

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

Fifth Amendment

THIS AMENDMENT (this "Amendment") is made as of **May 29, 2012** in San Francisco, California, by and between **Fort Help, LLC** ("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 performance period and increase the contract amount**;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved contract number **4152-09/10 on 6/21/10**;

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

1. Definitions. The following definitions shall apply to this Amendment:

1a. Agreement. The term "Agreement" shall mean the Agreement dated **September 1, 2008 from the RFP 6-2008 dated March 13, 2008**, Contract Numbers BPHM09000040 and DPHM09000322 between Contractor and City, as amended by the:

First amendment	dated April 3, 2009 Contract Number DPHM09000322
Second amendment	dated July 1, 2009 Contract Numbers BPHM10000041 and DPHM10000326
Third amendment	dated July 1, 2010 Contract Numbers DPHM11000185
Four amendment	dated December 1, 2010 Contract Numbers DPHM11000185 and this Fifth amendment

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

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

2a. Section 2 of the Agreement currently reads as follows:

2. Term of the Agreement

Subject to Section 1, the term of this Agreement shall be from September 1, 2008 through December 31, 2012.

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

2. Term of the Agreement

Subject to Section 1, the term of this Agreement shall be from September 1, 2008 through June 30, 2015.

2b. Section 5 of the Agreement currently reads as follows:

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Four Million Seven Hundred Nineteen Thousand Seven Hundred Thirty Three Dollars (\$4,719,733)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

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

5 Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Nine Hundred Seventy Four Thousand One Hundred Eighty Four Dollars (\$9,974,184)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

2c. Attached hereto and incorporated into this Amendment is Appendix B dated May 29, 2012 and Appendices B-1 and B-2 dated March 7, 2012.

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

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

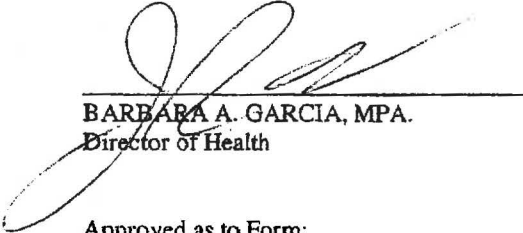
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

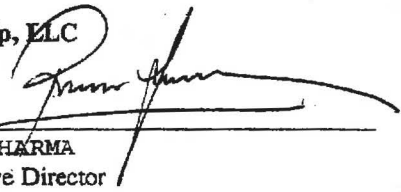
CITY

CONTRACTOR

Recommended by:

Fort Help, LLC


BARBARA A. GARCIA, MPA.
Director of Health


STAN SHARMA
Executive Director
26460 Summit Circle
Santa Clarita, CA 91350

Approved as to Form:

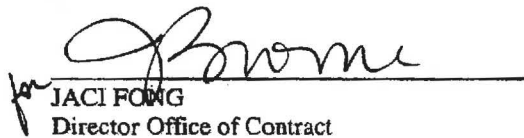
City vendor number: 74019

Dennis J. Herrera
City Attorney

By:


KATHY MURPHY
Deputy City Attorney

Approved:


JACI FONG
Director Office of Contract
Administration and Purchaser

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Appendix B
Calculation of Charges

I. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

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

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges 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) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the 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.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year 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.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below:

- Budget Summary
- CRDC B1-B2
- Appendix B-1 Fort Help LLC – 915 Bryant Street
- Appendix B-2 Fort Help Mission – 1101 Capp Street

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Nine Million Nine Hundred Seventy Four Thousand One Hundred Eighty Four Dollars (\$9,974,184)** for the period of **September 1, 2008 through June 30, 2015.**

CONTRACTOR understands that, of this maximum dollar obligation, **\$723,663** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. 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 the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

September 1, 2008 through June 30, 2009	\$553,333	BPHM09000040
July 1, 2009 through June 30, 2010	\$920,000	BPHM10000041
July 1, 2010 through June 30, 2011	\$1,440,000	

