

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

Second Amendment

THIS AMENDMENT (this “Amendment”) is made as of **September 1st, 2021**, in San Francisco, California, by and between **SAN FRANCISCO PUBLIC HEALTH FOUNDATION** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

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

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to **increase contract amount and update standard contractual clauses**; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through **RFQ 36-2017 issued on October 3, 2019** and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number **46237 – 14/15** on **December 3, 2018**; and

WHEREAS, the City’s **Board of Supervisors** approved this Agreement by **Resolution Number** _____ on _____, 2021.

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated **January 1st, 2020**, (**Contract ID# 1000016941**) between Contractor and City, as amended by the:

First Amendment, dated November 1st, 2020 (Contract ID# 1000016941).

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

Article 2 Modifications to the Agreement.

The Agreement is hereby modified as follows:

2.1 **Article 1 Definitions**, is hereby amended in its entirety to read as follows:

Article 1 Definitions

The following definitions apply to this Agreement:

1.1 **“Agreement”** means this contract document, including all attached appendices, and all applicable City Ordinances and Mandatory City Requirements specifically incorporated into this Agreement by reference as provided herein.

1.2 **“City” or “the City”** means the City and County of San Francisco, a municipal corporation, acting by and through both its Director of the Office of Contract Administration or the Director’s designated agent, hereinafter referred to as **“Purchasing”** and **Department of Public Health**.

1.3 **“City Data”** means that data as described in Article 13 of this Agreement which includes, without limitation, all data collected, used, maintained, processed, stored, or generated by or on behalf of the City in connection with this Agreement. City Data includes, without limitation, Confidential Information.

1.4 **“CMD”** means the Contract Monitoring Division of the City.

1.5 **“Confidential Information”** means confidential City information including, but not limited to, personally-identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

1.6 **“Contractor” or “Consultant”** means **San Francisco Public Health Foundation, 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102**.

1.7 **“Deliverables”** means Contractor’s work product resulting from the Services provided by Contractor to City during the course of Contractor’s performance of the Agreement, including without limitation, the work product described in the “Scope of Services” attached as Appendix A.

1.8 **“Mandatory City Requirements”** means those City laws set forth in the San Francisco Municipal Code, including the duly authorized rules, regulations, and guidelines implementing such laws that impose specific duties and obligations upon Contractor.

1.9 **“Party” and “Parties”** means the City and Contractor either collectively or individually.

1.10 **“Services”** means the work performed by Contractor under this Agreement as specifically described in the “Scope of Services” attached as Appendix A, including all services, labor, supervision, materials, equipment, actions and other requirements to be performed and furnished by Contractor under this Agreement.

2.2 **Article 3.3.1 Payment of Amendment #1** currently reads as follows:

Article 3 Financial Matters

3.3 Compensation.

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Three Hundred Fifty-Nine Thousand Three Hundred Five DOLLARS (\$9,359,305)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

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

Article 3 Financial Matters

3.3 Compensation.

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Twenty Million Twenty-Seven Thousand Five Hundred Sixty-Seven DOLLARS (\$20,027,567)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

2.3 **Article 4.3 Subcontracting**, is hereby amended in its entirety to read as follows:

Article 4 Services and Resources

4.3 Subcontracting.

4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 “Additional Requirements Incorporated by Reference” of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.3.2 City’s execution of this Agreement constitutes its approval of the subcontractors listed below.

- a. Subcontractors named in Appendices B

2.4 **Article 5 Insurance and Indemnity**, is hereby amended in its entirety to read as follows:

Article 5 Insurance and Indemnity

5.1 Insurance.

5.1.1 **Required Coverages.** 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) 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.
- (b) 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.
- (c) Workers’ Compensation Insurance, in statutory amounts, with Employers’ Liability Limits not less than **\$1,000,000** each accident, injury, or illness.
- (d) **Reserved. (Professional Liability Coverage)**
- (e) **Reserved. (Technology Errors and Omissions Coverage)**
- (f) Cyber and Privacy Insurance with limits of not less than \$5,000,000 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.
- (g) **Reserved. (Pollution Liability Insurance)**

5.1.2 Additional Insured Endorsements

(a) The Commercial General Liability policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(b) The Commercial Automobile Liability Insurance policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(c) **Reserved. (Pollution Auto Liability Insurance Additional Insured Endorsement)**

5.1.3 Waiver of Subrogation Endorsements

(a) The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

5.1.4 Primary Insurance Endorsements

(a) The Commercial General Liability policy shall 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 the insurance applies separately to each insured against whom claim is made or suit is brought.

(b) The Commercial Automobile Liability Insurance policy shall 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 the insurance applies separately to each insured against whom claim is made or suit is brought.

(c) **Reserved. (Pollution Liability Insurance Primary Insurance Endorsement)**

5.1.5 Other Insurance Requirements

(a) Thirty (30) days' advance written notice shall be provided to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City email address: insurance-contractsrms410@sfdph.org.

