

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

GRANT AGREEMENT

between

CITY AND COUNTY OF SAN FRANCISCO

and

MISSION NEIGHBORHOOD HEALTH CENTER

THIS GRANT AGREEMENT (“Agreement”) is made as of **MARCH 1, 2020**, in the City and County of San Francisco, State of California, by and between **MISSION NEIGHBORHOOD HEALTH CENTER** (“Grantee”) and the **CITY AND COUNTY OF SAN FRANCISCO**, a municipal corporation (“City”) acting by and through **DEPARTMENT OF PUBLIC HEALTH** (“Department”),

RECITALS

WHEREAS, Grantee has applied to the Department for a grant to fund the matters set forth in a grant plan; and summarized briefly as follows:

To provide supportive services for Outpatient/Ambulatory HIV Health Services – Center of Excellence Program with the goal of providing high quality integrated comprehensive medical and behavioral health services to people living with HIV/AIDS (PLWH/A); and

WHEREAS, City desires to provide such a grant on the terms and conditions set forth herein:

NOW, THEREFORE, in consideration of the premises and the mutual covenants contained in this Agreement and for other good and valuable consideration, the receipt and adequacy of which is acknowledged, the parties agree as follows:

**ARTICLE 1
DEFINITIONS**

1.1 Specific Terms. Unless the context otherwise requires, the following capitalized terms (whether singular or plural) shall have the meanings set forth below:

(a) “**ADA**” shall mean the Americans with Disabilities Act (including all rules and regulations thereunder) and all other applicable federal, state and local disability rights legislation, as the same may be amended, modified or supplemented from time to time.

(b) “**Application Documents**” shall mean collectively: (i) the grant application submitted by Grantee, including all exhibits, schedules, appendices and attachments thereto; (ii) all documents, correspondence and other written materials submitted with respect to the grant application; and (iii) all amendments, modifications or supplements to any of the foregoing approved in writing by City.

- (c) **“Budget”** shall mean the budget attached hereto as part of Appendix B.
- (d) **“Charter”** shall mean the Charter of City.
- (e) **“Contractor”** shall have the meaning as “Grantee” if used in this Agreement, as certain City contracting requirements also apply to grants of the City of San Francisco.
- (f) **“Controller”** shall mean the Controller of City.
- (g) **“Eligible Expenses”** shall have the meaning set forth in Appendix A.
- (h) **“Event of Default”** shall have the meaning set forth in Section 11.1.
- (i) **“Fiscal Quarter”** shall mean each period of three (3) calendar months commencing on July 1, October 1, January 1 and April 1, respectively.
- (j) **“Fiscal Year”** shall mean each period of twelve (12) calendar months commencing on July 1 and ending on June 30 during which all or any portion of this Agreement is in effect.
- (k) **“Funding Request”** shall have the meaning set forth in Section 5.3(a).
- (l) **“Grant”** shall mean this Agreement.
- (m) **“Grant Funds”** shall mean any and all funds allocated or disbursed to Grantee under this Agreement.
- (n) **“Grant Plan”** shall have the meaning set forth in Appendix B.
- (o) **“Indemnified Parties”** shall mean: (i) City, including the Department and all commissions, departments, agencies and other subdivisions of City; (ii) City's elected officials, directors, officers, employees, agents, successors and assigns; and (iii) all persons or entities acting on behalf of any of the foregoing.
- (p) **“Losses”** shall mean any and all liabilities, obligations, losses, damages, penalties, claims, actions, suits, judgments, fees, expenses and costs of whatsoever kind and nature (including legal fees and expenses and costs of investigation, of prosecuting or defending any Loss described above) whether or not such Loss be founded or unfounded, of whatsoever kind and nature.
- (q) **“Publication”** shall mean any report, article, educational material, handbook, brochure, pamphlet, press release, public service announcement, web page, audio or visual material or other communication for public dissemination, which relates to all or any portion of the Grant Plan or is paid for in whole or in part using Grant Funds.

1.2 Additional Terms. The terms “as directed,” “as required” or “as permitted” and similar terms shall refer to the direction, requirement, or permission of the Department. The terms “sufficient,” “necessary” or “proper” and similar terms shall mean sufficient, necessary or proper in the sole judgment of the Department. The terms “approval,” “acceptable” or “satisfactory” or similar terms shall mean approved by, or acceptable to, or satisfactory to the Department. The terms “include,” “included” or “including” and similar terms shall be deemed to be followed by the words “without limitation”. The use of the term “subcontractor,” “successor” or “assign” herein refers only to a subcontractor (“subgrantee”), successor or assign expressly permitted under Article 13.

1.3 References to this Agreement. References to this Agreement include: (a) any and all appendices, exhibits, schedules, attachments hereto; (b) any and all statutes, ordinances, regulations or other documents expressly incorporated by reference herein; and (c) any and all amendments, modifications or supplements hereto made in accordance with Section 17.2. References to articles, sections, subsections or appendices refer to articles, sections or subsections of or appendices to this Agreement, unless otherwise expressly stated. Terms such as “hereunder,” herein or “hereto” refer to this Agreement as a whole.

**ARTICLE 2
APPROPRIATION AND CERTIFICATION OF GRANT FUNDS;
LIMITATIONS ON CITY'S OBLIGATIONS**

2.1 Risk of Non-Appropriation of Grant Funds. This Agreement is subject to the budget and fiscal provisions of the Charter. City shall have no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. Grantee acknowledges that City budget decisions are subject to the discretion of its Mayor and Board of Supervisors. Grantee assumes all risk of possible non-appropriation or non-certification of funds, and such assumption is part of the consideration for this Agreement.

2.2 Certification of Controller. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization.

2.3 Automatic Termination for Nonappropriation of Funds. This Agreement shall automatically terminate, without penalty, liability or expense of any kind to City, at the end of any Fiscal Year if funds are not appropriated for the next succeeding Fiscal Year. If funds are appropriated for a portion of any Fiscal Year, this Agreement shall terminate, without penalty, liability or expense of any kind to City, at the end of such portion of the Fiscal Year.

2.4 SUPERSEDURE OF CONFLICTING PROVISIONS. IN THE EVENT OF ANY CONFLICT BETWEEN ANY OF THE PROVISIONS OF THIS ARTICLE 2 AND ANY OTHER PROVISION OF THIS AGREEMENT, THE APPLICATION DOCUMENTS OR ANY OTHER DOCUMENT OR COMMUNICATION RELATING TO THIS AGREEMENT, THE TERMS OF THIS ARTICLE 2 SHALL GOVERN.

2.5 Maximum Costs. Except as may be provided by City ordinances governing emergency conditions, City and its employees and officers are not authorized to request Grantee to perform services or to provide materials, equipment and supplies that would result in Grantee performing services or providing materials, equipment and supplies that are beyond the scope of the services, materials, equipment and supplies specified in this Agreement unless this Agreement is amended in writing and approved as required by law to authorize the additional services, materials, equipment or supplies. City is not required to pay Grantee for services, materials, equipment or supplies provided by Grantee that are beyond the scope of the services, materials, equipment and supplies agreed upon herein and not approved by a written amendment to this Agreement lawfully executed by City. City and its employees and officers are not authorized to offer or promise to Grantee additional funding for this Agreement that exceeds the maximum amount of funding provided for herein. Additional funding for this Agreement in excess of the maximum provided herein shall require lawful approval and certification by the Controller. City is not required to honor any offered or promised additional funding which exceeds the maximum provided in this Agreement which requires lawful approval and certification of the Controller when the lawful approval and certification by the Controller has not been obtained. The Controller is not authorized to make payments on any agreement for which funds have not been certified as available in the budget or by supplemental appropriation.

ARTICLE 3 TERM

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

3.2 Duration of Term. The term of this Agreement shall commence on **MARCH 1st, 2020** and expire on **FEBRUARY 29, 2024**, unless earlier terminated as otherwise provided herein. Grantee shall not begin performance of its obligations under this Agreement until it receives written notice from City to proceed.

3.3 The City has **6 (six)** options to renew the Agreement for a period of time span listed below each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

- Option 1: 03/01/2024 – 02/28/2025
- Option 2: 03/01/2025 – 02/28/2026
- Option 3: 03/01/2026 – 02/28/2027
- Option 4: 03/01/2027 – 02/29/2028
- Option 5: 03/01/2028 – 02/28/2029
- Option 6: 03/01/2029 – 02/28/2030

ARTICLE 4 IMPLEMENTATION OF GRANT PLAN

4.1 Implementation of Grant Plan; Cooperation with Monitoring. Grantee shall diligently and in good faith implement the Grant Plan on the terms and conditions set forth in this Agreement and, to the extent that they do not differ from this Agreement, the Application Documents. Grantee shall not materially change the nature or scope of the Grant Plan during the term of this Agreement without the prior written consent of City. Grantee shall promptly comply with all standards, specifications and formats of City, as they may from time to time exist, related to evaluation, planning and monitoring of the Grant Plan and shall cooperate in good faith with City in any evaluation, planning or monitoring activities conducted or authorized by City.

4.2 Grantee's Personnel. The Grant Plan shall be implemented only by competent personnel under the direction and supervision of Grantee.

4.3 Ownership of Results. Any interest of Grantee or any subgrantee, in drawings, plans, specifications, studies, reports, memoranda, computation sheets, the contents of computer diskettes, or other documents or Publications prepared by Grantee or any subgrantee in connection with this Agreement or the implementation of the Grant Plan or the services to be performed under this Agreement, shall become the property of and be promptly transmitted to City. Notwithstanding the foregoing, Grantee may retain and use copies for reference and as documentation of its experience and capabilities.

4.4 Works for Hire. If, in connection with this Agreement or the implementation of the Grant Plan, Grantee or any subgrantee creates artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, source codes or any other original works of authorship or Publications, such creations shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such creations shall be the property of City. If it is ever determined that any such creations are not works for hire under applicable law, Grantee hereby assigns all copyrights thereto to City, and agrees to provide any material, execute such documents and take such other actions as may be necessary or desirable to effect such assignment. With the prior written approval of City, Grantee

may retain and use copies of such creations for reference and as documentation of its experience and capabilities. Grantee shall obtain all releases, assignments or other agreements from subgrantees or other persons or entities implementing the Grant Plan to ensure that City obtains the rights set forth in this Grant.

4.5 Publications and Work Product.

(a) Grantee understands and agrees that City has the right to review, approve, disapprove or conditionally approve, in its sole discretion, the work and property funded in whole or part with the Grant Funds, whether those elements are written, oral or in any other medium. Grantee has the burden of demonstrating to City that each element of work or property funded in whole or part with the Grant Funds is directly and integrally related to the Grant Plan as approved by City. City shall have the sole and final discretion to determine whether Grantee has met this burden.

(b) Without limiting the obligations of Grantee set forth in subsection (a) above, Grantee shall submit to City for City's prior written approval any Publication, and Grantee shall not disseminate any such Publication unless and until it receives City's consent. In addition, Grantee shall submit to City for approval, if City so requests, any other program material or form that Grantee uses or proposes to use in furtherance of the Grant Plan, and Grantee shall promptly provide to City one copy of all such materials or forms within two (2) days following City's request. The City's approval of any material hereunder shall not be deemed an endorsement of, or agreement with, the contents of such material, and the City shall have no liability or responsibility for any such contents. The City reserves the right to disapprove any material covered by this section at any time, notwithstanding a prior approval by the City of such material. Grantee shall not charge for the use or distribution of any Publication funded all or in part with the Grant Funds, without first obtaining City's written consent, which City may give or withhold in its sole discretion.

(c) Grantee shall distribute any Publication solely within San Francisco, unless City otherwise gives its prior written consent, which City may give or withhold in its sole discretion. In addition, Grantee shall furnish any services funded in whole or part with the Grant Funds under this Agreement solely within San Francisco, unless City otherwise gives its prior written consent, which City may give or withhold in its sole discretion.

(d) City may disapprove any element of work or property funded in whole or part by the Grant Funds that City determines, in its sole discretion, has any of the following characteristics: is divisive or discriminatory; undermines the purpose of the Grant Plan; discourages otherwise qualified potential employees or volunteers or any clients from participating in activities covered under the Grant Plan; undermines the effective delivery of services to clients of Grantee; hinders the achievement of any other purpose of City in making the Grant under this Agreement; or violates any other provision of this Agreement or applicable law. If City disapproves any element of the Grant Plan as implemented, or requires any change to it, Grantee shall immediately eliminate the disapproved portions and make the required changes. If City disapproves any materials, activities or services provided by third parties, Grantee shall immediately cease using the materials and terminate the activities or services and shall, at City's request, require that Grantee obtain the return of materials from recipients or deliver such materials to City or destroy them.

(e) City has the right to monitor from time to time the administration by Grantee or any of its subcontractors of any programs or other work, including, without limitation, educational programs or trainings, funded in whole or part by the Grant Funds, to ensure that Grantee is performing such element of the Grant Plan, or causing such element of the Grant Plan to be performed, consistent with the terms and conditions of this Agreement.

(f) Grantee shall acknowledge City's funding under this Agreement in all Publications. Such acknowledgment shall conspicuously state that the activities are sponsored in whole or in part through a grant from the Department. Except as set forth in this subsection, Grantee shall not use the name of the

Department or City (as a reference to the municipal corporation as opposed to location) in any Publication without prior written approval of City.

ARTICLE 5 USE AND DISBURSEMENT OF GRANT FUNDS

5.1 Maximum Amount of Grant Funds. In no event shall the amount of Grant Funds disbursed hereunder exceed **FOUR MILLION, SIX HUNDRED SEVENTY-FIVE THOUSAND, FOUR HUNDRED FIFTY-EIGHT Dollars (\$4,675,458)**.

5.2 Use of Grant Funds. Grantee shall use the Grant Funds only for Eligible Expenses as set forth in Appendix A and for no other purpose. Grantee shall expend the Grant Funds in accordance with the Budget and shall obtain the prior approval of City before transferring expenditures from one line item to another within the Budget.

5.3 Disbursement Procedures. Grant Funds shall be disbursed to Grantee as follows:

(a) Grantee shall submit to the Department for approval, in the manner specified for notices pursuant to Article 15, a document (a "Funding Request") substantially in the form attached as Appendix C. Any unapproved Funding Requests shall be returned by the Department to Grantee with a brief explanation why the Funding Request was rejected. If any such rejection relates only to a portion of Eligible Expenses itemized in a Funding Request, the Department shall have no obligation to disburse any Grant Funds for any other Eligible Expenses itemized in such Funding Request unless and until Grantee submits a Funding Request that is in all respects acceptable to the Department.

(b) The Department shall make all disbursements of Grant Funds pursuant to this Section through electronic payment or by check payable to Grantee sent via U.S. mail in accordance with Article 15, unless the Department otherwise agrees in writing, in its sole discretion. For electronic payment, City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through the City's Automated Clearing House (ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach. The Department shall make disbursements of Grant Funds no more than once during each **WEEK**.

5.4 State or Federal Funds

(a) **Disallowance.** With respect to Grant Funds, if any, which are ultimately provided by the state or federal government, Grantee agrees that if Grantee claims or receives payment from City for an Eligible Expense, payment or reimbursement of which is later disallowed by the state or federal government, Grantee shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset all or any portion of the disallowed amount against any other payment due to Grantee hereunder or under any other Agreement. Any such offset with respect to a portion of the disallowed amount shall not release Grantee from Grantee's obligation hereunder to refund the remainder of the disallowed amount.

(b) **Grant Terms.** The funding for this Agreement is provided in full or in part by a Federal or State Grant to the City. As part of the terms of receiving the funds, the City is required to incorporate some of the terms into this Agreement and include certain reporting requirements. The incorporated terms and requirements are stated in Appendix G, "State/Federal Funding Terms."

ARTICLE 6 REPORTING REQUIREMENTS; AUDITS; PENALTIES FOR FALSE CLAIMS

6.1 Regular Reports. Grantee shall provide, in a prompt and timely manner, financial, operational and other reports, as requested by the Department, in form and substance satisfactory to the Department.

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

6.2 Organizational Documents. If requested by City, Grantee shall provide to City the names of its current officers and directors and certified copies of its Articles of Incorporation and Bylaws as well as satisfactory evidence of the valid nonprofit status described in Section 8.1.

6.3 Notification of Defaults or Changes in Circumstances. Grantee shall notify City immediately of (a) any Event of Default or event that, with the passage of time, would constitute an Event of Default; and (b) any change of circumstances that would cause any of the representations and warranties contained in Article 8 to be false or misleading at any time during the term of this Agreement.

6.4 Financial Statements. Pursuant to San Francisco Administrative Code Section 67.32 and Controller requirements, if requested, within sixty (60) days following the end of each Fiscal Year, Grantee shall deliver to City an unaudited balance sheet and the related statement of income and cash flows for such Fiscal Year, all in reasonable detail acceptable to City, certified by an appropriate financial officer of Grantee as accurately presenting the financial position of Grantee. If requested by City, Grantee shall also deliver to City, no later than one hundred twenty (120) days following the end of any Fiscal Year, an audited balance sheet and the related statement of income and cash flows for such Fiscal Year, certified by a reputable accounting firm as accurately presenting the financial position of Grantee.

6.5 Books and Records. Grantee shall establish and maintain accurate files and records of all aspects of the Grant Plan and the matters funded in whole or in part with Grant Funds during the term of this Agreement. Without limiting the scope of the foregoing, Grantee shall establish and maintain accurate financial books and accounting records relating to Eligible Expenses incurred and Grant Funds received and expended under this Agreement, together with all invoices, documents, payrolls, time records and other data related to the matters covered by this Agreement, whether funded in whole or in part with Grant Funds. Grantee shall maintain all of the files, records, books, invoices, documents, payrolls and other data required to be maintained under this Section in a readily accessible location and condition for a period of not less than five (5) years after final payment under this Agreement or until any final audit has been fully completed, whichever is later.

6.6 Audit and Inspection of Records. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years, unless required for a longer duration due to Federal, State, or local requirements of which the City will notify contractor in writing, after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

6.6.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

6.6.2 If Contractor expends less than \$750,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by

appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

6.6.3 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

6.6.4 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

6.7 Submitting False Claims Grantee shall at all times deal in good faith with the City, shall only submit a Funding Request to the City upon a good faith and honest determination that the funds sought are for Eligible Expenses under the Grant, and shall only use Grant Funds for payment of Eligible Expenses as set forth in Appendix A. Any Grantee who commits any of the following false acts shall be liable to the City for three times the amount of damages the City sustains because of the Grantee's act. A Grantee will be deemed to have submitted a false claim to the City if the Grantee: (a) knowingly presents or causes to be presented to an officer or employee of the City a false Funding Request; (b) knowingly disburses Grants Funds for expenses that are not Eligible Expenses; (c) knowingly makes, uses, or causes to be made or used a false record or statement to get a false Funding Request paid or approved by the City; (d) conspires to defraud the City by getting a false Funding Request allowed or paid by the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

6.8 Grantee's Board of Directors. Grantee shall at all times be governed by a legally constituted and fiscally responsible board of directors. Such board of directors shall meet regularly and maintain appropriate membership, as established in Grantee's bylaws and other governing documents and shall adhere to applicable provisions of federal, state and local laws governing nonprofit corporations. Grantee's board of directors shall exercise such oversight responsibility with regard to this Agreement as is necessary to ensure full and prompt performance by Grantee of its obligations under this Agreement.

ARTICLE 7 TAXES

7.1 Grantee to Pay All Taxes. Grantee shall pay to the appropriate governmental authority, as and when due, any and all taxes, fees, assessments or other governmental charges, including possessory interest taxes and California sales and use taxes, levied upon or in connection with this Agreement, the Grant Plan, the Grant Funds or any of the activities contemplated by this Agreement.

7.2 Use of City Real Property. If at any time this Agreement entitles Grantee to the possession, occupancy or use of City real property for private gain, the following provisions shall apply:

(a) Grantee, on behalf of itself and any subgrantees, successors and assigns, recognizes and understands that this Agreement may create a possessory interest subject to property taxation and Grantee, and any subgrantee, successor or assign, may be subject to the payment of such taxes.

(b) Grantee, on behalf of itself and any subgrantees, successors and assigns, further recognizes and understands that any assignment permitted hereunder and any exercise of any option to renew or other extension of this Agreement may constitute a change in ownership for purposes of property taxation and therefore may result in a revaluation of any possessory interest created hereunder. Grantee shall report any assignment or other transfer of any interest in this Agreement or any renewal or extension thereof to the County Assessor within sixty (60) days after such assignment, transfer, renewal or extension.

(c) Grantee shall provide such other information as may be requested by City to enable City to comply with any reporting requirements under applicable law with respect to possessory interests.

7.3 Withholding. Grantee agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Grantee further acknowledges and agrees that City may withhold any payments due to Grantee under this Agreement if Grantee is delinquent in the payment of any amount required to be paid to the City under the San Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Grantee, without interest, upon Grantee coming back into compliance with its obligations.

ARTICLE 8 REPRESENTATIONS AND WARRANTIES

Grantee represents and warrants each of the following as of the date of this Agreement and at all times throughout the term of this Agreement:

8.1 Organization; Authorization. Grantee is a nonprofit corporation, duly organized and validly existing and in good standing under the laws of the jurisdiction in which it was formed. Grantee has established and maintains valid nonprofit status under Section 501(c)(3) of the United States Internal Revenue Code of 1986, as amended, and all rules and regulations promulgated under such Section. Grantee has duly authorized by all necessary action the execution, delivery and performance of this Agreement. Grantee has duly executed and delivered this Agreement and this Agreement constitutes a legal, valid and binding obligation of Grantee, enforceable against Grantee in accordance with the terms hereof.

8.2 Location. Grantee's operations, offices and headquarters are located at the address for notices set forth in Section 15. All aspects of the Grant Plan will be implemented at the geographic location(s), if any, specified in the Grant Plan.

8.3 No Misstatements. No document furnished or to be furnished by Grantee to City in connection with the Application Documents, this Agreement, any Funding Request or any other document relating to any of the foregoing, contains or will contain any untrue statement of material fact or omits or will omit a material fact necessary to make the statements contained therein not misleading, under the circumstances under which any such statement shall have been made.

8.4 Conflict of Interest.

(a) Through its execution of this Agreement, Grantee acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of the City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

(b) Not more than one member of an immediate family serves or will serve as an officer, director or employee of Grantee, without the prior written consent of City. For purposes of this subsection, "immediate family" shall include husband, wife, domestic partners, brothers, sisters, children and parents (both legal parents and step-parents).

8.5 No Other Agreements with City. Except as expressly itemized in Appendix D, neither Grantee nor any of Grantee's affiliates, officers, directors or employees has any interest, however remote, in any other agreement with City including any commission, department or other subdivision thereof.

8.6 Subcontracts. Except as may be permitted under Section 13.3, Grantee has not entered into any agreement, arrangement or understanding with any other person or entity pursuant to which such person or entity will implement or assist in implementing all or any portion of the Grant Plan.

8.7 Eligibility to Receive Federal Funds. By executing this Agreement, Grantee certifies that Grantee is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Grantee acknowledges that this certification of eligibility to receive federal funds is a material term of the Agreement.

ARTICLE 9 INDEMNIFICATION AND GENERAL LIABILITY

9.1 Indemnification. Grantee shall indemnify, protect, defend and hold harmless each of the Indemnified Parties from and against any and all Losses arising from, in connection with or caused by: (a) a material breach of this Agreement by Grantee; (b) a material breach of any representation or warranty of Grantee contained in this Agreement; (c) any personal injury caused, directly or indirectly, by any act or omission of Grantee or its employees, subgrantees or agents; (d) any property damage caused, directly or indirectly by any act or omission of Grantee or its employees, subgrantees or agents; (e) the use, misuse or failure of any equipment or facility used by Grantee, or by any of its employees, subgrantees or agents, regardless of whether such equipment or facility is furnished, rented or loaned to Grantee by an Indemnified Party; (f) any tax, fee, assessment or other charge for which Grantee is responsible under Article 7; or (g) any infringement of patent rights, copyright, trade secret or any other proprietary right or trademark of any person or entity in consequence of the use by any Indemnified Party of any goods or services furnished to such Indemnified Party in connection with this Agreement. Grantee's obligations under the immediately preceding sentence shall apply to any Loss that is caused in whole or in part by the active or passive negligence of any Indemnified Party, but shall exclude any Loss caused solely by the willful misconduct of the Indemnified Party. The foregoing indemnity shall include, without limitation, consultants and experts and related costs and City's costs of investigating any claims against the City. Grantee shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Grantee's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

9.2 Duty to Defend; Notice of Loss. Grantee acknowledges and agrees that its obligation to defend the Indemnified Parties under Section 9.1: (a) is an immediate obligation, independent of its other obligations hereunder; (b) applies to any Loss which actually or potentially falls within the scope of Section 9.1, regardless of whether the allegations asserted in connection with such Loss are or may be groundless, false or fraudulent; and (c) arises at the time the Loss is tendered to Grantee by the Indemnified Party and continues at all times thereafter. The Indemnified Party shall give Grantee prompt notice of any Loss under Section 9.1 and Grantee shall have the right to defend, settle and compromise any such Loss; provided, however, that the Indemnified Party shall have the right to retain its own counsel at the expense of Grantee if representation of such Indemnified Party by the counsel retained by Grantee would be inappropriate due to conflicts of interest between such Indemnified Party and Grantee.

An Indemnified Party's failure to notify Grantee promptly of any Loss shall not relieve Grantee of any liability to such Indemnified Party pursuant to Section 9.1, unless such failure materially impairs Grantee's ability to defend such Loss. Grantee shall seek the Indemnified Party's prior written consent to settle or compromise any Loss if Grantee contends that such Indemnified Party shares in liability with respect thereto.

9.3 Incidental and Consequential Damages. Losses covered under this Article 9 shall include any and all incidental and consequential damages resulting in whole or in part from Grantee's acts or omissions. Nothing in this Agreement shall constitute a waiver or limitation of any rights that any Indemnified Party may have under applicable law with respect to such damages.

9.4 LIMITATION ON LIABILITY OF CITY. CITY'S OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE AGGREGATE AMOUNT OF GRANT FUNDS ACTUALLY DISBURSED HEREUNDER. NOTWITHSTANDING ANY OTHER PROVISION CONTAINED IN THIS AGREEMENT, THE APPLICATION DOCUMENTS OR ANY OTHER DOCUMENT OR COMMUNICATION RELATING TO THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT, THE GRANT FUNDS, THE GRANT PLAN OR ANY ACTIVITIES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

ARTICLE 10 INSURANCE

10.1 Types and Amounts of Coverage. Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

- (a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- (b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- (c) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- (d) **Reserved. (Professional Liability Coverage)**
- (e) **Reserved. (Technology Errors and Omissions Coverage)**
- (f) Grantee shall maintain in force during the full life of the agreement Cyber and Privacy Insurance with limits of not less than \$2,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

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

10.2 Additional Requirements for General and Automobile Coverage. Commercial General Liability and Commercial Automobile Liability insurance policies shall:

(a) Name as additional insured City and its officers, agents and employees.

(b) Provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought, except with respect to limits of liability.

10.3 Additional Requirements for All Policies. All policies shall be endorsed to provide at least thirty (30) days' advance written notice to City of cancellation of policy for any reason, nonrenewal or reduction in coverage and specific notice mailed to City's address for notices pursuant to Article 15.

10.4 Required Post-Expiration Coverage. Should any of the insurance required hereunder be provided under a claims-made form, Grantee shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three (3) years beyond the expiration or termination of this Agreement, to the effect that, should occurrences during the term hereof give rise to claims made after expiration or termination of the Agreement, such claims shall be covered by such claims-made policies.