July 1, 2011 through June 30, 2012	\$1,584,297
July 1, 2012 through June 30, 2013	\$1,584,297
July 1, 2013 through June 30, 2014	\$1,584,297
July 1, 2014 through June 30, 2015	<u>\$1,584,297</u>
Total September 1, 2008 through June 30, 2015	\$9,250,521

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

(4) CONTRACTOR acknowledges and agrees that the Appendix B consists of CONTRACTOR'S Fiscal Year 2011/12 Appendix B Contract Budget Summary By Program dated March 7, 2012 as accepted and approved by the CITY for Fiscal Year 2012/13, shall also constitute the Appendix B under the terms of this Agreement. CONTRACTOR agrees that all dates in the Appendix B referring to dates in Fiscal Year 2011/12 shall, for the purposes of this Agreement only, be construed to refer to Fiscal Year 2012/13.

(5) CONTRACTOR agrees to comply with the Program Budget for Fiscal Year 2011/12 as shown in 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 provision of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

(6) CONTRACTOR understands that the CITY may also need to adjust Appendix B, encumbrances of funds and related payments to CONTRACTOR in order to comply with the CITY'S Fiscal Year 2010/11 budget and sources of revenue, according to written notification provided to CONTRACTOR in Fiscal Year 2012/13 award letters by the CITY.

(7) CONTRACTOR understands and agrees to any reasonable adjustments to dates and amounts the CITY may make to Appendix B in order to facilitate the administration of federal and state grants or monies in compliance with the CITY'S Fiscal Year 2012/13 budget and sources of revenue.

C. CONTRACTOR agrees to comply with its Budget as shown in 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. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

DPH 1: Department of Public Health Contract Budget Summary

DMH Legal Entity Number (MH):		Prepared By/Phone #: Pramesh Sharma / 661-254-6630 Fiscal Year: 2011-2012					
DMH Legal Entity Name (MH)/Contractor Name (SA): Fort Help LLC		Document Date: 3/7/12					
Contract Appendix Number:	B-1	B-2					
Provider Number:	383836	388907					
FUNDING TERM:	7/1/11 - 6/30/11	7/1/11 - 6/30/11					TOTAL
FUNDING USES	Fort Help	Fort Help Mission					
Salaries & Employee Benefits:	556,347	267,300					823,647
Operating Expenses:	450,750	128,900					579,650
Capital Expenses:	37,000	-					37,000
Subtotal Direct Expenses:	1,044,097	396,200					1,440,297
Indirect Expenses:	97,700	46,300					144,000
Indirect %:	9.36%	11.69%					
TOTAL FUNDING USES	1,141,797	442,500					1,584,297
						Employee Fringe Benefits %:	7.03%
CBHS MENTAL HEALTH FUNDING SOURCES							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
SA FED - Drug Medi-Cal #93.778	1,085,000	442,500					1,527,500
SA COUNTY - General Fund	56,797	-					56,797
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	1,141,797	442,500	-	-	-	-	1,584,297
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES							
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	1,141,797	442,500					1,584,297
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,141,797	442,500	-	-	-	-	1,584,297

