A1A0 באוז רו אוונוזגנט שפאא נווופוזג טו צעטונג חפאונו	0993C559740A		ACC : (0.00A)
שמו דומווכוגכט שפשמו נווופווג טו דעטווכ חפמונוו	(ארטגע) מווורה 9.	f Compliance and Privac	y Affairs (OCPA)

ΔТ	т٨	\sim $^{\Box}$	ΝЛ		IT.	1
A 1	1 4	·	IVI	ΓI	4 1	

וו דו מווכוצכט שבי	tillelit of Public He	מונוו (ארטי	Pri) Office of Compliance and Privacy Affairs (OCPA)	ATTACH	MENT 1
ontractor Name:			Contractor City Vendor IE)	
			PRIVACY ATTESTATION		
TRUCTIONS: Conti	ractors and Partners v	who receiv	ve or have access to health or medical information or electronic health record systems maintained by	SFDPH must c	omplete '
			a period of 7 years. Be prepared to submit completed attestations, along with evidence related to th		•
do so by SFDPH.	,			J	, ,
•	If you believe that a r	requireme	nt is Not Applicable to you, see instructions below in Section IV on how to request clarification or obt	ain an excepti	on.
All Contractors.	•	•		•	
OES YOUR ORGAN	IZATION			Yes	No*
		nply with tl	he Health Insurance Portability and Accountability Act (HIPAA)?		
	•		nated as the person in charge of investigating privacy breaches or related incidents?		
If Name &			Phone # Email:		
yes: Title:					
_ , '	nformation Privacy Tr	raining und	on hire and annually thereafter for all employees who have access to health information? [Retain		
•	-		ars.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]		
			upon hire and annually thereafter, with their name and the date, acknowledging that they have recei	ved	
-			cumentation of acknowledgement of trainings for a period of 7 years.]	Vea	
			Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH	'c	
health informati		., Dasiness	7.550clate Agreements with subcontractors who create, receive, maintain, transmit, or access 51.51.11		
		fer health	information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so		
			d or created on encrypted devices approved by SFDPH Information Security staff?		
AND that health	information is only t	. ansicire	a or created on energited devices approved by 51 D1 11 information security stain:		
	-		access to SFDPH PHI, must also complete this section.		_
	YOUR ORGANIZATION			Yes	No*
•	• • •	•	that SFDPH Service Desk (628-206-SERV) was notified to de-provision employees who have access to		
SFDPH health in	formation record syst	tems withi	n 2 business days for regular terminations and within 24 hours for terminations due to cause?		
Have evidence i	n each patient's / clie	nt's chart	or electronic file that a <u>Privacy Notice</u> that meets HIPAA regulations was provided in the patient's /		
client's preferre	d language? (English,	, Cantones	e, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFDPH.)		
Visibly post the	Summary of the Notic	ce of Priva	cy Practices in all six languages in common patient areas of your treatment facility?		
Document each	disclosure of a natier	nt's/client'	s health information for purposes other than treatment, payment, or operations?		
			nuthorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained	d	
•	ng a patient's/client's	_	, ,	ч	
T MON to Teleasi	ing a patient of elicite s	3 Health III	officion,		
ATTEST: Under pe	nalty of perjury, I he	ereby attes	t that to the best of my knowledge the information herein is true and correct and that I have autho	rity to sign or	າ behalf ເ
nd Contractor listed	l above.				
ATTEST	ED by Privacy Officer	Name:			
	or designated person	(print)	Circutura	Data	
			Signature	Date	
*EXCEPTIONS: If	f you have answere	d "NO" to	o any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-60	10 or	
	•		g for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA be		
	PTION(S) APPROVED		and the second s		
EXCE	• •				
	by OCPA	(print)	Signature	Date	

DocuSign Envelope ID: ADCBB892-B9ED-4EB4-A1A0- סמו הומויכוסט טפעמו נווופוונ טו איטוונ הפמונוו	-0993C559740A		
San Francisco Department of Public Health	ו נארטדח) טוווגע 16	f Compliance and Priv	vacy Affairs (OCPA)

			NΤ	

Contractor Name:	Contractor	
	City Vendor ID	

DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

I. All Contractors.

DC	ES YOU	JR ORGANIZA	ATION	Yes	No*										
Α	Condu	ıct assessme	nts/audits of your data security safeguards to demonstrate and document compliance with your security policies and the												
		requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]													
В	Use fir	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?													
		Date of la	st Data Security Risk Assessment/Audit:												
		Name of f	irm or person(s) who performed the												
		Assessme	nt/Audit and/or authored the final report:												
С	Have a	a formal Data	Security Awareness Program?												
D	Have f	formal Data S	Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability												
	and A	ccountability	Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?		İ										
Ε	Have a	a Data Securi	ty Officer or other individual designated as the person in charge of ensuring the security of confidential information?												
	If	Name &	Phone # Email:												
	yes:	Title:													
F	Requi	re Data Secu	rity Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of												
	trainir	ngs for a peri	od of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.]												
G	Have	proof that en	nployees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they												
	have r	eceived data	security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]												
Н		or will have information	if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's ?												
I	Have ((or will have	if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named												
	users,	access meth	ods, on-premise data hosts, processing systems, etc.)?												

II. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

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

III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

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

Attachment 3 to Appendix E

Protected Information Destruction Order Purge Certification - Contract ID # 1000021500

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated July 1, 2021 ("Agreement"), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively "Contractor") still maintain in any form. Contractor may retain no copies of destroyed Protected Information." Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services ("Secretary") regarding proper destruction of PHI.

Electronic Data: Per the Secretary's guidance, the City will accept destruction of electronic Protected Information in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Data Sanitization ("NIST").

Hard-Copy Data: Per the Secretary's guidance, the City will accept destruction of Protected Information contained in paper records by shredding, burning, pulping, or pulverizing the records so that the Protected Information is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

Contractor hereby certifies that Contractor has destroyed all Protected Information as directed by the City in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services ("Secretary") regarding proper destruction of PHI.

So Certified	
Signature	
Title:	
Date:	

