

File No. 140514

Committee Item No. 2

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Sub-Committee

Date June 4, 2014

Board of Supervisors Meeting

Date _____

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
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| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
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OTHER (Use back side if additional space is needed)

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Completed by: Linda Wong Date May 30, 2014

Completed by: _____ Date _____

1 [Accept and Expend Grant - HIV CARE Program/Single Allocation Model - \$2,663,405]

2
3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant in the amount of \$2,663,405 from the State of California to participate in**
5 **a program entitled "HIV CARE Program/Single Allocation Model" for the period of April**
6 **1, 2014, through March 31, 2015; and waiving indirect costs.**

7
8 WHEREAS, State of California is the recipient of a grant award from Health Resource
9 and Service Administration supporting the HIV CARE Program/Single Allocation Model grant;
10 and

11 WHEREAS, With a portion of these funds, State of California has subcontracted with
12 Department of Public Health (DPH) in the amount of \$2,663,405 for the period of April 1,
13 2014, through March 31, 2015; and

14 WHEREAS, As a condition of receiving the grant funds, State of California requires the
15 City to enter into an agreement (Agreement), a copy of which is on file with the Clerk of the
16 Board of Supervisors in File No. 140514; which is hereby declared to be a part of this
17 Resolution as if set forth fully herein; and

18 WHEREAS, The purpose of this project is Single Allocation Model (SAM) funds will be
19 used to fund HIV programs provided by DPH and community organizations in the following
20 service categories: home health, attendant care, case management, primary care (adult and
21 perinatal), food assistance, out-patient mental health and residential living facilities; and

22 WHEREAS, DPH will subcontract with Catholic Charities; Dolores Street Community
23 Services; Maitri; and Project Open Hand, in the total amount of \$2,397,064 for the period of
24 April 1, 2014, through March 31, 2015; and

1 WHEREAS, An Annual Salary Ordinance amendment is not required as the grant
2 partially reimburses DPH for five existing positions, one Accountant III (Job Class No. 1654) at
3 .50 FTE, one Health Program Coordinator III (Job Class No. 2593) at .25 FTE , one Health
4 Program Coordinator III (Job Class No. 2593) at .60 FTE, one Senior Administrative Analyst
5 (Job Class No. 1823) at .28 FTE, and one Senior Administrative Analyst (Job Class No. 1823)
6 at .30 FTE for the period of April 1, 2014, through March 31, 2015; and

7 WHEREAS, HIV CARE Program/Single Allocation Model grant does not include
8 indirect costs due to the grant allowing a maximum of 10% for administrative staff and indirect
9 costs combined and therefore, DPH will budget 10% for administrative staff; and

10 WHEREAS, The grant terms prohibit including indirect costs in the grant budget; now,
11 therefore, be it

12 RESOLVED, That DPH is hereby authorized to accept and expend a grant in the
13 amount of \$2,663,405 from State of California; and

14 FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of
15 indirect costs in the grant budget; and, be it

16 FURTHER RESOLVED, That DPH is hereby authorized to accept and expend the
17 grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

18 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
19 Agreement on behalf of the City.

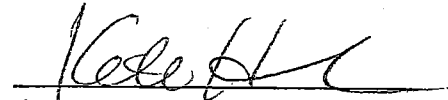
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RECOMMENDED:

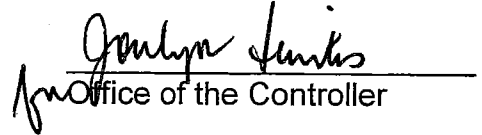


Barbara A. Garcia, MPA
Director of Health

APPROVED:



Office of the Mayor



Office of the Controller

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **HIV CARE Program/Single Allocation Model**
2. Department: **Department of Public Health, AIDS Office, HIV Health Service Section**
3. Contact Person: **Celinda Cantu** Telephone: **415-554-9172**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$2,663,405**