(b) Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the Agreement term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

(c) Should any of the required insurance 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.

(d) 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.

(e) Before commencing any Services, Contractor 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. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

(f) If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

5.2 Indemnification.

5.2.1 Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor 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 Contractor's performance of this Agreement. 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.

5.2.2 In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

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

2.5 **Article 13 Data and Security**, is hereby amended in its entirety to read as follows:

Article 13 Data and Security

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

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

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

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

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

The parties acknowledge that CONTRACTOR will:

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

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

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

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

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

13.5 Management of City Data and Confidential Information.

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

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

2.6 **Article 15 Official Actions Relating to the Emergency; FEMA Assistance**, is hereby amended in its entirety to read as follows:

Article 15 Official Actions Relating to the Emergency; FEMA Assistance.

15.1 **Orders of Local, State or Federal Officials.** City and Contractor mutually acknowledge that local, state, or federal authorities may issue official orders related to the COVID-19 epidemic, or take other official actions, subsequent to the execution of this Agreement that Parties to this Agreement cannot presently predict. City and Contractor mutually acknowledge and agree that this Agreement shall be subject to the provisions of any such official action or order (“Official Actions”), as they may be revised and updated. If the provisions of any such Official Actions materially impact the terms of this Agreement, the provisions of those Official Actions shall govern. Contractor shall stay updated on the status of the City Health Officer orders by checking the Department of Public Health website (sfdph.org) regularly.

15.2 **FEMA Assistance.** This is an acknowledgement that FEMA financial assistance will be requested by City and if provided will be used to fund all or a portion of this Agreement. Contractor shall comply with all applicable Federal law, regulations, executive orders, FEMA policies, procedures, and directives, including the FEMA Contract Requirements attached hereto as Appendix D and incorporated herein by reference.

The Appendices listed below are Amended as follows:

2.7 **Appendix A.** Appendix A is hereby replaced in its entirety by Appendix A, attached to this Amendment and incorporated within the Agreement.

2.8 **Appendix A-1.** Appendix A-1 is hereby replaced in its entirety by Appendix A-1, attached to this Amendment and incorporated within the Agreement.

2.9 **Appendix A-2.** Appendix A-2 is hereby replaced in its entirety by Appendix A-2, attached to this Amendment and incorporated within the Agreement.

2.10 **Appendix A-4.** Appendix A-4 is hereby replaced in its entirety by Appendix A-4, attached to this Amendment and incorporated within the Agreement.

2.11 **Appendix A-9.** Appendix A-9 is hereby added to this Amendment and fully incorporated within the Agreement.

2.12 **Appendix B.** Appendix B is hereby replaced in its entirety by Appendix B, attached to this Amendment and incorporated within the Agreement.

2.13 **Appendix B-1c.** Appendix B-1c is hereby replaced in its entirety by Appendix B-1c, attached to this Amendment and incorporated within the Agreement.

2.14 **Appendix B-1d.** Appendix B-1d is hereby replaced in its entirety by Appendix B-1d, attached to this Amendment and incorporated within the Agreement.

2.15 **Appendix B-2c.** Appendix B-2c is hereby replaced in its entirety by Appendix B-2c, attached to this Amendment and incorporated within the Agreement.

2.16 **Appendix B-2d.** Appendix B-2d is hereby replaced in its entirety by Appendix B-2d, attached to this Amendment and incorporated within the Agreement.

2.17 **Appendix B-3b.** Appendix B-3b is hereby replaced in its entirety by Appendix B-3b, attached to this Amendment and incorporated within the Agreement.

2.18 **Appendix B-3c.** Appendix B-3c is hereby replaced in its entirety by Appendix B-3c, attached to this Amendment and incorporated within the Agreement.

2.19 **Appendix B-3d.** Appendix B-3d is hereby replaced in its entirety by Appendix B-3d, attached to this Amendment and incorporated within the Agreement.

2.20 **Appendix B-4b.** Appendix B-4b is hereby replaced in its entirety by Appendix B-4b, attached to this Amendment and incorporated within the Agreement.

2.21 **Appendix B-4c.** Appendix B-4c is hereby added to this Amendment and fully incorporated within the Agreement.

2.22 **Appendix B-9.** Appendix B-9 is hereby added to this Amendment and fully incorporated within the Agreement.

2.23 **Appendix D.** Appendix D is hereby replaced in its entirety by Appendix D, attached to this Amendment and incorporated within the Agreement.

2.24 **Appendix E.** Appendix E is hereby replaced in its entirety by Appendix E Dated: OCPA & CAT v4-12-18 and Attestation forms 06-07-2017, attached to this Amendment and incorporated within the Agreement.

2.25 **Appendix F-1c.** Appendix F-1c is hereby replaced in its entirety by Appendix F-1c, attached to this Amendment and incorporated within the Agreement.