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Contractor Name (SA): Fort Help LLC				Contract Appendix #: B-1, Page 1	
Provider Name: Fort Help				Document Date: 3/7/12	
Provider Number: 383836				Fiscal Year: 2011-2012	
Program Name:	FH Methadone Maintenance	FH Methadone Maintenance	FH Methasoft		
Program Code (formerly Reporting Unit):	38364	38364	38364		
Mode/SFC (MH) or Modality (SA)	NTP-48	NTP-48	Supt-03		
Service Description:	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Support Prog Dev	0	0
FUNDING TERM:	7/1/11-6/30/12	07/01/11-06/30/12	7/1/11-6/30/12		TOTAL
FUNDING USES	Outpatient	Dosing			
Salaries & Employee Benefits:	83,567	472,780	-		556,347
Operating Expenses:	67,705	383,045	-		450,750
Capital Expenses (greater than \$5,000):	-	-	37,000		37,000
Subtotal Direct Expenses:	151,272	855,825	37,000		1,044,097
Indirect Expenses:	14,676	83,024	-		97
TOTAL FUNDING USES:	165,948	938,849	37,000		1,141,797
CBHS MENTAL HEALTH FUNDING SOURCES	GFDA #				
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					
CBHS SUBSTANCE ABUSE FUNDING SOURCES	GFDA #				
SA FED - Drug Medi-Cal #93.778	93.778	162,974	922,026	-	1,085,000
SA COUNTY - General Fund		2,974	16,823	37,000	56,797
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		165,948	938,849	37,000	1,141,797
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	GFDA #				
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES		165,948	938,849	37,000	1,141,797
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		165,948	938,849	37,000	1,141,797
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Fes 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program	350	350	n/a		
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	CR		
Units of Service:	12,000	82,000	80		
Unit Type:	Slot Days	Slot Days	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	13.83	11.45	462.50		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	13.83	11.45	462.50		
Published Rate (Medi-Cal Providers Only):	13.91	11.86	n/a		
Unduplicated Clients (UDC):	378	378	n/a		Total UDC: 378

DPH 3: Salaries & Benefits Detail

Provider Number: 383836
 Provider Name: Fort Help
 Document Date: 3/7/12

Position Title	TOTAL		County General Fund & Federal Drug Medi-Cal #93.778									
	Term: 7/1/11 - 6/30/12		Term: 7/1/11 - 6/30/12		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Fort Help:	-	-	-	-								
MD	1.00	85,297	1.00	85,297								
RN1	1.00	55,550	1.00	55,550								
RN2	1.00	48,000	1.00	48,000								
LVN1	1.00	36,000	1.00	36,000								
LVN2	1.00	48,000	1.00	48,000								
Counselor 1	1.00	43,000	1.00	43,000								
Counselor 2	1.00	41,000	1.00	41,000								
Counselor 3	1.00	36,000	1.00	36,000								
Counselor 4	1.00	35,000	1.00	35,000								
Counselor 5	1.00	35,000	1.00	35,000								
Clerk 1	1.00	35,000	1.00	35,000								
Clerk 2	1.00	29,000	1.00	29,000								
Totals:	12.00	526,847	12.00	526,847								

Employee Fringe Benefits:	5.60%	29,500	5.60%	29,500								
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TOTAL SALARIES & BENEFITS

556,347	556,347	-	-	-	-
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DPH 4: Operating Expenses Detail

Provider Number: 383836
 Provider Name: Fort Help
 Document Date: 3/7/12

Expenditure Category	TOTAL	County General Fund & Federal Drug Medi-Cal #93.778				
Fort Help:	Term: 7/1/11 - 6/30/12	Term: 7/1/11 - 6/30/12	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	155,000	155,000				
Utilities(Elec, Water, Gas, Phone, Scavenger)	8,000	8,000				
Office Supplies, Postage	27,000	27,000				
Building Maintenance Supplies and Repair	21,000	21,000				
Insurance	15,000	15,000				
Staff Training	6,000	6,000				
Rental of Equipment	11,000	11,000				
Property Taxes	19,200	19,200				
License Fee	18,000	18,000				
Bio Hazard Waste Fees	5,400	5,400				
Medical Supplies & Lab Test	127,000	127,000				
Communications	12,500	12,500				
Miscellaneous Expenses	25,650	25,650				
	-	-				
TOTAL OPERATING EXPENSE	450,750	450,750				

DPH 5: Capital Expenses Detail

Provider Number: 383836

Appendix #: B-1, Page 4

Provider Name: Fort Help

Document Date: 3/7/12

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Methasoft Software	1		General Fund	37,000	37,000
					-
					-
					-
					-
					-
					-

Total Equipment Cost 37,000

Remodeling Cost

Total Remodelling Cost

Total Capital Expenditure 37,000
(Equipment plus Remodeling Cost)