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

MONTELLE	LLIVEINABLEO	11000	OT KE	WDONG	LIVILIY		IOL		/2024-06/	DIX F-1c /30/2025 PAGE A			MONTH	II DEEI	VEIVABLES AIVE	COST KEIMBOK	SEMENT INVOICE		APPENDIX F-1c 2024-06/30/2025 PAGE B
			act ID#	_	Invoice Number												_	Invo	ice Number
Contractor: San Francisco Public Health	Foundation	1000	21500						A-1JUL2	24					Health Foundat	ion		A-	-1JUL24
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102				Con	Contract Purchase Order No:							Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102				Contract F	Purchase Order No:		
				_					<i>"</i>					J, UA 3	4102	30			
Telephone: 415-504-6738		ы	PHD Funding Source:			(GF (OAR	E)			415-504-6738				Fund Source:	GF	(OARE)		
Fax:		Pr	שר	Do	nartmo	nt ID Auth	ority ID:	25	1929 10	0000	1	Fax:				Donartm	ent ID-Authority ID:	2510	929 10000
Program Name: PHD Food Security] De	Department ID-Authority ID:						Р	Program Name: PHD Food Security						•	
ACE Control #:					Proj	ject ID-Ad	tivity iD:	100	037425	0001		ACE Control #:				Pr	oject ID-Activity ID:	1003	7425 0001
· · · · <u></u>						Invoice	Period:	07/1	1/24 - 07/	31/24							Invoice Period:	07/1/2	24 - 07/31/24
						FINA	L Invoice		(check if	fYes)							FINAL Invoice		(check if Yes)
	TOTAL CONTRACTE	·D		VERED PERIOD		IVERED DATE		OF TAL		AINING RABLES									
DELIVERABLES	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	DETA	IL PERSON	NEL EXPEN	DITURE	S				
Program Admin/Consultant Mgmt	25								25		DEDE	ONNEL		FTF	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
						1					FERS	JININEL		FIE	SALART	THIS PERIOD	TODATE	BUDGET	BALANCE
			-			1			1								-		
ll de la company			Щ		<u> </u>		<u> </u>		Н	1									
Number of Clients for Assessing		NOC	П	NOC	0	NOC	11	NOC	П	NOC									
Number of Clients for Appendix									ll										
EXPENDITURES	BUDGET			ENSES PERIOD		ENSES DATE		OF DGET	REMA BAL	AINING ANCE									
Total Salaries (See Page B)																			
Fringe Benefits Total Personnel Expenses					_		-		-								-		
Operating Expenses:																	1		
Occupancy-(e.g., Rental of Property, Utilities,																			
Building Maintenance Supplies and Repairs)			-														-		
Materials and Supplies-(e.g., Office,	\$1,818								\$1,81	18.00								-	
Postage, Printing and Repro., Program Supplies)									-										
General Operating-(e.g., Insurance, Staff	\$15,000								\$15.0	00.00							+		
Training, Equipment Rental/Maintenance)																			
Staff Travel - (e.g., Local & Out of Town)									-								-		
Starr Traver - (e.g., Local & Out or Town)																	+		
Consultant/Subcontractor	\$415,000								\$415,0	00.000									
Other - (Meals, Audit, Transportation Reimb,																	-		
Stipends, Facilitators)																			
T-t-l On another Francisco	\$431,818								6424 6	818.00		SALARIES					amount requested for re		
Total Operating Expenses Capital Expenditures	\$431,818						 		\$451,8	010.00							amount requested for re that contract. Full justific		
TOTAL DIRECT EXPENSES	\$431,818									818.00			re maintained in our				,		•
Indirect Expenses TOTAL EXPENSES	\$43,182 \$475.000								\$43,1	82.00 000.00									
LESS: Initial Payment Recovery	\$475,000				NOTE	S:	11		φ475,0	000.00									
Other Adjustments (Enter as negative, if appropr REIMBURSEMENT	iate)																		
Lortify that the information provided above is, to the best accordance with the budget approved for the contract cited records for those claims are maintained in our office at the Signature: Title:	d for services provided ur address indicated.							Date:				Certified By:				Date:			
Send to: PHD Agreements Opsfinance@sfdph.org							-												
Attn: Contract Payments		By	(DPH A	uthorized	Signato	rv)	=	Date:											

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

MONTHLT DE	LIVERABLES	AND CC	JOI KE	MIDOK	SEIVIEIN	11 114 4	OICE						MONTH	LT DELI	VERABLES AND	COST KEINIBUR	SEMENT INVOICE		
								07/01	/2024-06	DIX F-2d /30/2025 PAGE A									APPENDIX F-2d 2024-06/30/2025 PAGE B
		Contro	act ID#						nvoice Nun									lma	oice Number
Contractor: San Francisco Public Healt	h Foundation		21500						A-2JUL2		1	Contractor:	San Francisc	o Public	: Health Foundat	tion	Γ		-2JUL24
Address: 1 Hallidie Plaza, Suite 808												Address:	1 Hallidie Pla	.,			-		
San Francisco, CA 94102				Cont	tract Pur	chase O	Order No:	·					San Francisc	o, CA 9	4102	Contract F	Purchase Order No:		
Telephone: 415-504-6738				ĺ		Funding	Source	:	SDDT		1	Telephone:	415-504-6738				Fund Source:		SDDT
Fax:		Ph	НD								-	Fax:					-		
Program Name: PHD Food Security				De	partmen	t ID-Auth	hority ID:	25	1929 20	0324		Program Name:	DHD Food Sc	curity		Departm	ent ID-Authority ID:	2519	929 20324
riogram Name. Prib 1 000 Security					Proje	ct ID-Ac	ctivity ID:	10	033348	0001	1	i rogram Name.	F11D 1 000 36	curity		Pr	oject ID-Activity ID:	1003	3348 0001
ACE Control #:]										<u>.</u>	ACE Control #:							•
						Invoice	e Period:	07/	1/24 - 07/	31/24							Invoice Period:	07/1/2	24 - 07/31/24
						FINA	L Invoice		(check i	f Yes)							FINAL Invoice		(check if Yes)
	TOTAL		DELIN	'ERED	DELIV	/EDED	0/	oF	- DEM	AINING							_		
	CONTRACT	ED	THIS F	ERIOD	TOE	DATE	TC	DTAL	DELIVE	RABLES									
DELIVERABLES Program Admin/Consultant Mgmt	UOS 12	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS 12	NOC	1 DE	ETAIL PERSON	INEL EXPEN	DITURE	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
Program Aumin/Consultant wight	12								12		PE	RSONNEL		FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
							<u> </u>		-	-									
		NOC		NOC		NOC		NOC		NOC							-	$\overline{}$	
Number of Clients for Appendix																			
EXPENDITURES			EXPE	NSES	EXPE	NSES	%	6 OF	REM	AINING									
Total Salarias (Sas Daga D)	BUDGET		THIS F	ERIOD	TOE	DATE	BU	DGET	BAL	ANCE	,								
Total Salaries (See Page B) Fringe Benefits							1		-		╽┢								
Total Personnel Expenses																			
Operating Expenses: Occupancy-(e.g., Rental of Property, Utilities,							1		1		┨╟						 	\longrightarrow	
Building Maintenance Supplies and Repairs)																			
Materials and Supplies-(e.g., Office,							1		-		┨╟						-		
Postage, Printing and Repro., Program Supplies)																			
General Operating-(e.g., Insurance, Staff							1		-		∦ ⊩								
Training, Equipment Rental/Maintenance)																			
Staff Travel - (e.g., Local & Out of Town)							 		4		┨╟								
Consultant/Subcontractor	\$272,72	7					-		\$272,	727.00	∐						l		
Other - (Meals, Audit, Transportation Reimb,																			
Stipends, Facilitators)							<u> </u>		1		Tr	TAL SALARIES					 		
Total Operating Expenses	\$272,72	7							\$272,	727.00	Tce	rtify that the information					e amount requested for re		
Capital Expenditures TOTAL DIRECT EXPENSES	\$272,72	/							\$272	727.00		ordance with the budge ords for those claims ar				d under the provision of	that contract. Full justific	ation and ba	ickup
Indirect Expenses	\$27,273								\$27,2	273.00	160	orus for triose claims ai	e mamameu in our	OHICE AL III	e address indicated.				
TOTAL EXPENSES LESS: Initial Payment Recovery	\$300,000)			NOTES				\$300,	000.00	4								
Other Adjustments (Enter as negative, if approp	oriate)				NOTES	•													
REIMBURSEMENT																			
I certify that the information provided above is, to the best																			
accordance with the budget approved for the contract cite records for those claims are maintained in our office at the		d under the	provision o	that contri	act. Full ju	ustification	n and back	up				Certified By:				Date			
records for those claims are maintained in our office at the Signature:							_	Date	:		_					Date	·		-
T14												Title:							
Title:							-												
Send to: PHD Agreements											1								
Opsfinance@sfdph.org		P						Date											
Attn: Contract Payments		ву:	(DPH Au	thorized	Signatory	/)	-	Date											