2.26 **Appendix F-1d.** Appendix F-1d is hereby replaced in its entirety by Appendix F-1d, attached to this Amendment and incorporated within the Agreement.

2.27 **Appendix F-2c.** Appendix F-2c is hereby replaced in its entirety by Appendix F-2c, attached to this Amendment and incorporated within the Agreement.

2.28 **Appendix F-2d.** Appendix F-2d is hereby replaced in its entirety by Appendix F-2d, attached to this Amendment and incorporated within the Agreement.

2.29 **Appendix F-3b.** Appendix F-3b is hereby replaced in its entirety by Appendix F-3b, attached to this Amendment and incorporated within the Agreement.

2.30 **Appendix F-3c.** Appendix F-3c is hereby replaced in its entirety by Appendix F-3c, attached to this Amendment and incorporated within the Agreement.

2.31 **Appendix F-3d.** Appendix F-3d is hereby replaced in its entirety by Appendix F-3d, attached to this Amendment and incorporated within the Agreement.

2.32 **Appendix F-4b.** Appendix F-4b is hereby replaced in its entirety by Appendix F-4b, attached to this Amendment and incorporated within the Agreement.

2.33 **Appendix F-4c.** Appendix F-4c is hereby added to this Amendment and fully incorporated within the Agreement.

2.34 **Appendix F-9.** Appendix F-9 is hereby added to this Amendment and fully incorporated within the Agreement.

2.35 **Appendix H.** Appendix H is hereby replaced in its entirety by Appendix H, attached to this Amendment and incorporated within the Agreement.

2.36 **Appendix I.** Appendix I is hereby added to this Amendment and fully incorporated within the Agreement.

Article 3 Effective Date

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

Article 4 Legal Effect

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

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

CITY

Recommended by:

Grant Colfax, MD
Director of Health
Department of Public Health

Approved as to Form:

Dennis J. Herrera
City Attorney

By: _____
Deputy City Attorney

Approved:

Sailaja Kurella
Acting Director of the Office of Contract
Administration, and Purchaser

By: _____

CONTRACTOR
**SAN FRANCISCO PUBLIC HEALTH
FOUNDATION**

DocuSigned by:

Penny Eardley

Penny Eardley
Executive Director
1 Hallidie Plaza, Suite 808
San Francisco, CA 94102

City Supplier number: **0000011526**

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Tracey Packer / Patricia Erwin**, 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 the 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. 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.

G. 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.

H. 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."

I. 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 Program Administration for Community Health Engagement**
- Appendix A-2 Program Administration for Community Health Engagement**
- Appendix A-4 Program Administration for Community Health Engagement - COVID-19**
- Appendix A-5 Program Administration for Community Health Engagement – End Hep C SF & Hep C Lab**
- Appendix A-6 Program Administration for Community Health Engagement – COVID – 19 OPS Testing**
- Appendix A-7 Program Administration for Community Health Engagement – Dream Keeper Initiative**

**Appendix A-8 Program Administration for Community Health Engagement – End
Hep C SF Community Navigation**

**Appendix A-9 Program Administration for Community Health Engagement –
District 5 Community Resource HUB**

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/Vendor:
Service Provider:
Total Contract Amount:
Funding Source:
Program Name:
System of Care:
Program Code:
Provider Address:
Provider Phone:
Contact Person:
RFP# and Term:

San Francisco Public Health Foundation
 \$18,483,220
 Grant CDC, GF HIV Prevention, GF Health Education, State.CDPH, GF BOS Addback, GF-FEMA, Dream Keeper's Initiative, and Work Order Community Health Engagement including COVID 19 Services, CHEP - End Hep C/Hep Community Engagement, Dream Keeper's Initiative, FACES SF, and Community Services.
 CHEP
 N/A
 1 Hallidie Plaza, Suite 808
 415-504-6738 ext.101
 Penny Eardley
 RFQ 36-2017 [1/1/2020 to 12/31/2024]

Appendix A#:
Funding Source:
Appendix B:
Year:
Funding Amount:
Unspent Funding:
Funding Term:
Number of UOS:
Number of UDC/NOC:
Definition of UOS:

A-1
GF-Health Education

| A-1/B-1 | B-1a | B-1b | B-1c | B-1d |
|--|------------------|------------------|------------------|------------------|
| FY19-20 | FY20-21 | FY21-22 | FY22-23 | FY23-24 |
| \$39,000 | \$615,383 | \$620,050 | \$615,383 | \$615,383 |
| | -\$60,970 | | | |
| 01/01/2020-06/30/2020 | 7/1/2020-6/30/21 | 7/1/2021-6/30/22 | 7/1/2022-6/30/23 | 7/1/2023-6/30/24 |
| 6 | 132 | 132 | 132 | 132 |
| 1 | 10 | 10 | 10 | 10 |
| Number of Subcontractors x months in fiscal year | | | | |

Target Population:
Description of Services:

The San Francisco Public Health Foundation target population is the subcontractors participating in the CHEP Community Health Engagement Program.
 The San Francisco Public Health Foundation will provide Program Management, Capacity Building and Subcontractor Management Services in support of the programs listed below serviced by the following contractors: Community Health Engagement, Violence Prevention, Vision Zero and Community and Home Injury Prevention Program for Seniors (CHIPPS).