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Contractor Name (SA): Fort Help LLC			Contract Appendix #: B-2, Page 1			
Provider Name: Fort Help Mission			Document Date: 3/7/12			
Provider Number: 388907			Fiscal Year: 2011-2012			
Program Name:	FH Mission Methadone Maintenance	FH Mission Methadone Maintenance				
Program Code (formerly Reporting Unit):	89074	89074				
Mode/SFC (MH) or Modality (SA)	NTP-48	NTP-48				
Service Description:	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	0	0	0	TOTAL
FUNDING TERM:	7/1/11-6/30/12	07/01/11-06/30/12				
FUNDING USES	Counseling	Dosing				
Salaries & Employee Benefits:	40,150	227,150				267,300
Operating Expenses:	19,362	109,538				128,900
Capital Expenses (greater than \$5,000):						-
Subtotal Direct Expenses:	59,512	336,688				396
Indirect Expenses:	6,955	39,345				46,300
TOTAL FUNDING USES:	66,467	376,033				442,500
CBHS MENTAL HEALTH FUNDING SOURCES	CFDA #:					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES						
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA #:					
SA FED - Drug Medi-Cal #93.778	93.778	66,467	376,033			442,500
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		66,467	376,033			442,500
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA #:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		66,467	376,033			442,500
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		66,467	376,033			442,500
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program	200	200				
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS				
Units of Service:	5,000	33,000				
Unit Type:	Slot Days	Slot Days				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	13.29	11.39				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	13.29	11.39				
Published Rate (Medi-Cal Providers Only):	13.91	11.86				
Unduplicated Clients (UDC):	216	216				Total UDC: 216

DPH 3: Salaries & Benefits Detail

Provider Number: 388907

Appendix #: B-2, Page 2

Provider Name: Fort Help Mission

Document Date: 3/7/12

Position Title	TOTAL		Federal Drug Medi-Cal #93.778									
	Term: 7/1/11 - 6/30/12		Term: 7/1/11 - 6/30/12		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Fort Help:	-	-	-	-								
MD	1.00	60,000	1.00	60,000								
RN1	1.00	30,000	1.00	30,000								
LVN1	1.00	26,850	1.00	26,850								
LVN2	1.00	26,850	1.00	26,850								
Counselor1	1.00	42,000	1.00	42,000								
Counselor2	1.00	42,000	1.00	42,000								
Clerk1	1.00	15,000	1.00	15,000								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
Totals:	7.00	242,700	7.00	242,700								

Employee Fringe Benefits:	10.14%	24,600	10.14%	24,600								
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TOTAL SALARIES & BENEFITS

267,300

267,300

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DPH 4: Operating Expenses Detail

Provider Number: 388907
 Provider Name: Fort Help Mission
 Document Date: 3/7/12

Expenditure Category	TOTAL	Federal Drug Medi-Cal #93.778				
Fort Help:	Term: 7/1/11 - 6/30/12	Term: 7/1/11 - 6/30/12	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	30,240	30,240				
Utilities(Elec, Water, Gas, Phone, Scavenger)	10,000	10,000				
Office Supplies, Postage	10,000	10,000				
Building Maintenance Supplies and Repair	5,000	5,000				
Insurance	3,000	3,000				
Staff Training	3,000	3,000				
Rental of Equipment	2,000	2,000				
License Fee	6,000	6,000				
Bio Hazard Waste Fees	3,000	3,000				
Medical Supplies & Lab Test	47,960	47,960				
Communications	4,200	4,200				
Miscellaneous Expenses	4,500	4,500				
	-	-				
	-	-				
TOTAL OPERATING EXPENSE	128,900	128,900				



Policy Number:

Date Entered: 03/15/2012

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/15/2012

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

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

PRODUCER Aston Insurance Agency 15545 Devonshire St. #108 Mission Hills, CA 91345 (818)672-9009 FAX (818)830-3602	CONTACT NAME:	
	PHONE (A/C, No, Ext): () -	FAX (A/C, No): () -
INSURED Fort Help, LLC 915 BRYANT ST SAN FRANCISCO, CA 94103	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: LLOYDS OF LONDON	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			MEO1169412.11	10/10/2011	10/10/2012	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$5,000
	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY						PERSONAL & ADV INJURY \$
	GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ INCLUDED
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CITY AND COUNTY OF SAN FRANCISCO, IT OFFICERS, EMPLOYEES OR AGENTS ARE NAMED AS ADDITIONAL INSURED.