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

MONTHET DE	LIVEICABLEO	AND GC	OT KE	IIIIDOIN	OLIMEN		OIOL	07/01	/2024-06	NDIX F-7 /30/2025 PAGE A			MONT	ILI DEL	VERABLES AND	COOT KLIMBO	COLIMEIT INVOICE	07/01/	APPENDIX F-7 2024-06/30/2025 PAGE B
			ct ID#					In	nvoice Nun	nber								Inv	oice Number
Contractor: San Francisco Public Healtl	n Foundation	10002	21500						A-7JUL2	24		Contractor	: San Francis	co Publi	Health Founda	tion		Α	-7JUL24
Address: 1 Hallidie Plaza, Suite 808											1	Address	: 1 Hallidie Pl						
San Francisco, CA 94102				Con	tract Pur	cnase U	oraer No	ـــــــا					San Francis	co, CA 9	4102	Contract	Purchase Order No:		
Telephone: 415-504-6738				1		Funding	Source	: U:	SDA Gus	NIP		Telephone	: 415-504-673	8			Fund Source:	USI	DA GusNIP
Fax:		PH	łD									Fax							
December Name BID 5 - 4 0 16 -		L		De	epartmen	t ID-Auth	hority ID:	:ـ	TBD		ъ.		. DUD 510			Departn	nent ID-Authority ID:		TBD
Program Name: PHD Food Security					Proie	ct ID-Ac	ctivity ID:		TBD		P	rogram Name	: PHD Food S	ecurity		Р	roject ID-Activity ID:		TBD
ACE Control #:					,						4	ACE Control #	:				,		,,,,,
·						Invoice	e Period:	07/	1/24 - 07/	31/24						•	Invoice Period:	07/1/	24 - 07/31/24
						FINA	L Invoice	,	(check it	fYes)							FINAL Invoice		(check if Yes)
	TOTAL		DELIV	/ERED	DELIV	ERED	%	oF	REM	AINING									
DELIVERABLES	CONTRACT	TED NOC	THIS F	PERIOD	TO E UOS	NOC	UOS	NOC	DELIVE	RABLES	DETAI	II DEDCOM	NNEL EXPE	UDITUDI					
Program Admin/Consultant Mgmt	12	NOC	003	NOC	1	NOC	1	NOC	12	NOC	DETAI	IL PERSON	NNEL EXPE	NDITURI	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
1 Togram 7 tamin 9 Oorloanan Wight											PERSO	NNEL		FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
								<u> </u>											
							1	1	1										
		NOC		NOC		NOC		NOC		NOC									
Number of Clients for Appendix		Noo		NOC		1400		1100		1400									
EXPENDITURES	BUDGET	г	EXPE THIS F	NSES	EXPE TO E			OF DGET		AINING ANCE									
Total Salaries (See Page B)																			
Fringe Benefits																			
Total Personnel Expenses Operating Expenses:							1		1										
Occupancy-(e.g., Rental of Property, Utilities,																			
Building Maintenance Supplies and Repairs)					1		4		-										
Materials and Supplies-(e.g., Office,							1		1										
Postage, Printing and Repro., Program Supplies)																			
General Operating-(e.g., Insurance, Staff							1		-										
Training, Equipment Rental/Maintenance)																			
04-# T																			
Staff Travel - (e.g., Local & Out of Town)					1		1		1										
Consultant/Subcontractor	\$136,364	4							\$136,	364.00									
Other - (Meals, Audit, Transportation Reimb,					1		4		-										
Stipends, Facilitators)							1		1										
	\$136.364	,							6400	364.00		SALARIES							
Total Operating Expenses Capital Expenditures	\$136,364	4							\$136,	364.00							e amount requested for re f that contract. Full justifi		
TOTAL DIRECT EXPENSES	\$136,364									364.00					ne address indicated.		, , , , , , , , , , , , , , , , , , , ,		
Indirect Expenses TOTAL EXPENSES	\$13,636 \$150.000								\$13,6	36.00 000.00									
LESS: Initial Payment Recovery	\$150,000	U			NOTES	:	11		φ100,	000.00									
Other Adjustments (Enter as negative, if appropring REIMBURSEMENT	iate)																		
I certify that the information provided above is, to the best	of my knowledge, con	mplete and a	ccurate; th	e amount	requested f	or reimbu	ırsement is	in											
accordance with the budget approved for the contract cite		d under the p	provision o	f that cont	ract. Full ju	ustification	n and back	up				0-46 15				5 :			
records for those claims are maintained in our office at the Signature:	address indicated.							Date:				Certified By	:			Date			-
Signature.							_	Date.				Title	:						
Title:							_												
Condition BUD Assessments											ŀ								
Send to: PHD Agreements Opsfinance@sfdph.org																			
		By:			Signatory		_	Date	:										
Attn: Contract Payments			(DPH A	ıthorized	Signatory	/)													

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

MONTHET BE	LIVERABLES	AND GC	OT KE	MBOIN	JEINIEI V	11110	,ioL	07/01	APPENE /2025-06/		MONT	ILI DLL	IVERABLES ARE	COST KEIMBOK	SEMENT INVOICE		APPENDIX F-1d 2025-06/30/2026 PAGE B
			act ID#					Ir	voice Num	ber						Invo	oice Number
Contractor: San Francisco Public Health	h Foundation	1000	21500						A-1JUL2	5	Contractor: San Francis			ion		A	-1JUL25
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102				Con	tract Pur	chase O	rder No				Address: 1 Hallidie Pl San Francis			Contract F	Purchase Order No:		
Jan Francisco, GA 34102				0011	u uct i ui	chase o	140.				San Francis	CO, CA S	4102	Contract	urchase Order No.		
Telephone: 415-504-6738		-	ī			Funding	Source:		GF (OAR	E)	Telephone: 415-504-673	В			Fund Source:	GF	(OARE)
Fax:		P	НD	Do	partmen	4 ID A46	ority ID:	25	1929 10	0000	Fax:			Danartm	ent ID-Authority ID:	254	929 10000
Program Name: PHD Food Security		L		De	parunen	l ID-Auti	iority ib.		1929 10	0000	Program Name: PHD Food S	ecurity		Departin	ent ib-Authority ib.	2518	929 10000
					Proje	ect ID-Ac	tivity ID:	100	037425 0	0001		•		Pr	oject ID-Activity ID:	1003	7425 0001
ACE Control #:								07/		04/05	ACE Control #:					07/4/4	
						Invoice	Period:	07/	1/25 - 07/	31/25					Invoice Period:	07/1/2	25 - 07/31/25
						FINAL	L Invoice		(check if	Yes)					FINAL Invoice		(check if Yes)
	TOTAL		DELIN	/ERED	DELIV	/ERED	0/.	OF	PEMA	AINING							
	CONTRACTI		THIS F	PERIOD	TO I	DATE	TO	TAL	DELIVE	RABLES							
DELIVERABLES Program Admin/Consultant Mgmt	UOS 25	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS 25	NOC	DETAIL PERSONNEL EXPE	IDITURI	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
Program Admin/Consultant Nigmt	25								25		PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
															Į.		
															-		
															1		
Number of Clients for Appendix		NOC		NOC	1	NOC		NOC		NOC							
realiser of energy for paperious					II.	L		ı							1		
EXPENDITURES			EXPE	NSES		NSES		OF	REMA	AINING							
Total Salaries (See Page B)	BUDGET		THIS	PERIOD	101	DATE	BUL	DGET	BAL	ANCE					1		
Fringe Benefits																	
Total Personnel Expenses																	
Operating Expenses: Occupancy-(e.g., Rental of Property, Utilities,															1		
Building Maintenance Supplies and Repairs)																	
Materials and Supplies-(e.g., Office,	\$1,818								\$1,81	10 00							
Postage, Printing and Repro., Program Supplies)	φ1,010								φ1,0	10.00							
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$15,000								\$15,0	00.00					1		
Training, Equipment Rental/Maintenance)																	
Staff Travel - (e.g., Local & Out of Town)																	
Consultant/Subcontractor	\$415,000	1							\$415.0	00.00							
Consultanti Gabconti actor	φ+10,000	,							ψ110,0	300.00					1		
Other - (Meals, Audit, Transportation Reimb,																	
Stipends, Facilitators)											TOTAL SALARIES				-		
Total Operating Expenses	\$431,818	3							\$431,8	318.00	I certify that the information provided above it						
Capital Expenditures TOTAL DIRECT EXPENSES	\$431,818	,							6451	318.00	accordance with the budget approved for the			d under the provision of	that contract. Full justific	ation and ba	ckup
Indirect Expenses	\$43,182								\$43,1	82.00	records for those claims are maintained in or	r office at tr	ne address indicated.				
TOTAL EXPENSES	\$475,000								\$475,0								
LESS: Initial Payment Recovery					NOTES	5:											
Other Adjustments (Enter as negative, if appropr REIMBURSEMENT	riate)				ļ												
I certify that the information provided above is, to the best- accordance with the budget approved for the contract cite records for those claims are maintained in our office at the Signature:	d for services provided										Certified By:			Date:	:		
Title:							_										
Send to: PHD Agreements Opsfinance@sfdph.org		Bv						Date									
Attn: Contract Payments		۵y.	(DPH A	uthorized	Signatory	v)	-	Daile									