10.5 General Annual Aggregate Limit/Inclusion of Claims Investigation or Legal Defense Costs. Should any of the insurance required hereunder be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

10.6 Evidence of Insurance. Before commencing any operations under this Agreement, Grantee shall furnish to City certificates of insurance, and additional insured policy endorsements, in form and with insurers satisfactory to City, evidencing all coverages set forth above, and shall furnish complete copies of policies promptly upon City's request. Before commencing any operations under this Agreement, Grantee shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Failure to maintain insurance shall constitute a material breach of this Agreement.

10.7 Effect of Approval. Approval of any insurance by City shall not relieve or decrease the liability of Grantee hereunder.

10.8 Insurance for Subgrantees and Evidence of this Insurance. If a subgrantee will be used to complete any portion of this agreement, the grantee shall ensure that the subgrantee shall provide all necessary insurance and shall name the City and County of San Francisco, its officers, agents, and employees and the grantee listed as additional insureds.

10.9 Reserved. (Waiver of Subrogation)

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

ARTICLE 11 EVENTS OF DEFAULT AND REMEDIES

11.1 Events of Default. The occurrence of any one or more of the following events shall constitute an “Event of Default” under this Agreement:

(a) **False Statement.** Any statement, representation or warranty contained in this Agreement, in the Application Documents, in any Funding Request or in any other document submitted to City under this Agreement is found by City to be false or misleading.

(b) **Failure to Provide Insurance.** Grantee fails to provide or maintain in effect any policy of insurance required in Article 10.

(c) **Failure to Comply with Representations and Warranties or Applicable Laws.** Grantee fails to perform or breaches any of the terms or provisions of Article 8 or 16.

(d) **Failure to Perform Other Covenants.** Grantee fails to perform or breaches any other agreement or covenant of this Agreement to be performed or observed by Grantee as and when performance or observance is due and such failure or breach continues for a period of ten (10) days after the date on which such performance or observance is due.

(e) **Cross Default.** Grantee defaults under any other agreement between Grantee and City (after expiration of any grace period expressly stated in such agreement).

(f) **Voluntary Insolvency.** Grantee (i) is generally not paying its debts as they become due, (ii) files, or consents by answer or otherwise to the filing against it of, a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction, (iii) makes an assignment for the benefit of its creditors, (iv) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Grantee or of any substantial part of Grantee's property or (v) takes action for the purpose of any of the foregoing.

(g) **Involuntary Insolvency.** Without consent by Grantee, a court or government authority enters an order, and such order is not vacated within ten (10) days, (i) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Grantee or with respect to any substantial part of Grantee's property, (ii) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Grantee.

11.2 Remedies upon Event of Default. Upon and during the continuance of an Event of Default, City may do any of the following, individually or in combination with any other remedy:

(a) **Termination.** City may terminate this Agreement by giving a written termination notice to Grantee of the Event of Default and that, on the date specified in the notice, this Agreement shall terminate and all rights of Grantee hereunder shall be extinguished. In the sole discretion of the City, Grantee may be allowed ten (10) days to cure the default. In the event of termination for default, Grantee will be paid for Eligible Expenses in any Funding Request that was submitted and approved by City prior to the date of termination specified in such notice.

(b) **Withholding of Grant Funds.** City may withhold all or any portion of Grant Funds not yet disbursed hereunder, regardless of whether Grantee has previously submitted a Funding Request or whether City has approved the disbursement of the Grant Funds requested in any Funding Request. Any Grant Funds withheld pursuant to this Section and subsequently disbursed to Grantee after cure of

applicable Events of Default, if granted by the City in its sole discretion, shall be disbursed without interest.

(c) **Offset.** City may offset against all or any portion of undisbursed Grant Funds hereunder or against any payments due to Grantee under any other agreement between Grantee and City the amount of any outstanding Loss incurred by any Indemnified Party, including any Loss incurred as a result of the Event of Default.

(d) **Return of Grant Funds.** City may demand the immediate return of any previously disbursed Grant Funds that have been claimed or expended by Grantee in breach of the terms of this Agreement, together with interest thereon from the date of disbursement at the maximum rate permitted under applicable law.

11.3 Termination for Convenience. City shall have the option, in its sole discretion, to terminate this Agreement at any time for convenience and without cause. City shall exercise this option by giving Grantee written notice that specifies the effective date of termination. Upon receipt of the notice of termination, Grantee shall undertake with diligence all necessary actions to effect the termination of this Agreement on the date specified by City and minimize the liability of Grantee and City to third parties. Such actions shall include, without limitation:

(a) Halting the performance of all work under this Agreement on the date(s) and in the manner specified by City;

(b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, services, equipment or other items; and

(c) Completing performance of any work that City designates to be completed prior to the date of termination specified by City.

In no event shall City be liable for costs incurred by Grantee or any of its subcontractors after the termination date specified by City, except for those costs incurred at the request of City pursuant to this section.

11.4 Remedies Nonexclusive. Each of the remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The remedies contained herein are in addition to all other remedies available to City at law or in equity by statute or otherwise and the exercise of any such remedy shall not preclude or in any way be deemed to waive any other remedy.

ARTICLE 12 DISCLOSURE OF INFORMATION AND DOCUMENTS

12.1 Proprietary or Confidential Information of City. Grantee understands and acknowledges that, in the performance of this Agreement or in contemplation thereof, Grantee may have access to private or confidential information that may be owned or controlled by City and that such information may contain proprietary or confidential information, the disclosure of which to third parties may be damaging to City. Grantee agrees that all information disclosed by City to Grantee shall be held in confidence and used only in the performance of this Agreement. Grantee shall exercise the same standard of care to protect such information as a reasonably prudent nonprofit entity would use to protect its own proprietary or confidential data.

12.2 Sunshine Ordinance. Grantee acknowledges and agrees that this Agreement and the Application Documents are subject to Section 67.24(e) of the San Francisco Administrative Code, which provides that contracts, including this Agreement, grantee's bids, responses to Requests for Proposals and all other

records of communications between City and persons or entities seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in Section 67.24(e) (as it exists on the date hereof) requires the disclosure of a private person's or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. All information provided by Grantee covered by Section 67.24(e) (as it may be amended from time to time) will be made available to the public upon request.

12.3 Financial Projections. Pursuant to San Francisco Administrative Code Section 67.32, Grantee agrees upon request to provide City with financial projections (including profit and loss figures) for the activities and/or projects contemplated by this Grant ("Project") and annual audited financial statements thereafter. Grantee agrees that all such projections and financial statements shall be public records that must be disclosed.

ARTICLE 13 ASSIGNMENTS AND SUBCONTRACTING

13.1 No Assignment by Grantee. Grantee shall not, either directly or indirectly, assign, transfer, hypothecate, subcontract or delegate all or any portion of this Agreement or any rights, duties or obligations of Grantee hereunder without the prior written consent of City. This Agreement shall not, nor shall any interest herein, be assignable as to the interest of Grantee involuntarily or by operation of law without the prior written consent of City. A change of ownership or control of Grantee or a sale or transfer of substantially all of the assets of Grantee shall be deemed an assignment for purposes of this Agreement.

13.2 Agreement Made in Violation of this Article. Any agreement made in violation of Section 13.1 shall confer no rights on any person or entity and shall automatically be null and void.

13.3 Subcontracting. If Appendix H lists any permitted subgrantees, then notwithstanding any other provision of this Agreement to the contrary, Grantee shall have the right to subcontract on the terms set forth in this Section. If Appendix H is blank or specifies that there are no permitted subgrantees, then Grantee shall have no rights under this Section.

(a) **Limitations.** In no event shall Grantee subcontract or delegate the whole of the Grant Plan. Grantee may subcontract with any of the permitted subgrantees set forth on Appendix H without the prior consent of City; provided, however, that Grantee shall not thereby be relieved from any liability or obligation under this Agreement and, as between City and Grantee, Grantee shall be responsible for the acts, defaults and omissions of any subgrantee or its agents or employees as fully as if they were the acts, defaults or omissions of Grantee. Grantee shall ensure that its subgrantees comply with all of the terms of this Agreement, insofar as they apply to the subcontracted portion of the Grant Plan. All references herein to duties and obligations of Grantee shall be deemed to pertain also to all subgrantees to the extent applicable. A default by any subgrantee shall be deemed to be an Event of Default hereunder. Nothing contained in this Agreement shall create any contractual relationship between any subgrantee and City.

(b) **Terms of Subcontract.** Each subcontract shall be in form and substance acceptable to City and shall expressly provide that it may be assigned to City without the prior consent of the subgrantee. In addition, each subcontract shall incorporate all of the terms of this Agreement, insofar as they apply to the subcontracted portion of the Grant Plan. Without limiting the scope of the foregoing, each subcontract shall provide City, with respect to the subgrantee, the audit and inspection rights set forth in Section 6.6. Upon the request of City, Grantee shall promptly furnish to City true and correct copies of each subcontract permitted hereunder.

13.4 Grantee Retains Responsibility. Grantee shall remain liable for the performance by any assignee or subgrantee of all of the covenants terms and conditions contained in this Agreement.

**ARTICLE 14
INDEPENDENT CONTRACTOR STATUS**

14.1 Nature of Agreement. Grantee shall be deemed at all times to be an independent contractor and is solely responsible for the manner in which Grantee implements the Grant Plan and uses the Grant Funds. Grantee shall at all times remain solely liable for the acts and omissions of Grantee, its officers and directors, employees and agents. Nothing in this Agreement shall be construed as creating a partnership, joint venture, employment or agency relationship between City and Grantee.

14.2 Direction. Any terms in this Agreement referring to direction or instruction from the Department or City shall be construed as providing for direction as to policy and the result of Grantee's work only, and not as to the means by which such a result is obtained.

14.3 Consequences of Recharacterization.

(a) Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Grantee is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Grantee which can be applied against this liability). City shall subsequently forward such amounts to the relevant taxing authority.

(b) Should a relevant taxing authority determine a liability for past services performed by Grantee for City, upon notification of such fact by City, Grantee shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Grantee under this Agreement (again, offsetting any amounts already paid by Grantee which can be applied as a credit against such liability).

(c) A determination of employment status pursuant to either subsection (a) or (b) of this Section 14.3 shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Grantee shall not be considered an employee of City. Notwithstanding the foregoing, if any court, arbitrator, or administrative authority determine that Grantee is an employee for any other purpose, Grantee agrees to a reduction in City's financial liability hereunder such that the aggregate amount of Grant Funds under this Agreement does not exceed what would have been the amount of such Grant Funds had the court, arbitrator, or administrative authority had not determined that Grantee was an employee.

**ARTICLE 15
NOTICES AND OTHER COMMUNICATIONS**

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

If to the Department or City:

DEPARTMENT OF PUBLIC HEALTH
OFFICE OF CONTRACT MANAGEMENT AND
COMPLIANCE
101 GROVE ST. RM. 402

San Francisco, CA 94102
Attn: NORA MACIAS

And

HIV HEALTH SERVICES
25 VAN NESS AVENUE, 8TH FLOOR
San Francisco, CA 94102
Attn: BILL BLUM

If to Grantee:

MISSION NEIGHBORHOOD HEALTH CENTER
240 SHOTWELL STREET
San Francisco, CA 94110
Attn: BRENDA STOREY

Any notice of default must be sent by registered mail.

15.2 Effective Date. All communications sent in accordance with Section 15.1 shall become effective on the date of receipt

15.3 Change of Address. Any party hereto may designate a new address for purposes of this Article 15 by notice to the other party.

ARTICLE 16 COMPLIANCE

16.1 Reserved.

16.2 Nondiscrimination; Penalties.

(a) **Grantee Shall Not Discriminate.** In the performance of this Agreement, Grantee agrees not to discriminate against any employee, City and County employee working with such grantee or subgrantee, applicant for employment with such grantee or subgrantee, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

(b) **Subcontracts.** Grantee shall incorporate by reference in all subcontracts the provisions of Sections 12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subgrantees to comply with such provisions. Grantee's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

(c) **Non-Discrimination in Benefits.** Grantee does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco or where the work is being performed for the City or elsewhere within the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in Section 12B.2(b) of the San Francisco Administrative Code.

(d) **Condition to Contract.** As a condition to this Agreement, Grantee shall execute the “Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits” form (Form CMD-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Contract Monitoring Division.

(e) **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Grantee shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters of the Administrative Code, including the remedies provided in such Chapters. Without limiting the foregoing, Grantee understands that pursuant to Sections 12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of fifty dollars (\$50) for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Grantee and/or deducted from any payments due Grantee.

16.3 Reserved.

16.4 Tropical Hardwood and Virgin Redwood Ban. Pursuant to § 804(b) of the San Francisco Environment Code, City urges all grantees not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

16.5 Drug-Free Workplace Policy. Grantee acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Grantee and its employees, agents or assigns shall comply with all terms and provisions of such Act and the rules and regulations promulgated thereunder.

16.6 Resource Conservation; Liquidated Damages. Chapter 5 of the San Francisco Environment Code (Resource Conservation) is incorporated herein by reference. Failure by Grantee to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract. If Grantee fails to comply in good faith with any of the provisions of Chapter 5, Grantee shall be liable for liquidated damages in an amount equal to Grantee's net profit under this Agreement, or five percent (5%) of the total contract amount, whichever is greater. Grantee acknowledges and agrees that the liquidated damages assessed shall be payable to City upon demand and may be offset against any monies due to Grantee from any contract with City.

16.7 Compliance with ADA. Grantee acknowledges that, pursuant to the ADA, programs, services and other activities provided by a public entity to the public, whether directly or through a grantee or contractor, must be accessible to the disabled public. Grantee shall not discriminate against any person protected under the ADA in connection with all or any portion of the Grant Plan and shall comply at all times with the provisions of the ADA.

16.8. Requiring Minimum Compensation for Employees. Grantee shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P, including a minimum hourly gross compensation, compensated time off, and uncompensated time off. Grantee is subject to the enforcement and penalty provisions in Chapter 12P. Information about and the text of the Chapter 12P is available on the web at <http://sfgov.org/olse/mco>. Grantee is required to comply with all of the applicable provisions of 12P, irrespective of the listing of obligations in this Section. By signing and executing this Agreement, Grantee certifies that it complies with Chapter 12P.

16.9 Limitations on Contributions. By executing this Agreement, Grantee acknowledges its obligations under section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or

lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Grantee's board of directors; Grantee's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10 % in Grantee; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Grantee. Grantee certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the grant, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

16.10 First Source Hiring Program. Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.

16.11 Prohibition on Political Activity with City Funds. In accordance with San Francisco Administrative Code Chapter 12.G, no funds appropriated by the City and County of San Francisco for this Agreement may be expended for organizing, creating, funding, participating in, supporting, or attempting to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity"). The terms of San Francisco Administrative Code Chapter 12.G are incorporated herein by this reference. Accordingly, an employee working in any position funded under this Agreement shall not engage in any Political Activity during the work hours funded hereunder, nor shall any equipment or resource funded by this Agreement be used for any Political Activity. In the event Grantee, or any staff member in association with Grantee, engages in any Political Activity, then (i) Grantee shall keep and maintain appropriate records to evidence compliance with this section, and (ii) Grantee shall have the burden to prove that no funding from this Agreement has been used for such Political Activity. Grantee agrees to cooperate with any audit by the City or its designee in order to ensure compliance with this section. In the event Grantee violates the provisions of this section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this Agreement and any other agreements between Grantee and City, (ii) prohibit Grantee from bidding on or receiving any new City contract for a period of two (2) years, and (iii) obtain reimbursement of all funds previously disbursed to Grantee under this Agreement.

16.12 Preservative-treated Wood Containing Arsenic. Grantee may not purchase preservative-treated wood products containing arsenic in the performance of this Agreement unless an exemption from the requirements of Chapter 13 of the San Francisco Environment Code is obtained from the Department of the Environment under Section 1304 of the Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic, or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Grantee may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Grantee from purchasing preservative-treated wood containing arsenic for saltwater immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.

16.13 Working with Minors. In accordance with California Public Resources Code Section 5164, if Grantee, or any subgrantee, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Grantee,

or any subgrantee, is providing services to the City involving the supervision or discipline of minors or where Grantee, or any subgrantee, will be working with minors in an unaccompanied setting on more than an incidental or occasional basis, Grantee and any subgrantee shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95. In the event of a conflict between this section and Section 16.16, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control. Grantee shall expressly require any of its subgrantees with supervisory or disciplinary power over a minor to comply with this section of the Agreement as a condition of its contract with the subgrantee. Grantee acknowledges and agrees that failure by Grantee or any of its subgrantees to comply with any provision of this section of the Agreement shall constitute an Event of Default.

16.14 Protection of Private Information. Grantee has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Grantee agrees that any failure of Grantee to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Agreement. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Agreement, bring a false claim action against the Grantee pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Grantee.

16.15 Public Access to Meetings and Records. If Grantee receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Grantee shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, Grantee agrees to open its meetings and records to the public in the manner set forth in Sections 12L.4 and 12L.5 of the Administrative Code. Grantee further agrees to make good-faith efforts to promote community membership on its Board of Directors in the manner set forth in Section 12L.6 of the Administrative Code. Grantee acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. Grantee further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.

16.16 Consideration of Criminal History in Hiring and Employment Decisions.

(a) Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T, "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code ("Chapter 12T"), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at <http://sfgov.org/olse/fco>. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

(b) The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Chapter 12T shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

16.17 Food Service Waste Reduction Requirements. Grantee agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Grantee agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Grantee agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Grantee's failure to comply with this provision.

16.18 Reserved. Slavery Era Disclosure.

16.19 Distribution of Beverages and Water.

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

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

16.20 Reserved.

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

ARTICLE 17 MISCELLANEOUS

17.1 No Waiver. No waiver by the Department or City of any default or breach of this Agreement shall be implied from any failure by the Department or City to take action on account of such default if such default persists or is repeated. No express waiver by the Department or City shall affect any default other than the default specified in the waiver and shall be operative only for the time and to the extent therein stated. Waivers by City or the Department of any covenant, term or condition contained herein shall not be construed as a waiver of any subsequent breach of the same covenant, term or condition. The consent or approval by the Department or City of any action requiring further consent or approval shall not be deemed to waive or render unnecessary the consent or approval to or of any subsequent similar act.

17.2 Modification. This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement.

17.3 Administrative Remedy for Agreement Interpretation. Should any question arise as to the meaning or intent of this Agreement, the question shall, prior to any other action or resort to any other legal remedy, be referred to Department Head, as the case may be, of the Department who shall decide the true meaning and intent of the Agreement. Such decision shall be final and conclusive.

17.4 Governing Law; Venue. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California, without regard to its conflict of laws principles. Venue

for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

17.5 Headings. All article and section headings and captions contained in this Agreement are for reference only and shall not be considered in construing this Agreement.

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

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

17.7 Certified Resolution of Signatory Authority. Upon request of City, Grantee shall deliver to City a copy of the corporate resolution(s) authorizing the execution, delivery and performance of this Agreement, certified as true, accurate and complete by the secretary or assistant secretary of Grantee.

17.8 Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

17.9 Successors; No Third-Party Beneficiaries. Subject to the terms of Article 13, the terms of this Agreement shall be binding upon, and inure to the benefit of, the parties hereto and their successors and assigns. Nothing in this Agreement, whether express or implied, shall be construed to give any person or entity (other than the parties hereto and their respective successors and assigns and, in the case of Article 9, the Indemnified Parties) any legal or equitable right, remedy or claim under or in respect of this Agreement or any covenants, conditions or provisions contained herein.

17.10 Survival of Terms. The obligations of Grantee and the terms of the following provisions of this Agreement shall survive and continue following expiration or termination of this Agreement:

Section 4.3	Ownership of Results.	Article 12	Disclosure of Information and Documents
Section 6.4	Financial Statements.		
Section 6.5	Books and Records.	Section 13.4	Grantee Retains Responsibility.
Section 6.6	Audit and Inspection of Records.	Section 14.3	Consequences of Recharacterization.
Section 6.7	Submitting False Claims; Monetary Penalties	Article 17	Miscellaneous
		Article 18	Data and Security
Article 7	Taxes		
Article 8	Representations and Warranties		
Article 9	Indemnification and General Liability		
Section 10.4	Required Post-Expiration Coverage.		

17.11 Further Assurances. From and after the date of this Agreement, Grantee agrees to do such things, perform such acts, and make, execute, acknowledge and deliver such documents as may be reasonably necessary or proper and usual to complete the transactions contemplated by this Agreement and to carry out the purpose of this Agreement in accordance with this Agreement.

17.12 Dispute Resolution Procedure. A Dispute Resolution Procedure is attached under the Appendix J to address issues that have not been resolved administratively by other departmental remedies.

17.13 Cooperative Drafting. This Agreement has been drafted through a cooperative effort of both parties, and both parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

17.14 MacBride Principles--Northern Ireland. Pursuant to San Francisco Administrative Code Section 12F.5, City urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. City urges San Francisco companies to do business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Grantee acknowledges and agrees that he or she has read and understood this section.

ARTICLE 18 DATA AND SECURITY

18 Business Associate Agreement.

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

The parties acknowledge that Grantee will:

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

FOR PURPOSES OF THIS AGREEMENT, GRANTEE IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. GRANTEE MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED

DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

- a. **Appendix E** SFDPH Business Associate Agreement (BAA) (04-12-2018)
 - 1. SFDPH Attestation 1 PRIVACY (06-07-2017)
 - 2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

2. **NOT do any of the activities listed above in subsection 1;**

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

18.1 Protected Health Information. Grantee, all subgrantees, all agents and employees of Grantee and any subgrantee shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Grantee by City in the performance of this Grant. Grantee agrees that any failure of Grantee to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Grant. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Grantee or its subgrantees or agents by City, Grantee shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Grant.

18.2 Management of City Data and Confidential Information

18.2.1 Access to City Data. City shall at all times have access to and control of all data given to Grantee by City in the performance of this Agreement (“City Data” or “Data”), and shall be able to retrieve it in a readable format, in electronic form and/or print, at any time, at no additional cost.

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

18.2.3 Disposition of Confidential Information. Upon termination of Grant or request of City, Grantee shall within forty-eight (48) hours return all Confidential Information which includes all original media. Once Grantee has received written confirmation from City that Confidential Information has been successfully transferred to City, Grantee shall within ten (10) business days purge all Confidential Information from its servers, any hosted environment Grantee has used in performance of this Agreement, work stations that were used to process the data or for production of the data, and any other work files stored by Grantee in whatever medium. Grantee shall provide City with written certification that such purge occurred within five (5) business days of the purge.

ARTICLE 19
DEPARTMENT SPECIFIC TERMS

19.1 Third Party Beneficiaries.

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

19.2 Exclusion Lists and Employee Verification. Upon hire and monthly thereafter, Contractor will check the exclusion lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency. Proof of checking these lists must be retained for seven years.

19.3 Certification Regarding Lobbying.

Grantee certifies to the best of its knowledge and belief that:

19.3.1. No federally appropriated funds have been paid or will be paid, by or on behalf of Grantee to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

19.3.2 If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, Grantee shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

19.3.3 Grantee shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

19.3.4 This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

19.4 Materials Review.

Grantee agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. Grantee agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. City agrees to conduct the review in a manner which does not impose unreasonable delays on Grantee's work, which may include review by members of target communities.

19.5 Emergency Response.

Grantee will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The Plan should include site specific plans to respond at the time of an emergency (emergency response plans) and plans to continue essential services after a disaster (continuity of operations plans). The agency-wide plan should address disaster coordination between and among service sites. Grantee will update the Agency/site(s) plan as needed and Grantee will train all employees regarding the provisions of the plan for their Agency/site(s). Grantee will attest on its annual Community Programs' Grantee Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan and a continuity of operations plan for each of its service sites. Grantee is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, Grantee's employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Grantees are required to identify and keep Community Programs staff informed as to which two staff members will serve as Grantee's prime contacts with Community Programs in the event of a declared emergency.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed as of the date first specified herein. The signatories to this Agreement warrant and represent that they have the authority to enter into this agreement on behalf of the respective parties and to bind them to the terms of this Agreement

CITY

GRANTEE:

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

**MISSION NEIGHBORHOOD HEALTH
CENTER**

DocuSigned by:
By: Greg Wagner
Grant Colfax, MD
Director of Health

DocuSigned by:
By: Brenda Storey
B601D6B05AF0456...
Print Name: Brenda Storey

Approved as to Form:

Title: Chief Executive Officer

Dennis J. Herrera
City Attorney

Federal Tax ID #: 94-2284365

City Supplier Number: 0000014943

DocuSigned by:
By: Louise Simpson
Deputy City Attorney

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

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

B. Reports:

Contractor shall submit written reports as requested by the City. The format for the content of such reports shall be determined by the City. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

C. Evaluation:

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

For contracts for the provision of services at Zuckerberg San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. Grievance Procedure:

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

H. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

I. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

J. Acknowledgment of Funding:

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

K. Client Fees and Third Party Revenue:

(1) Fees required by federal, state or City laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. Under-Utilization Reports:

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

N. Quality Assurance:

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

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

O. Compliance With Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1

**Outpatient/Ambulatory HIV Health Services –
Centers of Excellence**

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

CONTRACT SUMMARY

Contractor	Mission Neighborhood Health Center
Total Contract \$\$ / Term	\$ 4,174,516 03/01/2020 - 02/29/2024
Funding Source	Ryan White Part A (RWPA) , Ryan White Part A: Minority AIDS Initiative (RWPA:MAI)
Address / Phone	240 Shotwell Street, San Francisco, CA 94110 Brenda Storey, Executive Director, 552-1013 x2201, brendastorey@mnhc.org
Contacts	F. Gomez-Benetiz, Deputy Director, 552-1013 x2208, fernandogomez-benetiz@mnhc.org A. Wakefield, Contracts, HIV Services Director, 552-1013 x2203, alisonwakefield@mnhc.org
System of Care / RFP	HIV Health Services RFP # 5 - 2019
Program Name	Mission Center of Excellence

Funding Source	RWPA		RWPA:MAI		RWPA:MAI (IFR)		RWPA		RWPA:MAI		RWPA:MAI (IFR)	
	A-1 / B-1		A-1 / B-1a		A-1 / B-1b		A-1 / B-2		A-1 / B-2a		A-1 / B-2b	
Funding Amount	\$529,720		\$294,708		\$219,201		\$552,112		\$272,316		\$219,201	
Funding Term	3/01/20 - 2/28/21		3/01/20 - 2/28/21		3/01/20 - 2/28/21		3/01/21 - 2/28/22		3/01/21 - 2/28/22		3/01/21 - 2/28/22	
No. of UOS / UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Outpt Amb Hlth Encounters	1,103	325					1,087	325				
Nursing Tx Adherence Hours	670	325					670	325				
Medical Case Mngt Hours	878	80	2,750	325			1,170	80	2,360	325		
Tx Adherence Indiv Hours			597	100					597	100		
Tx Adherence Group Hours			90	40					90	40		
Outpt Mental Hlth Hours					1,411	70					1,411	70
Outpt Subs Abuse Indiv Hrs					1,100	45					1,100	45
Outpt Subs Abuse Group Hrs					81	10					81	10
TOTALS	2,651	325	3,437	325	2,592	115	2,927	325	3,047	325	2,592	115

Funding Source	RWPA		RWPA:MAI		RWPA:MAI (IFR)		RWPA		RWPA:MAI		RWPA:MAI (IFR)	
	A-1 / B-3		A-1 / B-3a		A-1 / B-3b		A-1 / B-4		A-1 / B-4a		A-1 / B-4b	
Funding Amount	\$552,112		\$272,316		\$219,201		\$552,112		\$272,316		\$219,201	
Funding Term	3/01/22 - 2/28/23		3/01/22 - 2/28/23		3/01/22 - 2/28/23		3/01/23 - 2/29/24		3/01/23 - 2/29/24		3/01/23 - 2/29/24	
No. of UOS / UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Outpt Amb Hlth Encounters	1,087	325					1,087	325				
Nursing Tx Adherence Hours	670	325					670	325				
Medical Case Mngt Hours	1,170	80	2,360	325			1,170	80	2,360	325		
Indiv Tx Adherence Hours			597	100					597	100		
Group Tx Adherence Hours			90	40					90	40		
Outpt Mental Hlth Hours					1,411	70					1,411	70
Indiv Outpt Subs Abuse Hrs					1,100	45					1,100	45
Group Outpt Subs Abuse Hrs					81	10					81	10
TOTALS	2,927	325	3,047	325	2,592	115	2,927	325	3,047	325	2,592	115

CONTRACT SUMMARY
(continued)

Priority Population	Low income, HIV-positive Latinx community of San Francisco with a focus on immigrants who are monolingual Spanish-speaking or have limited English proficiency.
Description of Services	Ambulatory Health Service Encounters: medical services provided by a health care practitioner who acts as the central provider and coordinator of patient care and includes medical evaluation, immune system monitoring, minor preventive and therapeutic medical services, medical referrals, tests, and follow-up.
	Nursing Treatment Adherence Hours: education and support provided by an LVN or RN to facilitate medication adherence, including a review of medications prescribed, instructions for use, tips on organizing medications and using Medi-sets, translating prescriptions labels into Spanish, explaining side effects and drug interactions, and monitoring refills.
	Medical Case Management Hours: comprehensive psychosocial assessment, development, implementation, and follow-up of individual client care plans and clinical consultation with other service providers as needed.
	Individual Treatment Adherence Hours: individual health and treatment education/support sessions and tracking medication adherence protocols.
	Group Treatment Adherence Hours: group health and treatment education/support sessions and tracking medication adherence protocols.
	Mental Health Counseling Hours: psychological evaluation and counseling for clients with a diagnosed mental illness including crisis intervention, brief and long-term individual therapy, and family/collateral services to support treatment goals.
	Individual Substance Abuse Counseling Hours: individual assessment and evaluation of substance use history, current use, range of symptoms, strengths, coping methods, previous experience in recovery (if any); short-term counseling and support to reduce substance use-related behavioral risk factors, and referrals as needed.
	Group Substance Abuse Hours: short-term group counseling, and referrals as needed to address substance use/abuse issues such as alcohol, legal and illegal drugs.