6a. Matching Funds Required: **\$0**

b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: **Health Resource and Service Administration (HRSA)**

b. Grant Pass-Through Agency (if applicable): **State of California**

8. Proposed Grant Project Summary:

Single Allocation Model (SAM) funds are used to fund HIV programs provided by SFDPH and community organizations in the following service categories: home health, attendant care, case management, primary care (adult and perinatal), food assistance, out-patient mental health and residential living facilities. Services target severe need populations with Federal Poverty Level below 400% who are categorically ineligible for Medi-Cal expansion and are unable to afford to buy into Covered California. Wrap around services not covered by Medi-Cal or private insurance are also provided through SAM programs.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: 04/01/14

End-Date: 03/31/2015

10a. Amount budgeted for contractual services: **\$2,397,065**

b. Will contractual services be put out to bid? **No, existing services**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N/A**

d. Is this likely to be a one-time or ongoing request for contracting out? **On-going**

11a. Does the budget include indirect costs?

Yes

No

b1. If yes, how much? **\$0**

b2. How was the amount calculated

c1. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain): **Grant allows only maximum of 10% for administrative staff and indirect costs combined. DPH will budget 10% for administrative staff.**

c2. If no indirect costs are included, what would have been the indirect costs? **\$46,751**

12. Any other significant grant requirements or comments:

Grant Code: HCAO16/1400

****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- Existing Site(s) Existing Structure(s) Existing Program(s) or Service(s)
- Rehabilitated Site(s) Rehabilitated Structure(s) New Program(s) or Service(s)
- New Site(s) New Structure(s)

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:


Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Ron Weigelt
(Name)

Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs
(Title)

Date Reviewed: 3/28/14

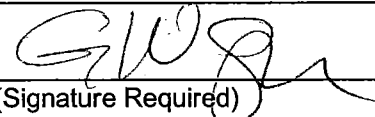

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 3/28/14


(Signature Required)

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH											
AIDS OFFICE - HIV HEALTH SERVICES SECTION											
Single Allocation Model - HIV CARE Program											
April 1, 2014 to March 31, 2015											
Dept / Div:	HPH-03										
Fund Group:	2S/CHS/GNC										
Index Code:	HCHPDHVSVGR										
Grant Code:	HCAO16										
Grant Detail:	1400										
CATEGORY/LINE ITEM		43.500000%	Total Annual	% OF	% OF	Monthly	Mth	Salary	Frin Ben	Total	
		Annual	Sal/Frin Ben	TIME	FTE	Rate		Budget	Budget	Budget	
		Frin Ben									
A. PERSONNEL											
1.	Sr. Accountant 1,654 5 O David	93,808	23,452	50%	0.50	7,817	12	46,904	20,403	67,307	
* 2	Health Program Coordinator III 2593 5 F Austin	97,084	31,067	25%	0.25	8,090	12	24,271	10,558	34,829	
3	Sr Admin Analyst 1823 5 D Goodwin	97,552	31,217	28%	0.28	8,129	12	26,827	11,670	38,496	
4	Health Program Coordinator III 2593 5 H Jones	97,084	31,067	60%	0.60	8,090	12	56,250	25,339	83,589	
5	Sr Admin Analyst 1,823 S Shalkh	97,552	31,217	30%	0.30	8,129	12	29,266	12,853	42,118	
6	STEP Increases	0	0	0%	0.00	0	0			0	
	TOTAL SALARYFRINGE	483,080	148,019					185,518	80,822	266,340	
	00101 SALARIES									185,518	
	00103 FRNG BN									80,822	
	SUB TOTAL									266,340	

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH																	
AIDS OFFICE - HIV HEALTH SERVICES SECTION																	
Single Allocation Model - HIV CARE Program																	
April 1, 2014 to March 31, 2015																	
Dept / Div.	Fund Group:	Index Code:	Grant Code:	Grant Detail:			43.50000%	Annual Salary	Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget
BUDGET SUMMARY																	
	IPH-03	2S/CHS/GNC	HCHPDHIVS/GR	HCAO16								1.93					185,518
				1400													80,822
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																	2,397,065
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																	(0)