Appendix A#:
Funding Source:
Appendix B:
Year:
Funding Amount:
Unspent Funding:
Funding Term:
Number of UOS:
Number of UDC/NOC:
Definition of UOS:

A-2
GF- HIV Prevention

| B-2 | B-2a | B-2b | B-2c | B-2d |
|--------------------|--------------------|--------------------|--------------------|--------------------|
| FY19-20 | FY20-21 | FY21-22 | FY22-23 | FY23-24 |
| \$10,417 | \$25,000 | \$25,000 | \$25,000 | \$25,000 |
| | -\$2,084 | | | |
| 2/1/2020-6/30/2020 | 7/1/2020-6/30/2021 | 7/1/2021-6/30/2022 | 7/1/2022-6/30/2023 | 7/1/2023-6/30/2024 |
| 234 | 536 | 536 | 536 | 536 |
| n/a | n/a | n/a | n/a | n/a |
| Staff Hours | Staff Hours | Staff Hours | Staff Hours | Staff Hours |

Target Population:
Description of Services:

The San Francisco Public Health Foundation will provide Human Resources Management/Support in support of the End Hep C SF project.
 End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

Appendix A# :
Funding Source:
Appendix B:
Year:
Funding Amount:
Unspent Funding:
Funding Term:
Number of UOS:
Number of UDC/NOC:
Definition of UOS:

A-2
CDC - Grant

| B-3 | B-3a | B-3b | B-3c | B-3d |
|---------------------|---------------------|---------------------|---------------------|---------------------|
| FY19-20 | FY20-21 | FY21-22 | FY22-23 | FY23-24 |
| \$22,917 | \$25,000 | \$25,000 | \$25,000 | \$25,000 |
| -\$1,042 | | | | |
| 2/1/2020-12/30/2020 | 1/1/2021-12/31/2021 | 1/1/2022-12/31/2022 | 1/1/2023-12/31/2023 | 1/1/2024-12/31/2024 |
| 520 | 567 | 567 | 567 | 567 |
| N/A | N/A | N/A | N/A | N/A |
| Staff Hours | Staff Hours | Staff Hours | Staff Hours | Staff Hours |

Target Population:

The San Francisco Public Health Foundation will provide Human Resources Management/Support in support of the End Hep C SF project.

Description of Services: End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

Appendix A# :
Funding Source
Appendix B:
Year:
Funding Amount:
Unspent Funding:
Funding Term:
Number of UOS:
Number of UDC/NOC:
Definition of UOS:

| A-4 | | | |
|--|-----------------------|--------------------|--------------------|
| General Fund - FEMA, State - HUB&CI & CDC Grant | | | |
| B-4a | B-4a.1 | B-4b | B-4c |
| FY20-21 | FY20-21 | FY21-22 | FY22/23 |
| \$4,500,000 | \$1,000,000 | \$9,430,050 | \$779,763 |
| -\$926,436 | | | |
| 8/1/2020 - 6/30/2021 | 9/1/2020 - 06/30/2021 | 07/01/21 - 6/30/22 | 01/01/22 - 5/30/23 |
| 59 | 14 | 120 | 12 |
| 8 | 2 | 10 | 1 |
| Number of Subcontractors x months in fiscal year | | | |

Target Population: The San Francisco Public Health Foundation target population are the subcontractors participating in the services provided to San Franciscans that are disproportionately impacted by COVID 19.

Description of Services: The San Francisco Public Health Foundation will provide Program Management, Capacity Building and Subcontractor Management Services to subcontractors who will respond to an application seeking COVID-19 community prevention, mitigation, and wellness programs that include focused outreach and mobile test site support, case investigation and contact tracing (CI/CT), community care for COVID-19 positive individuals, and a community partner CI/CT training center for vulnerable populations and the neighborhoods they live in.

Appendix A# :
Funding Source
Appendix B:
Year:
Funding Amount:
Funding Term:
Number of UOS:
Number of UDC/NOC:
Definition of UOS:

| A-5 | | | |
|-------------------------|-----------------------|---------------------|--|
| State /CDPH & CDC Grant | | | |
| B-5 | B-5a | B-5a.1 | |
| FY20-21 | FY21-22 | FY21-22 | |
| \$130,406 | \$80,000 | \$115,000 | |
| 7/17/2020- 6/30/2021 | 07/01/2021 - 04/30/22 | 07/01/21 - 04/30/22 | |
| 2080 | 12 | 1726 | |
| N/A | N/A | N/A | |
| 1 Unit = 1 Hour | | | |

Target Population: Priority populations in San Francisco that are impacted by HIV and Hep C.