1. IDENTIFIERS

Program Name/Address Mission Center of Excellence (MCoE)
240 Shotwell Street, SF 94110, www.mnhc.org
415-552-1013 / Fax: 415-552-0529

Executive Director Brenda Storey, MSW, LCSW
Program Director Alison Wakefield, MPH 415-552-1013 x 2203, alisonwakefield@mnhc.org

2. NATURE OF DOCUMENT Original

3. GOAL STATEMENT

The MCoE is collaboration between Mission Neighborhood Health Center (MNHC), the lead agency, and Instituto Familiar de la Raza (IFR) with a goal to provide high quality integrated comprehensive medical and behavioral health services to PLWH/A through Outpatient/Ambulatory HIV Health Services – Centers of Excellence Program.

4. PRIORITY POPULATION

The MCoE is designed to meet the unique needs of the HIV-positive Latinx community of San Francisco, with a focus on immigrants who are monolingual Spanish-speaking or have limited English proficiency. MNHC assures that all HIV Health Services (HHS) funds are only used to pay for services that are not reimbursed by any other funding source.

Client enrollment priority is reserved for San Francisco residents who have low-income and are uninsured. Secondary enrollment is reserved for SF residents who have low-income and are underinsured. Low Income status is equal to 500% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services.

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

5. MODALITIES and INTERVENTIONS: Units of Service (UOS) and Unduplicated Clients (UDC)

Ambulatory Health Service Encounters: medical services provided by a health care practitioner who acts as the central provider and coordinator of patient care and includes medical evaluation, immune system monitoring, minor preventive and therapeutic medical services, medical referrals, tests, and follow up.

Nursing Treatment Adherence Hours: education and support provided by an LVN or RN to facilitate medication adherence, including a review of medications prescribed, instructions for use, tips on organizing medications and using Medi-sets, translating prescription labels into Spanish, explaining side effects and drug interactions, and monitoring refills.

Medical Case Management Hours: comprehensive psychosocial assessments, development, implementation, and follow-up of individual client care plans and clinical consultation with other service providers as needed.

Individual Treatment Adherence Hours: one-on-one strength-based HIV / Health counselling and education working with the multidisciplinary team to provide culturally appropriate care addressing client barriers to adherence, advocating for realistic and appropriate treatment, and providing HIV/AIDS education and treatment options.

Group Treatment Adherence Hours: groups provide clients with various types of education and support on maintaining medication adherence, such as sharing coping strategies, empowerment taking medications and gaining a sense of community; and client attendance in the Learning Immune Function Enhancement (LIFE) program in Spanish.

Mental Health Counseling Hours: psychological evaluation and counseling for clients with a diagnosed mental illness including crisis intervention, brief and long-term individual therapy, and family/collateral services to support treatment goals.

Individual Substance Abuse Counseling Hours: assessment and evaluation of substance use history, current use, range of symptoms, strengths, coping methods, previous experience in recovery (if any); short-term counseling and support to reduce substance use-related behavioral risk factors and referrals as needed; includes service coordination such as access to HIV treatment, case management, medication adherence, housing, and food.

Group Substance Abuse Counseling Hours: group psychoeducation provides clients the opportunity to improve their health, abilities, relationships and functioning. This is attained by providing substance abuse clients with information regarding HIV treatment, harm reduction, treatment adherence, mental health, housing and access to food.

Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
RWPA 03/01/20 – 02/28/21 A-1 / B-1	Outpatient Ambulatory Health Service Encounters 0.35 FTE x 70 encounters / wk. x 45 wks.	1,103	325
	Nursing Treatment Adherence Hours 0.567 FTE x 40 hrs. / wk. x 45 wks. x 65.6% effort	670	325
	Medical Case Management Hours 0.75 FTE x 40 hrs./wk. x 45 wks. x 65% effort <u>Mobile Engagement MCM Hours (part of total MCM Hours)</u> 1 mobile visit x 1.5 hrs. x 20 wks. = 30	878	80
Total UOS Provided and UDC Served		2,651	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI 03/01/20 - 02/28/21 A-1 / B-1a	Medical Case Management Hours 2.05 FTE x 40 hrs. / wk. x 45 wks. x ~ 74.5% effort <u>Mobile Engagement MCM Hours (part of total MCM Hours)</u> 3 mobile visits x 1.5 hrs. / visit x 45 wks. = 202	2,750	325
	Treatment Adherence Individual Hours 0.51 FTE x 40 hrs./wk. x 45 wks. x 65% effort	597	100
	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served*		3,437	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
MAI 03/01/20 - 02/28/21 A-1 / B-1b	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 87.6% effort	1,411	70
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort <u>Mobile Engagement SA Hours (part of total SA Ind. Hours)</u> 2 mobile visits x 1.5 hrs. / visit x 32 wks. = 96	1,100	45
	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UDC Served		2,592	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
RWPA 03/01/21 - 02/28/22 A-1 / B-2	Outpatient Ambulatory Health Service Encounters 0.35 FTE x 69 encounters / wk. x 45 wks.	1,087	325
	Nursing Treatment Adherence Hours 0.567 FTE x 40 hrs. / wk. x 45 wks. x 65.6% effort	670	325
	Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort <u>Mobile Engagement MCM Hours (part of total MCM Hours)</u> 1 mobile visit x 1.5 hrs. x 20 wks. = 30	1,170	80
Total UOS Provided and UDC Served		2,927	325

***NOTE: Total UDC is not a sum of UDC from each mode of service; some clients receive multiple types of service.**

Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI 03/01/21 - 02/28/22 A-1 / B-2a	Medical Case Management Hours 1.80 FTE x 40 hrs. / wk. x 45 wks. x ~ 72.84% effort <i>Mobile Engagement MCM Hours (part of total MCM Hours)</i> 3 mobile visits x 1.5 hrs. / visit x 45 wks. = 202	2,360	325
	Treatment Adherence Individual Hours 0.51 FTE x 40 hrs. / wk. x 45 wks. x 65% effort	597	100
	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served		3,047	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
MAI 03/01/21 - 02/28/22 A-1 / B-2b	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 87.6% effort	1,411	70
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort <i>Mobile Engagement SA Hours (part of total SA Ind. Hours)</i> 2 mobile visits x 1.5 hrs. / visit x 32 wks. = 96	1,100	45
	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UDC Served		2,592	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
RWPA 03/01/22 - 02/28/23 A-1 / B-3	Outpatient Ambulatory Health Service Encounters 0.35 FTE x 69 encounters / wk. x 45 wks.	1,087	325
	Nursing Treatment Adherence Hours 0.567 FTE x 40 hrs. / wk. x 45 wks. x 65.6% effort	670	325
	Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort <i>Mobile Engagement MCM Hours (part of total MCM Hours)</i> 1 mobile visit x 1.5 hrs. x 20 wks. = 30	1,170	80
Total UOS Provided and UDC Served		2,927	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI 03/01/22 - 02/28/23 A-1 / B-3a	Medical Case Management Hours 1.80 FTE x 40 hrs. / wk. x 45 wks. x ~ 72.84% effort <i>Mobile Engagement MCM Hours (part of total MCM Hours)</i> 3 mobile visits x 1.5 hrs. / visit x 45 wks. = 202	2,360	325
	Treatment Adherence Individual Hours .51 FTE x 40 hrs. / wk. x 45 wks. x ~ 65% effort	597	100
	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 wks.	90	40
Total UOS Provided and UDC Served		3,047	325

***NOTE: Total UDC is not a sum of UDC from each mode of service; some clients receive multiple types of service.**

Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
MAI 03/01/22 - 02/28/23 A-1 / B-3b	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 87.6% effort	1,411	70
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort		
	Mobile Engagement SA Hours (part of total SA Ind. Hours) 2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96	1,100	45
	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UDC Served		2,592	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
RWPA 03/01/23 - 02/29/24 A-1/B-4	Outpatient Ambulatory Health Service Encounters 0.35 FTE x 69 encounters / wk. x 45 wks.	1,087	325
	Nursing Treatment Adherence Hours 0.567 FTE x 40 hrs. / wk. x 45 wks. x 65.6% effort	670	325
	Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort		
	Mobile Engagement MCM Hours (part of total MCM Hours) 1 mobile visit x 1.5 hrs. x 20 wks. = 30	1,170	80
Total UOS Provided and UDC Served		2,927	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI 03/01/23 - 02/29/24 A-1 / B-4a	Medical Case Management Hours 1.80 FTE x 40 hrs. / wk. x 45 wks. x ~ 72.84% effort		
	Mobile Engagement MCM Hours (part of total MCM Hours) 3 mobile visits x 1.5 hrs. / visit x 45 wks. = 202	2,360	325
	Treatment Adherence Individual Hours .51 FTE x 40 hrs. / wk. x 45 wks. x ~ 65% effort	597	100
	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served		3,047	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
MAI 03/01/23 - 02/29/24 A-1 / B-4b	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 87.6% effort	1,411	70
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort		
	Mobile Engagement SA Hours (part of total SA Ind. Hours) 2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96	1,100	45
	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UDC Served		2,592	115

***NOTE: Total UDC is not a sum of UDC from each mode of service; some clients receive multiple types of service.**

A Primary Care UOS is a face-to-face encounter between a patient and a physician or mid-level practitioner lasting a minimum of ten (10) minutes and occurring during a visit to the clinic for a health assessment or re-assessment, and may include time spent with other providers on behalf of a client. Only encounters with the Physician, Physician Assistant and Nurse Practitioner are counted in the UOS total. UOS for Case Management, Treatment Adherence, Mental Health Counseling and Substance Abuse Counseling are defined as hours with, or on behalf of, a client. Treatment Adherence Group UOS are defined as hours spent in groups held weekly with approximately 6-10 participants.

Routine staff duties requiring time that are not counted as UOS include hours spent in weekly individual and group supervision, team meetings, training, quality assurance activities and staying abreast of the latest treatments and interventions, alternative treatments, and new scientific and anecdotal information related to HIV/AIDS. Additional staff duties that require time not included in the UOS tally are documenting client assessments, treatment plans and progress notes in patient files; tracking and tallying UOS. All staff receive educational leave days in order to remain current in their knowledge and skill level with respect to HIV services. This calculation is reflected through the number of productive weeks in the UOS formulas.

6. METHODOLOGY

Direct Client Services

Outreach, Recruitment and Promotion

MNHC and IFR are well-established health care institutions in the Mission District and well regarded in the greater San Francisco health care system. As such, we receive referrals for HIV medical services on a regular basis from various agencies and community organizations (San Francisco AIDS Foundation/STRUT, City Clinic, Alliance Health Project, and Mission Wellness Pharmacy). MNHC maintains appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of newly diagnosed and PLWHA not in care through the Recruitment and Retention Coordinator. Key points of access include emergency rooms, community-based HIV Counseling Testing and Linkage (CTL) programs, non-HIV specific mental health programs, homeless shelters, social media and street outreach. MNHC also provides community-based HIV CTL targeting Latino men who have sex with men (MSM), regardless of risk factors. In early 2011, MNHC began providing routine HIV testing for all patients regardless of risk factors. Internal protocols are in place to link newly identified HIV+ individuals from these two testing programs into the MCoE.

MCoE recruitment would also take place through weekly outreach activities conducted by the HIV Treatment Outreach Worker (not funded by this proposal) in places where the target population lives and/or socializes such as Cesar Chavez Street, the Mission Neighborhood Resource Center, the 16th Street corridor, and at social gathering spaces such as club venues and community events. Oral tradition (word of mouth) serves as a major conduit to referrals, particularly among the immigrant, Spanish-speaking population and the Latino/a/x Gay, Bisexual and Transgender communities. Finally, MNHC and IFR provide referrals through their HIV prevention and education services (such as Promesa, Noche Social, Chicas Trans and Hermanos de Luna y Sol). These programs target Latino/a/x MSM and Latina Transgender women who are at high risk for HIV infection. In-house referral procedures are in place at both sites. HIV-positive clients with more complex cofactors, who are not ready for care, will be referred to MNHC's Prevention with Positives (PWP) program.

Admission, Eligibility and Enrollment

Medical services are available at no cost to HIV-positive clients, 16 years or older, living in San Francisco at or below the Federal Poverty Level (FPL). A policy and procedure is in place to determine fee caps for patients with an income above 500% FPL. As an FQHC, medical services at MNHC are eligible for reimbursement by Medi-Cal, Medicare and some private insurance carriers. IFR has been a Medi-Cal certified provider since 1982 and maintains contracts with DPH-CBHS for mental health services to Medi-Cal recipients. The Receptionist/Eligibility Worker is responsible for screening new clients for eligibility to receive services and alternate sources of payment and for registering clients in accordance with MNHC protocols.

Comprehensive eligibility screening includes usage of the One E-app process to screen and determine eligibility for Healthy San Francisco (HSF) and a range of federal or state health coverage programs. Screening includes enrollment or re-enrollment in ADAP and re-enrollment into MNHC services. Abbreviated eligibility screening includes the gathering of proof of income, proof of address, picture identification and medical insurance, if any. Clients must submit any one of the following documents as verification for income: current paystubs; Federal or California tax return; bank statement; income support affidavit; disability or unemployment award letter; social security or pension award letter; or self-employment affidavit form. To provide proof of residency, the following documents are accepted: rent or mortgage receipt with address, vehicle registration, utility bill, social security or pension award letter, voter registration, rental/lease agreement, or self-residency affidavit form.

Clients attending a face-to-face visit who meet the eligibility criteria are provided with an immediate intake interview with the RRC or the TLS (not covered by this proposal). Clients screened over the phone are scheduled for an appointment within 48 hours for an in-person intake interview. Clients that do not meet eligibility requirements are referred to other appropriate services.

In the intake interview, the TLS and/or RRC confirms HIV diagnosis, obtains the clients' informed consent signatures and determines eligibility. Clients follow the MNHC registration procedure that includes ARIES registration, and documentation of eligibility. The TLS explains confidentiality procedures, payment caps and clients' rights and responsibilities regarding participation in the program. Clients receive a written copy of their rights and the agency and Clinica Esperanza grievance procedure. Clients are also informed about and receive the appropriate HIPAA Notice of Privacy Practices. Clients at risk of dropping out of care due to potential barriers (e.g. client's level of trust in medical providers and institutions) are identified and according to the client's readiness to engage, would be invited to enroll in the MCoE or PWP activities.

After the intake interview, the TLS, in coordination with the Manager of Medical Case Management, assigns clients who agree to join Clinica Esperanza to an MCM for a psychosocial assessment. The appointment with the MCM takes place within seven days from the intake interview.

Service Delivery Model

The HIV services provided at MNHC's Clínica Esperanza include Primary Medical Care, Medical Case Management, Treatment Adherence Services, Psychiatric Referrals, Outpatient Mental Health, and Substance Abuse services in a one-stop model of care. The MCoE will follow all the Centers of Excellence Best Practices established by SFDPH HIV Health Services.

Other client services provided which are not covered through this funding opportunity include Patient Navigation, Nurse Case Management, Treatment Linkage and Nutritional Counseling. All services are to be provided at MNHC's main clinic, which is located at 240 Shotwell Street, two blocks from the 16th Street BART station, where five MUNI lines run. MNHC is Americans with Disabilities Act accessible and provides a night clinic which expands patient services beyond traditional business hours. Medical Case Management, Treatment Linkage, Medication Adherence and Outpatient Mental Health services are available on Monday and Friday from 9:00 a.m. – 6:00 p.m., and Tuesday through Thursday from 10:00 a.m. – 8:00 p.m. Medical Services are available from 9:00 a.m. to 1:00 p.m. on Mondays, 4:00 p.m. to 8:00 p.m. on Tuesdays, 12:00 p.m. – 8:00 p.m. on Wednesdays, 6:00 p.m. – 8:00 p.m. on Thursdays, and on Fridays urgent medical needs are provided by drop-in between 9:00 a.m. and 4:30 p.m.

All services are provided by appointment; however, drop-in slots are made available for clients requiring urgent care (medical or psychosocial). From Monday through Friday a Medical Case Manager is assigned Officer-of-the Day and is available to see clients that drop-in for urgent psychosocial issues/concerns. During non-medical weekday clinic hours, the Nurse is available to assess the urgent care needs of clients that drop-in. A telephone answering service offered by MNHC is made available during after-hours and on weekends for patients in need of medical consultation. This answering service immediately contacts an on-call MNHC physician, who provides consultation over the phone. On the next business day, an on-duty physician provides appropriate follow-up.

The MCM conducts a comprehensive Psychosocial Assessment which includes the following information:

- current mental and emotional status
- coping skills
- social support
- previous HIV medical care
- health and behavioral health history and current situation including any history of substance use
- clients' religious/spiritual and health beliefs
- immigrant clients leaving home, adaptation to the host culture and language skills

Using a client-centered approach, the MCM assesses clients' social, occupational, emotional, and practical needs to develop priorities for the service plan and make appropriate in-house and external referrals to address specific issues identified (e.g. financial benefits, housing, and legal/immigration).

Following intake and registration, new patients are scheduled as soon as possible for a clinic visit with an HIV provider and a phlebotomy appointment. For newly diagnosed patients, preference is for scheduling these visits within five days of diagnosis. For all other patients the first available appointment the patient can attend is scheduled with the goal of linkage to care within 30 days of intake. Clients presenting with urgent medical problems at their initial intake will be assessed by the nurse and seen by a medical provider as appropriate.

Blood is drawn to confirm the HIV diagnosis and the following laboratory tests are performed:

- 4th generation HIV antibody/antigen test
- CD4 panel
- HIV viral load
- Urinalysis
- Comprehensive metabolic panel
- Lipid Panel
- G6PD
- CBC (with diff and platelet count)
- HLA B5701 test
- Quantiferon gold
- Genotype with integrase panel (for select pts with detectable viral loads)
- RPR
- Gonorrhea and Chlamydia Assay (throat, rectum and urine)
- Hepatitis B serology (core antibody, surface antibody, surface antigen)
- Hepatitis C antibodies
- Hepatitis A antibodies
- Testosterone level (for males)
- Toxoplasmosis IgG
- Thyroid Stimulating Hormone
- Phosphorus

Immune system monitoring is done by the provider ordering lab tests according to protocols that include CD4 count, HIV viral load suppression and the general health status of the patient.

Patients are assessed for HIV disease progression and counseled on ways to protect their immune system, to treat comorbid conditions and to support their general health. Diagnostic and therapeutic services are updated and revised in keeping with standards of care. Clinica Esperanza health care practitioners adhere to the US Department of Health and Human Services guidelines from the National Institutes of Health "Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV" in the provision of HIV medical services. Health care maintenance includes age appropriate cancer screening for cervical, anal, colon and breast cancer as well as the provision of immunizations and screening for depression, metabolic syndrome, diabetes mellitus and hypercholesterolemia. The medical provider develops a treatment plan with the patient, considering other clinical team members' assessments. Patients are involved in decisions regarding their personal health care regimens through education regarding available treatment options and the risks and benefits of treatment with their providers. If warranted the medical provider makes in-house referrals to the mental health provider or any other appropriate service provider. The clinician also provides any necessary outside referrals to appropriate specialty, ancillary, and tertiary services.

Clients are encouraged to meet with the Registered Dietitian (not funded by this contract) and the Treatment Adherence Health Educator, who conducts an individual initial health education assessment of clients' needs, HIV knowledge, and lifestyle including nutrition, sleep, exercise, risk behaviors, treatment, drugs and alcohol, and dental care.

The Mental Health Specialist and/or Substance Abuse Counselor (MHS/SAC) conducts an Individual Risk Assessment and psychological evaluation of clients referred by Medical Case Managers or Medical Providers. Mental Health services include crisis intervention, brief and long-term individual therapy, and family/collateral services to support clients' treatment goals. The clinician facilitates appropriate use of higher levels of care (residential or in-patient) and conducts follow-up and consultation on behalf of clients in treatment. This evaluation also consists of substance use/abuse history, current use, range of symptoms, strengths and coping methods, behavioral risk factors, familial and social norms related to substance abuse and previous experience in recovery (if any). The SAC will provide individual short-term counseling and encourage clients to self-evaluate and identify the impact of their substance use on themselves, their family and the community, and will support clients' intention and motivation to reduce substance abuse-related behavioral risk factors. The SAC will also coordinate treatment goals with the MHS to address dual diagnosis issues and /or makes referrals to appropriate residential or outpatient treatment agencies for clients who agree to enter treatment.

Clinica Esperanza has found that our clients' quickest access to see a psychiatrist is through referrals to Alliance Health Project (AHP), IFR and South Van Ness Behavioral Health Services (SVNBHS). All three agencies have bilingual Spanish/English therapists and psychiatrists. When it is determined that an MCoE client needs to be evaluated by a psychiatrist, the referrals will be given to the MHS to process. The MHS reviews the referral and ensures there is a detailed mental health assessment of the client to be forwarded on to the referral agency. Once proper documentation of the client's mental health history and assessment is complete the Medical Case Manager calls either IFR, AHP or SVNBHS to see which agency is more available and prepared to handle the client.

The Nurse conducts treatment adherence support to clients to facilitate medication adherence. This service may include asking patients to bring in all their medications to the clinic to review instructions. It is common for our staff to encounter patients who forget to take their medications, switch pills into different bottles or put all their prescriptions into one bottle. The Nurse teaches patients to organize their medications, utilizing pill boxes (medi-sets) when appropriate, translate label prescriptions from English to Spanish when appropriate, explain side effects and drug interactions, monitor prescription refills, and help patients understand the use of each medication.

Culturally competent low-literacy materials and visual aid aids will be used to assist patients to better understand how to take their medications and the purpose of each medication. The Nurse will also monitor and follow-up with patients through both face-to-face and telephone contacts.

Medication lockers are being installed at Mission Neighborhood Health Center's Shotwell clinic and at Mission Neighborhood Resource Center (MNRC) to provide homeless clients with a secure space to store their prescriptions. Clients will then be able to pick up their medicine from their individual medication locker located at either MNHC or MNRC.

Treatment/Care Plan

Results of the Psychosocial, Mental Health/Substance Abuse, Treatment Health Education and Medical assessments and evaluations, including the information gathered by the TLS and any other assessments made during the initial assessment cycle are presented at the Multidisciplinary Team Meeting within six weeks of enrollment. The team reviews and discusses the evaluations and formulates a comprehensive care plan. The care plan lists problems in order of priority and identifies recommendations and referrals. The assigned MCM has a follow-up meeting with the client within a month of completing the initial evaluation cycle. At this meeting the MCM reviews the comprehensive care plan with the client, as its development relies on the client's approval. Referrals are only made with the client's consent. Once the treatment/care plan is approved, the appropriate providers and the client determine the steps necessary to its implementation, and the frequency of follow-up visits. The MCM is responsible for periodically monitoring the implementation of the care plan with clients. Treatment plans are updated at a minimum of every six months or more often as the needs of clients are met and new needs are identified.

Reassessments

Clients will be reassessed every four to six months at a minimum. Providers are involved in care document changes and set new treatment goals when appropriate. Medical reassessments include physical examination and laboratory tests. MCMs regularly monitor the implementation of the reassessment plan with clients.

Documentation

Clinica Esperanza providers involved in the care plan document all initial assessments and follow-up visits in the client's medical record which will contain a section for each MCoE discipline. MNHC medical services are documented using a "SOAP" (subjective, objective, assessment, plan) note format. A Multidisciplinary Care/Treatment Plan Form is used to ensure communication among disciplines, where each discipline identifies and document its treatment goals.

Clinica Esperanza safeguards the confidentiality of client records through program and agency policies and procedures. Current MNHC policies and procedures comply with local, state and federal laws governing confidentiality of medical information, especially the Health Insurance Portability and Accountability Act of 1996, (HIPAA), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (the HITECH Act), CA Civil Code, Section 56 et seq., and CA Health and Safety Code, Section 199.21(g). These policies require, among other procedures, the safeguard of client records, confidentiality oaths of staff with access to records, and client written consent to divulge medical and/or psychosocial information. It has been a standard historical practice of MNHC and IFR to follow these procedures, especially those regarding the sharing of health information.

In-House Referrals and Coordination of Care

At any time during initial assessments, reassessment or follow-up visits, providers may refer clients to appropriate in-house providers. However, only medical and licensed mental health providers refer clients to a psychiatrist. Providers document their referrals in progress notes and referrals are tracked by MNHC's referrals department.

Coordination of Hospitalizations, Specialty and Emergency Care

Primary Care Services use Clinica Esperanza's well-established relationships for coordination of specialty care, consultations, and diagnostic and treatment services. Most specialty referrals are made to San Francisco General Hospital (SFGH). Medical providers follow the "Referring Physician Guide to Obtaining Consultations from Internal Medicine Specialty Clinics at San Francisco General Hospital" developed by San Francisco Community Clinic Consortium (MNHC is a member of this consortium). MNHC medical providers have access to specialty and emergency care clinical notes through SFGH EPIC CareLink portal. Nursing staff log all medical referrals, Emergency Room visits and Hospitalizations in a master log that is reviewed monthly to monitor which follow-up reports are still outstanding and to assure that referred clients received appropriate medical services. Clients in need of transportation assistance receive bus tokens or taxi vouchers. The TLS accompanies clients that need assistance getting to their appointments, navigating the hospital system or require translation services. Inpatient care is provided primarily at SFGH, as MNHC medical staff has admitting arrangements with the Family Practice Inpatient Service. A patient may also choose other inpatient care options such as Sutter-California Pacific Medical Center or UCSF, and will receive appropriate information about admitting policies, such as insurance requirements from the medical provider.