San Francisco Department of Public Health (SFPDH)

AIDS Office HIV Health Service Section

Single Allocation Model – HIV CARE Program

BUDGET JUSTIFICATION

April 1, 2014 to March 31, 2015

Budget Summary

A.	Personnel	\$185,518
B.	Mandatory Fringe	\$80,822
C.	Travel	\$0
D.	Equipment	\$0
E.	Materials and Supplies	\$0
F.	Contractual	\$2,397,065
G.	Other Expenses	\$0
	TOTAL DIRECT COSTS	\$2,663,405
H.	Indirect Costs (12% of Total Salaries)	\$ 0
	TOTAL BUDGET FOR YEAR 2013	\$2,663,405

Detail Line-Item Budget and Justification: April 1, 2014 to March 31, 2015

A. PERSONNEL

B. MANDATORY FRINGE

1. 0.50 1654 – Accountant III: Oliva David

Annual Salary \$93,808 x 0.50 FTE for 12 months = \$46,904
Mandatory Fringe Benefits @ 43.5% = \$20,403 \$67,307

Responsible for supervision and management of grant accountant activities. Certifies grant revenues and expenditures for annual appropriation. Assists in establishing appropriate classification structure within the general ledger account for grant. Ensures claims/costs are in compliance with appropriate regulations. Performs revenue and expenditure analysis

2. 0.25 2593 – Health Program Coordinator III: Francine Austin

Annual Salary \$97,084 x 0.25 FTE for 12 months = \$24,271
Mandatory Fringe Benefits @ 43.5% = \$10,558 \$34,829

Charged with programmatic monitoring, oversight and monitoring of program. Negotiates contract deliverables and provides technical assistance to subcontractors to help them develop their contract and program budgets.

3. 0.28 1823 – Senior Administrative Analyst: Dean Goodwin

Annual Salary \$97,552 x 0.28 FTE for 12 months = \$26,827
Mandatory Fringe Benefits @ 43.5% = \$11,670 \$38,496

Coordinates development of contracts and monitoring process. Analyses service cost/utilization. Prepares required conditions of award as related to program utilization and budget. Reviews and approves developed contract for client services.

4. 0.60 2593 – Health Program Coordinator III: Hilda Jones

Annual Salary \$97,084 x 0.60 FTE for 12 months = \$58,250
Mandatory Fringe Benefits @ 43.5% = \$25,339 \$83,589

Charged with programmatic monitoring, oversight and monitoring of program. Negotiates contract deliverables and provides technical assistance to subcontractors to help them develop their contract and program budgets.

5. 0.30 1823 – Senior Administrative Analyst: Sajid Shaikh

Annual Salary \$97,552 x 0.30 FTE for 12 months = \$29,266

Mandatory Fringe Benefits @ 43.5% = \$12,853 \$42,118

Oversee and participate in the timely and accurate completion and submission of grant applications. Provide accurate funding sources and fiscal data to develop and manage the certification process of contracts and memorandums of understanding. Develop detailed financial reports and contract lists to administrate and track the contracts certification status, budget appropriations, funding sources, and monitor the contract allotments, encumbrances, expenditures and balances. Initiate budget revisions in conjunction with Program Directors in accordance with Federal, State, Local and private parameters.

Total Personnel	\$266,340
Total Salaries	\$185,518
Total Fringe	\$ 80,822
TOTAL PERSONNEL:	\$266,340
C. TRAVEL	\$0
D. EQUIPMENT	\$0
E. MATERIALS AND SUPPLIES	\$0
F. CONTRACTUAL	\$2,397,065
G. OTHER	\$0
TOTAL DIRECT EXPENSES:	\$2,663,405
H. INDIRECT COSTS (12% of total salaries)	\$0
TOTAL BUDGET FOR YEAR 2014:	\$2,663,405

STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
 STD 213 (Rev 003)

Check here if additional pages are added: 1 Page(s).