CERTIFICATE HOLDER DEPT OF PUBLIC HEALTH CBHS 1380 HOWARD STREET, ROOM 419b SAN FRANCISCO, CA 94103	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTHOLDER COPY

NA



P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 09-09-2011

GROUP: 000488
POLICY NUMBER: 0001550-2011
CERTIFICATE ID: 3
CERTIFICATE EXPIRES: 08-06-2012
08-06-2011/08-06-2012

AMERICAN HELP SERVICES
26480 SUMMIT CIR
SANTA CLARITA CA 91350-2991

NA

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

James Neary
Authorized Representative

Thomas E. Kane
President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1901 - SHARMA, SEANJAY - EXCLUDED.

ENDORSEMENT #2085 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 08-06-2010 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

FORT HELP, LLC
PO BOX 801809
VALENCIA CA 91380

NA

[HLB,CN]

PRINTED : 09-09-2011



Endorsement 10

NAMED INSURED: American Health Services LLC; El Dorado Community Service Center; Tavarua Health Service

E850.1 AI for GL - Blanket (PL GL)

Page 1 of 1

In consideration of the premium charged, it is understood and agreed the section of this Policy entitled V. Definitions, Part J. is amended to include the following:

Solely with respect to coverage afforded under Insuring Agreement B. Claims Made General Liability, **Insured** shall include **Additional Insured(s)**, provided however whenever used in this endorsement,

1. **Additional Insured** shall mean any landlord, owner or property manager of **Designated Premises**; any tradeshow or convention sponsor or operator; or any lessor of equipment; and
2. **Designated Premises** shall mean all premises leased or rented to the **Named Insured**, premises temporarily occupied by the **Named Insured** for a tradeshow or convention and/or equipment leased to the **Named Insured**.

It is further understood and agreed that coverage afforded to any **Additional Insured** as defined herein shall apply solely:

1. to **Claims** arising out of the **Named Insured's** occupancy of, or failure to maintain the **Designated Premises**, but solely with respect to the products, goods or operations of the **Named Insured** and only if liability of such **Claim** is determined to be solely the negligence or responsibility of the **Named Insured**; and
2. for **Accidents** at, on or upon that portion of the **Designated Premises** which his occupied by the **Named Insured** and taking place during the term of the **Named Insured's** lease/occupance of such **Designated Premises**.

All other terms and conditions remain unchanged.

Endorsement effective: 08/21/2011

Certificate No.: MEO1169412.11

Endorsement No: 10

Processed Date: 10/19/2011

Hiscox Inc.

By : Ed Donnelly
(Authorized Representative)

FORT HELP, LLC.

Oct. 02, 2008

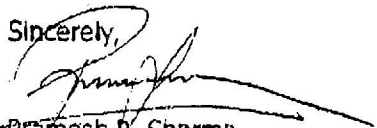
San Francisco Department of Public Health

Dear Ms. Yoshimi Salto,

Please be advised that at our Fort Help facility we do not own, lease or hire any vehicles. Therefore the insurance company cannot give us coverage for such items. In order for us to have coverage, according to the insurance company, we must provide them with Vehicle Identification Numbers.

Because of the location of this facility, there is no need for our staff to use a vehicle. Public transportation is much more convenient for the staff to use should they need to conduct company business on company time.

Sincerely,


Pramesh P. Sharma
Executive vice President

*As per above statement,
waiver of automobile liability
insurance requirement is
herby granted*

*E. Fitzpatrick
Rel. Manager
10-3-08*

26460 Summit Circle
Carryon Country, Ca
91350

PHONE (661) 254-6630
FAX (661) 254-6644