Mental Health Services utilizes the long-standing relationship that both MNHC and IFR have with SFDPH-BHS for the coordination of consultations, crisis intervention and hospitalization. Clients gravely disabled or at imminent risk of harm to self or others are triaged by the Mental Health Specialist and referred to the Psychiatric Emergency Services at SFGH, other hospitals or residential settings. When necessary, staff involve the SFDPH Mobile Crisis Unit to facilitate the transfer of clients in crisis. The assigned mental health staff informs the Medical Assistant about the hospitalization. The Medical Assistant records the admitting information into the hospitalization-tracking log. The hospitalization case is then presented at the Multidisciplinary Team Meeting. The Nurse Case Manager follow up with clients being discharged from the hospital to arrange for follow-up visits and arrange for any necessary home services.

Mobile Engagement

MCoE staff engage with clients outside of the clinic in a variety of ways to increase patient access and retention. The main purpose of escorting MCoE patients is to provide translation and advocacy support when needed. The TLS, Nurse Case Manager, Medical Case Managers, SAC and the RRC make home and hospital visits to enroll clients in Ryan White Services, monitor vital signs and blood glucose for medical providers, and do status checks. MNHC staff accompany clients to the emergency room, specialty care appointments, immigration appointments, social service agencies and other community programs. When patients fall out of care, the SAC and RRC may need to meet patients where they are at by locating them on the street, shelters or other remote locations.

Client Retention and Engagement

To foster engagement and retention in care, program staff work collectively as a team to support clients who are at risk of falling out of care, dropping out of care or are lost to follow up. Clients are considered dropping out of care if they have not had a medical appointment or an evaluation blood draw in a period of six months. Clients are considered lost to follow up when all attempts to reach them have failed, and the client has not been seen in a year. Utilizing i2i Tracks, a Health Registry and Population Management System which is mapped to the Electronic Health Record, the RRC produces monthly reports to identify clients who are dropping out of care and clients who may be lost to follow up. The RRC shares this report with the entire team for feedback and strategy development. The purpose of this monthly review of clients is to identify the main barriers to engagement, tailor interventions to engage and assign a staff person to follow up. By identifying clients who are falling out of care this process allows the clinic to reach out and engage clients before they are lost to follow up. The role of the team is to facilitate re-engagement via phone calls, certified letters, home visits, and looking for clients at their usual hang out spots, if they are homeless.

Clients are considered lost to follow up when all these efforts have yielded no result and clients have not been identified as having engaged in care elsewhere. At this point these client cases are referred to the Department of Public Health Linkage, Integration, Navigation, and Comprehensive Services (LINCS) program for further follow up. In addition to a discharge note indicating the above is placed in the client file and the client is removed from the active caseload of the program.

Discharge Planning and Exit Criteria

Clients are provided Ryan White CARE-funded services for as long as they are interested in receiving them and they continue to meet the eligibility criteria; those who qualify for Medi-Cal or obtain private insurance will receive services through those funding streams. Clients whose income is above 100% of the Federal Poverty Level (FPL) are placed on a sliding scale to pay for a share of their medical care. Cases are closed when clients discontinue care at Clinica Esperanza; move out of county or state; or in the event of a client's death. Clients that choose to obtain services elsewhere are assisted by the RRC or TLS in the transition to another provider. Medical records are transferred, and consultation is given to the new provider. After a period of 12 months, clients lost to follow-up are considered closed cases. During this 12-month period prior to closing the case, the TLS or RRC will make efforts to engage these clients in care. The RRC writes a discharge note that details the reasons for the discharge and any other relevant information. The RRC or TLS may re-open closed cases if clients choose to return to the program.

The HIV Services Director will, through Quality Assurance activities and reports from ARIES and/or HHS, help identify clients who are receiving duplicate services with another CoE. When duplication of services is discovered, the Medical Case Manager is notified, and s/he will work with the client to make appropriate decisions around services.

Program Staffing: See Appendix B for all funded positions. Team Members Covered by Other Funding Sources are:

Nurse Medical Case Manager: Nursing Medical Case Management focused on high medical acuity patients and those with comorbidities, i.e., diabetes, Hepatitis C; tracks and supports patients via thorough follow up post hospital discharge and assists with psychosocial services.

Registered Dietitian: coordination and implementation of nutrition related activities (assessments, access to food programs).

Prevention with Positives Medical Case Manager: individual medical case management sessions with clients to prioritize treatment adherence and engagement in care. Develop and assist clients in implementing a treatment plan to address barriers to care/adherence. Facilitate access to internal and external providers and coordinate care to maximize client outcomes.

Patient Navigator: Tracks AIDS Drug Assistance Program (ADAP) eligibility/enrollment, and health insurance navigation.

Treatment Link Specialist (TLS): connects new and returning clients to HIV Care; provides HIV information, education, counseling and assessment to newly identified HIV+ individuals and those out of care; follows-up on clients' treatment adherence decisions; referral and linkage to services.

HIV Treatment Outreach Worker: street, community and virtual outreach to target population; provides info, education and peer counseling outside clinic to at-risk individuals and PLWHA out of care; escorts clients to clinic for tests, referral and linkage to services; risk assessment/risk reduction counseling; risk assessment/disclosure to clients seeking HIV testing.

Vouchers

Purpose: To provide temporary financial assistance to clients in need of food or transportation to meet their nutritional or health care needs. Clients are to be referred to Dietitian, Project Open Hand/Food Bank, Free Eats Program, discount food sources and food pantries prior to receiving food vouchers.

Eligibility: Clients who are eligible for the food vouchers must be HIV positive, enrolled and actively engaged in Clínica Esperanza (blood draw as well as provider visit at least every 6 months), have a San Francisco address, and show a demonstrated need as assessed by the Case Manager, Dietitian, Clinic Manager or Health Educator. New clients who have not completed the assessment process at Clínica Esperanza are eligible for only \$10.00 in vouchers until assessments are completed. When vouchers are available, clients are eligible for \$20.00 per month of fast food vouchers (Burger King, McDonald's or Subway). Safeway and farmers market vouchers will not be given out to clients; rather, clients are eligible to go shopping at Safeway with dietitian or at the Civic Center farmers market with the Treatment Health Educator.

Procedure: When vouchers are received from SFDPH all vouchers are signed into the accounting office, upstairs in the administration suite. Vouchers are kept in a locked file cabinet. The Program Assistant may check out up to \$250 of each voucher type at a time from accounting. A logbook entry must be completed before the Program Assistant is given vouchers. A voucher logbook is maintained for each voucher type in the Program Assistant's office, locked in the grey file cabinet. A logbook entry must be completed before staff members are given vouchers. Case Managers are each in possession of a logbook and a small number of vouchers. A logbook entry must be completed before a staff member gives a voucher to a client.

Documentation in the logbook includes:

- Date voucher was given
- Name of the distributing staff member
- Serial number of voucher card (not applicable for Muni, Taxi, Farmer's Market)
- Name of the client
- Signature of the client
- Number of vouchers given to client (NOTE: one bag of Muni tokens counts as 10 vouchers)

ALL log fields must be completed for voucher distribution to continue. Failure to complete all forms legibly or completely will result in the loss of voucher privileges.

Confidentiality: In order to maintain client confidentiality, a cover sheet will be used. The cover sheet will block all other entries aside from the one for which the client is signing. Staff members always use cover sheets when soliciting client signatures.

Quality Assurance: Monthly copies of voucher logs will no longer be made. Instead, new log sheets will be used every month and supplied by the Program Assistant.

Voucher Inventory Logs: Voucher Inventory logs will continue to be housed in the HIV Service Director's office and will be audited against actual amounts of vouchers on hand on a monthly basis. Vouchers are only to be signed out from accounting by the Program Assistant. If a staff member notices that voucher quantities are low, he/she is expected to alert the Program Assistant.

ARIES Database

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

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

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

7. OBJECTIVES and MEASUREMENTS

All objectives, and descriptions of how objectives will be measured, are contained in the SFDPH document entitled: *HIV Health Services Performance Objectives.*"

8. CONTINUOUS QUALITY IMPROVEMENT

MNHC abides by the standards of care for the services specified in the appendix as described in the document entitled *Making the Connection: Standards of Care for Client-Centered Services.*

The MNHC HIV Clinical Coordinator (MD) is responsible for the coordination of the HIV section of the Quality Assurance Plan for MNHC, which develops a yearly quality management and performance improvement plan and an audit calendar and includes MCoE quality assurance activities. The inclusion of MCoE activities into the overall MNHC QA plan ensures that MCoE services maintain their quality and structure and continue to adhere to contractual requirements. Weekly MCoE team meetings are held to discuss referrals among disciplines, make case presentations and to develop treatment plans.

MNHC also participates annually, along with other SFCCC clinics in "In+Care" and other Quality Improvement initiatives coordinated. This program, run by the National Quality Center, is a HRSA-sponsored national project to build capacity and capability among Ryan White HIV/AIDS Program Part C and Part D grantees to sustain quality improvement and impact health outcomes. After data are collected, they are analyzed and compared to other SFCCC clinics and national benchmarks. The SFCCC QI committee creates action plans based on the results and MNHC participates in those action plans.

The MCoE Management Team meets monthly to plan and update the implementation of the plan. Each quarter, the management team reviews quality assurance activities results such as audits, surveys, and client complaints and discuss recommendations and corrective actions if necessary. Annually, the MCoE Management Team meets and reviews the following: the MCoE agreement and subcontract; the MCoE quality assurance calendar and plan; training activities; the client satisfaction survey; and the MCoE policy and procedures, including the manner in which services are delivered and the ways in which clinical and administrative supervision takes place, to ensure that MCoE services are of the highest quality.

During a calendar year chart reviews are conducted to identify gaps in services, completion and legibility of progress notes, and adherence to treatment plans identified for each client chart reviewed. Documentation of an assessment within the last six months (or when indicated) and completion of a treatment plan are also among the items reviewed. The following MCoE supervisors are responsible for the chart review process:

- The Nurse coordinates medical chart audits
- The Supervisor reviews the Case Management and Treatment Link Specialist notes
- IFR Supervisor Psychologist reviews the Mental Health, Substance Abuse and Psychiatric Consultation notes.

Each supervisor is also responsible of maintaining a record of findings from the chart reviews and ensuring that appropriate follow-up is completed. These supervisors report the audit results to the MCoE Management Team who will submit a report of these activities to the MNHC agency-wide Quality Management Committee (QMC). The committee is composed of the MNHC Medical Director, Clinical Chiefs, Nursing Coordinators, Medical Records Director, Patient Services Director, and Deputy Director.

The QMC meets monthly and oversees the MNHC Quality Assurance Plan. The QMC reviews the report, makes appropriate recommendations to the MCoE team, and forwards it to the MNHC Board of Directors' QMC, which meets quarterly.

Mission Neighborhood Health Center is a non-profit corporation governed by a Board of Directors that is representative of the community served. Annual independent financial audits are conducted in accordance with OMB Circular A133 and are reviewed by the MNHC Executive Director and the Board of Directors. A copy is also submitted to the SFDPH. MNHC and IFR Board of Directors are committed to consumer representation and make every effort to recruit at least one MCoE client each in their respective boards. As non-profit corporations governed by a Board of Directors, they must maintain a 51% consumer representation including consumers of HIV services.

Client Satisfaction

The MCoE will continue to conduct a yearly bilingual Client Satisfaction Survey to measure access, appropriateness and efficiency of services. The MCoE Management Team will be responsible for developing the survey themes and the questionnaire. The survey will evaluate direct service categories such as Primary Care or Medical Case Management. It also includes questions on the patient experience such as waiting time to see medical and non-medical providers, reception and telephone coverage, and voicemail service. To assure an adequate client sample, the MCoE mails the survey to all active clients with a stamped return envelope and makes it available during clinic hours. The Receptionist or the Administrative Assistant are often available to assist clients with low literacy in filling out the questionnaire if his/her services are not being evaluated.

The Administrative Assistant collects and enters the survey results in a database and the HIV Services Director prepares a written report with the survey results. The report and results are presented to MCoE staff for discussion of client feedback and actions to improve services. The written survey summary is submitted to the MNHC CQI Committee. Finally, the survey results and recommended actions are implemented and reported back to HHS via the annual monitoring report process.

Staff Supervision and Training

The HIV Clinical Coordinator provides clinical supervision to the medical providers and is responsible for the medical component of the program. The Nurse/Clinic Manager is charged with supervising the Medical Assistant, Phlebotomist and Clinic Assistant/Receptionist and oversees clinical operations. The Supervisor is responsible for the supervision of the Case Managers and for the management of the psychosocial component. The Mental Health Supervisor provides clinical supervision to the Mental Health and Substance Abuse Specialists and is responsible for those two program components. These supervisors report to the HIV Services Director. Staff also participates in individual supervision on a weekly or biweekly basis. The Supervisor conducts biweekly group supervision with all the Case Managers. The HIV Clinical Chief clinically supervises the mid-level practitioners, the HIV Clinic Manager and the Treatment Health Educator. All staff receives an annual performance appraisal.

The staff training plan includes scheduled monthly training conducted during staff meetings, quarterly round tables for the clinicians, and additional educational leave for staff to attend conferences and workshops. In accordance with rules and regulations which govern MNHC, certain training such as Cal OSHA requirements and yearly training on Infection Control and Tuberculosis are mandatory for all health center staff.

Documenting Referrals, Follow-up, and Linkages External to the CoE

The MCoE has Memoranda of Understanding (MOU), Letters of Cooperation (LOC) and long standing working relationships with the following agencies and programs: Assisted Housing & Health Programs at Catholic Charities, Jail Health Services HIV-IS Program for coordination of services to incarcerated/mutual clients; Maitri for end of life or respite care; In-Home Support Services for home-bound higher acuity clients; Lutheran Social Services for Money Management; AIDS Legal Referral Panel for legal issues (predominately issues of immigration and political asylum); Positive Resource Center for Employment Services and Benefits Counseling such as disability insurance or work re-entry issues; AIDS Emergency Fund for emergency financial assistance and eviction support, and the SF Food Bank and Project Open Hand for nutrition and meals.

The MCoE has found that these agencies have a commitment to providing culturally appropriate services, including services provided in Spanish. In instances where culturally or language appropriate services are not provided, the MCoE makes every effort to have the MCM or another staff person accompany the individual to his/her appointment and provide translation. MNHC ensures coordination and efficient utilization of resources by working closely with other agencies, and in the case where there is more than one case manager, a lead case manager is appointed whose focus is to ensure that services are not duplicated.

MNHC providers have admitting privileges at SFGH. Whenever possible, the HIV Nurse Clinic Manager oversees all referrals to the Emergency Room. This includes calling ahead and providing the attending physician with symptoms and background information, follow up and documentation as appropriate. As stated earlier, CE also operates a Confidential HIV CTL Program that serves the target population (see Question 5-Client Recruitment). The process for tracking client referrals and linkages is the following: MCM will maintain a referral log and submit it monthly to the Administrative Assistant, who will enter the information in a database; The Assistant will provide the SSC with monthly updates on referral outcomes reported by the MCM.

Eligibility and Third-Party Billing

To be eligible for MCoE Services, clients must be HIV positive, 16 years of age or older, have a San Francisco address, and live at or below the Federal Poverty Level (FPL) determined by the Federal Government to receive medical services at no cost. Clients whose income is between 101% and 200% of the FPL will pay for medical services based on the Sliding Fee Scale determined by the MNHC Board of Directors. MCoE funds are used as funds of last resort to pay for services that are not reimbursed by any other revenue source.

As a FQHC, medical services at MNHC are eligible for reimbursement by Medi-Cal, Medicare and some private insurance carriers. IFR has been a Medi-Cal certified provider since 1982 and maintains contracts with DPH-CBHS for mental health services to Medi-Cal recipients. The Receptionist/Eligibility Workers are responsible for screening new clients for eligibility to receive services and alternate sources of payment and for registering MCoE clients in accordance with MNHC protocols. The MCM are responsible for documenting eligibility in the ARIES database system.

Comprehensive eligibility screenings are conducted at intake and annually; abbreviated eligibility screening happens every six months. Comprehensive eligibility screening includes usage of the One E-app process to screen and determine eligibility for Healthy San Francisco (HSF) and a range of federal or state health coverage programs, preserving limited local resources and ensuring that Ryan White resources are used as payer of last resort. Finally, it includes enrollment or re-enrollment in ADAP and re-enrollment into MNHC services. Abbreviated eligibility screening includes the gathering of proof of income, proof of address and medical insurance, if any. Clients must submit any of the following documents to provide proof of income: current employment pay stub; public assistance award letter (local, state or federal); copy of most recent federal or state tax return; current bank statement; or signed MNHC Income Statement Form. To provide proof of address, any of the following documents are valid: rent receipt; rental agreement; California driver's license; utility bill; public assistance award letter; recently postmarked US mail; or signed MNHC Residency Statement Form.

HIPAA Compliance

- a) DPH Privacy Policy is integrated in MNHC's governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- b) All Clínica Esperanza staff that handle patient health information are trained (including new hires) and annually updated in the MNHC's privacy/confidentiality policies and procedures. The HIV Services Director will ensure that documentation shows that all staff has been trained.
- c) MNHC's Privacy Notice is written and provided to all clients served by MNHC in their native language. If document is not available in the client's relevant language, verbal translation is provided. The HIV Services Director will ensure that documentation is in the patient's chart, at the time of the chart review, that patient was "notified".
- d) A Summary of the above Privacy Notice is posted and visible in registration and common areas of MNHC. The HIV Services Director will ensure the presence and visibility of posting in said areas.
- e) Each disclosure of a client's health information for purposes other than treatment, payment, or operations is documented. The HIV Services Director will ensure that documentation is in the client's chart, at the time of the chart review.
- f) Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse program. The HIV Services Director will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

9. REQUIRED LANGUAGE

- | | |
|------------------------------|---------------------------------------|
| a. Third Party Reimbursement | See Priority Population, Page 1 |
| b. Income Eligibility | See Priority Population, Page 1 |
| c. Client Eligibility | See Priority Population, Page 1 |
| d. Client Retention | See Client Retention process, Page 10 |
| e. Vouchers | See Vouchers, Page 11 |
| f. ARIES Database | See ARIES Database, Pages 11 - 12 |
| g. Standards of Care | See CQI, Page 12 |

h. Termination of Services

In the event that MNHC decides that it can no longer provide the services for which it has contracted under this agreement, MNHC will send a written notice to HIV Health Services no less than 90 days prior to the date it wishes to terminate the services. In addition, MNHC will prepare a written plan for the transition of all clients receiving services to another provider of services. This plan must be approved by HHS and should demonstrate a good faith effort to contact and locate all clients both active and inactive before the termination date.

10. SUBCONTRACTS & CONSULTANTS

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

Appendix B Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

Appendix B	Budget Summary
Appendix B-1, B-1a, B-1b, B-2, B-2a, B-2b, B-3, B-3a, B-3b, B-4, B-4a, B-4b	Outpatient/Ambulatory HIV Health Services- Centers of Excellence

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$500,942** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

	<u>Term</u>	<u>Funding Source</u>	<u>Amount</u>
Original Agreement	03/01/2020 – 02/28/2021	RWPA	\$529,720
Original Agreement	03/01/2020 – 02/28/2021	RWPA/MAI	\$513,909
Original Agreement	03/01/2021 – 02/28/2022	RWPA	\$552,112
Original Agreement	03/01/2021 – 02/28/2022	RWPA/MAI	\$491,517
Original Agreement	03/01/2022 – 02/28/2023	RWPA	\$552,112
Original Agreement	03/01/2022 – 02/28/2023	RWPA/MAI	\$491,112
Original Agreement	03/01/2023 – 02/29/2024	RWPA	\$552,112
Original Agreement	03/01/2023 – 02/29/2024	RWPA/MAI	\$491,517
		Total Award:	\$4,174,516
		Contingency (03/01/20 – 02/29/24)	<u>\$500,942</u>
		(This equals the total NTE)Total	\$4,675,458

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

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

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

DPH 1: Department of Public Health Contract Budget Summary by Program							
CID #: 1000017218						Appendix B, Page 3 03/01/2020 - 02/29/2024 Current Fund Notice: 02/25/2020	
DPH Section: HIV Health Services							
Check one: <input checked="" type="checkbox"/> Original Agreement <input type="checkbox"/> Amendment <input type="checkbox"/> Revision to Program Budgets							
Agency/Contractor Name: Mission Neighborhood Health Center (MNHC)							
Program/Provider Name:	MCoE - MNHC	MCoE - MNHC	MCoE - IFR	MCoE - MNHC	MCoE - MNHC	MCoE - IFR	TOTALS, Page 3
Appendix Number:	A-1 / B-1	A-1 / B-1a	A-1 / B-1b	A-1 / B-2	A-1 / B-2a	A-1 / B-2b	
Appendix Term:	03/01/20 - 02/28/21	03/01/20 - 02/28/21	03/01/20 - 02/28/21	03/01/21 - 02/28/22	03/01/21 - 02/28/22	03/01/21 - 02/28/22	
EXPENSES							
Salaries	\$ 305,748	\$ 185,120	\$ 145,381	\$ 321,727	\$ 173,370	\$ 146,433	\$ 1,277,779
Employee Benefits	\$ 107,012	\$ 64,792	\$ 43,090	\$ 112,604	\$ 60,680	\$ 41,953	\$ 430,131
Total Personnel Expenses	\$ 412,760	\$ 249,912	\$ 188,471	\$ 434,331	\$ 234,050	\$ 188,386	\$ 1,707,910
Employee Fringe Benefit Rate	35.00%	35.00%	29.64%	35.00%	35.00%	28.65%	
Operating Expense	\$ 73,222	\$ 20,462	\$ 12,631	\$ 72,194	\$ 15,781	\$ 12,716	\$ 207,006
Subtotal Direct Costs	\$ 485,982	\$ 270,374	\$ 201,102	\$ 506,525	\$ 249,831	\$ 201,102	\$ 1,914,916
Indirect Cost Amount	\$ 43,738	\$ 24,334	\$ 18,099	\$ 45,587	\$ 22,485	\$ 18,099	\$ 172,342
Indirect Cost Rate (%)	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	
Total Expenses	\$ 529,720	\$ 294,708	\$ 219,201	\$ 552,112	\$ 272,316	\$ 219,201	\$ 2,087,258
REVENUES & FUNDING SOURCES							
HHS FED RW Part A - PD13, CFDA #93.914	529,720			552,112			1,081,832
HHS FED RWPA-MAI- PD13, CFDA #93.914		294,708	219,201		272,316	219,201	1,005,426
							-
Total DPH Revenues	\$ 529,720	\$ 294,708	\$ 219,201	\$ 552,112	\$ 272,316	\$ 219,201	2,087,258
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 529,720	\$ 294,708	\$ 219,201	\$ 552,112	\$ 272,316	\$ 219,201	\$ 2,087,258
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	
Prepared By:	Alison Wakefield, MPH , alisonwakefield@mnhc.org, 415-552-1013, ext 2203						

DPH 1: Department of Public Health Contract Budget Summary by Program								
CID #:	1000017218						Appendix B, Page 4 03/01/2020 - 02/29/2024 Current Fund Notice: 02/25/2020	
DPH Section:	HIV Health Services							
Check one:	<input checked="" type="checkbox"/> Original Agreement <input type="checkbox"/> Amendment <input type="checkbox"/> Revision to Program Budgets							
Agency/Contractor Name:	Mission Neighborhood Health Center (MNHC)							
Program/Provider Name:	MCoE - MNHC	MCoE - MNHC	MCoE - IFR	MCoE - MNHC	MCoE - MNHC	MCoE - IFR	SUB-TOTALS	TOTALS
Appendix Number:	A-1 / B-3	A-1 / B-3a	A-1 / B-3b	A-1 / B-4	A-1 / B-4a	A-1 / B-4b		
Appendix Term:	3/01/22 - 02/28/23	3/01/22 - 02/28/23	3/01/22 - 02/28/23	3/01/23 - 02/29/24	3/01/23 - 02/29/24	3/01/23 - 02/29/24		
EXPENSES								
Salaries	\$ 321,754	\$ 173,370	\$ 146,212	\$ 321,727	\$ 173,370	\$ 146,212	\$ 1,282,645	\$ 2,560,424
Employee Benefits	\$ 112,614	\$ 60,680	\$ 42,173	\$ 112,604	\$ 60,680	\$ 42,173	\$ 430,924	\$ 861,055
Total Personnel Expenses	\$ 434,368	\$ 234,050	\$ 188,385	\$ 434,331	\$ 234,050	\$ 188,385	\$ 1,713,569	\$ 3,421,479
Employee Fringe Benefit Rate	35.00%	35.00%	28.84%	35.00%	35.00%	28.84%		
Operating Expense	\$ 72,157	\$ 15,781	\$ 12,717	\$ 72,194	\$ 15,781	\$ 12,717	\$ 201,347	\$ 408,353
Subtotal Direct Costs	\$ 506,525	\$ 249,831	\$ 201,102	\$ 506,525	\$ 249,831	\$ 201,102	\$ 1,914,916	\$ 3,829,832
Indirect Cost Amount	\$ 45,587	\$ 22,485	\$ 18,099	\$ 45,587	\$ 22,485	\$ 18,099	\$ 172,342	\$ 344,684
Indirect Cost Rate (%)	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%		
Total Expenses	\$ 552,112	\$ 272,316	\$ 219,201	\$ 552,112	\$ 272,316	\$ 219,201	\$ 2,087,258	\$ 4,174,516
REVENUES & FUNDING SOURCES								
HHS FED RW Part A - PD13, CFDA #93.914	552,112			552,112			1,104,224	\$ 2,186,056
HHS FED RWPA-MAI- PD13, CFDA #93.914		272,316	219,201		272,316	219,201	983,034	1,988,460
							-	\$ -
Total DPH Revenues	\$ 552,112	\$ 272,316	\$ 219,201	\$ 552,112	\$ 272,316	\$ 219,201	2,087,258	\$ 4,174,516
							-	-
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 552,112	\$ 272,316	\$ 219,201	\$ 552,112	\$ 272,316	\$ 219,201	\$ 2,087,258	\$ 4,174,516
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)		
Prepared By	Alison Wakefield, MPH			Phone # 415-552-1013 ext 2203				

Mission Neighborhood Health Center
Mission Center of Excellence

Appendix B-1, Page 1
03/01/2020 - 02/28/2021
RW Part A

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Outpatient Ambulatory Health Services		Nursing Treatment Adherence		Medical Case Management			
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE		Totals
HIV Clinical Coordinator, MD	0.43	67,353	100%		0%				67,353
Nurse	0.85	28,093	43%	36,902	57%				64,995
Medical Assistant	0.54	23,195	100%		0%				23,195
Laboratory Specialist	0.65	26,426	100%		0%				26,426
Clinic Assistant/Receptionist	1.00	35,010	100%		0%				35,010
Clinic Assistant/Medical Records	0.40	9,144	65%	2,000	14%	3,000	21%		14,144
Recruitment/Retention Coordinator, N	0.75	2,750	6%	300	1%	45,700	94%		48,750
HIV Services Director, MPH	0.15	5,500	41%	5,000	37%	3,000	22%		13,500
Program Assistant, BA	0.275	2,375	19%	5,000	40%	5,000	40%		12,375
Total FTE & Salaries	5.045	199,846	65%	49,202	16%	56,700	19%		305,748
Fringe Benefits	35.00%	69,946	65%	17,221	16%	19,845	19%		107,012
Total Personnel Expenses		269,792	65%	66,423	16%	76,545	19%		412,760
Operating Expenses									
		Expense	%	Expense	%	Expense	%		Totals
Total Occupancy		7,038	40%	5,500	31%	5,000	29%		17,538
Total Materials and Supplies		12,160	75%	1,000	6%	3,000	19%		16,160
Total General Operating		2,658	82%	560	17%	30	1%		3,248
Total Staff Travel		1,000	83%	200	17%		0%		1,200
Other (specify):									
Laboratory/X-ray Services		30,004	100%						30,004
Medical Supplies		5,072	100%						5,072
Total Operating Expenses		57,932	79%	7,260	10%	8,030	11%		73,222
Total Direct Expenses									
		327,724	67%	73,683	15%	84,575	17%		485,982
Indirect Expenses	9.00%	29,495	67%	6,631	15%	7,612	17%		43,738
TOTAL EXPENSES		357,219	67%	80,314	15%	92,187	17%		529,720
Unit of Service Type									
		Encounter		Hour		Hour			
Number of UOS per Service Mode		1,103		670		878			2,651
Cost Per UOS by Service Mode		\$323.87		\$119.88		\$105.00			N/A
Number of UDC/NOC per Service Mode		325		325		80			325