Agreement Number 13-20070	Amendment Number A01
Registration Number:	

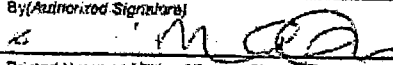
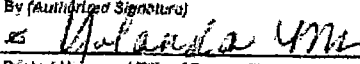
1. This Agreement is entered into between the State Agency and Contractor named below:

State Agency's Name California Department of Public Health	<small>Also known as CDPH or the State</small>
Contractor's Name City of San Francisco	<small>(Also referred to as Contractor)</small>
2. The term of this Agreement is: **July 1, 2013 through March 31, 2016**
3. The maximum amount of this Agreement after this amendment is: **\$ 7,549,034**
Seven million, five hundred forty nine thousand, thirty four dollars
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
 - I. Purpose of amendment: This amendment increases the funding level and extends the term of this agreement by 2 years, due to a revised state allocation formula for this program.
 - II. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).
 - III. Paragraph 3 (maximum amount payable) on the face of the original STD 213 is increased by \$5,950,184 and is amended to read: ~~\$4,598,850 (One million, five hundred ninety eight thousand, eight hundred fifty dollars)~~ **\$7,549,034 (Seven million, five hundred forty nine thousand, thirty four dollars)**.

(Continued on next page)

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) City of San Francisco		
By (Authorized Signature) 	Date Signed (Do not type) 2/17/14	
Printed Name and Title of Person Signing Marcellina A. Ogbu, PhD		
Address 25 Van Ness Avenue, Suite 500, San Francisco, CA 94102		
STATE OF CALIFORNIA		
Agency Name California Department of Public Health		
By (Authorized Signature) 	Date Signed (Do not type) 3/7/14	<input checked="" type="checkbox"/> Exempt per CA Budget Act 2013
Printed Name and Title of Person Signing Yolanda Murillo, Chief, Contracts Management Unit		
Address 1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377		

- IV. Exhibit B - Budget Detail and Payment Provisions, is hereby replaced in its entirety with Exhibit B, A01, Budget Detail and Payment Provisions.

"All references to Exhibit B, Budget Detail and Payment Provisions, in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B, A01, Budget Detail and Payment Provisions.

- V. Exhibit B – Attachment I, AMENDED Budget (Year 1), Attachment II, Budget (Year 2) and Attachment III, Budget (Year 3), are hereby augmented to this agreement.

Exhibit B – A01
Budget Detail and Payment Provisions

1. Invoicing and Payment

- A. For services satisfactorily rendered, and upon receipt and approval of the Invoices, the State agrees to compensate the Contractor for actual expenditures incurred in accordance with the attached budget.
- B. Invoices must include the Agreement Number and Program Name and must be submitted not more frequently than monthly in arrears. Each invoice for the quarter shall be submitted for payment no more than ~~thirty (30)~~ **forty-five (45)** calendar days following the close of each quarter, unless an alternate deadline is agreed to in writing by the program contract manager. Direct all inquiries to:

Invoice Desk
California Department of Public Health
Office of AIDS
MS 7700
1616 Capitol Avenue, Suite 616
P.O. Box 997426
Sacramento, CA 95899-7426

- C. Invoices shall:
 - 1) Submit on Contractor letterhead and signed by an authorized representative, certifying that the expenditures claimed represent actual expenses for the service performed under this contract.
 - 2) Identify contract agreement number.
 - 3) Identify the billing and/or performance period covered by the invoice.
 - 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this agreement. Subject to the terms of this agreement, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable in this agreement and approved by CDPH.