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

MONTHET DE	LIVERABLES	AND OC	701 K E	IIIIDONO	LINILIA		JIOL		2025-06	DIX F-2e /30/2026 PAGE A			MONTH	LI DEL	VERABLES ARE	COOT KEIMBOK	SEMENT INVOICE		APPENDIX F-2e 2025-06/30/2026 PAGE B
		Contra	act ID#					In	voice Num	nber								Inv	oice Number
Contractor: San Francisco Public Healtl	h Foundation	10002	21500	1					A-2JUL2		1	Contractor:	San Francisc	o Public	Health Foundat	tion	Г		-2JUL24
Address: 1 Hallidie Plaza, Suite 808				•							_	Address:	1 Hallidie Pla	za, Suite	e 808		_		
San Francisco, CA 94102				Cont	ract Pure	chase O	rder No:						San Francisc	o, CA 9	4102	Contract F	Purchase Order No:		
T				1			_		ODDT		7		445 504 0700				a F		0007
Telephone: 415-504-6738 Fax:		DL	НD		-	Funding	Source:		SDDT		J	Telephone: Fax:	415-504-6738				Fund Source:		SDDT
I da.		Г	טו	Der	artment	ID-Auth	nority ID:	25	1929 20	1324	1	ı ax.				Denartm	ent ID-Authority ID:	251	929 20324
Program Name: PHD Food Security] Det	our union	. ID-Auti	iority ib.	25	1929 20	3324	J	Program Name:	PHD Food Se	curity		Departin	ent ib-Additionty ib.	2010	929 20324
					Proje	ct ID-Ac	tivity ID:	100	33348	0001	1					Pr	oject ID-Activity ID:	1003	3348 0001
ACE Control #:											_	ACE Control #:					-		
						Invoice	Period:	07/1	/24 - 07/	31/24	<u>J</u>						Invoice Period:	07/1/2	24 - 07/31/24
							L Invoice		1/-11-:4										(check if Yes)
						FINAL	L invoice		(check if	Yes)							FINAL Invoice		(cneck if Yes)
	TOTAL			/ERED	DELIV			OF		AINING									
DELIVERABLES	CONTRACT	ED NOC	THIS P	PERIOD	TO D UOS	NOC	TO UOS	TAL NOC	DELIVE	RABLES	DE	TAIL PERSON	INEI EYDEN	ם וודוום	e e				
Program Admin/Consultant Mgmt	12	NOC	000	1100	000	1400	1	1400	12	1400	1 "	TAIL FERSON	INCL EXPEN	DITORE	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
											PE	RSONNEL		FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
			1							-	▍┣			_			-		
											┪								
					-														
Number of Clients for Appendix		NOC		NOC		NOC	n	NOC	n	NOC	. —								
Number of Clients for Appendix											J						+		
EXPENDITURES			EXPE	NSES	EXPE	NSES	%	OF	REMA	AINING							İ		
	BUDGET		THIS F	PERIOD	TOD	ATE	BUE	DGET	BAL	ANCE	, 🗀								
Total Salaries (See Page B) Fringe Benefits							1		1					1			1		
Total Personnel Expenses							l		-		1								
Operating Expenses:											j								
Occupancy-(e.g., Rental of Property, Utilities,																			
Building Maintenance Supplies and Repairs)							1		1								+		
Materials and Supplies-(e.g., Office,											1 1								
Postage, Printing and Repro., Program Supplies)																			
General Operating-(e.g., Insurance, Staff							ļ		ļ										
Training, Equipment Rental/Maintenance)											1 1			+					
Staff Travel - (e.g., Local & Out of Town)							I		<u> </u>										
Consultant/Subcontractor	\$272.727	7					1		\$272	727.00							 		
	ψ <u>υ</u> , υ, ι υ								Ţ=: Z ,										
Other - (Meals, Audit, Transportation Reimb,																			
Stipends, Facilitators)							1		 		TO	TAL SALARIES					 		
Total Operating Expenses	\$272,727	7							\$272,7	727.00			provided above is,	to the bes	t of my knowledge, cor	mplete and accurate; the	amount requested for re	imbursemen	t is in
Capital Expenditures																d under the provision of	that contract. Full justific	ation and ba	ickup
TOTAL DIRECT EXPENSES Indirect Expenses	\$272,72 \$27,273						 			727.00 273.00	reco	rds for those claims ar	e maintained in our	office at th	e address indicated.				
TOTAL EXPENSES	\$300,000								\$300.0	000.00									
LESS: Initial Payment Recovery	, ,				NOTES:	:	11				1								
Other Adjustments (Enter as negative, if appropring REIMBURSEMENT	riate)																		
I certify that the information provided above is, to the best	-f ! ·							-	· ·										
accordance with the budget approved for the contract citer																			
records for those claims are maintained in our office at the			,		,							Certified By:	: <u></u> ,			Date			_
Signature:							_	Date:			_								-
Tille												Title:							
Title:							-												
Send to: PHD Agreements											1								
Opsfinance@sfdph.org																			
		By:		uthorized S			_	Date:											
Attn: Contract Payments			(DPH Au	utnorized S	signatory)													

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

WIONTHLY DE	LIVERABLES	AND CC	JOI KE	WIDUK	SEIVIEIN	II INV	OICE	07/04		DIX F-7a			MONTHL	.T DELI	VERABLES AND	COST REINIBUR	SEWENT INVOICE		APPENDIX F-7a
								07/01		30/2026 PAGE A								07/01/	2025-06/30/2026 PAGE B
		Contra	act ID#					li	nvoice Nun	nber								Inve	oice Number
Contractor: San Francisco Public Health	h Foundation	10002	21500						A-7JUL2]				Health Foundat	ion			-7JUL25
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102				Cont	ract Dur	chaeo O	Order No:	. —			1		1 Hallidie Plaz	.,		Contract I	Purchase Order No:		- 1
San Francisco, CA 94102				Con	ract Fur	Chase O	Jiuei No.	·			J		San Francisco), CA 9	4102	Contract i	urchase Order No.		
Telephone: 415-504-6738		-	<u> </u>		1	Funding	Source:	: U	SDA Gus	sNIP]		415-504-6738				Fund Source:	USI	DA GusNIP
Fax:		PH	טו	Do	nartmont	t ID Auth	hority ID:	. —	TBD		1	Fax:				Donartm	ent ID-Authority ID:		TBD
Program Name: PHD Food Security		L		De	pai uniem	t ID-Auti	nority ib.		IBU		J	Program Name:	PHD Food Se	curity		Departin	lent ib-Additionity ib.		IBD
					Proje	ct ID-Ac	ctivity ID:	:	TBD			1		-		Pr	oject ID-Activity ID:		TBD
ACE Control #:						Invoice	e Period:	07/	1/25 - 07/	/31/25	1	ACE Control #:					Invoice Period:	07/1/	25 - 07/31/25
							o . oou.	011	1/20 - 01/	101120	J							017172	20 - 07/01/20
						FINA	L Invoice)	(check i	fYes)							FINAL Invoice		(check if Yes)
	TOTAL			'ERED	DELIV			oF	REM	IAINING									
DELIVERABLES	CONTRACT UOS	NOC	THIS F	PERIOD	TO E	NOC	UOS	NOC	DELIVE	ERABLES NOC		ETAIL PERSON	NEL EXPEND	DITURE	s				
Program Admin/Consultant Mgmt	12								12		1				BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
							1		 		łŕ	ERSONNEL		FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
											1								
							1		 		┧┢						1		
		NOC		NOC		NOC		NOC		NOC	1								
Number of Clients for Appendix		NOC	1	NUC		NOC		NOC	1	NOC	1 F						+	\longrightarrow	
EXPENDITURES			EVOE	11050	EVDE	NOTO		. 05	551		-								
EXPENDITURES	BUDGET	г	THIS F	NSES ERIOD	TO E	NSES DATE		OF DGET		ANCE	_						+	\longrightarrow	
Total Salaries (See Page B) Fringe Benefits											1								
Total Personnel Expenses											1 F								
Operating Expenses: Occupancy-(e.g., Rental of Property, Utilities,											1								
Building Maintenance Supplies and Repairs)							1		1		┨┠						-	$\overline{}$	
Materials and Supplies-(e.g., Office,											1 [
Postage, Printing and Repro., Program Supplies)																			
General Operating-(e.g., Insurance, Staff											1								
Training, Equipment Rental/Maintenance)																			
Staff Travel - (e.g., Local & Out of Town)											1								
											1 6							-	
Consultant/Subcontractor	\$159,09	1					<u> </u>		\$159,	091.00	4 F								
Other - (Meals, Audit, Transportation Reimb,											1 6								
Stipends, Facilitators)							 		_		-	OTAL SALARIES					1		
Total Operating Expenses	\$159,09	1							\$159,	091.00	To	certify that the information							
Capital Expenditures TOTAL DIRECT EXPENSES	\$159,09	1							\$159.	091.00		ccordance with the budget cords for those claims are				d under the provision of	that contract. Full justific	ation and ba	ickup
Indirect Expenses	\$15,909)							\$15.9	909.00	1 "	sords for those stame are	Triantanios ni oui (omoo at tri	o address maisaisa.				
TOTAL EXPENSES LESS: Initial Payment Recovery	\$175,000	0			NOTES		<u> </u>		\$175,	00.000	-								
Other Adjustments (Enter as negative, if appropriate appropriate and appropria	riate)					•													
REIMBURSEMENT																			
I certify that the information provided above is, to the best																			
accordance with the budget approved for the contract cite records for those claims are maintained in our office at the		d under the	provision o	that contr	act. Full ju	ustification	n and back	up				Certified By:				Date			
Signature:							_	Date	:		_	Title:							-
Title:												ritle:							
							_												
Send to: PHD Agreements Opsfinance@sfdph.org																			
орынанов <u>ш</u> ычрн.огу		By:	(DPH Au				_	Date	:		1								
Attn: Contract Payments		,	(DPH A	thorized	Signatory	/)					Ĭ								