Description of Services: In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Human Resources Management/Support in support of the End Hep C SF project.

Appendix A# :
Funding Source
Appendix B:
Year:
Funding Amount:
Funding Term:
Number of UOS:
Number of UDC/NOC:
Definition of UOS:

| A-6 | |
|---|--|
| GF BOS Addback | |
| B-6 | |
| FY20-21 | |
| \$125,000 | |
| 12/1/2020- 6/30/2021 | |
| 4 | |
| 1 | |
| 1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year | |

Target Population: Priority populations in San Francisco that are disproportionately impacted by COVID 19 and adverse effects.

Description of Services: San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of COVID OPS Testing serviced by subcontractor FACES SF Bayview Health.

Appendix A# :
Funding Source
Appendix B:
Year:
Funding Amount:
Unspent Funding:
Funding Term:
Number of UOS:
Number of UDC/NOC:
Definition of UOS:

| A-7 | | |
|---|---------------------|--|
| Dream Keeper's Initiative Grant | | |
| B-7 | B-7a | |
| FY20-21 | FY21-22 | |
| \$300,000 | \$188,931 | |
| -\$188,931 | | |
| 12/1/2020- 6/30/2021 | 07/01/21 - 06/30/22 | |
| 9 | 24 | |
| 3 | 3 | |
| 1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year | | |

Target Population: Priority populations in San Francisco that are disproportionately impacted by COVID 19 and adverse effects.

Description of Services: San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of the Dream Keeper's Initiative serviced by subcontractor: Rafiki Coalition, YMCA Urban Services, and Southwest Community Corp.

| | |
|---------------------------|---|
| Appendix A# : | A-8 |
| Funding Source | GF |
| Appendix B: | B-8 |
| Year: | FY21-22 |
| Funding Amount: | \$100,000 |
| Funding Term: | 07/01/21 - 06/30/22 |
| Number of UOS: | 42 |
| Number of UDC/NOC: | 4 |
| Definition of UOS: | 1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year |

Target Population: Priority populations in San Francisco that are disproportionately impacted by HIV and Hep C.
Description of Services: San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of the following subcontractor: St. James Infirmary, Glide Foundation, San Francisco AIDS Foundation, and TBD Subcontractor.

| | |
|---------------------------|---|
| Appendix A# : | A-9 |
| Funding Source | WO |
| Appendix B: | B-9 |
| Year: | FY21-22 |
| Funding Amount: | \$175,000 |
| Funding Term: | 07/01/21 - 06/30/22 |
| Number of UOS: | 12 |
| Number of UDC/NOC: | 1 |
| Definition of UOS: | 1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year |

Target Population: Priority populations in San Francisco that are disproportionately impacted COVID 19 and it's adverse effects.
Description of Services: San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of community services.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-1

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

1. Identifiers:

San Francisco Public Health Foundation (SFPHF)
1 Hallidie Plaza, Suite 808, San Francisco, CA 94102
415-504-6738 Fax: 415-520-0471
www.sfphf.org

Executive Director/Program Director: Penny Eardley
Telephone: 415-504-6738 ext. 101
Email Address: peardley@sfphf.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Program Management, Capacity Building and Subcontractor Management Services in support of the programs listed below serviced by the following contractors:

Community Health Engagement: The goal of the SFDPH Community Health Engagement Project is to support and promote community-wide health and well-being as well as community capacity building efforts. Subcontractor: TBD

Community and Home Injury Prevention Program for Seniors (CHIPPS): The goal of the Community & Home Injury Prevention Program for Seniors (CHIPPS) is to prevent falls and injuries to seniors living in San Francisco by providing fall prevention education, home safety devices, minor home repairs, and minor home modifications so seniors can live safely at home. Subcontractor: Rebuilding Together SF

Violence Prevention: The goal of this contract is to support comprehensive services offered by CARECEN’s Second Chance Youth Program. The peer support groups create safe environments at local high schools and community spaces to actively engage in critical thinking, life-skills development, and fun, culturally affirming group activities. Subcontractor: CARECEN

Vision Zero: The goal of the Vision Zero – Community Engagement Program is to reduce traffic-related fatalities and severe injuries, especially to children, seniors, and people with disabilities. Subcontractors: Raimi and Associates, Walk SF Foundation – 2 programs, Senior and Disability Action, Chinatown Community Development Center, Lighthouse for the Blind and Visually Impaired, Portola Family Center, Tenderloin Community Benefit District

No use of technological services.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-1

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

4. Target Population:

To provide Community Health Engagement services to all ethnicities and populations, with focused expertise to address the unique cultural needs of:

- Black, African American
- Asian, including Chinese
- Pacific Islander
- Latinx
- Youth and transitional-age youth
- Seniors
- Low-income populations
- Individuals experiencing health disparities
- Others as identified

Community and Home Injury Prevention Program for Seniors (CHIPPS):

- Priority populations are all seniors over 65 years old who live in San Francisco.
 - Subcontractor: Rebuilding Together SF

Violence Prevention:

- “at/in risk” Latino youth between the ages of 14-18 years in the San Francisco Bay Area
 - Subcontractor: CARECEN

Vision Zero:

- Children
- Seniors
- People with disabilities
- Low-income populations
 - Subcontractors: Raimi and Associates, Walk SF Foundation – 2 programs, Senior and Disability Action, Chinatown Community Development Center, Lighthouse for the Blind and Visually Impaired, Portola Family Center, Tenderloin Community Benefit District

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

1 Unit = 1 subcontractor x number of months in the current fiscal year

| Units of Service (UOS) Description 1/01/2020 to 6/30/2020 | Units of Service (UOS) | Unduplicated Clients (UDC) |
|--|-------------------------------|-----------------------------------|
| Community Health Engagement Program Administration Subcontractor: 18 Reasons | 6 | 1 |
| Total UOS Delivered | 6 | |
| Total UDC Served | | 1 |

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-1

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

| Units of Service (UOS) Description 7/01/2020 to 6/30/2021 | Units of Service in months (UOS) | Unduplicated Clients (UDC) |
|---|---|---------------------------------------|
| Community Health Engagement Program Administration - Subcontractors TBD (1) | 12 | 1 |
| Community & Home Injury Prevention Program for Seniors Program Administration - Subcontractor: Rebuilding Together San Francisco | 12 | 1 |
| Violence Prevention Program Administration - Subcontractor: CARECEN | 12 | 1 |
| Vision Zero Program Administration Subcontractors: (8) Raimi and Associates Walk SF Foundation – 2 programs Senior and Disability Action Chinatown Community Development Center Lighthouse for the Blind and Visually Impaired Portola Family Center Tenderloin Community Benefit District | 12 24 12 12 12 12 12 (96) | 7 |
| Total UOS Delivered | 132 UOS | |
| Total UDC Served | | 10 |

| Units of Service (UOS) Description 7/01/2021 to 6/30/2022 | Units of Service in months (UOS) | Unduplicated Clients (UDC) |
|---|---|---------------------------------------|
| Community Health Engagement Program Administration - 1 Subcontractors | 12 | 1 |
| Community & Home Injury Prevention Program for Seniors Program Administration - 1 Subcontractors | 12 | 1 |
| Violence Prevention Program Administration -1 Subcontractors | 12 | 1 |
| Vision Zero Program Administration - 8 Subcontractors | 96 | 7 |
| Total UOS Delivered | 132 UOS | |
| Total UDC Served | | 10 |

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-1

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

| Units of Service (UOS) Description 7/01/2022 to 6/30/2023 | Units of Service in months (UOS) | Unduplicated Clients (UDC) |
|---|---|---------------------------------------|
| Community Health Engagement Administration - Subcontractors TBD | 12 | 1 |
| Community & Home Injury Prevention Program for Seniors Program Administration – 1 Subcontractors | 12 | 1 |
| Violence Prevention Program Administration – 1 Subcontractors | 12 | 1 |
| Vision Zero Program Administration – 8 Subcontractors | 96 | 7 |
| Total UOS Delivered | 132 UOS | |
| Total UDC Served | | 10 |

| Units of Service (UOS) Description 7/01/2023 to 6/30/2024 | Units of Service in months (UOS) | Unduplicated Clients (UDC) |
|---|---|---------------------------------------|
| Community Health Engagement Program Administration- Subcontractors TBD | 12 | 1 |
| Community & Home Injury Prevention Program for Seniors Program Administration - 1 Subcontractors | 12 | 1 |
| Violence Prevention Program Administration – 1 Subcontractors | 12 | 1 |
| Vision Zero Program Administration - 8 Subcontractors | 96 | 7 |
| Total UOS Delivered | 132 UOS | |
| Total UDC Served | | 10 |

6. Methodology:

Program Administration of Subcontractors

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

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-1

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

Objectives and Measurements:

SFPHF must submit an Annual Summary Report documenting achievement of all Objectives to System of Care Program Manager and the Business Office Contract Compliance (BOCC) within two months from the end of the contract year.

A. Standardized Objectives:

“All objectives and descriptions of how objectives will be measured, are contained in the Fiscal Intermediary/Program Management document entitled: Fiscal Intermediary Performance Objectives FY19-20.”

FY 2019-2020 (six (6) months)

By June 30, 2020, SFPHF program staff will complete subcontractor’s agreements as requested by CHEP program staff.