2. Budget Contingency Clause

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Contractor to reflect the reduced amount.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

Exhibit B – A01
Budget Detail and Payment Provisions

4. Amounts Payable

A. The amounts payable under this agreement shall not exceed:

- 1) ~~\$1,598,850~~ \$2,222,224 for the budget period of 07/01/13 through 03/31/14
- 2) \$2,663,405 for the budget period of 04/01/14 through 03/31/15
- 3) \$2,663,405 for the budget period of 04/01/15 through 03/31/16

B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are performed and/or goods are received.

5. Timely Submission of Final Invoice

A. A final undisputed invoice shall be submitted for payment no more than sixty (60) calendar days following the expiration or termination date of this agreement, unless a later or alternate deadline is agreed to in writing by the program contract manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this agreement have ceased and that no further payments are due or outstanding. The State may, at its discretion, choose not to honor any delinquent final invoice if the Contractor fails to obtain prior written State approval of an alternate final invoice submission deadline.

B. The Contractor is hereby advised of its obligation to submit to the state, with the final invoice, a completed copy of the "Contractor's Release (Exhibit F)".

6. Allowable Line Item Shifts

A. Subject to the prior review and approval of the State, line item shifts of up to fifteen percent (15%) of the annual contract total, not to exceed a maximum of one hundred thousand (\$100,000) annually are allowed, so long as the annual agreement total neither increases nor decreases.

The \$100,000 maximum limit shall be assessed annually and automatically adjusted by the State in accordance with cost-of-living indexes. Said adjustments shall not require a formal agreement amendment. The State shall annually inform the Contractor in writing of the adjusted maximum.

B. Line item shifts meeting this criteria shall not require a formal agreement amendment.

C. The Contractor shall adhere to State requirements regarding the process to follow in requesting approval to make line item shifts.

D. Line item shifts may be proposed/requested by either the State or the Contractor.

7. Expense Allowability / Fiscal Documentation

A. Invoices, received from the Contractor and accepted for payment by the State, shall not be deemed evidence of allowable agreement costs.

B. Contractor shall maintain for review and audit and supply to CDPH upon request, adequate documentation of all expenses claimed pursuant to this agreement to permit a determination of expense allowability.

Exhibit B – A01
Budget Detail and Payment Provisions

- C. If the allowability of an expense cannot be determined by the State because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate according to generally accepted accounting principles or practices, all questionable costs may be disallowed and payment may be withheld by the State. Upon receipt of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.

8. Recovery of Overpayments

- A. Contractor agrees that claims based upon the terms of this agreement or an audit finding and/or an audit finding that is appealed and upheld, will be recovered by the State by one of the following options:
- 1) Contractor's remittance to the State of the full amount of the audit exception within 30 days following the State's request for repayment;
 - 2) A repayment schedule which is agreeable to both the State and the Contractor.
- B. The State reserves the right to select which option, as indicated above in paragraph A, will be employed and the Contractor will be notified by the State in writing of the claim procedure to be utilized.
- C. Interest on the unpaid balance of the audit finding or debt will accrue at a rate equal to the monthly average of the rate received on investments in the Pooled Money Investment Fund commencing on the date that an audit or examination finding is mailed to the Contractor, beginning 30 days after Contractor's receipt of the State's demand for repayment.
- D. If the Contractor has filed a valid appeal regarding the report of audit findings, recovery of the overpayments will be deferred until a final administrative decision on the appeal has been reached. If the Contractor loses the final administrative appeal, Contractor shall repay, to the State, the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from the Contractor's first receipt of State's notice requesting reimbursement of questioned audit costs or disallowed expenses.