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BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	HIV Clinical Coordinator, MD				
Brief duties related to this program & clients served	Clinical oversight of HIV Dept / Staff; spvsn of mid-level practitioners; clinical oversight of nurse and Tx Hlth Educator; QA activities; physicals, order lab tests, develop med assess & plan, referrals to specialty & tertiary svcs, medical consultation, develop medical protocols.				
Degree, license (if applicable), experience	Valid CA MD License. Board certified or residency trained in Family Practice/Internal Medicine/Adult Primary Care; 2 yrs exp HIV/AIDS; bilingual Spanish/English required.				
	Annual Salary	Salary	x Mos per Yr	Percentage of Salary	Total
	156,636	0.43	12	0.43	\$ 67,353
Staff Position 2:	Nurse				
Brief duties related to this program and clients served	Nursing functions, assists w medical referrals & follow-up; in-person or phone treatment adherence support to clients; prescription follow-up; oversees clinic operation and supervision of staff.				
Degree, license, exp	RN with 2 yrs exp in HIV/AIDS svcs or LVN w 5 yrs exp in HIV/AIDS; spvsn exp; Bilingual Spanish/English.				
	76,464	0.85	12	0.85	\$ 64,995
Staff Position 3:	Medical Assistant				
duties related to prog/UDC	Assists nurse with preparing pts, vital signs, medical hx; Member of HIV Quality Management Committee.				
Degree, license, exp	HS diploma, prefer 2 yrs college; Medical Assist Certificate, 2 yrs exp in HIV/AIDS. Bilingual Spanish/English.				
	42,954	0.54	12	0.54	\$ 23,195
Staff Position 4:	Laboratory Specialist				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	40,655	0.65	12	0.65	\$ 26,426
Staff Position 5:	Clinic Assistant/Receptionist				
duties related to prog/UDC	Initial program eligibility screening, clinic receptionist. Schedules patient appointments.				
Degree, license, exp	HS diploma, two years of college preferred. Good Communication skills. Bilingual Spanish/English required.				
	35,010	1.00	12	1.00	\$ 35,010
Staff Position 6:	Clinic Assistant/Medical Records				
duties related to prog/UDC	Maintains pt medical charts, prepare, scan, file and abstract historic pt info in HER; preserve confidentiality of PHI.				
Degree, license, exp	High school diploma, two years of college preferred.				
	35,360	0.40	12	0.40	\$ 14,144
Staff Position 7:	Recruitment/Retention Coordinator, MPH				
Brief duties related to this program & clients served	Linkage to Care via case mgnt & supportive counseling to newly dx HIV+ or HIV + persons out-of-care; supports engagement & retention, utilization of data systems to identify out of care clients, client engagement.				
Degree, license, exp	MPH, MSW or related field. Bilingual Spanish/English required. One year HIV experience.				
	65,000	0.75	12	0.75	\$ 48,750

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Staff Position 8:	HIV Services Director, MPH				
Brief duties related to this program & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, communication with HHS staff and supervision.				
Degree, license, exp	Masters and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	90,000	0.15	12	0.15	\$ 13,500
Staff Position 9:	Program Assistant, BA				
Brief duties related to this program & clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admin Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	45,000	0.275	12	0.275	\$ 12,375
	Total FTE, Base:	5.045	Annualized:	5.045	
				Total Salaries:	\$ 305,748

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 23,389.72
	Retirement	\$ 6,114.96
	Medical	\$ 66,591.91
	Dental	\$ 4,586.22
	Unemployment Insurance	\$ 2,751.73
	Disability Insurance	\$ 305.75
	Paid Time Off	\$ 3,057.48
	Other (specify): Life Insurance	\$ 214.02
	Fringe Benefit %:	35.00%
	Total Fringe Benefit:	\$ 107,012
	TOTAL SALS/BENS	\$ 412,760

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	Electricity, water, gas, refuse.	\$134,225 x 3% FTE	\$ 4,027
Telecommunications	Telecomm, Internet, Data connection, MPLS.	\$88,468 x 3% FTE	\$ 2,654
Building Maintenance	General bldg maintenance supplies, and minor bldg repairs.	\$361,891 x 3% FTE	\$ 10,857
	Total Occupancy:		\$ 17,538

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	MCoE Brochure Translation costs.	\$100/hr x 20 hrs	\$ 2,000
Program Materials	MCoE Brochure Graphic Design.	\$100/hr x 20 hrs	\$ 2,000
Program Materials	MCoE Brochure Printing (1,100 English and 1,100 Spanish).	2,200 @ \$0.35 ea	\$ 770
Program Supplies/Postage	Stationary, pens, pencils, calendars, postage, software, computers (MNHC charges \$11,390 program supplies and \$5,072 for medical supplies = \$16,462).	\$548,747 x 3% FTE	\$ 11,390
Total Materials/Supplies:			\$ 16,160

General Operating:	Brief Description	Rate/Formula	Cost
Staff Training	UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting.	\$927/person x 2 staff	\$ 1,854
Staff Training	Microsoft Excel Training.	\$697 x 2 persons	\$ 1,394
Total General Operating:			\$ 3,248

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
appts.	HIV Service Providers around SF.	Clipper Card	240 UDC x \$5 round trip	\$ 1,200
Total Staff Travel:				\$ 1,200

Other:	Brief Description	Rate/Formula	Cost
Laboratory/X-ray Services	CBC w/differential, platelets, complete T-cell Count, Chem-20 Panel, Lipid Panel, PPD, Hep A-B-B-C, Toxo Titer, Cryptococcal Ag, STI, Viral Load, genotypes, etc. and X-ray Expenditures.	325 UDC x 10 lab tests / \$46.16 x 2 times a year	\$ 30,004
Medical Supplies	IVAC electronic thermometers, stethoscopes, butterfly catheters/needles, alcohol pads, syringes, and vaccines (MNHC charges \$11,390 program supplies and \$5,072 for medical supplies = \$16,462).	\$548,747 x 3% FTE	\$ 5,072
Total Other			\$ 35,076
TOTAL OPERATING EXP			\$ 73,222
TOTAL DIRECT EXP			\$ 485,982

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of MNHC admin overhead.	\$ 43,738
Indirect Rate:	9.00%
TOTAL INDIRECT EXP	\$ 43,738
TOTAL EXPENSES	\$ 529,720

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UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Medical Case Management		Treatment Adherence Individual		Treatment Adherence Group			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE		Totals
Supervisor	0.80	66,400	100%						66,400
Medical Case Manager, BA	1.00	48,000	100%						48,000
Treatment Adherence Health Educator	0.59			24,000	85%	4,320	15%		28,320
Program Assistant, BA	0.275	8,650	68%	3,000	24%	1,000	8%		12,650
HIV Services Director, MPH	0.15	9,000	67%	3,500	26%	1,000	7%		13,500
Recruitment and Retention Coordinator	0.25	16,250	100%						16,250
Total FTE & Salaries	3.065	148,300	80%	30,500	16%	6,320	3%		185,120
Fringe Benefits	35.00%	51,905	80%	10,675	16%	2,212	3%		64,792
Total Personnel Expenses		200,205	80%	41,175	16%	8,532	3%		249,912
Operating Expenses									
		Expense	%	Expense	%	Expense	%		Totals
Total Occupancy		7,572	72%	1,700	16%	1,250	12%		10,522
Total Materials and Supplies		5,720	62%	3,500	38%				9,220
Total General Operating									
Total Staff Travel		720	100%						720
Consultants/Subcontractor:									
Total Operating Expenses		14,012	68%	5,200	25%	1,250	6%		20,462
Total Direct Expenses									
		214,217	79%	46,375	17%	9,782	4%		270,374
Indirect Expenses	9.00%	19,280	79%	4,174	17%	880	4%		24,334
TOTAL EXPENSES		233,497	79%	50,549	17%	10,662	4%		294,708
Unit of Service Type									
		Hour		Hour		Hour			
Number of UOS per Service Mode		2,750		597		90			3,437
Cost Per UOS by Service Mode		\$84.91		\$84.68		\$118.47			N/A
Number of UDC/NOC per Service Mode		325		100		40			325

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BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Supervisor				
Brief duties re prog & UDC	Spvs med case mngrs & psychosoc svcs staff; psychosoc assess, crisis intervention, med case mngrt, QA, prog monitor.				
Degree, license, exp	BA/BS in Soc Work or similar, prefer Master's; 5 yrs Case Mngrt w 1 in HIV/AIDS; 2 yrs spvsr; bilingual Spanish/English.				
	<i>Annual Salary</i>	<i>x Base FTE</i>	<i>x Mos per Yr</i>	<i>Annualized FTE if < 12 mo</i>	Total
	83,000	0.80	12	0.80	\$ 66,400
Staff Position 3:	Medical Case Manager, BA				
Brief duties re prog & UDC	Pt centered case mngrt, harm reduction model, psychosoc svcs, referrals, follow-up, crisis intervention, supportive counseling.				
Degree, license, exp	Bachelor's and 1 yr exp providing HIV/AIDS case management. Bilingual Spanish/English required.				
	48,000	1.00	12	1.00	\$ 48,000
Staff Position 4:	Treatment Adherence Health Educator				
Brief duties re prog & UDC	Provides ongoing individual, group hlth & treatment ed/support sessions; tracking med adherence protocol.				
Degree, license, exp	Bachelors and 2 yrs exp providing HIV/AIDS education. Bilingual Spanish/English required.				
	48,000	0.59	12	0.59	\$ 28,320
Staff Position 5:	Program Assistant, BA				
Brief duties re to this prog and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	46,000	0.275	12	0.275	\$ 12,650
Staff Position 6:	HIV Services Director, MPH				
Brief duties related to this program & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, communication with HHS staff and supervision.				
Degree, license, exp	Masters and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	90,000	0.15	12	0.15	\$ 13,500
Staff Position 7:	Recruitment and Retention Coordinator				
Brief duties related to this program and clients served	Linkage to Care via case mngrt & supportive counseling to newly dx HIV+ or HIV + persons out-of-care; supports engagement & retention, utilization of data systems to identify out of care clients, client engagement.				
Degree, license, exp	MPH, MSW or related field. Bilingual Spanish/English required. One year HIV experience.				
	65,000	0.25	12	0.25	\$ 16,250
	Total FTE, Base:	3.065	Annualized:	3.065	

Total Salaries:	\$ 185,120
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1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 14,161.68
	Retirement	\$ 3,702.40
	Medical	\$ 40,319.14
	Dental	\$ 2,776.80
	Unemployment Insurance	\$ 1,666.08
	Disability Insurance	\$ 185.12
	Worker's Compensation	\$ 1,851.20
	Other (specify): Life Insurance	\$ 129.58
	Fringe Benefit %:	35.00%
	Total Fringe Benefit:	\$ 64,792
	TOTAL SALARIES & BENEFITS:	\$ 249,912

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	Electricity, water, gas, refuse.	\$134,225 x 1.8 % FTE	\$ 2,416
Building Maintenance	General bldg maintenance supplies, and minor bldg repairs.	\$361,891 x 1.8 % FTE	\$ 6,514
Telecommunications	Telecomm, Internet, Data connection, MPLS.	\$88,468 x 1.8 % FTE	\$ 1,592
	Total Occupancy:		\$ 10,522

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	stationary, pens, pencils, calendars, postage, software, computers for staff.	\$512,223 x 1.8 % FTE	\$ 9,220
	Total Materials & Supplies:		\$ 9,220

Staff Travel:	Location	Expense Item	Rate/Formula	Cost
staff escort pts to hlth appts.	HIV Service Providers around SF.	Clipper Card	144 UDC x \$5 round trip	\$ 720
			Total Staff Travel:	\$ 720
			TOTAL OPERATING EXPENSES:	\$ 20,462
			TOTAL DIRECT COSTS:	\$ 270,374

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of MNHC admin overhead (Executive, clerical, maintenance, accounting, payroll, audit fees, administration, IT and HR).		\$ 24,334
	Indirect Rate:	9.00%
	TOTAL INDIRECT COSTS:	\$ 24,334
	TOTAL EXPENSES:	\$ 294,708

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:	Mental Health Outpatient		Outpatient Substance Abuse Individual		Outpatient Substance Abuse Group Counseling		Totals	
	Ann FTE	Salaries	% FTE	Salaries	% FTE	Salaries		% FTE
Program Director	0.05	4,720	100%		0%		0%	4,720
Clinical Supervisor Psychologist	0.09	4,663	54%	3,923	45%	75	1%	8,661
Mental Health Specialist, LCSW	0.92	66,248	100%		0%		0%	66,248
Substance Abuse Specialist	1.10		0%	52,674	91%	5,000	9%	57,674
Clinic and Program Assistant	0.17	6,000	74%	2,078	26%		0%	8,078
Total FTE & Salaries	2.33	81,631	56%	58,675	40%	5,075	3%	145,381
Fringe Benefits		24,195	56%	17,391	40%	1,504	3%	43,090
Total Personnel Expenses		105,826	56%	76,066	40%	6,579	3%	188,471
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		3,108	45%	2,545	37%	1,201	18%	6,854
Total Materials and Supplies		951	70%	194	14%	208	15%	1,353
Total General Operating		558	27%	1,258	60%	268	13%	2,084
Total Staff Travel		20	50%	16	40%	4	10%	40
Other (specify):								
Client Refreshments		200	9%	1,500	65%	600	26%	2,300
Total Operating Expenses		4,837	38%	5,513	44%	2,281	18%	12,631
Total Direct Expenses		110,663	55%	81,579	41%	8,860	4%	201,102
Indirect Expenses	9.00%	9,960	55%	7,342	41%	797	4%	18,099
TOTAL EXPENSES		120,623	55%	88,921	41%	9,658	4%	219,201
Unit of Service Type	Hour	Hour	Hour	Hour	Hour			
Number of UOS per Service Mode	1,411	1,100	81					2,592
Cost Per UOS by Service Mode	\$85.49	\$80.84	\$119.24					N/A
Number of UDC/NOC per Service Mode	70	45	10					115

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Program Director				
Brief duties re this program and clients served	Mngmt, operate prog, i.e., integrated collaborative svcs, spvsn of client svcs, QA & prog eval; implement & monitor objectives, team & staff mtgs, monitor use of database, train, evaluate staff; write reports.				
Degree, license (if applicable), experience	Masters in pub hlth, psych, soc work, or equiv exp in mngt; 5 yrs spvsn of multi-discipline team, contract & prog develop, HIV/AIDS, subs use & mental hlth svcs; exp wrkg in Latino Comm & serving sexual minorities; Spanish bilingual/bicultural.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	94,400	0.05	12	0.05	\$ 4,720
Staff Position 2:	Clinical Supervisor Psychologist				
Brief duties re this program and clients served	Clinical supervision of mental hlth & subs abuse svcs staff; oversees clinical svcs including assessment, case disposition, treatment, termination of svcs.				
Degree, license (if applicable), experience	Doctorate in Psych, licensed or license eligible in CA; 2 yrs exp spvsng clinicians in multidisciplinary teams; Spanish bilingual/bicultural.				
	96,230	0.09	12	0.09	\$ 8,661
Staff Position 3:	Mental Health Specialist, LCSW				
Brief duties re prog & UDC	Psychological assessments, crisis intervention, individual, group and family psychotherapy.				
Degree, license (if applicable), experience	Master's in psych, counseling, or social work; licensed or license eligible in CA; 2 yrs exp as clinician; strong team values & ability to work in a multidisciplinary team; Spanish bilingual/bicultural.				
	72,270	1.00	11	0.92	\$ 66,248
Staff Position 4:	Substance Abuse Specialist				
Brief duties re prog & UDC	Substance abuse assessments, individual and group counseling, referral and linkage.				
Degree, license (if applicable), experience	Subs Abuse certificate, or enrolled in subs use certificate prog in good standing; 2 yrs exp providing subs use svcs to target pop; strong team values; ability to work in multidiscipline team; Spanish bilingual/bicultural.				
	52,431	1.20	11	1.10	\$ 57,674
Staff Position 5:	Clinic and Program Assistant				
Brief duties re prog & UDC	Greeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.				
Degree, license (if applicable), experience	HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs exp in non-profit setting performing related duties. Spanish bilingual/bicultural required.				
	47,518	0.17	12	0.17	\$ 8,078
	Total FTE, Base:	2.51	Annualized:	2.33	
				Total Salaries:	\$ 145,381

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 11,122
	Retirement	\$ 5,815
	Medical	\$ 23,245
	Dental	\$ 1,454
	Unemployment Insurance	\$ 727
	Disability Insurance	\$ 727
	Fringe Benefit %:	29.64%
	Total Fringe Benefit:	\$ 43,090
TOTAL SALARIES & BENEFITS:		\$ 188,471

2) OPERATING EXPENSES:			
Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Rental Property	2.51 FTE prog staff ratio of 3.48% to agency budget of \$80,000 for space assigned to contract (4 mo only and 8 mos free rental).	=80000*3.48%/12x4	\$ 928
Utilities/Communications	2.51 FTE prog staff ratio of 3.48% to agency budg of \$40,000 for utilities and telecommunication svcs; Utilities include gas, electric, water, phone, scavenger svcs; internet.	=40000*3.48%	\$ 1,392
Building Maintenance	2.4 FTE prog staff ratio of 3.48% to agency budget of \$130,316 for necessities., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff / clients.	=130,316*3.48%	\$ 4,534
Total Occupancy:			\$ 6,854

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies/Postage	2.51 FTE prog staff ratio of 3.48% to agency budg of \$30,000 for office supplies, i.e., pens, pencils, easels, easel pads, markers, manila folders, postage, etc. related to direct svcs; includes postage business mail, mailing flyers.	=30000*3.48%	\$ 1,044
Printing/Reproduction	2.51 FTE prog staff ratio of 3.48% to agency budg of \$6,000 for photocopy client & intake forms, correspondence, outreach & info flyers/materials, charts, brochures, business cards .	=6000*3.48%	\$ 209
Program Supplies	Mental hlth diagnostic & materials for substance abuse group.	50 UDC x \$2 each supplies	\$ 100
Total Materials/Supplies			\$ 1,353

General Operating:	Brief Description	Rate/Formula	Cost
General/Professional Liability Insurance	2.51 FTE prog staff ratio of 3.48% to agency budg of \$42,000 for professional & gen liability for providers under this contract.	=42000*3.48%	\$ 1,462
Rental Equipment	2.51 FTE prog staff ratio of 3.48% to agency budg of \$15,000 for exp of leased equip, such as copier, postage machine.	=15000*3.48%	\$ 522
Staff Training	Registration fees & related exp for staff training; purchase of training materials.	1 staff @ \$100.	\$ 100
Total General Operating			\$ 2,084

Staff Travel:	Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local Travel.	MTA Transit Pass	12 UDC x \$3.34/mo	\$ 40
Total Staff Travel:			\$ 40	

Other:	Brief Description	Rate/Formula	Cost
Client Refreshments	Food/drinks for clients at subs use group, estimated at \$51.11 per grp, 45 wks for nutritional snacks, Ensure for drop-in clients.	\$51.11 x 45 wks	\$ 2,300
Total Other:			\$ 2,300
TOTAL OPERATING EXP			\$ 12,631
TOTAL DIRECT EXP			\$ 201,102

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of IFR's admin overhead.	\$ 18,099	
Indirect Rate:		9.00%
TOTAL INDIRECT EXP:		\$ 18,099
TOTAL EXPENSES:		\$ 219,201

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UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Outpatient Ambulatory Health Services		Nursing Treatment Adherence		Medical Case Management		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
HIV Clinical Coordinator, MD	0.43	68,700	100%					68,700
Nurse	0.85	28,706	43%	37,588	57%			66,294
Medical Assistant	0.54	23,659	100%					23,659
Laboratory Specialist	0.65	26,954	100%					26,954
Clinic Assistant/Receptionist	1.00	35,710	100%					35,710
Clinic Assistant/Medical Records	0.40	7,427	51%	2,000	14%	5,000	35%	14,427
Recruitment/Retention Coordinator, MPH	1.00		0%		0%	55,000	100%	55,000
HIV Services Director, MPH	0.20	5,000	27%	5,000	27%	8,360	46%	18,360
Program Assistant, BA	0.275	2,623	21%	5,000	40%	5,000	40%	12,623
Total FTE & Salaries	5.345	198,779	62%	49,588	15%	73,360	23%	321,727
Fringe Benefits	35.00%	69,573	62%	17,356	15%	25,675	23%	112,604
Total Personnel Expenses		268,352	62%	66,944	15%	99,035	23%	434,331
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,038	40%	5,000	29%	5,500	31%	17,538
Total Materials and Supplies		5,462	58%	1,000	11%	3,000	32%	9,462
Total General Operating		2,224	53%		0%	2,000	47%	4,224
Total Staff Travel		3,575	90%		0%	395	10%	3,970
Other (specify):								
Laboratory/X-ray Services		30,000	100%		0%		0%	30,000
Medical Supplies		7,000	100%		0%		0%	7,000
Total Operating Expenses		55,299	77%	6,000	8%	10,895	15%	72,194
Total Direct Expenses		323,651	64%	72,944	14%	109,930	22%	506,525
Indirect Expenses		29,128	64%	6,565	14%	9,894	22%	45,587
TOTAL EXPENSES		352,779	64%	79,509	14%	119,824	22%	552,112
Unit of Service Type		Encounter		Hour		Hour		
Number of UOS per Service Mode		1,087		670		1,170		2,927
Cost Per UOS by Service Mode		\$324.55		\$118.68		\$102.42		N/A
Number of UDC per Service Mode		325		325		80		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	HIV Clinical Coordinator, MD				
Brief duties related to this program and clients served	Clinical oversight of HIV Dept / Staff; spvsn of mid-level practitioners; clinical oversight of nurse and Tx Hlth Educator; QA activities; physicals, order lab tests, develop med assess & plan, referrals to specialty & tertiary svcs, medical consultation, develop medical protocols.				
Degree, license (if applicable), experience	Valid CA MD License. Board certified or residency trained in Family Practice/Internal Medicine/Adult Primary Care; 2 yrs exp HIV/AIDS; bilingual Spanish/English required.				
	Annual Salary	Percentage of Salary	x Mos per Yr	Percentage of Salary	Total
	159,768	0.43	12	0.43	\$ 68,700
Staff Position 2:	Nurse				
Brief duties related to this program and clients served	Nursing functions, assists w medical referrals & follow-up; in-person or phone treatment adherence support to clients; prescription follow-up; oversees clinic operation and supervision of staff.				
Degree, license, exp	RN with 2 yrs exp in HIV/AIDS svcs or LVN w 5 yrs exp in HIV/AIDS; spvsn exp; Bilingual Spanish/English.				
	77,993	0.85	12	0.85	\$ 66,294
Staff Position 3:	Medical Assistant				
duties related to prog/UDC	Assists nurse with preparing pts, vital signs, medical hx; Member of HIV Quality Management Committee.				
Degree, license, exp	HS diploma, prefer 2 yrs college; Medical Assist Certificate, 2 yrs exp in HIV/AIDS. Bilingual Spanish/English.				
	43,813	0.54	12	0.54	\$ 23,659
Staff Position 4:	Laboratory Specialist				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	41,468	0.65	12	0.65	\$ 26,954
Staff Position 5:	Clinic Assistant/Receptionist				
duties related to prog/UDC	Initial program eligibility screening, clinic receptionist. Schedules patient appointments.				
Degree, license, exp	HS diploma, two years of college preferred. Good Communication skills. Bilingual Spanish/English required.				
	35,710	1.00	12	1.00	\$ 35,710
Staff Position 6:	Clinic Assistant/Medical Records				
duties related to prog/UDC	Maintains pt medical charts, prepare, scan, file and abstract historic pt info in HER; preserve confidentiality of PHI.				
Degree, license, exp	High school diploma, two years of college preferred.				
	36,067	0.40	12	0.40	\$ 14,427
Staff Position 7:	Recruitment/Retention Coordinator, MPH				
Brief duties related to this program and clients served	Linkage to Care via case mgnt & supportive counseling to newly dx HIV+ or HIV + persons out-of-care; supports engagement & retention, utilization of data systems to identify out of care clients, client engagement.				
Degree, license, exp	MPH, MSW or related field. Bilingual Spanish/English required; 1 yr HIV experience.				
	55,000	1.00	12	1.00	\$ 55,000

Staff Position 8:	HIV Services Director, MPH				
Brief duties related to this program and clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, communication with HHS staff and supervision.				
Degree, license, exp	Masters and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	91,800	0.20	12	0.20	\$ 18,360

Staff Position 9:	Program Assistant, BA				
Brief duties related to this program and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	45,900	0.275	12	0.275	\$ 12,623
	Total FTE, Base:	5.345	Annualized:	5.345	

Total Salaries: \$ 321,727

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 24,612.12
	Retirement	\$ 6,434.54
	Medical	\$ 70,072.14
	Dental	\$ 4,825.91
	Unemployment Insurance	\$ 2,895.54
	Disability Insurance	\$ 321.73
	Paid Time Off	\$ 3,217.27
	Other (specify): Life Insurance	\$ 225.21
	Total Fringe Benefit:	\$ 112,604

Fringe Benefit %: 35.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 434,331

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	Electricity, water, gas, refuse.	\$134,225 x 3% FTE	\$ 4,027
Telecommunications	Telecommunications, Internet, Data connection, MPLS.	\$88,468 x 3% FTE	\$ 2,654
Building Maintenance	General bldg maintenance supplies, and minor bldg repairs.	\$361,891 x 3% FTE	\$ 10,857
	Total Occupancy:		\$ 17,538

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Stationary, pens, pencils, calendars, postage, software, computers for staff use (MNHC charges \$9,462 program supplies and \$7,000 for medical supplies = \$16,462).	\$548,747 x 3% FTE	\$ 9,462
	Total Materials & Supplies:		\$ 9,462

General Operating:	Brief Description	Rate/Formula	Cost
Staff Training	UCSF CME: Medical Mngt of HIV/AIDS and Hepatitis Mtg.	\$912/person x 2 staff	\$ 1,824
Staff Training	International AIDS Conference - Registration Fees.	\$1200/person x 2 staff	\$ 2,400
Total General Operating:			\$ 4,224

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
staff escort pts to hlth appts.	HIV Service Providers around SF.	Clipper Card	149 UDC x \$5 round trip	\$ 745
Airfare for IAS2021	Berlin.	Airfare	\$1000/person x 1 person	\$ 1,000
Hotel for IAS2021	Berlin.	Hotel	\$230/night x 6 x 1 person	\$ 1,380
Per Diem for IAS 2021	Berlin.	Per Diem	\$89/7 days	\$ 623
Ground Transport IAS2021	Berlin.	Ground Transport	\$31.72/day x 7 days	\$ 222
Total Staff Travel:				\$ 3,970

Other:	Brief Description	Rate/Formula	Cost
Laboratory/X-ray Services	CBC w / diff, platelets, complete T-cell Count, Chem-20 & Lipid Panel, PPD, Hep A-B-B-C, Toxo Titer, Cryptococcal Ag, STI, Viral Load, genotypes, etc. and X-ray Expenditures.	325 UDC x 10 lab tests / \$46.16 x 2 times a year	\$ 30,000
Medical Supplies	IVAC electronic thermometers, stethoscopes , butterfly catheters/needles, alcohol pads, syringes, paper gowns, antibiotic ointment, condoms, gloves, cones for ear exams, occult blood slides, K-Y jelly, nasal emollients, cotton tipped applicators, lubricants, exam table paper, specimen cups, and vaccines.	(MNHC charges \$9,462 prog supplies & \$7,000 for medical supplies = \$16,462) \$548,747 x 3% FTE	\$ 7,000
Total Other:			\$ 37,000