FY 2020-2021 (twelve (12) months)

By August 1, 2020, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

FY 2021-2022 (twelve (12) months)

By August 1, 2021, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

FY 2022-2023 (twelve (12) months)

By August 1, 2022, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

FY 2023-2024 (twelve (12) months)

By August 1, 2023, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

7. Continuous Quality Improvement:

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

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

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-1

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

8. Required Language:

NA

9. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.
- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF 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. SFPHF 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. SFPHF 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 SFPHF, 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 SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-2

Appendix Term: 02/01/2020-12/31/2024

Funding Source: General Fund-HIV Prevention/Grant CDC

1. Identifiers:

San Francisco Public Health Foundation (SFPHF)
 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102
 415-504-6738 Fax: 415-520-0471
 www.sfphf.org

Executive Director/Program Director: Penny Eardley
 Telephone: 415-504-6738 ext. 101
 Email Address: peardley@sfphf.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Human Resources Management/Support in support of the End Hep C SF project and as part of the Community Health Engagement goals. End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

No use of technological services.

4. Target Population:

To provide Community Engagement - HIV and Hep C services to all ethnicities and populations, with focused expertise to address the unique cultural needs of:

- Black, African American
- Asian, including Chinese
- Pacific Islander
- Latinx
- Youth and transitional-age youth
- Seniors
- Low-income populations
- Individuals experiencing health disparities
- Others as identified

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

| Units of Service (UOS) Description 2/01/2020 to 6/30/2020 B-2 2/01/2020 to 12/31/2020 B-3 1 UOS = 1 Hour | Units of Service (UOS) | Unduplicated Clients (UDC) |
|--|-------------------------------|-----------------------------------|
| Program Administration – hours | | |
| General Fund HIV Prevention – B-2 | 234 | |
| Grant CDC – B-3 | 520 | NA |
| Total UOS Delivered | 754 | |

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-2

Appendix Term: 02/01/2020-12/31/2024

Funding Source: General Fund-HIV Prevention/Grant CDC

| Total UDC Served | | |
|--|-------------------------------|-----------------------------------|
| Units of Service (UOS) Description 7/01/2020 to 6/30/2021 B-2a 1/01/2021 to 12/31/2021 B-3a 1 UOS = 1 Hour | Units of Service (UOS) | Unduplicated Clients (UDC) |
| Program Administration – hours | | |
| General Fund HIV Prevention – B-2a | 536 | |
| Grant CDC – B-3a | 567 | NA |
| Total UOS Delivered | 1105 | |
| Total UDC Served | | |

| | | |
|--|-------------------------------|-----------------------------------|
| Units of Service (UOS) Description 7/01/2021 to 6/30/2022 B-2b 01/01/2022to 12/31/2022 B-3a 1 UOS = 1 Hour | Units of Service (UOS) | Unduplicated Clients (UDC) |
| Program Administration – hours | | |
| General Fund HIV Prevention – B-2b | 536 | |
| Grant CDC – B-3b | 567 | NA |
| Total UOS Delivered | 1105 | |
| Total UDC Served | | |

| | | |
|---|-------------------------------|-----------------------------------|
| Units of Service (UOS) Description 7/01/2022 to 6/30/2023 B-2c 01/01/2023 to 12/31/2023 B-3c 1 UOS = 1 Hour | Units of Service (UOS) | Unduplicated Clients (UDC) |
| Program Administration – hours | | |
| General Fund HIV Prevention – B-2c | 536 | |
| Grant CDC – B-3c | 567 | NA |
| Total UOS Delivered | 1105 | |
| Total UDC Served | | |

| | | |
|---|-------------------------------|-----------------------------------|
| Units of Service (UOS) Description 7/01/2023 to 6/30/2024 B-2d 01/01/2024 to 12/31/2024 B-3d 1 UOS = 1 Hour | Units of Service (UOS) | Unduplicated Clients (UDC) |
| Program Administration – hours | | |
| General Fund HIV Prevention – B-2d | 536 | |
| Grant CDC – B-3d | 567 | NA |
| Total UOS Delivered | 1105 | |
| Total UDC Served | | |

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-2

Appendix Term: 02/01/2020-12/31/2024

Funding Source: General Fund-HIV Prevention/Grant CDC

6. Methodology:

Program Administration

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

Human Resources management

Employ, supervise and evaluate performance of the End Hep C SF Program Coordinator. This position works from a remote office and supplies coordination to the End Hep C SF Coalition, including communication between partners, organizing meetings, creating communications on HIV and Hep C information to share with the public. The Program Coordinator works 40 hours per week and is supervised by the Executive Director of SFPHF.

7. Objectives and Measurements:

A. Standardized Objectives:

Not applicable.