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

MONTHELDE	EIVERABLES	AND OC	OT KE	IIIIDOI	OLIVILIA		,ioL	07/01	APPENI /2026-06		MONTE	I DELI	VERABLES AND	COST KLIMBOK	OLMENT INVOICE		APPENDIX F-1e 2026-06/30/2027 PAGE B
		Contra	ect ID #					Ir	voice Num	ber						Invo	oice Number
Contractor: San Francisco Public Health	Foundation	10002	21500						A-1JUL2		Contractor: San Francisco			ion			-1JUL26
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102				Con	tract Pur	rchaeo O	rdor No				Address: 1 Hallidie Plaz			Contract F	urchase Order No:		
San Francisco, CA 94102				COII	ili act Pui	iciiase O	idei No.	·			San Francisco), CA 9	4102	Contract P	urchase Order No. [
Telephone: 415-504-6738			<u> </u>	1		Funding	Source:	: (GF (OAR	E)	Telephone: 415-504-6738				Fund Source:	GF	(OARE)
Fax:		Ph	1D	Da	nartman	t ID Auth	nority ID:	25	1929 10	2000	Fax:			Donortm	ent ID-Authority ID:	254	929 10000
Program Name: PHD Food Security		Ь		De	:parunen	it iD-Auti	iority ib.		1929 10	0000	Program Name: PHD Food Sec	curity		Departin	ent ib-Authority ib. [2518	929 10000
					Proje	ect ID-Ac	tivity ID:	100	037425	0001				Pr	oject ID-Activity ID:	1003	7425 0001
ACE Control #:						Imediae	e Period:	07/	1/26 - 07/	24/26	ACE Control #:				Invoice Period:	07/4/	26 - 07/31/26
						IIIVOICE	renou.		1/20 - 0//	31/20					ilivoice Feriod.	07/1/2	20 - 07/31/20
						FINAL	L Invoice		(check if	Yes)					FINAL Invoice		(check if Yes)
	TOTAL		DELI	/ERED	DELI	VERED	%	OF		AINING							
DELIVERABLES	CONTRACT	ED NOC	THIS I	PERIOD NOC	TO I UOS	DATE NOC	TO UOS	OTAL NOC	DELIVE	RABLES	DETAIL PERSONNEL EXPEND	ITLIDE	:e				
Program Admin/Consultant Mgmt	25	NOC	003	NOC	003	NOC	003	NOC	25	NOC	DETAIL PERSONNEL EXPEND	HUKE	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
											PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
									1						+		
					l)		l		<u>ll</u>	l					-		
		NOC		NOC		NOC		NOC		NOC							
Number of Clients for Appendix																	
EXPENDITURES	BUDGET		EXPE THIS I	ENSES PERIOD		ENSES DATE	% BUI	OF DGET	REM/ BAL	AINING ANCE							
Total Salaries (See Page B) Fringe Benefits																	
Total Personnel Expenses									1						-		
Operating Expenses:																	
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)									1								
									.								
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,818								\$1,8	18.00					-		
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$15,000				-				\$15,0	00.00							
									1								
Staff Travel - (e.g., Local & Out of Town)									1								
Consultant/Subcontractor	\$415,000)							\$415,0	00.00							
Other as a series																	
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					1				1								
	\$404.04C								0404	318.00	TOTAL SALARIES						
Total Operating Expenses Capital Expenditures	\$431,818	3							\$431,	818.00	I certify that the information provided above is, t accordance with the budget approved for the co						
TOTAL DIRECT EXPENSES	\$431,818									818.00	records for those claims are maintained in our of						
Indirect Expenses TOTAL EXPENSES	\$43,182 \$475,000				l				\$43,1 \$475.0	000.00							
LESS: Initial Payment Recovery	, , , , , ,				NOTES	3:			11		l						
Other Adjustments (Enter as negative, if appropr REIMBURSEMENT	iate)																
I certify that the information provided above is, to the best	of my knowledge, com	plete and ac	curate; the	e amount re	equested for	or reimburs	sement is i	in									
accordance with the budget approved for the contract cited		under the p	rovision of	that contra	act. Full ju	stification	and backu	ıp									
records for those claims are maintained in our office at the Signature:	address indicated.							Date:			Certified By:			Date			-
-							-	24.0			Title:						
Title:							-										
Send to: PHD Agreements																	
Opsfinance@sfdph.org																	
Attn: Contract Payments		By:	(DPH A	uthorized	Signator	v)	-	Date									