Exhibit B - Attachment I
HIV Care Program
AMENDED Budget (Year 1)
 July 1, 2013 through March 31, 2014

	Original HCP Budget	Original MAI Budget	Original Total Budget	<u>A01 HCP Amendment</u>	<u>A01 MAI Amendment</u>	<u>A01 Total Budget</u>
A. PERSONNEL	\$153,545	\$0	\$153,545	<u>\$61,190</u>	<u>\$0</u>	<u>\$214,735</u>
B. OPERATING EXPENSES	\$0	\$0	\$0	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
C. CAPITAL EXPENDITURE	\$0	\$0	\$0	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
D. OTHER COSTS	\$1,381,906	\$63,399	\$1,445,305	<u>\$550,714</u>	<u>\$11,470</u>	<u>\$2,007,489</u>
E. INDIRECT COSTS (Up to 15% of Personnel)	\$0	\$0	\$0	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
TOTAL BUDGET	\$1,535,451	\$63,399	\$1,598,850	<u>\$611,904</u>	<u>\$11,470</u>	<u>\$2,222,224</u>

Exhibit B - Attachment II
HIV Care Program
Budget (Year 2)
April 1, 2014 through March 31, 2015

	HCP Budget	MAI Budget	Total Budget
A. PERSONNEL	\$257,601	\$8,740	\$266,341
B. OPERATING EXPENSES	\$0	\$0	\$0
C. CAPITAL EXPENDITURES	\$0	\$0	\$0
D. OTHER COSTS	\$2,318,405	\$78,659	\$2,397,064
E. INDIRECT COSTS (Up to 15% of Personnel)	\$0	\$0	\$0
TOTAL BUDGET	\$2,576,006	\$87,399	\$2,663,405

Exhibit B - Attachment III
HIV Care Program
Budget (Year 3)
April 1, 2015 through March 31, 2016

	HCP Budget	MAI Budget	Total Budget
A. PERSONNEL	\$257,601	\$8,740	\$266,341
B. OPERATING EXPENSES	\$0	\$0	\$0
C. CAPITAL EXPENDITURES	\$0	\$0	\$0
D. OTHER COSTS	\$2,318,405	\$78,659	\$2,397,064
E. INDIRECT COSTS (Up to 15% of Personnel)	\$0	\$0	\$0
TOTAL BUDGET	\$2,576,006	\$87,399	\$2,663,405

Print Form

Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee. (An Ordinance, Resolution, Motion, or Charter Amendment)
- 2. Request for next printed agenda Without Reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning "Supervisor [] inquires"
- 5. City Attorney request.
- 6. Call File No. [] from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File No. []
- 9. Reactivate File No. []
- 10. Question(s) submitted for Mayoral Appearance before the BOS on []

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission Youth Commission Ethics Commission
- Planning Commission Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative Form.

Sponsor(s):

Supervisor Scott Wiener

Subject:

Accept and Expend Grant- HIV CARE Program/Single Allocation Model- \$2,663,405

The text is listed below or attached:

Resolution authorizing the San Francisco Department of Public Health to accept and expend a grant in the amount of \$2,663,405 from State of California to participate in a program entitled HIV CARE Program/Single Allocation Model for the period of April 1, 2014, through March 31, 2015, waiving indirect costs.

Signature of Sponsoring Supervisor:

For Clerk's Use Only:

140514

**FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)**

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, San Francisco Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Catholic Charities	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
1) Board – See Attachment 1 2) Jeffrey V. Bialik, Executive Director 3) N/A 4) N/A 5) N/A	
Contractor address: 180 Howard Street, Ste. 100, San Francisco, CA 94105	
Date that contract was approved:	Amount of contract: \$312,542
Describe the nature of the contract that was approved:	
Comments: Catholic Charities is a 501 (c) 3 Nonprofit with a Board of Directors	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)
- a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits
- _____ Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Bos.legislation@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

Catholic Charities	
Board of Directors	
Officers	Members
Archbishop Salvatore J. Cordileone, Chairman Simon Manning, President Mark Okashima, Treasurer Carlos Alvarez, Secretary Jeffrey V. Bialik, Executive Director	Sharon McCarthy Allen Rev. Paul Arnoult Gregory Bullian Kathleen Cardinal Herbert W. Foedisch, Jr. Rev. Charles Gagan, SJ Jerilyn Gelt Steven Kane Hugo Kostelni Maura Markus Kathleen McEligot Robert McGrath Ann Gray Miller Stephen Molinelli Katherine Munter Siobhan O'Malley Jane Crowley Pardini Michael Pautler D. Paul Regan Timothy Alan Simon Dr. Pierre Theodore Rev. Dr. Kenneth Weare