TOTAL OPERATING EXPENSE	\$ 72,194
TOTAL DIRECT COSTS:	\$ 506,525

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of MNHC admin overhead.	\$ 45,587
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Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 45,587
TOTAL EXPENSES:	\$ 552,112

Mission Neighborhood Health Center
Mission Center of Excellence

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03/01/2021 - 02/28/2022
 RWPA - MAI

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Medical Case Management		Treatment Adherence Individual		Treatment Adherence Group			
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE		Totals
Supervisor	0.80	66,400	100%						66,400
Medical Case Manager, BA	1.00	48,000	100%						48,000
Treatment Adherence Health Educator	0.59			24,000	85%	4,320	15%		28,320
Program Assistant, BA	0.275	8,450	67%	3,000	24%	1,200	9%		12,650
HIV Services Director, MPH	0.20	14,000	78%	3,000	17%	1,000	6%		18,000
Recruitment and Retention Coordinator	0.25								-
Total FTE & Salaries	2.865	136,850	79%	30,000	17%	6,520	4%		173,370
Fringe Benefits	35.00%	47,898	79%	10,500	17%	2,282	4%		60,680
Total Personnel Expenses		184,748	79%	40,500	17%	8,802	4%		234,050
Operating Expenses									
		Expense	%	Expense	%	Expense	%		Totals
Total Occupancy		5,986	60%	3,700	37%	250	3%		9,936
Total Materials and Supplies		3,000	51%	2,000	34%	845	14%		5,845
Total General Operating									-
Total Staff Travel									-
Consultants/Subcontractor:									
Total Operating Expenses		8,986	57%	5,700	36%	1,095	7%		15,781
Total Direct Expenses									
		193,734	78%	46,200	18%	9,897	4%		249,831
Indirect Expenses	9.00%	17,436	78%	4,158	18%	891	4%		22,485
TOTAL EXPENSES		211,170	78%	50,358	18%	10,788	4%		272,316
Unit of Service Type									
		Hour		Hour		Hour			
Number of UOS per Service Mode		2,360		597		90			3,047
Cost Per UOS by Service Mode		\$89.48		\$84.36		\$119.87			N/A
Number of UDC/NOC per Service Mode		325		100		40			325

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BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Supervisor				
Brief duties re prog & UDC	Spvs med case mngrs & psychosoc svcs staff; psychosoc assess, crisis intervention, med case mgmt, QA, prog monitor.				
Degree, license, exp	BA/BS in Soc Work or similar, prefer Master's; 5 yrs. Case Mngt w 1 in HIV/AIDS; 2 yrs. spvsr; bilingual Spanish/English.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	83,000	0.80	12	0.80	\$ 66,400

Staff Position 3:	Medical Case Manager, BA				
Brief duties re prog & UDC	Pt centered case mgmt, harm reduction model, psychosoc svcs, referrals, follow-up, crisis intervention, supportive counseling.				
Degree, license, exp	Bachelor's and 1 yr. exp providing HIV/AIDS case management. Bilingual Spanish/English required.				
	48,000	1.00	12	1.00	\$ 48,000

Staff Position 4:	Treatment Adherence Health Educator				
Brief duties re prog & UDC	Provides ongoing individual, group hlth & treatment ed/support sessions; tracking med adherence protocol.				
Degree, license, exp	Bachelors and 2 yrs. exp providing HIV/AIDS education. Bilingual Spanish/English required.				
	48,000	0.59	12	0.59	\$ 28,320

Staff Position 5:	Program Assistant				
Brief duties re to this prog and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs. college; 3 yrs. exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	46,000	0.275	12	0.275	\$ 12,650

Staff Position 6:	HIV Services Director, MPH				
Brief duties related to this prog & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, communication with HHS staff and supervision.				
Degree, license, exp	Masters and 2 yrs. admin exp, or Bachelor's and 5 yrs.; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	90,000	0.20	12	0.20	\$ 18,000
	Total FTE, Base:	2.865	Annualized:	2.865	
				Total Salaries:	\$ 173,370

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,262.81
	Retirement	\$ 3,467.40
	Medical	\$ 37,759.99
	Dental	\$ 2,600.55
	Unemployment Insurance	\$ 1,560.33
	Disability Insurance	\$ 173.37
	Worker's Compensation	\$ 1,733.70
	Other (specify): Life Insurance	\$ 121.36
	Fringe Benefit %:	35.00%
	Total Fringe Benefit:	\$ 60,680
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:		\$ 234,050

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	Electricity, water, gas, refuse.	\$134,225 x 1.7 % FTE	\$ 2,281
Building Maintenance	General bldg. maintenance supplies, and minor bldg repairs.	\$361,891 x 1.7 % FTE	\$ 6,152
Telecommunications	Telecommunications, Internet, Data connection, MPLS.	\$88,468 x 1.7 % FTE	\$ 1,503
Total Occupancy:			\$ 9,936

Materials & Supplies:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Stationary, pens, pencils, calendars, postage, software, computers.	\$343,824 x 1.7 % FTE	\$ 5,845
Total Materials & Supplies:			\$ 5,845

TOTAL OPERATING EXPENSES:	\$ 15,781
TOTAL DIRECT COSTS:	\$ 249,831

4) INDIRECT COSTS

9% of Direct Exp to partially defray the cost of MNHC admin overhead.	\$ 22,485
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Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 22,485

TOTAL EXPENSES:	\$ 272,316
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Mission Neighborhood Health Center
Mission Center of Excellence - IFR Subcontract

Appendix B-2b, Page 1
03/01/2021 - 02/28/2022
RWPA - MAI

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Mental Health Outpatient		Outpatient Substance Abuse Individual		Outpatient Substance Abuse Group Counseling		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Program Director	0.10	4,500	48%	4,540	48%	400	4%	9,440
Clinical Supervisor Psychologist	0.11	5,250	50%	4,085	39%	1,250	12%	10,585
Mental Health Specialist, LCSW	1.00	68,000	100%					68,000
Substance Abuse Specialist	1.00			46,713	95%	2,427	5%	49,140
Clinic and Program Assistant	0.19	4,500	49%	4,200	45%	568	6%	9,268
Total FTE & Salaries	2.40	82,250	56%	59,538	41%	4,645	3%	146,433
Fringe Benefits	28.65%	23,565	56%	17,058	41%	1,330	3%	41,953
Total Personnel Expenses		105,815	56%	76,596	41%	5,975	3%	188,386
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		3,454	50%	2,200	32%	1,201	18%	6,855
Total Materials and Supplies		587	41%			850	59%	1,437
Total General Operating		558	27%	1,258	60%	268	13%	2,084
Total Staff Travel		40	100%					40
Consultants/Subcontractor:								
Other (specify):								
Client Refreshments		200	9%	1,500	65%	600	26%	2,300
Total Operating Expenses		4,839	38%	4,958	39%	2,919	23%	12,716
Total Direct Expenses								
		110,654	55%	81,554	41%	8,894	4%	201,102
Indirect Expenses	9.00%	9,959	55%	7,340	41%	800	4%	18,099
TOTAL EXPENSES		120,613	55%	88,894	41%	9,694	4%	219,201
Unit of Service Type								
		Hour		Hour		Hour		
Number of UOS per Service Mode		1,411		1,100		81		2,592
Cost Per UOS by Service Mode		\$85.49		\$80.82		\$119.68		N/A
Number of UDC per Service Mode		70		45		10		115

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Program Director				
duties re this program and UDC served	Mngmt, operate prog, i.e., integrated collaborative svcs, spvsn of client svcs, QA & prog eval; implement & monitor objectives, team & staff mtgs, monitor use of database, train, evaluate staff; write reports.				
Degree, license (if applicable), experience	Masters in pub hlth, psych, soc work or equiv exp in mngt; 5 yrs. spvsn of multi-disciplinary team, contract & prog develop, HIV/AIDS, subs use & mental hlth svcs; Exp wrkg in Latino Comm & serving sexual minorities; Spanish bilingual/bicultural.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	94,400	0.10	12	0.10	\$ 9,440

Staff Position 2:	Clinical Supervisor Psychologist				
duties re this program and UDC served	Clinical supervision of mental hlth & subs abuse svcs staff; oversees clinical svcs including assessment, case disposition, treatment, termination of svcs.				
Degree, license (if applicable), experience	Doctorate in Psych, licensed or license eligible in CA; 2 yrs. exp spvsng clinicians in multidisciplinary teams; Spanish bilingual/bicultural.				
	96,230	0.11	12	0.11	\$ 10,585

Staff Position 3:	Mental Health Specialist				
duties re this prog / UDC	Psychological assessments, crisis intervention, individual, group and family psychotherapy.				
Degree, license (if applicable), experience	Master's in psych, counseling, or social work; licensed or license eligible in CA; 2 yrs. exp as clinician; strong team values & ability to work in a multidisciplinary team; Spanish bilingual/bicultural.				
	68,000	1.00	12	1.00	\$ 68,000

Staff Position 4:	Substance Abuse Specialist				
duties re this prog / UDC	Substance abuse assessments, individual and group counseling, referral and linkage.				
Degree, license (if applicable), experience	Subs Abuse certificate, or enrolled in subs use certificate prog in good standing; 2 yrs. exp providing subs use svcs to target pop; strong team values; ability to work in multidiscipline team; Spanish bilingual/bicultural.				
	49,140	1.00	12	1.00	\$ 49,140

Staff Position 5:	Clinic and Program Assistant				
duties re this prog / UDC	Greeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.				
Degree, license (if applicable), experience	HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs. exp in non-profit setting performing related duties. Spanish bilingual/bicultural required.				
	48,780	0.19	12	0.19	\$ 9,268

Total FTE, Base:	2.40		Annualized:	2.40	
			Total Salaries:	\$	146,433

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 11,202.12
	Retirement	\$ 4,392.99
	Medical	\$ 23,429.28
	Dental	\$ 1,464.33
	Unemployment Insurance	\$ 732.17
	Disability Insurance	\$ 732.17
	Fringe Benefit %:	28.65%
	Total Fringe Benefit:	\$ 41,953
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:		\$ 188,386

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Rental Property	2.4 FTE prog staff ratio of 3.48% to agency budget of \$80,000 for office space for staff assigned to this contract (4 mo. only;8 mo. free).	=80000*3.48% /12x4	\$ 928
Utilities / Communications	2.4 FTE program staff ratio of 3.48% to the agency budget of \$40,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access.	=40000*3.48%	\$ 1,392
Building Maintenance	2.4 FTE prog staff ratio of 3.48% to agency budget of \$130,316 for necessities., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg. repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff / clients.	=130,316*3.48%	\$ 4,535
Total Occupancy:			\$ 6,855

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	2.4 FTE program staff ratio of 3.48% to the agency budget of \$30,000 for prog office supplies, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to the direct services; also includes postage charges for expenses of business mail, mailing flyer.	=30000*3.48%	\$ 1,043
Printing and Reproduction	2.4 FTE prog staff ratio of 3.48% to agency budget of \$6,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach and information flyers/materials, charts, brochures, staff business cards.	=6000*3.48%	\$ 209
Program Supplies	Mental hlth diagnostic materials needed for substance abuse grp.	37 UDC x \$5 each supplies	\$ 185
Total Materials & Supplies:			\$ 1,437

General Operating:	Brief Description	Rate/Formula	Cost
General/Professional Liability Insurance	2.4 FTE prog staff ratio of 3.48% to agency budget of \$42,000 for professional and general liability for service providers.	=42000*3.48%	1,462
Rental Equipment	2.4 FTE prog staff ratio of 3.48% to agency budget of \$15,000 for rental expenses of leased equip, such as copier & postage machine.	=15000*3.48%	\$ 522
Staff Training	Registration fees & related exps for staff training; purchase of materials.	1 staff @ \$100.	\$ 100
Total General Operating:			\$ 2,084

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local Travel.	MTA Transit Pass	12 UDC x \$3.34/mo.	\$ 40
Total Staff Travel:			\$	40

Other:	Brief Description	Rate/Formula	Cost
Client Refreshments	Food / drinks for clients attending substance abuse grp, estimated at \$51.11 / grp, 45 wks. for nutritional snacks and Ensure for drop-in clients.	\$51.11 x 45 wks.	\$ 2,300
Total Other:			\$ 2,300

TOTAL OPERATING EXPS:	\$	12,716
TOTAL DIRECT COSTS:	\$	201,102

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of IFR's admin overhead.	\$	18,099
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Indirect Rate:		9.00%
TOTAL INDIRECT COSTS:	\$	18,099
TOTAL EXPENSES:	\$	219,201

Mission Neighborhood Health Center
Mission Center of Excellence

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03/01/2022 - 02/28/2023
RW Part A

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Outpatient Ambulatory Health Services		Nursing Treatment Adherence		Medical Case Management		
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
HIV Clinical Coordinator, MD	0.43	68,700	100%			-		68,700
Nurse	0.85	28,706	43%	37,588	57%			66,294
Medical Assistant	0.54	23,659	100%					23,659
Laboratory Specialist	0.65	26,954	100%					26,954
Clinic Assistant/Receptionist	1.00	35,710	100%					35,710
Clinic Assistant/Medical Records	0.40	9,427	65%	2,000	14%	3,000	21%	14,427
Recruitment/Retention Coordinator	1.00					55,000	100%	55,000
HIV Services Director, MPH	0.20	5,000	27%	5,000	27%	8,360	46%	18,360
Program Assistant, BA	0.275	2,650	21%	5,000	40%	5,000	40%	12,650
Total FTE & Salaries	5.345	200,806	62%	49,588	15%	71,360	22%	321,754
Fringe Benefits	35.00%	70,282	62%	17,356	15%	24,976	22%	112,614
Total Personnel Expenses		271,088	62%	66,944	15%	96,336	22%	434,368
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,037	40%	5,000	29%	5,500	31%	17,537
Total Materials and Supplies		4,967	55%	1,000	11%	3,000	33%	8,967
Total General Operating		2,224	53%			2,000	47%	4,224
Total Staff Travel		1,000	23%	600	14%	2,825	64%	4,425
Consultants/Subcontractor:								
Other (specify):								
Laboratory/X-ray Services		30,004	100%					30,004
Medical Supplies		7,000	100%					7,000
Total Operating Expenses		52,232	72%	6,600	9%	13,325	18%	72,157
Total Direct Expenses		323,320	64%	73,544	15%	109,661	22%	506,525
Indirect Expenses	9.00%	29,099	64%	6,619	15%	9,869	22%	45,587
TOTAL EXPENSES		352,419	64%	80,163	15%	119,530	22%	552,112
Unit of Service Type								
		Encounter		Hour		Hour		
Number of UOS per Service Mode		1,087		670		1,170		2,927
Cost Per UOS by Service Mode		\$324.22		\$119.65		\$102.17		N/A
Number of UDC per Service Mode		325		325		80		325

Rev: 02/18

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	HIV Clinical Coordinator, MD				
Brief duties related to this program and clients served	Clinical oversight of HIV Dept / Staff; spvsn of mid-level practitioners; clinical oversight of nurse and Tx Hlth Educator; QA activities; physicals, order lab tests, develop med assess & plan, referrals to specialty & tertiary svcs, medical consultation, develop medical protocols.				
Degree, license (if applicable), experience	Valid CA MD License. Board certified or residency trained in Family Practice/Internal Medicine/Adult Primary Care; 2 yrs. exp HIV/AIDS; bilingual Spanish/English required.				
	Annual Salary	Percentage of Salary	x Mos per Yr.	Percentage of Salary	Total
	159,768	0.43	12	0.43	\$ 68,700
Staff Position 2:	Nurse				
Brief duties related to this program and clients served	Nursing functions, assists w medical referrals & follow-up; in-person or phone treatment adherence support to clients; prescription follow-up; oversees clinic operation and supervision of staff.				
Degree, license, exp	RN with 2 yrs. exp in HIV/AIDS svcs or LVN w 5 yrs. exp in HIV/AIDS; spvsn exp; Bilingual Spanish/English.				
	77,993	0.85	12	0.85	\$ 66,294
Staff Position 3:	Medical Assistant				
duties related to prog/UDC	Assists nurse with preparing pts, vital signs, medical hx; Member of HIV Quality Management Committee.				
Degree, license, exp	HS diploma, prefer 2 yrs. college; Medical Assist Certificate, 2 yrs. exp in HIV/AIDS. Bilingual Spanish/English.				
	43,813	0.54	12	0.54	\$ 23,659
Staff Position 4:	Laboratory Specialist				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	41,468	0.65	12	0.65	\$ 26,954
Staff Position 5:	Clinic Assistant/Receptionist				
duties related to prog/UDC	Initial program eligibility screening, clinic receptionist. Schedules patient appointments.				
Degree, license, exp	HS diploma, two years of college preferred. Good Communication skills. Bilingual Spanish/English required.				
	35,710	1.00	12	1.00	\$ 35,710
Staff Position 6:	Clinic Assistant/Medical Records				
duties related to prog/UDC	Maintains pt medical charts, prepare, scan, file and abstract historic pt info in HER; preserve confidentiality of PHI.				
Degree, license, exp	High school diploma, two years of college preferred.				
	36,067	0.40	12	0.40	\$ 14,427
Staff Position 7:	Recruitment/Retention Coordinator				
Brief duties related to this program and clients served	Linkage to Care via case mngt & supportive counseling to newly dx HIV+ or HIV + persons out-of-care; supports engagement & retention, utilization of data systems to identify out of care clients, client engagement.				
Degree, license, exp	MPH, MSW or related field. Bilingual Spanish/English required; 1 yr HIV experience.				
	55,000	1.00	12	1.00	\$ 55,000

Staff Position 8:	HIV Services Director, MPH				
Brief duties related to this program and clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, communication with HHS staff and supervision.				
Degree, license, exp	Master's and 2 yrs. admin exp, or Bachelor's and 5 yrs.; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	91,800	0.20	12	0.20	\$ 18,360

Staff Position 9:	Program Assistant, BA				
Brief duties related to this program and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs. college; 3 yrs. exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	46,000	0.275	12	0.275	\$ 12,650
	Total FTE, Base:	5.345	Annualized:	5.345	

		Total Salaries:	\$ 321,754
1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost	
	Social Security	\$	24,614.18
	Retirement	\$	6,435.08
	Medical	\$	70,078.02
	Dental	\$	4,826.31
	Unemployment Insurance	\$	2,895.79
	Disability Insurance	\$	321.75
	Paid Time Off	\$	3,217.54
	Other (specify): Life Insurance	\$	225.23
	Fringe Benefit %:	35.00%	Total Fringe Benefit: \$ 112,614
		TOTAL SALARIES & BENEFITS:	\$ 434,368

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	Electricity, water, gas, refuse.	\$134,225 x 3% FTE	\$ 4,027
Telecommunications	Telecommunications, Internet, Data connection, MPLS.	\$88,468 x 3% FTE	\$ 2,654
Building Maintenance	General bldg maintenance supplies & minor bldg repairs.	\$361,891 x 3% FTE	\$ 10,856
Total Occupancy:			\$ 17,537

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Stationary, pens, pencils, calendars, postage, software, computers for staff (MNHC charges \$8,967 prog supplies & \$7,000 for med supplies = \$15,967).	\$548,747 x 3% FTE	\$ 8,967
Total Materials & Supplies:			\$ 8,967

General Operating:	Brief Description	Rate/Formula	Cost
Staff Training	UCSF CME: Medical Mngt of HIV/AIDS and Hepatitis Mtg.	\$912/person x 2 staff	\$ 1,824
Staff Training	International AIDS Conference.	\$1200/person x 2 staff	\$ 2,400
Total General Operating:			\$ 4,224

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
staff escort pts to hlth appts.	HIV Service Providers around SF.	Clipper Card	240 UDC x \$5 round trip	\$ 1,200
Airfare for IAS2022	Berlin.	Airfare	\$1,000/person x 1 person	\$ 1,000
Hotel for IAS2022	Berlin.	Hotel	\$230/night x 6 x 1 person	\$ 1,380
Per Diem for IAS 2022	Berlin.	Per Diem	\$89 / day x 7 days	\$ 623
Ground Transport IAS2022	Berlin.	Ground Transportation	\$31.72 / day x 7 days	\$ 222
Total Staff Travel:				\$ 4,425

Other:				
Expense Item	Brief Description	Rate/Formula	Cost	
Laboratory/X-ray Services	CBC w/diff, platelets, complete T-cell Count, Chem-20 & Lipid Panels, PPD, Hep A-B-B-C, Toxo Titer, Cryptococcal Ag, STI, Viral Load, genotypes, etc. and X-ray Expenditures.	325 UDC x 10 lab tests / \$46.16 x 2 times a year	\$	30,004
Medical Supplies	IVAC electronic thermometers, stethoscopes, paper gowns, antibiotic ointment, condoms, butterfly catheters/needles, alcohol pads, syringes, rubber gloves, cones for ear exams, occult blood slides & K-Y jelly, nasal emollients, cotton tipped applicators, lubricants, exam table paper, specimen cups & vaccines (MNHC charges \$8,967 prog supplies & \$7,000 for medical supplies = \$15,967).	\$548,747 x 3% FTE	\$	7,000
Total Other:			\$	37,004
TOTAL OPERATING EXPENSES:			\$	72,157
TOTAL DIRECT COSTS:			\$	506,525

4) INDIRECT COSTS	
9% of Direct Expenses to partially defray the cost of MNHC admin overhead.	\$ 45,587

Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 45,587
TOTAL EXPENSES:	\$ 552,112

Mission Neighborhood Health Center
Mission Center of Excellence

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03/01/2022 - 02/28/2023
RWPA - MAI

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Medical Case Management		Treatment Adherence Individual		Treatment Adherence Group		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Supervisor	0.80	66,400	100%					66,400
Medical Case Manager, BA	1.00	48,000	100%					48,000
Treatment Adherence Health Educator	0.59			24,000	85%	4,320	15%	28,320
Program Assistant, BA	0.275	8,450	67%	3,000	24%	1,200	9%	12,650
HIV Services Director, MPH	0.20	14,000	78%	3,750	21%	250	1%	18,000
Total FTE & Salaries	2.865	136,850	79%	30,750	18%	5,770	3%	173,370
Fringe Benefits	35.00%	47,898	79%	10,762	18%	2,020	3%	60,680
Total Personnel Expenses		184,748	79%	41,512	18%	7,790	3%	234,050
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		6,000	60%	2,936	30%	1,000	10%	9,936
Total Materials and Supplies		3,000	51%	2,000	34%	845	14%	5,845
Total General Operating								
Total Staff Travel								
Total Operating Expenses		9,000	57%	4,936	31%	1,845	12%	15,781
Total Direct Expenses								
		193,748	78%	46,448	19%	9,635	4%	249,831
Indirect Expenses	9.00%	17,438	78%	4,180	19%	867	4%	22,485
TOTAL EXPENSES		211,186	78%	50,628	19%	10,502	4%	272,316
Unit of Service Type								
		Hour		Hour		Hour		
Number of UOS per Service Mode		2,360		597		90		3,047
Cost Per UOS by Service Mode		\$89.49		\$84.81		\$116.69		N/A
Number of UDC per Service Mode		325		100		40		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Supervisor				
UDC	Spvs med case mngrs & psychosoc svcs staff; psychosoc assess, crisis intervention, med case mngrt, QA, prog monitor.				
Degree, license, exp	BA/BS in Soc Work or similar, prefer Master's; 5 yrs Case Mngrt w 1 in HIV/AIDS; 2 yrs spvsr; bilingual Spanish/English.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	83,000	0.80	12	0.80	\$ 66,400
Staff Position 2:	Medical Case Manager, BA				
Brief duties re prog & UDC	Pt centered case mngrt, harm reduction model, psychosoc svcs, referrals, follow-up, crisis intervention, supportive counseling.				
Degree, license, exp	Bachelor's and 1 yr exp providing HIV/AIDS case management. Bilingual Spanish/English required.				
	48,000	1.00	12	1.00	\$ 48,000
Staff Position 3:	Treatment Adherence Health Educator, BS				
UDC	Ongoing individual, group hlth & treatment ed/support sessions; tracking med adherence protocol.				
Degree, license, exp	Bachelors and 2 yrs exp providing HIV/AIDS education. Bilingual Spanish/English required.				
	48,000	0.59	12	0.59	\$ 28,320
Staff Position 4:	Program Assistant				
Brief duties re to this prog and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	46,000	0.275	12	0.275	\$ 12,650
Staff Position 5:	HIV Services Director, MPH				
this progr & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, communication with HHS staff and supervision.				
Degree, license, exp	Masters and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	90,000	0.20	12	0.20	\$ 18,000
	Total FTE, Base:	2.865	Annualized:	2.865	
				Total Salaries:	\$ 173,370

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,262.81
	Retirement	\$ 3,467.40
	Medical	\$ 37,759.99
	Dental	\$ 2,600.55
	Unemployment Insurance	\$ 1,560.33
	Disability Insurance	\$ 173.37
	Worker's Compensation	\$ 1,733.70
	Other (specify): Life Insurance	\$ 121.36
	Fringe Benefit %:	35.00%
	Total Fringe Benefit:	\$ 60,680
	TOTAL SALARIES & BENEFITS:	\$ 234,050

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	Electricity, water, gas, refuse.	\$134,225 x 1.7 % FTE	\$ 2,282
Building Maintenance	General building maintenance supplies, and minor building repairs.	\$361,765 x 1.7 % FTE	\$ 6,150
Telecommunications	Telecommunications, Internet, Data connection, MPLS.	\$88,468 x 1.7 % FTE	\$ 1,504
Total Occupancy:			\$ 9,936

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	use.	\$343,824 x 1.7 % FTE	\$ 5,845
Total Materials/Supplies:			\$ 5,845

TOTAL OPERATING EXP	\$ 15,781
TOTAL DIRECT COSTS	\$ 249,831

4) INDIRECT COSTS

9% of Direct Exp to partially defray the cost of MNHC admin overhead.	Indirect Rate:	9.00%	\$ 22,485
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TOTAL INDIRECT EXP	\$ 22,485
TOTAL EXPENSES	\$ 272,316

Mission Neighborhood Health Center
Mission Center of Excellence - IFR Subcontract

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03/01/2022 - 02/28/2023

RWPA - MAI

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Mental Health Outpatient		Outpatient Substance Abuse Individual		Outpatient Substance Abuse Group Counseling		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Program Director	0.10	4,736	49%	4,540	47%	400	4%	9,676
Clinical Supervisor Psychologist	0.11	5,250	49%	4,247	40%	1,250	12%	10,747
Mental Health Specialist, LCSW	1.00	68,000	100%					68,000
Substance Abuse Specialist	1.00			46,713	95%	2,427	5%	49,140
Clinic and Program Assistant	0.19	4,400	51%	4,000	46%	249	3%	8,649
Total FTE & Salaries	2.40	82,386	56%	59,500	41%	4,326	3%	146,212
Fringe Benefits	28.844%	23,763	56%	17,162	41%	1,248	3%	42,173
Total Personnel Expenses		106,149	56%	76,662	41%	5,574	3%	188,385
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		3,454	50%	2,200	32%	1,201	18%	6,855
Total Materials and Supplies		588	41%			850	59%	1,438
Total General Operating		500	24%	1,316	63%	268	13%	2,084
Total Staff Travel				40	100%			40
Other : Client Refreshments				1,300	57%	1,000	43%	2,300
Total Operating Expenses		4,542	36%	4,856	38%	3,319	26%	12,717
Total Direct Expenses		110,691	55%	81,518	41%	8,893	4%	201,102
Indirect Expenses	9.00%	9,962	55%	7,337	41%	800	4%	18,099
TOTAL EXPENSES		120,653	55%	88,855	41%	9,693	4%	219,201
Unit of Service Type								
		Hour		Hour		Hour		
Number of UOS per Service Mode		1,411		1,100		81		2,592
Cost Per UOS by Service Mode		\$85.51		\$80.78		\$119.67		N/A
Number of UDC per Service Mode		70		45		10		115