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

MONTHET DE	LIVEICABLEO	AND GC	OT KE	IIIIDOIN	OLWILI		JIOL	07/01	/2026-06	IDIX F-2f 5/30/2027 PAGE A			MONTH	LI DELI	VERABLES ARE	COOT KEIMBO	COLMENT INVOICE	07/01/	APPENDIX F-2f 2026-06/30/2027 PAGE B
		Contra						In	voice Num	nber	_						_	Inv	oice Number
Contractor: San Francisco Public Health	n Foundation	10002	21500						A-2JUL2	26]				Health Foundat	tion	[A	-2JUL26
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102				Con	ntract Pur	chaen O	rdor No:				7	Address:	1 Hallidie Pla			Contract	Purchase Order No:		
San Francisco, CA 94102				Con	ili act Pui	chase O	ruer No.	Ч			J		San Francisc	0, CA 9	4102	Contract	Furchase Order No.		
Telephone: 415-504-6738						Funding	Source:	:	SDDT]		415-504-6738				Fund Source:		SDDT
Fax:		PH	1D	_							-	Fax:							
Program Name: PHD Food Security				De	epartmen	t ID-Auth	nority ID:	25	1929 20	0324	j	Program Name:	DHD Food Sc	curity		Departn	nent ID-Authority ID:	2519	929 20324
rogram Name: FIID 1 ood decurity					Proje	ct ID-Ac	tivity ID:	100	033348	0001	1	r rogram Name.	F11D 1 000 36	curity		Pi	roject ID-Activity ID:	1003	3348 0001
ACE Control #:					_						-	ACE Control #:							•
						Invoice	Period:	07/	1/26 - 07/	/31/26	j						Invoice Period:	07/1/2	26 - 07/31/26
						FINAL	L Invoice		(check if	f Yes)							FINAL Invoice		(check if Yes)
									-	•									(4.64(
	TOTAL CONTRACT	ED		/ERED PERIOD	DELIV TO E	ERED DATE		OF OTAL		AINING ERABLES									
DELIVERABLES	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	DET	AIL PERSON	INEL EXPEN	DITURE			F:		•
Program Admin/Consultant Mgmt	12				-		-		12	1	PER	SONNEL		FTF	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
									1		FER	SOMME		FIE	SALART	THIS FERIOD	TODATE	BODGET	BALANCE
									<u> </u>										
					H		U	1	II .	ı	_						-		
		NOC		NOC		NOC		NOC		NOC									
Number of Clients for Appendix																			
EXPENDITURES			EYDE	NSES	EXPE	NSES	9/.	OF	DEM	AINING							-		
	BUDGET		THIS F	PERIOD	TOI			DGET		ANCE									
Total Salaries (See Page B)																			
Fringe Benefits Total Personnel Expenses					-				-										
Operating Expenses:					1						┪╟━								
Occupancy-(e.g., Rental of Property, Utilities,									1										
Building Maintenance Supplies and Repairs)																			
Materials and Supplies-(e.g., Office,									1		-								
Postage, Printing and Repro., Program Supplies)									1		1 1								
General Operating-(e.g., Insurance, Staff									<u> </u>		-								
Training, Equipment Rental/Maintenance)									1								-		
Staff Travel - (e.g., Local & Out of Town)																			
0	6070 70	,							#070 T	727.00									
Consultant/Subcontractor	\$272,727	/							φ21Z,	727.00							-		
Other - (Meals, Audit, Transportation Reimb,																			
Stipends, Facilitators)											TOT	AL SALARIES							
Total Operating Expenses	\$272.727	7			-		-		\$272	727.00			provided above is	to the best	of my knowledge con	mplete and accurate: th	e amount requested for re	imbursemen	t is in
Capital Expenditures	ΨΕ/Ε,/Ε																f that contract. Full justifi		
TOTAL DIRECT EXPENSES	\$272,72									727.00	record	s for those claims are	e maintained in our	office at th	e address indicated.				
Indirect Expenses TOTAL EXPENSES	\$27,273 \$300.000				-		1			273.00 000.00	-								
LESS: Initial Payment Recovery	\$300,000	,			NOTES	:	!!		ψ300,	000.00	#								
Other Adjustments (Enter as negative, if appropring REIMBURSEMENT	riate)																		
I certify that the information provided above is, to the best	-f l l							-											
accordance with the budget approved for the contract citer																			
records for those claims are maintained in our office at the				/10	,							Certified By:				Date	i		_
Signature:							-	Date:			_								
Title:												Title:							
inte:							-												
Send to: PHD Agreements											1								
Opsfinance@sfdph.org											I								
		By:			Signator		-	Date:	:		1								
Attn: Contract Payments			(DPH A)	thorized	Signatory	/)													

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

MONTE DE	LIVENABLEO	AND O	JOT KE	IIIIDOIN	OLWILI		OIOL	07/01	/2026-06	DIX F-7b /30/2027 PAGE A		MONT	ILI DEL	VENADELS AND	OCCUPATION	SEMENT INVOICE		APPENDIX F-7b 2026-06/30/2027 PAGE B
			act ID#	7					voice Nun		1					-		ice Number
Contractor: San Francisco Public Healt Address: 1 Hallidie Plaza, Suite 808	h Foundation	1000	21500	_					A-7JUL2	26		or: San Francis ss: 1 Hallidie Pl		Health Foundat	tion	L	A	-7JUL26
San Francisco, CA 94102				Con	tract Pu	rchase C	order No				Addre	San Francis			Contract F	Purchase Order No:		
Telephone: 415-504-6738				1		Funding	Source	U	SDA Gus	SNIP	Telepho	ne: 415-504-673	8			Fund Source:	USI	A GusNIP
Fax:		PH	НD	D.	epartmen	ot ID Auti	hority ID		TBD		F	ax:			Donartm	ent ID-Authority ID:		TBD
Program Name: PHD Food Security] De	-		-				Program Nar	ne: PHD Food S	Security		-			
ACE Control #:	1				Proje	ect ID-Ac	ctivity ID		TBD		ACE Contro	#:			Pr	oject ID-Activity ID:		TBD
						Invoice	e Period	07/	1/26 - 07/	/31/26						Invoice Period:	07/1/2	26 - 07/31/26
						FINA	L Invoice		(check i	f Yes)						FINAL Invoice		(check if Yes)
	TOTAL			/ERED		VERED		oF.		AINING ERABLES								
DELIVERABLES	CONTRACT UOS	NOC	UOS	PERIOD	UOS	DATE NOC	UOS	NOC	UOS	NOC	DETAIL PERS	ONNEL EXPE	NDITURE	S				
Program Admin/Consultant Mgmt	12		-						12		PERSONNEL		FTF	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
														O LO II T	THIOT ENGE	10 5/112	BODGET	D) II II II II II II II II II II II II II
										1						1		
		NOC		NOC		NOC		NOC		NOC						1		
Number of Clients for Appendix																		
EXPENDITURES	BUDGET	-	EXPE THIS I	ENSES PERIOD		ENSES DATE		OF DGET	REM BAL	AINING ANCE								
Total Salaries (See Page B) Fringe Benefits																		
Total Personnel Expenses							1		1								\longrightarrow	
Operating Expenses:																		
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)									1									
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)									1							1	\longrightarrow	
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)									1							1	\longrightarrow	
Staff Travel - (e.g., Local & Out of Town)									4							-		
Consultant/Subcontractor	\$159,091	1							\$159,	091.00								
Other - (Meals, Audit, Transportation Reimb,							1		1							1	\longrightarrow	
Stipends, Facilitators)											TOTAL SALARIE	•						
Total Operating Expenses	\$159,091	1					L		\$159.	091.00			s, to the bes	t of my knowledge, co	mplete and accurate; the	e amount requested for rei	imbursemen	is in
Capital Expenditures									E450	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					d under the provision of	that contract. Full justific	ation and ba	ckup
TOTAL DIRECT EXPENSES Indirect Expenses	\$159,09° \$15,909				1					091.00 909.00	records for those claim	s are maintained in o	ur office at th	e address indicated.				
TOTAL EXPENSES	\$175,000									000.00								
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if approp	riota)		-		NOTES	S:												
REIMBURSEMENT	nate)																	
I certify that the information provided above is, to the best	of my knowledge con	nnlete and a	accurate: th	ie amount i	requested:	for reimbu	rsement is	in										
accordance with the budget approved for the contract cite	d for services provide											_			_			
records for those claims are maintained in our office at the Signature:								Date:			Certified	Зу:			Date			
•							-	Date.			Ti	tle:						
Title:							-											
Send to: PHD Agreements											1							
Opsfinance@sfdph.org																		
Attn: Contract Payments		By	(DPH A	uthorized	Signator	v)	-	Date										