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, San Francisco Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Maitri	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
1) Board – See Attachment 1 2) Michael Smithwick, Executive Director 3) N/A 4) N/A	
Contractor address: 401 Duboce Avenue, San Francisco, CA 94117	
Date that contract was approved:	Amount of contract: \$59,057
Describe the nature of the contract that was approved:	
Comments: Maitri AIDS Hospice is a 501 (c) 3 Nonprofit with a Board of Directors	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)
- a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits
- _____
Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Bos.legislation@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

Maitri AIDS Hospice	
Board of Directors	
Officers	Members
<p>Walter Parsley President Principal Law Offices of Walter Parsley</p> <p>Will Green Vice President Senior Managerial Consultant DMC Investments</p> <p>Kevin Wewerka Treasurer Vice President & Relationship Manager Union Bank</p> <p>Jim King Secretary Controller Medical Underwriters of California</p>	<p>Pierre-Cedric Crouch Nurse Practitioner University of California, San Francisco</p> <p>Alan Gibbs Senior Director-Investments Oppenheimer & Co. Inc.</p> <p>Will Green Vice President DMC Investments</p> <p>Maitri K. J. Goonewardena Owner MKG Capital Management</p> <p>Michael Niemeyer Chair of the Program Committee Senior Managerial Consultant The Permanente Medical Group</p> <p>Walter Parsley Principal Law Offices of Walter Parsley</p> <p>Kent Thompson Business IT Electronic Arts, Inc.</p> <p>Kevin Wewerka Chair of Finance Committee Vice President & Relationship Manager Union Bank</p>

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s):	City elective office(s) held:
Members, San Francisco Board of Supervisors	Members, San Francisco Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Project Open Hand	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
1) Board – See Attachment 1 2) Kevin Winge, Executive Director 3) N/A 4) N/A	
Contractor address: 730 Polk Street, San Francisco, CA 94109	
Date that contract was approved:	Amount of contract: \$930,286
Describe the nature of the contract that was approved:	
Comments: Project Open Hand is a 501 (c) 3 Nonprofit with a Board of Directors	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)
 a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Bos.legislation@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

Project Open Hand

Board of Directors

Chair: Scott Willoughby, The Clorox Company
Vice-Chair: Karl Christiansen, Wells Fargo Bank
Secretary: Jo Anna Guerra, FibroGen, Inc.
Diana Adachi, Accenture
Ben Baker, Walmart.com
Sylvia Britt, Ujima Family Recovery Services
Mike Dillon, Pricewaterhouse Coopers LLP
Linda Glick, San Francisco
Anita Jaffe, San Francisco
Carmela Krantz, ClearSlide
Keith Maddock, San Francisco
Vivian Tan, Kaiser Permanente

Honorary Board

Jon Ballesteros
R. Greg Cochran, Nossaman LLP
Dr. Molly Cooke
John Demsey, MAC Cosmetics and MAC AIDS Fund
Nancy Bolmeier Fisher
Thomas Harris
James C. Hormel
Dana King, formerly of KPIX
Ed Lamberger, Macy's
David Landis, Landis Communications
Assemblyman Mark Leno
Lynn D. W. Luckow
Peter Magowan, SF Giants
Mike McCune, UCSF
Michael Osborn, President, Macy's, Inc.
Cynthia Plevin, Sedgwick, Detert, Moran & Arnold
Dr. Michelle Roland, UCSF/San Francisco General Hospital
Peter Scott
Dr. Robert Scott
Laura Smith, FibroGen
Lisa Stevens, Wells Fargo
Minna Tao, Recology
Michael Tilson Thomas, San Francisco Symphony
Rev. Cecil Williams, Glide Memorial Church
Neil & Pegi Young