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Program Director				
Brief duties related to this program and clients served	Mgmt., operate prog, i.e., integrated collaborative svcs, spvsn of client svcs, QA & prog eval; implement & monitor objectives, team & staff mtgs, monitor use of database, train, evaluate staff; write reports.				
Degree, license (if applicable), experience	Masters in pub hlth, psych, soc work or equiv exp in mngt; 5 yrs. spvsn of multi-disciplinary team, contract & prog develop, HIV/AIDS, subs use & mental hlth svcs; Exp wrkg in Latino Comm & serving sexual minorities; Spanish bilingual/bicultural.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	96,760	0.10	12	0.10	\$ 9,676
Staff Position 2:	Clinical Supervisor Psychologist				
Brief duties related to this program and clients served	Clinical supervision of mental hlth & subs abuse svcs staff; oversees clinical svcs including assessment, case disposition, treatment, termination of svcs.				
Degree, license (if applicable), experience	Doctorate in Psych, licensed or license eligible in CA; 2 yrs. exp spvsng clinicians in multidisciplinary teams; Spanish bilingual/bicultural.				
	97,700	0.11	12	0.11	\$ 10,747
Staff Position 3:	Mental Health Specialist				
Brief duties re: to prog / UDC	Psychological assessments, crisis intervention, individual, group and family psychotherapy.				
Degree, license (if applicable), experience	Master's in psych, counseling, or social work; licensed or license eligible in CA; 2 yrs. exp as clinician; strong team values & ability to work in a multidisciplinary team; Spanish bilingual/bicultural.				
	68,000	1.00	12	1.00	\$ 68,000
Staff Position 4:	Substance Abuse Specialist				
UDC	Substance abuse assessments, individual and group counseling, referral and linkage.				
Degree, license (if applicable), experience	Subs Abuse certificate, or enrolled in subs use certificate prog in good standing; 2 yrs. exp providing subs use svcs to target pop; strong team values; ability to work in multidiscipline team; Spanish bilingual/bicultural.				
	49,140	1.00	12	1.00	\$ 49,140
Staff Position 5:	Clinic and Program Assistant				
Brief duties re prog & UDC	Greeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.				
Degree, license (if applicable), experience	HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs. exp in non-profit setting performing related duties. Spanish bilingual/bicultural required.				
	45,521	0.19	12	0.19	\$ 8,649
	Total FTE, Base:	2.40	Annualized:	2.40	
				Total Salaries:	\$ 146,212

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 11,185.22
	Retirement	\$ 4,669.47
	Medical	\$ 23,393.92
	Dental	\$ 1,462.12
	Unemployment Insurance	\$ 731.06
	Disability Insurance	\$ 731.06
	Fringe Benefit %:	28.844%
	Total Fringe Benefit:	\$ 42,173
	TOTAL SALARIES/BENEFITS	\$ 188,385

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Rental Property	2.4 FTE program staff ratio of 3.48% to the agency budget of \$80,000 to cover office space for staff assigned to this contract (4 months only and 8 months free rental).	=80000*3.48% /12x4	\$ 928
Utilities/Communications	2.4 FTE program staff ratio of 3.48% to the agency budget of \$40,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access.	=40000*3.48%	\$ 1,392
Building Maintenance	2.4 FTE prog staff ratio of 3.48% to agency budget of \$130,316 for necessities., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg. repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff / clients.	=130,316*3.48%	\$ 4,535
		Total Occupancy:	\$ 6,855

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	2.4 FTE prog staff ratio of 3.48% to agency budget of \$30,000 to provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail, mailing flyer.	=30000*3.48%	\$ 1,044
Printing and Reproduction	2.4 FTE program staff ratio of 3.48% to the agency budget of \$6,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	=6000*3.48%	\$209
Program Supplies	Mental hlth diagnostic & materials needed for substance abuse grp.	37 UDC x \$5 each supplies	\$ 185
		Total Materials & Supplies:	\$ 1,438

General Operating:	Concise/ Specific Description	Rate/Formula	Cost
General/Professional Liability Insurance	2.4 FTE prog staff ratio of 3.48% to agency budget of \$42,000 to cover for professional and general liability for service providers under this exhibit.	=42000*3.48%	1,462
Rental Equipment	2.4 FTE prog staff ratio of 3.48% agency budget of \$15,000 to cover rental expenses of leased equip, such as copier, and postage machine.	=15000*3.48%	\$ 522
Staff Training	Registration fees & related exps for staff training; purchase of training materials.	1 staff @ \$100.	\$ 100
Total General Operating:			\$ 2,084

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local Travel.	MTA Transit Pass	12 UDC x \$3.34/mo.	\$ 40
Total Staff Travel:				\$ 40

Other:	Brief Description	Rate/Formula	Cost
Client Refreshments	Food / drinks for clients attending substance abuse group, estimated at \$51.11 / grp, 45 wks. for nutritional snacks & Ensure for drop-in clients.	\$51.11 x 45 wks.	\$ 2,300
Total Other:			\$ 2,300
TOTAL OPERATING EXP:			\$ 12,717
TOTAL DIRECT COSTS:			\$ 201,102

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of IFR's admin overhead	Indirect Rate: 9.00%	\$ 18,099
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TOTAL INDIRECT COSTS:	\$ 18,099
TOTAL EXPENSES:	\$ 219,201

Mission Neighborhood Health Center
Mission Center of Excellence

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03/01/2023 - 02/29/2024
RW Part A

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Outpatient Ambulatory Health Services		Nursing Treatment Adherence		Medical Case Management		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
HIV Clinical Coordinator, MD	0.43	68,700	100%					68,700
Nurse	0.85	28,706	43%	37,588	57%			66,294
Medical Assistant	0.54	23,659	100%					23,659
Laboratory Specialist	0.65	26,954	100%					26,954
Clinic Assistant/Receptionist	1.00	35,710	100%					35,710
Clinic Assistant/Medical Records	0.40	7,427	51%	2,000	14%	5,000	35%	14,427
Recruitment/Retention Coordinator	1.00					55,000	100%	55,000
HIV Services Director, MPH	0.20	5,000	27%	5,000	27%	8,360	46%	18,360
Program Assistant, BA	0.275	2,623	21%	5,000	40%	5,000	40%	12,623
Total FTE & Salaries	5.345	198,779	62%	49,588	15%	73,360	23%	321,727
Fringe Benefits	35.00%	69,573	62%	17,356	15%	25,675	23%	112,604
Total Personnel Expenses		268,352	62%	66,944	15%	99,035	23%	434,331
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,537	43%	5,000	29%	5,000	29%	17,537
Total Materials and Supplies		5,004	56%	1,000	11%	3,000	33%	9,004
Total General Operating		2,000	47%		0%	2,224	53%	4,224
Total Staff Travel		2,000	45%		0%	2,425	55%	4,425
Other: Laboratory / X-Ray Services		30,004	100%					30,004
Other: Medical Supplies		7,000	100%					7,000
Total Operating Expenses		53,545	74%	6,000	8%	12,649	18%	72,194
Total Direct Expenses		321,897	64%	72,944	14%	111,684	22%	506,525
Indirect Expenses	9.00%	28,970	64%	6,565	14%	10,052	22%	45,587
TOTAL EXPENSES		350,867	64%	79,509	14%	121,736	22%	552,112
Unit of Service Type								
		Encounter		Hour		Hour		
Number of UOS per Service Mode		1,087		670		1,170		2,927
Cost Per UOS by Service Mode		\$322.79		\$118.68		\$104.05		N/A
Number of UDC per Service Mode		325		325		80		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	HIV Clinical Coordinator, MD				
Brief duties related to prog and clients served	Clinical oversight of HIV Dept / Staff; spvsn of mid-level practitioners; clinical oversight of nurse and Tx Hlth Educator; QA activities; physicals, order lab tests, develop med assess & plan, referrals to specialty & tertiary svcs, medical consultation, develop medical protocols.				
Degree, license (if applicable), experience	Valid CA MD License. Board certified or residency trained in Family Practice/Internal Medicine/Adult Primary Care; 2 yrs. exp HIV/AIDS; bilingual Spanish/English required.				
	Annual Salary	Percentage of Salary	x Mos per Yr.	Percentage of Salary	Total
	159,768	0.43	12	0.43	\$ 68,700
Staff Position 2:	Nurse				
Brief duties related to prog and clients served	Nursing functions, assists w medical referrals & follow-up; in-person or phone treatment adherence support to clients; prescription follow-up; oversees clinic operation and supervision of staff.				
Degree, license, exp	RN with 2 yrs. exp in HIV/AIDS svcs or LVN w 5 yrs. exp in HIV/AIDS; spvsn exp; Bilingual Spanish/English.				
	77,993	0.85	12	0.85	\$ 66,294
Staff Position 3:	Medical Assistant				
duties related to prog/UDC	Assists nurse with preparing pts, vital signs, medical hx; Member of HIV Quality Management Committee.				
Degree, license, exp	HS diploma, prefer 2 yrs. college; Medical Assist Certificate, 2 yrs. exp in HIV/AIDS. Bilingual Spanish/English.				
	43,813	0.54	12	0.54	\$ 23,659
Staff Position 4:	Laboratory Specialist				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	41,468	0.65	12	0.65	\$ 26,954
Staff Position 5:	Clinic Assistant/Receptionist				
duties related to prog/UDC	Initial program eligibility screening, clinic receptionist. Schedules patient appointments.				
Degree, license, exp	HS diploma, two years of college preferred. Good Communication skills. Bilingual Spanish/English required.				
	35,710	1.00	12	1.00	\$ 35,710
Staff Position 6:	Clinic Assistant/Medical Records				
duties related to prog/UDC	Maintains pt medical charts, prepare, scan, file and abstract historic pt info in HER; preserve confidentiality of PHI.				
Degree, license, exp	High school diploma, two years of college preferred.				
	36,067	0.40	12	0.40	\$ 14,427
Staff Position 7:	Recruitment/Retention Coordinator				
Brief duties related to this program and clients served	Linkage to Care via case mngt & supportive counseling to newly dx HIV+ or HIV + persons out-of-care; supports engagement & retention, utilization of data systems to identify out of care clients, client engagement.				
Degree, license, exp	MPH, MSW or related field. Bilingual Spanish/English required; 1 yr. HIV experience.				
	55,000	1.00	12	1.00	\$ 55,000

Staff Position 8:	HIV Services Director, MPH				
Brief duties related to this program and clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, communication with HHS staff and supervision.				
Degree, license, exp	Master's and 2 yrs. admin exp, or Bachelor's and 5 yrs.; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	91,800	0.20	12	0.20	\$ 18,360
Staff Position 9:	Program Assistant, BA				
Brief duties related to this program and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs. college; 3 yrs. exp as Admin Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	45,900	0.275	12	0.275	\$ 12,623
	Total FTE, Base:	5.345	Annualized:	5.345	
				Total Salaries:	\$ 321,727

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 24,612.12
	Retirement	\$ 6,434.54
	Medical	\$ 70,072.14
	Dental	\$ 4,825.91
	Unemployment Insurance	\$ 2,895.54
	Disability Insurance	\$ 321.73
	Paid Time Off	\$ 3,217.27
	Other (specify): Life Insurance	\$ 225.21
	Fringe Benefit %:	35.00%
	Total Fringe Benefit:	\$ 112,604
	TOTAL SALARIES/BENEFITS	\$ 434,331

2) OPERATING EXPENSES:			
Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	Electricity, water, gas, refuse.	\$134,225 x 3% FTE	\$ 4,027
Utilities	Telecommunications, Internet, Data connection, MPLS.	\$88,468 x 3% FTE	\$ 2,654
Building Maintenance	General building maintenance supplies, and minor building repairs.	\$361,891 x 3% FTE	\$ 10,856
		Total Occupancy:	\$ 17,537

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Stationary, pens, pencils, calendars, postage, software, computers for staff use (MNHC charges \$9,004 prog supplies and \$7,000 for med supplies = \$16,004).	\$548,747 x 3% FTE	\$ 9,004
		Total Materials & Supplies:	\$ 9,004

General Operating:	Brief Description	Rate/Formula	Cost
Staff Training	UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting.	\$912/person x 2 staff	\$ 1,824
Staff Training	International AIDS Conference.	\$1200/person x 2 staff	\$ 2,400
Total General Operating:			\$ 4,224

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
appts.	HIV Service Providers around San Francisco.	Clipper Card	240 UDC x \$5 round trip	\$ 1,200
Airfare for IAS2023	Berlin.	Airfare	\$1000/person x 1 person	\$ 1,000
Hotel for IAS2023	Berlin.	Hotel	\$230/night x 6 x 1 person	\$ 1,380
Per Diem for IAS 2023	Berlin.	Per Diem	\$89/7 days	\$ 623
IAS2023	Berlin.	Transportation	\$31.72/day x 7 days	\$ 222
Total Staff Travel:				\$ 4,425

Other:	Brief Description	Rate/Formula	Cost
Laboratory and X-ray Services	CBC w/diff, platelets, complete T-cell Count, Chem-20 & Lipid Panels, PPD, Hep A-B-B-C, Toxo Titer, Cryptococcal Ag, STI, Viral Load, genotypes, etc. and X-ray expenses.	325 UDC x 10 lab tests / \$46.16 x 2 times a year	\$ 30,004
Medical Supplies	IVAC electronic thermometers, stethoscopes, paper gowns, antibiotic ointment, condoms, butterfly catheters/needles, alcohol pads, syringes, rubber gloves, ear exam cones, occult blood slides, K-Y jelly, nasal emollients, cotton tipped applicators, lubricants, exam table paper, specimen cups & vaccines (MNHC charges \$9,004 prog supplies; \$7,000 for med supplies = \$16,004).	\$548,747 x 3% FTE	\$ 7,000
Total Other:			\$ 37,004
TOTAL OPERATING EXP			\$ 72,194
TOTAL DIRECT COSTS			\$ 506,525

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of MNHC admin overhead.	\$ 45,587
Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 45,587
TOTAL EXPENSES:	\$ 552,112

Mission Neighborhood Health Center
Mission Center of Excellence

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03/01/2023 - 02/29/2024
RWPA - MAI

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Medical Case Management		Treatment Adherence Individual		Treatment Adherence Group		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Supervisor	0.80	66,400	100%					66,400
Medical Case Manager, BA	1.00	48,000	100%					48,000
Treatment Adherence Health Educator	0.59			24,000	85%	4,320	15%	28,320
Program Assistant, BA	0.275	8,450	67%	3,000	24%	1,200	9%	12,650
HIV Services Director, MPH	0.20	14,000	78%	3,000	17%	1,000	6%	18,000
Total FTE & Salaries	2.865	136,850	79%	30,000	17%	6,520	4%	173,370
Fringe Benefits	35.00%	47,898	79%	10,500	17%	2,282	4%	60,680
Total Personnel Expenses		184,748	79%	40,500	17%	8,802	4%	234,050
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		5,986	60%	3,700	37%	250	3%	9,936
Total Materials and Supplies		3,000	51%	2,000	34%	845	14%	5,845
Total General Operating								
Total Staff Travel								
Consultants/Subcontractor:								
Total Operating Expenses		8,986	57%	5,700	36%	1,095	7%	15,781
Total Direct Expenses								
		193,734	78%	46,200	18%	9,897	4%	249,831
Indirect Expenses	9.00%	17,436	78%	4,158	18%	891	4%	22,485
TOTAL EXPENSES		211,170	78%	50,358	18%	10,788	4%	272,316
Unit of Service Type								
		Hour		Hour		Hour		
Number of UOS per Service Mode		2,360		597		90		3,047
Cost Per UOS by Service Mode		\$89.48		\$84.36		\$119.87		N/A
Number of UDC/NOC per Service Mode		325		100		40		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Supervisor				
duties related to prog/UDC	Spvs med case mngrs & psychosoc svcs staff; phychosoc assess, crisis intervention, med case mnngt, QA, prog monitor.				
Degree, license, exp	BA/BS in Soc Work or similar, prefer Master's; 5 yrs. Case Mngt w 1 in HIV/AIDS; 2 yrs. spvsr; bilingual Spanish/English.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	83,000	0.80	12	0.80	\$ 66,400
Staff Position 2:	Medical Case Manager, BA				
Brief duties re prog & UDC	Pt centered case mnngt, harm reduction model, psychosoc svcs, referrals, follow-up, crisis intervention, supportive counseling.				
Degree, license, exp	Bachelor's and 1 yr. exp providing HIV/AIDS case management. Bilingual Spanish/English required.				
	48,000	1.00	12	1.00	\$ 48,000
Staff Position 3:	Treatment Adherence Health Educator, BS				
Brief duties re prog & UDC	Ongoing individual, group hlth & treatment ed/support sessions; tracking med adherence protocol.				
Degree, license, exp	Bachelor's and 2 yrs. exp providing HIV/AIDS education. Bilingual Spanish/English required.				
	48,000	0.59	12	0.59	\$ 28,320
Staff Position 4:	Program Assistant				
Brief duties re to this prog and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs. college; 3 yrs. exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	46,000	0.275	12	0.275	\$ 12,650
Staff Position 5:	HIV Services Director, MPH				
Brief duties related to this program & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, communication with HHS staff and supervision.				
Degree, license, exp	Masters and 2 yrs. admin exp, or Bachelor's and 5 yrs.; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	90,000	0.20	12	0.20	\$ 18,000
	Total FTE, Base:	2.865	Annualized:	2.865	
				Total Salaries:	\$ 173,370

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,262.81
	Retirement	\$ 3,467.40
	Medical	\$ 37,759.99
	Dental	\$ 2,600.55
	Unemployment Insurance	\$ 1,560.33
	Disability Insurance	\$ 173.37
	Worker's Compensation	\$ 1,733.70
	Other (specify): Life Insurance	\$ 121.36
	Fringe Benefit %:	35.00%
	Total Fringe Benefit:	\$ 60,680
	TOTAL SALARIES/BENEFITS	\$ 234,050

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	Electricity, water, gas, refuse.	\$134,225 x 1.7 % FTE	\$ 2,282
Building Maintenance	General building maintenance supplies, and minor building repairs.	\$361,765 x 1.7 % FTE	\$ 6,150
Telecommunications	Telecommunications, Internet, Data connection, MPLS.	\$88,468 x 1.7 % FTE	\$ 1,504
	Total Occupancy:		\$ 9,936

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Program office supplies (stationary, pens, pencils, calendars, postage, software, computers for staff use).	\$343,824 x 1.7 % FTE	\$ 5,845
	Total Materials & Supplies:		\$ 5,845

TOTAL OPERATING EXP	\$ 15,781
TOTAL DIRECT COSTS:	\$ 249,831

4) INDIRECT COSTS

9% of Direct Exp to partially defray the cost of MNHC admin overhead.	Indirect Rate:	9.00%	\$ 22,485
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TOTAL INDIRECT COSTS:	\$ 22,485
TOTAL EXPENSES:	\$ 272,316

Mission Neighborhood Health Center
Mission Center of Excellence - - IFR Subcontract

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03/01/2023 - 02/29/2024
RWPA - MAI

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Mental Health Outpatient		Outpatient Substance Abuse Individual		Outpatient Substance Abuse Group Counseling		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Program Director	0.10	4,736	49%	4,540	47%	400	4%	9,676
Clinical Supervisor Psychologist	0.11	5,250	49%	4,247	40%	1,250	12%	10,747
Mental Health Specialist, LCSW	1.00	68,000	100%					68,000
Substance Abuse Specialist	1.00			46,713	95%	2,427	5%	49,140
Clinic and Program Assistant	0.19	4,400	51%	4,000	46%	249	3%	8,649
Total FTE & Salaries	2.40	82,386	56%	59,500	41%	4,326	3%	146,212
Fringe Benefits	28.844%	23,763	56%	17,162	41%	1,248	3%	42,173
Total Personnel Expenses		106,149	56%	76,662	41%	5,574	3%	188,385
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		3,454	50%	2,200	32%	1,201	18%	6,855
Total Materials and Supplies		588	41%			850	59%	1,438
Total General Operating		500	24%	1,316	63%	268	13%	2,084
Total Staff Travel				40	100%			40
Consultants/Subcontractor:								
Other: Client Refreshments				1,300	57%	1,000	43%	2,300
Total Operating Expenses		4,542	36%	4,856	38%	3,319	26%	12,717
Total Direct Expenses		110,691	55%	81,518	41%	8,893	4%	201,102
Indirect Expenses		9,962	55%	7,337	41%	800	4%	18,099
TOTAL EXPENSES		120,653	55%	88,855	41%	9,693	4%	219,201
Unit of Service Type		Hour		Hour		Hour		
Number of UOS per Service Mode		1,411		1,100		81		2,592
Cost Per UOS by Service Mode		\$85.51		\$80.78		\$119.67		N/A
Number of UDC/NOC per Service Mode		70		45		10		115

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Program Director				
Brief duties re to this prog and clients served	Mgmt., operate prog, i.e., integrated collaborative svcs, spvsn of client svcs, QA & prog eval; implement & monitor objectives, team & staff mtgs, monitor use of database, train, evaluate staff; write reports.				
Degree, license (if applicable), experience	Masters in pub hlth, psych, soc work or equiv exp in mnngt; 5 yrs. spvsn of multi-disciplinary team, contract & prog develop, HIV/AIDS, subs use & mental hlth svcs; Exp wrkg in Latino Comm & serving sexual minorities; Spanish bilingual/bicultural.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	96,760	0.10	12	0.10	\$ 9,676
Staff Position 2:	Clinical Supervisor Psychologist				
Brief duties re to this prog and clients served	Clinical supervision of mental hlth & subs abuse svcs staff; oversees clinical svcs including assessment, case disposition, treatment, termination of svcs.				
Degree, license (if applicable), experience	Doctorate in Psych, licensed or license eligible in CA; 2 yrs. exp spvsng clinicians in multidisciplinary teams; Spanish bilingual/bicultural.				
	97,700	0.11	12	0.11	\$ 10,747
Staff Position 3:	Mental Health Specialist, LCSW				
UDC	Psychological assessments, crisis intervention, individual, group and family psychotherapy.				
Degree, license (if applicable), experience	Master's in psych, counseling, or social work; licensed or license eligible in CA; 2 yrs. exp as clinician; strong team values & ability to work in a multidisciplinary team; Spanish bilingual/bicultural.				
	68,000	1.00	12	1.00	\$ 68,000
Staff Position 4:	Substance Abuse Specialist				
UDC	Substance abuse assessments, individual and group counseling, referral and linkage.				
Degree, license (if applicable), experience	Subs Abuse certificate, or enrolled in subs use certificate prog in good standing; 2 yrs. exp providing subs use svcs to target pop; strong team values; ability to work in multidiscipline team; Spanish bilingual/bicultural.				
	49,140	1.00	12	1.00	\$ 49,140
Staff Position 5:	Clinic and Program Assistant				
UDC	Greeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.				
Degree, license (if applicable), experience	HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs. exp in non-profit setting performing related duties. Spanish bilingual/bicultural required.				
	45,521	0.19	12	0.19	\$ 8,649
	Total FTE, Base:	2.40	Annualized:	2.40	
				Total Salaries:	\$ 146,212

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 11,185.22
	Retirement	\$ 4,669.47
	Medical	\$ 23,393.92
	Dental	\$ 1,462.12
	Unemployment Insurance	\$ 731.06
	Disability Insurance	\$ 731.06
	Fringe Benefit %:	28.844%
	Total Fringe Benefit:	\$ 42,173
	TOTAL SALARIES/BENEFITS	\$ 188,385

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Rental Property	2.4 FTE prog staff ratio of 3.48% to agency budget of \$80,000 for office space for staff assigned to this contract (4 mos. only; 8 mos. free rental).	=80000*3.48% /12x4	\$ 928
Utilities / Communications	2.4 FTE prog staff ratio of 3.48% to agency budget of \$40,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access.	=40000*3.48%	\$ 1,392
Building Maintenance	2.4 FTE prog staff ratio of 3.48% to agency budget of \$130,316 for necessities, i.e., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg. repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff / clients.	=130,316*3.48%	\$ 4,535
	Total Occupancy:		\$ 6,855

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	2.4 FTE program staff ratio of 3.48% to the agency budget of \$30,000 for office supplies, i.e., pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; includes postage for business mail, mailing flyer.	=30000*3.48%	\$ 1,044
Printing and Reproduction	2.4 FTE prog staff ratio of 3.48% to the agency budget of \$6,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach and information flyers/materials, charts, brochures, and business cards.	=6000*3.48%	\$ 209
Program Supplies	Mental Hlth diagnostic & materials needed for substance abuse groups.	37 UDC x \$5 each supplies	\$ 185
	Total Materials & Supplies:		\$ 1,438

General Operating:	Brief Description	Rate/Formula	Cost
General/Professional Liability Insurance	2.4 FTE prog staff ratio of 3.48% to the agency budget of \$42,000 for professional & general liability for service providers.	=42000*3.48%	1,462
Rental Equipment	2.4 FTE prog staff ratio of 3.48% the agency budget of \$15,000 for rental of leased equip, such as copier, and postage machine.	=15000*3.48%	\$ 522
Staff Training	registration fees & related costs of staff training and training materials.	1 staff @ \$100.	\$ 100
Total General Operating:			\$ 2,084

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local Travel.	MTA Transit Pass	12 UDC x \$3.34/mo.	\$ 40
Total Staff Travel:				\$ 40

Other:	Brief Description	Rate/Formula	Cost
Client Refreshments	Food and drinks for clients attending substance abuse group, estimated at \$51.11 per grp, 45 wks. for nutritional snacks and Ensure for drop-in clients.	\$51.11 x 45 wks.	\$ 2,300
Total Other:			\$ 2,300

TOTAL OPERATING EXPENSES:	\$ 12,717
TOTAL DIRECT COSTS:	\$ 201,102

4) INDIRECT COSTS	
9% of Direct Expenses to partially defray the cost of IFR's admin overhead.	\$ 18,099

Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 18,099
TOTAL EXPENSES:	\$ 219,201

**Appendix C
Form of Funding Request**

FUNDING REQUEST

Re: Grant No. H89HA00006, CFDA# 93.914

Pursuant to Section 5.3 of the Grant Agreement (the "Grant Agreement") dated as of MARCH 1, 2020, between the undersigned ("Grantee") and the City and County of San Francisco (all capitalized terms defined in the Grant Agreement shall have the same meaning when used herein), Grantee hereby requests a disbursement of Grant Funds as follows:

Total Amount Requested in this Request:	<u>\$4,675,458</u>
Maximum Amount of Funds Specified in Section 5.1 of the Grant Agreement:	<u>\$4,675,458</u>

Grantee certifies that:

- (a) The total amount of Funds requested pursuant to this Funding Request will be used to pay Eligible Expenses, which Eligible Expenses are set forth on the attached Schedule 1, to which is attached true and correct copies of all required documentation of such Eligible Expenses.
- (b) After giving effect to the disbursement requested pursuant to this Funding Request, the Grant Funds disbursed as of the date of this disbursement will not exceed the maximum amount set forth in Section 5.1.
- (c) The representations and warranties made in the Agreement are true and correct in all material respects as if made on the date hereof;
- (d) No Event of Default has occurred and is continuing; and
- (e) The undersigned is an officer of Grantee authorized to execute this Funding Request on behalf of Grantee.