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

MONTILLE	LIVERABLEO	AND 00	OT KE	MIDORC	LIVILIA	1 11110	IOL	07/01/	APPENI 2027-06/			MONTHE	I DELI	VENABLES AND	COST KEIMBON	SEMENT INVOICE		APPENDIX F-1f 2027-06/30/2028 PAGE B
		Contra	act ID #					In	voice Num	ber							Invo	ice Number
Contractor: San Francisco Public Health	n Foundation	10002	21500]					A-1JUL2					Health Foundat	ion			-1JUL27
Address: 1 Hallidie Plaza, Suite 808												1 Hallidie Plaz						
San Francisco, CA 94102				Con	tract Pur	cnase O	raer No:					San Francisco	, CA 94	4102	Contract	Purchase Order No:		
Telephone: 415-504-6738				1		Funding	Source:		F (OARI	E)	Telephone:	415-504-6738				Fund Source:	GF	(OARE)
Fax:		PH	НD								Fax:							
Program Name: PHD Food Security		Ь		De	partmen	t ID-Auth	ority ID:	25	1929 10	0000	Program Name:	PHD Food Sec	urity		Departm	ent ID-Authority ID:	2519	929 10000
r rogram Name. Prib i ood Security					Proje	ect ID-Ac	tivity ID:	100	37425 0	0001	r rogram rame.	r IID I oou sec	Junty		Pr	oject ID-Activity ID:	1003	7425 0001
ACE Control #:											ACE Control #:					-		
						Invoice	Period:	07/1	/27 - 07/3	31/27						Invoice Period:	07/1/2	27 - 07/31/27
						FINA	_ Invoice		(check if	Yes)						FINAL Invoice		(check if Yes)
	TOTAL			VERED		/ERED		OF	REMA	AINING								
DELIVERABLES	CONTRACTE UOS	ED NOC	THIS I	PERIOD NOC	TO I	DATE NOC	TO UOS	TAL NOC	DELIVE	RABLES	DETAIL PERSON	NEI EXPEND	ITURE	s				
Program Admin/Consultant Mgmt	25								25			VEE EXI EIVE		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
											PERSONNEL		FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
					l			l										
		NOC		NOC		NOC		NOC		NOC								
Number of Clients for Appendix								l								-		
EXPENDITURES	BUDGET		EXPE THIS I	ENSES PERIOD		ENSES DATE		OF OGET	REMA BALA	AINING ANCE								
Total Salaries (See Page B)																		
Fringe Benefits Total Personnel Expenses			-													1		
Operating Expenses:																		
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)																1		
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,818								\$1,81	18.00								
Postage, Printing and Repro., Program Supplies)																		
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$15,000								\$15,0	00.00								
Training, Equipment Rental/Maintenance)																1		
Staff Travel - (e.g., Local & Out of Town)																		
Consultant/Subcontractor	\$415,000								\$415,0	00.00						1		
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)																1		
											TOTAL SALARIES					<u> </u>		
Total Operating Expenses Capital Expenditures	\$431,818								\$431,8	318.00	I certify that the information accordance with the budget							
TOTAL DIRECT EXPENSES	\$431,818								\$431,8		records for those claims are				andor the provision of	and contract. I am justine	acion and bu	окар
Indirect Expenses TOTAL EXPENSES	\$43,182 \$475,000								\$43,10 \$475.0									
LESS: Initial Payment Recovery	\$475,000				NOTES	5:			\$475,0	000.00								
Other Adjustments (Enter as negative, if appropring REIMBURSEMENT	iate)																	
I certify that the information provided above is, to the best accordance with the budget approved for the contract cite records for those claims are maintained in our office at the Signature:	d for services provided address indicated.	under the pr	rovision of	that contrac	t. Full jus	tification a	nd backup								Date	:		
Title:											Title:							
Send to: PHD Agreements Opsfinance@sfdph.org		_																
Attn: Contract Payments		By:	(DPH A	uthorized	Signatory	v)	-	Date:										

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: San Francisco Public Health	r Foundation		21500				[voice Num A-2JUL2					: Health Foundat	ion			-2JUL27
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102				Con	tract Pur	chase O	rder No:				Address	 1 Hallidie Plaz San Francisco 	,		Contract P	urchase Order No:		
				-									,			_		
Telephone: 415-504-6738 Fax:		PΙ	НD			Funding	Source:		SDDT		Telephone Fax	: 415-504-6738 :				Fund Source:		SDDT
	Į			De	partmen	t ID-Auth	nority ID:	25	1929 20	324					Departm	ent ID-Authority ID:	251	929 20324
Program Name: PHD Food Security					Proje	ect ID-Ac	tivity ID:	100	33348 0	0001	Program Name	: PHD Food Se	curity		Pro	oject ID-Activity ID:	1003	3348 0001
ACE Control #:						Invoice	Period:	07/1	/27 - 07/:	31/27	ACE Control #	:				Invoice Period:	07/1/	27 - 07/31/27
									_							_	011112	
							L Invoice		(check if	•						FINAL Invoice		(check if Yes)
DELIVERABLES	TOTAL CONTRACTE UOS	ED NOC		VERED PERIOD NOC		/ERED DATE NOC		OF TAL NOC		AINING RABLES NOC	DETAIL PERSON	NNEI EYDENI	NITLIDE	e e				
Program Admin/Consultant Mgmt	12	1400	1	1400	000	1400	1	1400	12	1400	DETAIL PERSON	MINEL EXPENS	JIIOKL	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
1 Togram 7 tamin Corlocatant Wight											PERSONNEL		FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
		NOC		NOC		NOC		NOC	,	NOC								
Number of Clients for Appendix																		
EVERUPEUPE																		
EXPENDITURES	BUDGET			ENSES PERIOD	TOE	NSES		OF GET		AINING ANCE								
Total Salaries (See Page B)	BUDGET		I IIIO	PERIOD	101	JAIE	II BUL	GEI	II DAL/	ANCE								
Fringe Benefits																		
Total Personnel Expenses			_		-											-		
Operating Expenses:																-		
Occupancy-(e.g., Rental of Property, Utilities,																		
Building Maintenance Supplies and Repairs)																		
Building Maintenance Supplies and Repairs)																		
Materials and Supplies-(e.g., Office,																		
Postage, Printing and Repro., Program Supplies)																		
Postage, Frinting and Repro., Program Supplies)																		
General Operating-(e.g., Insurance, Staff																		
Training, Equipment Rental/Maintenance)																-		
Training, Equipment (tental/waintenance)																		
Staff Travel - (e.g., Local & Out of Town)																		
Ctan Travor (s.g., cood a Caror rown)																		
Consultant/Subcontractor	\$272,727						1		\$272,7	727.00						l		
20caitaiib Gabcoiiti actoi	Ψ ∠ 1 ∠ ,1 ∠ 1				 		1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\									
Other - (Meals, Audit, Transportation Reimb,					l -		1		1									
Stipends, Facilitators)							1		1							l		
p, . doi::doi/o/					l		1		1		TOTAL SALARIES					l		
Total Operating Expenses	\$272,727								\$272,7	727.00	I certify that the informatio		to the best	of my knowledge, cor	nplete and accurate: the	amount requested for rei	imbursemen	t is in
Capital Expenditures	7										accordance with the budge							
TOTAL DIRECT EXPENSES	\$272,727								\$272,7	727.00	records for those claims a				,	,		
Indirect Expenses	\$27,273								\$27,2	73.00								
TOTAL EXPENSES	\$300,000								\$300,0									
LESS: Initial Payment Recovery					NOTES	i:	11		"									
Other Adjustments (Enter as negative, if appropr	iate)																	
REIMBURSEMENT					Ĭ													
I certify that the information provided above is, to the best a accordance with the budget approved for the contract cited records for those claims are maintained in our office at the Signature:	for services provided address indicated.										Certified By Title				Date:			-
Title: _							_				1100							
Send to: PHD Agreements Opsfinance@sfdph.org																		
Attn: Contract Payments		By:	(DDH A	uthorized	Signaton	٨	-	Date:										

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

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

								07/01	APPENE /2028-06/									APPENDIX F-1g 2028-06/30/2029 PAGE B
		Contra	act ID#					In	voice Num	ber							Invo	oice Number
Contractor: San Francisco Public Healtl	n Foundation		21500						A-1JUL2		Contractor: Sa	n Francisco	Public	Health Foundat	ion	Γ		-1JUL28
Address: 1 Hallidie Plaza, Suite 808				_							Address: 1 F	Hallidie Plaz	a, Suite	808		-		
San Francisco, CA 94102				Cor	tract Pur	chase O	rder No:				Sa	n Francisco	, CA 94	102	Contract F	Purchase Order No:		
Telephone: 415-504-6738				7		Eundina	Source:		GF (OAR	-	Telephone: 41	E EN4 6720				Fund Source:		F (OARE)
Fax:		DI	НD			runung	Source.	Щ,	JF (UAR	E)	Fax:	3-304-0730				Fulla Source.	Gr	- (UARE)
i ux.			טו	De	epartmen	t ID-Auth	ority ID:	25	1929 10	000	I ux.				Departm	ent ID-Authority ID:	2519	929 10000
Program Name: PHD Food Security					,		,		1020 10	000	Program Name: PH	ID Food Sec	urity					220 10000
•					Proje	ect ID-Ac	tivity ID:	100	037425 0	0001	•				Pr	oject ID-Activity ID:	1003	7425 0001
ACE Control #:											ACE Control #:					-		
						Invoice	Period:	07/	1/28 - 07/	31/28						Invoice Period:	07/1/2	28 - 07/31/28
						FINIAL			(check if	Van						FINAL Invoice		(about if Van)
						FINAL	_ Invoice		(crieck ii	res)						FINAL INVOICE		(check if Yes)
	TOTAL			VERED		/ERED		OF		NINING								
DELIVERABLES	CONTRACT UOS	red Noc	THIS	PERIOD	TO I UOS	DATE NOC	UOS	TAL NOC	DELIVE	RABLES NOC	DETAIL PERSONNE	LEVDEND	ITLIDE	•				
Program Admin/Consultant Mgmt	25	NOC	003	NOC	003	NOC	1	NOC	25	NOC	DETAIL PERSONNE	LEXPEND	HUKE	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
Trogram Family Conductant Wight	20								20		PERSONNEL		FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
			1	1				<u> </u>	1									
Number of Clients for Appendix		NOC	П	NOC	1	NOC	п	NOC		NOC								
Number of Clients for Appendix																+		
EXPENDITURES			EXP	ENSES	EXPE	ENSES	%	OF	REMA	INING						1		
	BUDGET	Г	THIS	PERIOD	TOI	DATE	BUE	DGET	BAL	ANCE								
Total Salaries (See Page B) Fringe Benefits			1		ļ		1		.							 		
Total Personnel Expenses							l		l e							1		
Operating Expenses:																		
Occupancy-(e.g., Rental of Property, Utilities,																		
Building Maintenance Supplies and Repairs)					1											+		
Materials and Supplies-(e.g., Office,	\$1,818								\$1,81	8.00						1		
Postage, Printing and Repro., Program Supplies)																		
General Operating-(e.g., Insurance, Staff	\$15,000)	1		ļ		1		\$15,0	00.00						 		
Training, Equipment Rental/Maintenance)	ψ15,000	,					1		Ψ10,0	00.00						1		
Staff Travel - (e.g., Local & Out of Town)							<u></u>		<u> </u>							ļ		-
Consultant/Subcontractor	\$415,000	0			1				\$415,0	00.00						+		
	Ţ 3 ,00																	
Other - (Meals, Audit, Transportation Reimb,																		
Stipends, Facilitators)					ł		-		ł		TOTAL SALARIES					+		
Total Operating Expenses	\$431,818	8							\$431,8	318.00	I certify that the information prov	vided above is, t	the best	of my knowledge, con	nplete and accurate; the	e amount requested for re	imbursement	t is in
Capital Expenditures									I		accordance with the budget app	proved for the co	ntract cite	d for services provided				
TOTAL DIRECT EXPENSES	\$431,818 \$43,182		1		ļ		1		\$431,8 \$43,1		records for those claims are ma	intained in our o	ffice at the	address indicated.				
Indirect Expenses TOTAL EXPENSES	\$475,000						1		\$475,0									
LESS: Initial Payment Recovery					NOTES	S:												
Other Adjustments (Enter as negative, if appropriate and appro	riate)		<u> </u>		ļ													
REIMBURSEMENT																		
I certify that the information provided above is, to the best																		
accordance with the budget approved for the contract cited		ed under the	provision	of that con	tract. Full j	ustification	and back	up			0 17 1-							
records for those claims are maintained in our office at the Signature:								Date:			Certified By:				Date	:		-
Signature.							-	Date.			Title:							
Title:							_											
			_			_												
Send to: PHD Agreements																		
Opsfinance@sfdph.org		Ву:						Date:										
		Ly.	/DDII A		0: 1	`	-	Juic.										

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

MONTHET DE	LIVEICABLES	AND OC	JOT ILL	IIIIDOI	OLIVILIY		OIOL	07/01	/2028-06	DIX F-2h /30/2029 PAGE A		MONT	IILI DELI	VERABLES ARE	COOT KEIMBOK	SEMENT INVOICE		APPENDIX F-2h 2028-06/30/2029 PAGE B
		Contra	ct ID#					In	voice Nun	nber							Inve	pice Number
Contractor: San Francisco Public Health	n Foundation	10002	21500						A-2JUL2	28		ctor: San Francis			tion			-2JUL28
Address: 1 Hallidie Plaza, Suite 808				_							Add	ress: 1 Hallidie P						
San Francisco, CA 94102				Con	tract Pur	cnase U	oraer No:					San Francis	co, CA 9	4102	Contract i	Purchase Order No:		
Telephone: 415-504-6738				1		Funding	Source:	:	SDDT		Telepi	none: 415-504-673	8			Fund Source:		SDDT
Fax:		PH	łD									Fax:			_			
Program Name: PHD Food Security				De	partmen	t ID-Auth	hority ID:	25	1929 20)324	Program N	ame: PHD Food S	Security		Departm	ent ID-Authority ID:	2519	929 20324
r rogram Name. Prib i ood Security					Proje	ect ID-Ac	ctivity ID:	100	033348	0001	i rogram i	unic. FIID I oou i	becurity		Pr	oject ID-Activity ID:	1003	3348 0001
ACE Control #:											ACE Cont	rol #:						•
						Invoice	e Period:	07/	1/28 - 07/	/31/28						Invoice Period:	07/1/2	28 - 07/31/28
						FINA	L Invoice		(check it	f Yes)						FINAL Invoice		(check if Yes)
									-							-		,
	TOTAL CONTRACT		THIS F	ERED PERIOD	DELIV TO E	DATE	TC	OF OTAL	DELIVE	AINING ERABLES								
DELIVERABLES Program Admin/Consultant Mgmt	UOS 12	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS 12	NOC	DETAIL PER	SONNEL EXPE	NDITURE		EVENION	EXPENSES	% OF	REMAINING
Program Admin/Consultant Mgmt	12						1		12		PERSONNEL		FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	TO DATE	% OF BUDGET	BALANCE
							1		1	1						1		
		NOC		NOC		NOC		NOC		NOC						-		
Number of Clients for Appendix																		
EXPENDITURES			EVDE	NSES	EVDE	NSES	0/	OF	DEM	AINING								
	BUDGET	-	THIS F	PERIOD	TO E			DGET	BAL	ANCE						1		
Total Salaries (See Page B) Fringe Benefits																		
Total Personnel Expenses							1		1							1	+	
Operating Expenses:																		
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)							1									1	\longrightarrow	
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)			-				1		-							-		
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)							4									 		
							1									1		
Staff Travel - (e.g., Local & Out of Town)																		
Consultant/Subcontractor	\$272,727	7			-		1		\$272,	727.00						 		
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					-		1		1							1		
	\$07C 7C	,							0.70	707.00	TOTAL SALAR							
Total Operating Expenses Capital Expenditures	\$272,727						 		\$272,	727.00						e amount requested for re that contract. Full justific		
TOTAL DIRECT EXPENSES	\$272,727									727.00		ims are maintained in o				,		•
Indirect Expenses TOTAL EXPENSES	\$27,273 \$300.000		-				1			273.00 000.00								
LESS: Initial Payment Recovery	, , , , , , ,				NOTES	i:			ψοσο,	000.00								
Other Adjustments (Enter as negative, if appropring REIMBURSEMENT	riate)																	
I certify that the information provided above is, to the best	of my knowledge, con	nplete and a	ccurate; the	e amount r	equested f	for reimbu	ırsement is	in										
accordance with the budget approved for the contract cited		d under the	provision of	f that contr	act. Full ju	ustification	n and back	up			0 17				5.			
records for those claims are maintained in our office at the Signature:								Date:			Certifie	d By:			Date			-
-							_	2010				Title:						
Title: _							_											
Send to: PHD Agreements Opsfinance@sfdph.org																		
Attn: Contract Payments		Ву:	(DPH Au	ıthorized	Signator	<i>(</i>)	-	Date										