SCHEDULE 1 TO REQUEST FOR FUNDING

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

Service Category	Amount	Term
Outpatient/Ambulatory HIV Health Services Centers of Excellence Programs	\$529,720	03/01/2020 – 02/28/2021
Outpatient/Ambulatory HIV Health Services Centers of Excellence Programs	\$513,909	03/01/2020 – 02/28/2021
Outpatient/Ambulatory HIV Health Services Centers of Excellence Programs	\$552,112	03/01/2021 – 02/28/2022
Outpatient/Ambulatory HIV Health Services Centers of Excellence Programs	\$491,517	03/01/2021 – 02/28/2022
Outpatient/Ambulatory HIV Health Services Centers of Excellence Programs	\$552,112	03/01/2022 – 02/28/2023
Outpatient/Ambulatory HIV Health Services Centers of Excellence Programs	\$491,517	03/01/2022 – 02/28/2023
Outpatient/Ambulatory HIV Health Services Centers of Excellence Programs	\$552,112	03/01/2023 – 02/29/2024
Outpatient/Ambulatory HIV Health Services Centers of Excellence Programs	\$491,517	03/01/2023 – 02/29/2024
12% Contingency	\$500,942	03/01/2020 – 02/29/2024
Total	\$4,675,458	

Appendix D
Interests In Other City Contracts

City Department or Commission	Date of Contract	Amount of Contract
Department of Public Health	03/01/2015 – 02/29/2020	\$5,343,829
Department of Public Health	03/01/2017 – 02/28/2021	\$1,199,193
Department of Public Health	07/01/2017 – 02/28/2025	\$1,640,886
Department of Public Health	07/01/2018 – 12/31/2020	\$241,920
Department of Public Health	01/01/2020 – 06/30/2023	\$3,105,263

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:

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

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.

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

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

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 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

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San Francisco Department of Public Health

Business Associate Agreement

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.

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

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San Francisco Department of Public Health

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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 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

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San Francisco Department of Public Health

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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.

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

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

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.

l. 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)]

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

APPENDIX E



San Francisco Department of Public Health

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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.

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).

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

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San Francisco Department of Public Health
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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

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

Contractor Name:		Contractor City Vendor ID	
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PRIVACY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH 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 SFPDH.

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

I. All Contractors.

DOES YOUR ORGANIZATION...						Yes	No*	
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?							
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?							
	If yes:	Name & Title:		Phone #		Email:		
C	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]							
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]							
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?							
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisory authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFPDH Information Security staff?							

II. Contractors who serve patients/clients and have access to SFPDH PHI, must also complete this section.

If Applicable: DOES YOUR ORGANIZATION...						Yes	No*	
G	Have (or will have if/when applicable) evidence that SFPDH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFPDH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?							
H	Have evidence in each patient's / client's chart or electronic file that a <u>Privacy Notice</u> that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFPDH.)							
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?							
J	Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations?							
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?							

III. 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 Privacy Officer or designated person	Name: (print)		Signature		Date	
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IV. *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 OCPA	Name (print)		Signature		Date	
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Contractor Name:		Contractor City Vendor ID	
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DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH 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 SFPDH.

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.

DOES YOUR ORGANIZATION...						Yes	No*
A	Conduct assessments/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]						
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?						
	Date of last Data Security Risk Assessment/Audit:						
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:						
C	Have a formal Data Security Awareness Program?						
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?						
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?						
	If yes:	Name & Title:	Phone #		Email:		
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH data security training materials are available for use; contact OCPA at 1-855-729-6040.]						
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?						
I	Have (or will have if/when applicable) a diagram of how SFPDH data flows between your organization and subcontractors or vendors (including named users, access methods, 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 Officer or designated person	Name: (print)		Signature		Date	
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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 OCPA	Name (print)		Signature		Date	
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1
03/01/2020 - 02/28/2021
PAGE A

Contractor: Mission Neighborhood Health Center Contract ID #
1000017218
Address: 240 Shotwell Street
San Francisco, CA 94110

Invoice Number
A-1MAR20

Telephone: 415-552-1013
Fax:



Contract Purchase Order No: _____

Funding Source: RWPA

Department ID-Authority ID: _____

Program Name: Center of Excellence

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: 03/1/20 - 03/31/20

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Outpatient Ambulatory Health Services	1,103	325							1,103	325
Nursing Treatment Adherence	670	325							670	325
Medical Case Management	878	80							878	80

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Fringe Benefits	\$107,012				\$107,012.00
Total Personnel Expenses	\$412,760				\$412,760.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$17,538				\$17,538.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$16,160				\$16,160.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$3,248				\$3,248.00
Staff Travel - (e.g., Local & Out of Town)	\$1,200				\$1,200.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$35,076				\$35,076.00
Total Operating Expenses	\$73,222				\$73,222.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$485,982				\$485,982.00
Indirect Expenses	\$43,738				\$43,738.00
TOTAL EXPENSES	\$529,720				\$529,720.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1a
03/01/2020 - 02/28/2021
PAGE A

Contractor: Mission Neighborhood Health Center Address: 240 Shotwell Street San Francisco, CA 94110 Telephone: 415-552-1013 Fax: _____ Program Name: Center of Excellence ACE Control #: _____	Contract ID # 1000017218	Invoice Number A-1MAR20	Contract Purchase Order No: _____ Funding Source: RWPA/MAI Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 03/1/20 - 03/31/20 FINAL Invoice <input type="checkbox"/> (check if Yes)
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DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Medical Case Management	2,750	325							2,750	325
Treatment Adherence Individual	597	100							597	100
Treatment Adherence Group	90	40							90	40

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$185,120				\$185,120.00
Fringe Benefits	\$64,792				\$64,792.00
Total Personnel Expenses	\$249,912				\$249,912.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$10,522				\$10,522.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$9,220				\$9,220.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)	\$720				\$720.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$20,462				\$20,462.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$270,374				\$270,374.00
Indirect Expenses	\$24,334				\$24,334.00
TOTAL EXPENSES	\$294,708				\$294,708.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES: _____

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1a
03/01/2020 - 02/28/2021
PAGE B

Contractor: Mission Neighborhood Health Center
Address: 240 Shotwell Street
San Francisco, CA 94110

Telephone: 415-552-1013
Fax: _____

Program Name: Center of Excellence
ACE Control #: _____

Invoice Number
 A-1MAR20

Contract Purchase Order No: _____

Fund Source: RWPA/MAI

Department ID-Authority ID: _____

Project ID-Activity ID: _____

Invoice Period: 03/1/20 - 03/31/20

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Supervisor	0.80	\$66,400				\$66,400.00
Medical Case Manager, BA	1.00	\$48,000				\$48,000.00
Treatment Adherence Health Educator	0.59	\$28,320				\$28,320.00
Program Assistant, BA	0.275	\$12,650				\$12,650.00
HIV Services Director, MPH	0.15	\$13,500				\$13,500.00
Recruitment and Retention Coordinator	0.25	\$16,250				\$16,250.00
TOTAL SALARIES	3.065	\$185,120				\$185,120.00

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

Certified By: _____ Date: _____
 Title: _____

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

APPENDIX F-1b
03/01/2020 - 02/28/2021
PAGE A

Contractor: Mission Neighborhood Health Center	Contract ID # 1000017218	Invoice Number A-1MAR20
Address: 240 Shotwell Street San Francisco, CA 94110		Contract Purchase Order No.: _____
Telephone: 415-552-1013	HHS	Funding Source: RWPA/MAI
Fax: _____		Department ID-Authority ID: _____
Program Name: Center of Excellence - IFR		Project ID-Activity ID: _____
ACE Control #: _____		Invoice Period: 03/1/20 - 03/31/20
		FINAL Invoice <input type="checkbox"/> (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Mental Health Outpatient	1,411	70							1,411	70
Outpatient Substance Abuse Individual	1,100	45							1,100	45
Outpatient Substance Abuse Group	81	10							81	10

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		115			115

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$145,381				\$145,381.00
Fringe Benefits	\$43,090				\$43,090.00
Total Personnel Expenses	\$188,471				\$188,471.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$6,854				\$6,854.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,353				\$1,353.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,084				\$2,084.00
Staff Travel - (e.g., Local & Out of Town)	\$40				\$40.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,300				\$2,300.00
Total Operating Expenses	\$12,631				\$12,631.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$201,102				\$201,102.00
Indirect Expenses	\$18,099				\$18,099.00
TOTAL EXPENSES	\$219,201				\$219,201.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By: _____ Date: _____ (DPH Authorized Signatory)
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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1b
03/01/2020 - 02/28/2021
PAGE B

Contractor: Mission Neighborhood Health Center
Address: 240 Shotwell Street
San Francisco, CA 94110

Telephone: 415-552-1013
Fax:

Program Name: Center of Excellence - IFR

ACE Control #: []

Invoice Number

A-1MAR20

Contract Purchase Order No: []

Fund Source:

RWPA/MAI

Department ID-Authority ID: []

Project ID-Activity ID: []

Invoice Period:

03/1/20 - 03/31/20

FINAL Invoice []

(check if Yes)

DETAIL PERSONNEL EXPENDITURES

Table with 7 columns: PERSONNEL, FTE, BUDGETED SALARY, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Rows include Program Director, Clinical Supervisor Psychologist, Mental Health Specialist, Substance Abuse Specialist, Clinic and Program Assistant, and TOTAL SALARIES.

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

Certified By: []

Date: []

Title: []

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

APPENDIX F-2
03/01/2021 - 02/28/2022
PAGE A

Contractor: Mission Neighborhood Health Center Address: 240 Shotwell Street San Francisco, CA 94110 Telephone: 415-552-1013 Fax: _____	Contract ID # 1000017218	Invoice Number A-1MAR21 Contract Purchase Order No: _____ Funding Source: RWPA Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 03/1/21 - 03/31/21 FINAL Invoice <input type="checkbox"/> (check if Yes)
Program Name: Center of Excellence ACE Control #: _____		



DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Outpatient Ambulatory Health Services	1,087	325							1,087	325
Nursing Treatment Adherence	670	325							670	325
Medical Case Management	1,170	80							1,170	80

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$321,727				\$321,727.00
Fringe Benefits	\$112,604				\$112,604.00
Total Personnel Expenses	\$434,331				\$434,331.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$17,538				\$17,538.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$9,462				\$9,462.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$4,224				\$4,224.00
Staff Travel - (e.g., Local & Out of Town)	\$3,970				\$3,970.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$37,000				\$37,000.00
Total Operating Expenses	\$72,194				\$72,194.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$506,525				\$506,525.00
Indirect Expenses	\$45,587				\$45,587.00
TOTAL EXPENSES	\$552,112				\$552,112.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2a
03/01/2021 - 02/28/2022
PAGE A

Contractor: Mission Neighborhood Health Center
Address: 240 Shotwell Street
San Francisco, CA 94110

Contract ID #
1000017218

Invoice Number
A-1MAR21

Telephone: 415-552-1013
Fax:



Contract Purchase Order No:

Funding Source: RWPA/MAI

Department ID-Authority ID:

Project ID-Activity ID:

Program Name: Center of Excellence

Invoice Period: 03/1/21 - 03/31/21

ACE Control #:

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Medical Case Management	2,360	325							2,360	325
Treatment Adherence Individual	597	100							597	100
Treatment Adherence Group	90	40							90	40

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$173,370				\$173,370.00
Fringe Benefits	\$60,680				\$60,680.00
Total Personnel Expenses	\$234,050				\$234,050.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$9,936				\$9,936.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$5,845				\$5,845.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$15,781				\$15,781.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$249,831				\$249,831.00
Indirect Expenses	\$22,485				\$22,485.00
TOTAL EXPENSES	\$272,316				\$272,316.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By:	_____	Date:	_____
		(DPH Authorized Signatory)			

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

APPENDIX F-2a
03/01/2021 - 02/28/2022
PAGE B

Contractor: **Mission Neighborhood Health Center**
Address: **240 Shotwell Street**
San Francisco, CA 94110

Telephone: **415-552-1013**
Fax:

Program Name: **Center of Excellence**

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Supervisor	0.80	\$66,400				\$66,400.00
Medical Case Manager, BA	1.00	\$48,000				\$48,000.00
Treatment Adherence Health Educat	0.59	\$28,320				\$28,320.00
Program Assistant, BA	0.275	\$12,650				\$12,650.00
HIV Services Director, MPH	0.20	\$18,000				\$18,000.00
TOTAL SALARIES	2.865	\$173,370				\$173,370.00

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

Certified By: _____
Title: _____

Date: _____

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

APPENDIX F-2b
03/01/2021 - 02/28/2022
PAGE A

Contractor: Mission Neighborhood Health Center
Address: 240 Shotwell Street
San Francisco, CA 94110

Contract ID #
1000017218

Invoice Number
A-1MAR21

Contract Purchase Order No: _____

Telephone: 415-552-1013
Fax: _____

HHS

Funding Source: RWPA/MAI

Department ID-Authority ID: _____

Program Name: Center of Excellence - IFR

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: 03/1/21 - 03/31/21

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Mental Health Outpatient	1,411	70							1,411	70
Outpatient Substance Abuse Individual	1,100	45							1,100	45
Outpatient Substance Abuse Group	81	10							81	10
Unduplicated Clients for Appendix		115								115

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$146,433				\$146,433.00
Fringe Benefits	\$41,953				\$41,953.00
Total Personnel Expenses	\$188,386				\$188,386.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$6,855				\$6,855.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,437				\$1,437.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,084				\$2,084.00
Staff Travel - (e.g., Local & Out of Town)	\$40				\$40.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,300				\$2,300.00
Total Operating Expenses	\$12,716				\$12,716.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$201,102				\$201,102.00
Indirect Expenses	\$18,099				\$18,099.00
TOTAL EXPENSES	\$219,201				\$219,201.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____

Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2b
03/01/2021 - 02/28/2022
PAGE B

<p>Contractor: Mission Neighborhood Health Center Address: 240 Shotwell Street San Francisco, CA 94110</p> <p>Telephone: 415-552-1013 Fax:</p> <p>Program Name: Center of Excellence - IFR</p> <p>ACE Control #: <input style="width: 200px; height: 15px;" type="text"/></p>	<p>Invoice Number: <input style="width: 150px; height: 15px;" type="text"/> A-1MAR21</p> <p>Contract Purchase Order No: <input style="width: 150px; height: 15px;" type="text"/></p> <p>Fund Source: <input style="width: 150px; height: 15px;" type="text"/> RWPA/MAI</p> <p>Department ID-Authority ID: <input style="width: 150px; height: 15px;" type="text"/></p> <p>Project ID-Activity ID: <input style="width: 150px; height: 15px;" type="text"/></p> <p>Invoice Period: <input style="width: 150px; height: 15px;" type="text"/> 03/1/21 - 03/31/21</p> <p>FINAL Invoice: <input style="width: 40px; height: 15px;" type="checkbox"/> (check if Yes)</p>
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DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.10	\$9,440				\$9,440.00
Clinical Supervisor Psychologist	0.11	\$10,585				\$10,585.00
Mental Health Specialist, LCSW	1.00	\$68,000				\$68,000.00
Substance Abuse Specialist	1.00	\$49,140				\$49,140.00
Clinic and Program Assistant	0.19	\$9,268				\$9,268.00
TOTAL SALARIES	2.40	\$146,433				\$146,433.00

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

Certified By: _____ Date: _____
Title: _____

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

APPENDIX F-3
03/01/2022 - 02/28/2023
PAGE A

Contractor: Mission Neighborhood Health Center **Contract ID #** 1000017218 **Invoice Number** A-1MAR22
Address: 240 Shotwell Street
 San Francisco, CA 94110 **Contract Purchase Order No.:** _____
Telephone: 415-552-1013 **Funding Source:** RWPA
Fax: _____ **Department ID-Authority ID:** _____
Program Name: Center of Excellence **Project ID-Activity ID:** _____
ACE Control #: _____ **Invoice Period:** 03/1/22 - 03/31/22
FINAL Invoice (check if Yes)



DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Outpatient Ambulatory Health Services	1,087	325							1,087	325
Nursing Treatment Adherence	670	325							670	325
Medical Case Management	1,170	80							1,170	80
Unduplicated Clients for Appendix		UDC 325		UDC		UDC		UDC		UDC 325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$321,754				\$321,754.00
Fringe Benefits	\$112,614				\$112,614.00
Total Personnel Expenses	\$434,368				\$434,368.00
Operating Expenses:					
Occupancy - (e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$17,537				\$17,537.00
Materials and Supplies - (e.g., Office, Postage, Printing and Repro., Program Supplies)	\$8,967				\$8,967.00
General Operating - (e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$4,224				\$4,224.00
Staff Travel - (e.g., Local & Out of Town)	\$4,425				\$4,425.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$37,004				\$37,004.00
Total Operating Expenses	\$72,157				\$72,157.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$506,525				\$506,525.00
Indirect Expenses	\$45,587				\$45,587.00
TOTAL EXPENSES	\$552,112				\$552,112.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-3
03/01/2022 - 02/28/2023
PAGE B

Contractor: Mission Neighborhood Health Center
Address: 240 Shotwell Street
San Francisco, CA 94110

Telephone: 415-552-1013
Fax:

Program Name: Center of Excellence

ACE Control #: _____

Invoice Number: A-1MAR22

Contract Purchase Order No: _____

Fund Source: RWPA

Department ID-Authority ID: _____

Project ID-Activity ID: _____

Invoice Period: 03/1/22 - 03/31/22

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
HIV Clinical Coordinator, MD	0.43	\$68,700				\$68,700.00
Nurse	0.85	\$66,294				\$66,294.00
Medical Assistant	0.54	\$23,659				\$23,659.00
Laboratory Specialist	0.65	\$26,954				\$26,954.00
Clinic Assistant/Receptionist	1.00	\$35,710				\$35,710.00
Clinic Assistant/Medical Records	0.40	\$14,427				\$14,427.00
Recruitment/Retention Coordinator, N	1.00	\$55,000				\$55,000.00
HIV Services Director, MPH	0.20	\$18,360				\$18,360.00
Program Assistant, BA	0.275	\$12,650				\$12,650.00
TOTAL SALARIES	5.345	\$321,754				\$321,754.00

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

Certified By: _____ Date: _____
Title: _____

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

APPENDIX F-3a
03/01/2022 - 02/28/2023
PAGE A

Contractor: Mission Neighborhood Health Center Address: 240 Shotwell Street San Francisco, CA 94110 Telephone: 415-552-1013 Fax: _____ Program Name: Center of Excellence ACE Control #: _____	Contract ID # 1000017218	Invoice Number A-1MAR22	Contract Purchase Order No: _____ Funding Source: RWPA/MAI Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 03/1/22 - 03/31/22 FINAL Invoice <input type="checkbox"/> (check if Yes)
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DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Medical Case Management	2,360	325							2,360	325
Treatment Adherence Individual	597	100							597	100
Treatment Adherence Group	90	40							90	40
UDC										UDC
Unduplicated Clients for Appendix		325								325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Fringe Benefits	\$60,680				\$60,680.00
Total Personnel Expenses	\$234,050				\$234,050.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$9,936				\$9,936.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$5,845				\$5,845.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$15,781				\$15,781.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$249,831				\$249,831.00
Indirect Expenses	\$22,485				\$22,485.00
TOTAL EXPENSES	\$272,316				\$272,316.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____
 Title: _____

Send to: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By: _____ Date: _____ (DPH Authorized Signatory)
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3a
03/01/2022 - 02/28/2023
PAGE B

Contractor: Mission Neighborhood Health Center
Address: 240 Shotwell Street
San Francisco, CA 94110

Telephone: 415-552-1013
Fax:

Program Name: Center of Excellence

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Supervisor	0.80	\$66,400				\$66,400.00
Medical Case Manager, BA	1.00	\$48,000				\$48,000.00
Treatment Adherence Health Educator	0.59	\$28,320				\$28,320.00
Program Assistant, BA	0.275	\$12,650				\$12,650.00
HIV Services Director, MPH	0.20	\$18,000				\$18,000.00
TOTAL SALARIES	2.865	\$173,370				\$173,370.00

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

Certified By: _____ **Date:** _____
Title: _____

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

APPENDIX F-3b
03/01/2022 - 02/28/2023
PAGE A

Contractor: Mission Neighborhood Health Center Address: 240 Shotwell Street San Francisco, CA 94110 Telephone: 415-552-1013 Fax: _____ Program Name: Center of Excellence - IFR ACE Control #: _____	Contract ID # 1000017218	Invoice Number A-1MAR22	Contract Purchase Order No: _____ Funding Source: RWPA/MAI Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 03/1/22 - 03/31/22 FINAL Invoice <input type="checkbox"/> (check if Yes)
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DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Mental Health Outpatient	1,411	70							1,411	70
Outpatient Substance Abuse Individual	1,100	45							1,100	45
Outpatient Substance Abuse Group	81	10							81	10
UDC										UDC
Unduplicated Clients for Appendix		115								115

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Fringe Benefits	\$42,173				\$42,173.00
Total Personnel Expenses	\$188,385				\$188,385.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$6,855				\$6,855.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,438				\$1,438.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,084				\$2,084.00
Staff Travel - (e.g., Local & Out of Town)	\$40				\$40.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,300				\$2,300.00
Total Operating Expenses	\$12,717				\$12,717.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$201,102				\$201,102.00
Indirect Expenses	\$18,099				\$18,099.00
TOTAL EXPENSES	\$219,201				\$219,201.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By: _____ Date: _____ (DPH Authorized Signatory)
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3b
03/01/2022 - 02/28/2023
PAGE B

<p>Contractor: Mission Neighborhood Health Center Address: 240 Shotwell Street San Francisco, CA 94110</p> <p>Telephone: 415-552-1013 Fax:</p> <p>Program Name: Center of Excellence - IFR</p> <p>ACE Control #: <input type="text"/></p>	<p>Invoice Number <input type="text" value="A-1MAR22"/></p> <p>Contract Purchase Order No: <input type="text"/></p> <p>Fund Source: <input type="text" value="RWPA/MAI"/></p> <p>Department ID-Authority ID: <input type="text"/></p> <p>Project ID-Activity ID: <input type="text"/></p> <p>Invoice Period: <input type="text" value="03/1/22 - 03/31/22"/></p> <p>FINAL Invoice <input type="checkbox"/> (check if Yes)</p>
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DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.10	\$9,676				\$9,676.00
Clinical Supervisor Psychologist	0.11	\$10,747				\$10,747.00
Mental Health Specialist, LCSW	1.00	\$68,000				\$68,000.00
Substance Abuse Specialist	1.00	\$49,140				\$49,140.00
Clinic and Program Assistant	0.19	\$8,649				\$8,649.00
TOTAL SALARIES	2.40	\$146,212				\$146,212.00

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

Certified By: _____ Date: _____
Title: _____

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

APPENDIX F-4
03/01/2023 - 02/29/2024
PAGE A

Contractor: Mission Neighborhood Health Center Contract ID # 1000017218
Address: 240 Shotwell Street
San Francisco, CA 94110

Invoice Number
A-1MAR23

Telephone: 415-552-1013
Fax:



Contract Purchase Order No:

Funding Source: RWPA

Program Name: Center of Excellence

Department ID-Authority ID:

ACE Control #:

Project ID-Activity ID:

Invoice Period: 03/1/23 - 03/31/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Outpatient Ambulatory Health Services	1,087	325							1,087	325
Nursing Treatment Adherence	670	325							670	325
Medical Case Management	1,170	80							1,170	80

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$321,727				\$321,727.00
Fringe Benefits	\$112,604				\$112,604.00
Total Personnel Expenses	\$434,331				\$434,331.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$17,537				\$17,537.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$9,004				\$9,004.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$4,224				\$4,224.00
Staff Travel - (e.g., Local & Out of Town)	\$4,425				\$4,425.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$37,004				\$37,004.00
Total Operating Expenses	\$72,194				\$72,194.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$506,525				\$506,525.00
Indirect Expenses	\$45,587				\$45,587.00
TOTAL EXPENSES	\$552,112				\$552,112.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)
Date: _____	

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

APPENDIX F-4a
03/01/2023 - 02/29/2024
PAGE A

Contractor: Mission Neighborhood Health Center
Address: 240 Shotwell Street
San Francisco, CA 94110

Contract ID #
1000017218

Invoice Number
A-1MAR23

Telephone: 415-552-1013
Fax:



Contract Purchase Order No: _____

Funding Source: RWPA/MAI

Program Name: Center of Excellence

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: 03/1/23 - 03/31/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Medical Case Management	2,360	325							2,360	325
Treatment Adherence Individual	597	100							597	100
Treatment Adherence Group	90	40							90	40

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$173,370				\$173,370.00
Fringe Benefits	\$60,680				\$60,680.00
Total Personnel Expenses	\$234,050				\$234,050.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$9,936				\$9,936.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$5,845				\$5,845.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$15,781				\$15,781.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$249,831				\$249,831.00
Indirect Expenses	\$22,485				\$22,485.00
TOTAL EXPENSES	\$272,316				\$272,316.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____
Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By:	_____ (DPH Authorized Signatory)	Date:	_____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4b
03/01/2023 - 02/29/2024
PAGE A

Contractor: Mission Neighborhood Health Center
Address: 240 Shotwell Street
San Francisco, CA 94110

Contract ID #
1000017218

Invoice Number
A-1MAR23

Telephone: 415-552-1013
Fax:



Contract Purchase Order No: _____

Funding Source: RWPA/MAI

Program Name: Center of Excellence - IFR

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: 03/1/23 - 03/31/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Mental Health Outpatient	1,411	70							1,411	70
Outpatient Substance Abuse Individual	1,100	45							1,100	45
Outpatient Substance Abuse Group	81	10							81	10

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix	115				115

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$146,212				\$146,212.00
Fringe Benefits	\$42,173				\$42,173.00
Total Personnel Expenses	\$188,385				\$188,385.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$6,855				\$6,855.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,438				\$1,438.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,084				\$2,084.00
Staff Travel - (e.g., Local & Out of Town)	\$40				\$40.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,300				\$2,300.00
Total Operating Expenses	\$12,717				\$12,717.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$201,102				\$201,102.00
Indirect Expenses	\$18,099				\$18,099.00
TOTAL EXPENSES	\$219,201				\$219,201.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____
Title: _____

Send to: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 403 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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Appendix G
State/Federal Funding Terms Reserved

Appendix H
Permitted Subgrantees

- Instituto Familiar de la Raza, Inc.

**Appendix I
Insurance Reserved**

Appendix J

Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- **Step 1** The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- **Step 2** Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- **Step 3** Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

Appendix J

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

AGENCY CUSTOMER ID: 00000408

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY The John L. Raya Insurance Group		NAMED INSURED Mission Area Health Associates Inc. DBA: Mission Neighborhood Health Center	
POLICY NUMBER 24CC28546100			
CARRIER General Insurance Co of America	NAIC CODE	EFFECTIVE DATE: 08/01/2019	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

The City & County of San Francisco, its officers, agents, employees and members of boards and commissions are additional insureds as respects General Liability and Auto Liability for insureds operations under this agreement (Primary Care Services). General Liability and Auto Liability Additional Insured endorsements are attached.



COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED — DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
THE CITY AND COUNTY OF SAN FRANCISCO, ITS OFFICERS, AGENTS AND EMPLOYEES
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II — Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations;
or
- B. In connection with your premises owned by or rented to you.

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CA 71 35 12 93

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Endorsement effective :	POLICY # 24CC28546100
Named Insured MISSION AREA HEALTH ASSOCIATES	Countersigned by

(Authorized Representative)

Schedule	
Name of Person or Organization: THE CITY & COUNTY OF SAN FRANCISCO, ITS OFFICERS, AGENTS	
Address:	AND EMPLOYEES
Premium: \$	

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. Under LIABILITY COVERAGE WHO IS AN INSURED is changed to include as an "insured" the person(s) or organization(s) shown in the Schedule, but only with respect to "bodily injury" or "property damage" resulting from the acts or omissions of:**
1. You;
 2. Any of your employees or agents;
- 3. Any person, except the additional insured or any employee or agent of the additional insured, operating a covered "auto" with the permission of any of the above.**
- B. The insurance afforded by this endorsement does not apply:**
- To "bodily injury" or "property damage" arising out of the sole negligence of the person(s) or organization(s) shown in the Schedule.