8. Continuous Quality Improvement:

The SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements. To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

9. Required Language:

NA

10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):

NA

Contractor Name: San Francisco Public Health Foundation
Program Name: COVID 19 Community Outreach Services –
Program Administration

Appendix A-4

Appendix Term: 08/01/2020-05/30/2023

Funding Source: General Fund-FEMA, State –
HUB&CI & CDC

1. Identifiers:

San Francisco Public Health Foundation (SFPHF)
1 Hallidie Plaza, Suite 808, San Francisco, CA 94102
415-504-6738 Fax: 415-520-0471
www.sfphf.org

Executive Director/Program Director: Penny Eardley
Telephone: 415-504-6738 ext. 101
Email Address: peardley@sfphf.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of the programs listed below serviced by subcontractors TBD by scored application. Subcontractors will respond to an application seeking COVID-19 community prevention, mitigation, and wellness programs that include focused outreach and mobile test site support, case investigation and contact tracing (CI/CT), community care for COVID-19 positive individuals, and a community partner CI/CT training center for vulnerable populations and the neighborhoods they live in.

No use of technological services.

4. Target Population:

To provide COVID 19 – Community Health Engagement services to all ethnicities and populations, with focused expertise to address the unique cultural needs of:

- Black/African American
- Asian
- Native Hawaiian/Pacific Islander
- Latino/a/x
- Native American/Indigenous community
- Others as Identified

Grant awards will be delineated by zip code targeting these neighborhoods:

- 94124 (Bayview-Hunter’s Point)
- 94110 (Mission, Bernal Heights)
- 94134 (Visitacion Valley, Sunnydale, Portola)
- 94102 (Tenderloin)
- 94112 (Excelsior, Outer Mission, Crocker Amazon)
- 94115 (Western Addition)
- 94107 (Potrero Hill)
- 94127, 94132 (OMI/Lakeview)
- 94108 (Chinatown)

Contractor Name: San Francisco Public Health Foundation
Program Name: COVID 19 Community Outreach Services –
Program Administration

Appendix A-4

Appendix Term: 08/01/2020-05/30/2023

Funding Source: General Fund-FEMA, State –
HUB&CI & CDC

Modality(s)/Intervention(s):

1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year

| Units of Service (UOS) Description 7/01/2020 to 6/30/2021 | Units of Service (UOS) | Unduplicated Clients (UDC) |
|--|-----------------------------------|---|
| COVID 19 Community Outreach Services Program Administration - Start-up Months which include the RFP Process 08/01/2020 – 06/30/2021 – B-4a | 3 | n/a |
| COVID 19 Community Outreach Services Program Administration - 7 Subcontractors will provide services to a selected neighborhood. (7x7 months = 49) 08/01/2020 – 06/30/2021 – B-4a | 49 | 7 |
| COVID 19 Community Outreach Services Program Administration - 1 subcontractor will provide training services for CT/CI candidates. (1x7months=7) 08/01/2020 – 06/30/2021 – B-4a | 7 | 1 |
| COVID 19 Community Outreach Services Program Administration - 2 Subcontractors will provide services to a selected neighborhood. (2x7 months = 14) 09/01/2020 – 06/30/2021 – B-4a.1 | 14 | 2 |
| Total UOS Delivered | 73 | |
| Total UDC Served | | 10 |
| | | |
| Units of Service (UOS) Description 7/01/2021 to 6/30/2022 | Units of Service (UOS) | Unduplicated Clients (UDC) |
| COVID 19 Community Outreach Services Program Administration - 9 Subcontractors will provide services to a selected neighborhood. (9x12 months = 108) 07/01/2021 – 06/30/2022 – B-4b | 108 | 9 |
| COVID 19 Community Outreach Services Program Administration - 1 subcontractor will provide training services for CT/CI candidates. (1x12months=12) – B-4b 07/01/2021 – 06/30/2022 | 12 | 1 |
| Total UOS Delivered | 120 | |
| Total UDC Served | | 10 |

Contractor Name: San Francisco Public Health Foundation
Program Name: COVID 19 Community Outreach Services –
Program Administration

Appendix A-4

Appendix Term: 08/01/2020-05/30/2023

Funding Source: General Fund-FEMA, State –
HUB&CI & CDC

| Units of Service (UOS) Description 1/01/2022 to 5/30/2023 | Units of Service (UOS) | Unduplicated Clients (UDC) |
|--|---|---|
| COVID 19 Community Outreach Services Program Administration Services and Subcontractors TBD as pandemic needs develop. – B-4c | 12 | 1 |
| | 12 | 1 |
| Total UOS Delivered | 12 | |
| Total UDC Served | | 1 |

5. Methodology:

Program Administration of Subcontractors

1. Manage and disburse funds as directed by the Department as it applies to the COVID 19 Community Outreach Services Program.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
 - a. Protect the assets of the organization and of the contractor;
 - b. Ensure the maintenance of accurate records of SFPHF’s financial activities;
 - c. Provide a framework for SFPHF’s financial decision making;
 - d. Establish and enforce operating standards and behavioral expectations;
 - e. Serve as a training resource for financial staff; and
 - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements

Objectives and Measurements:

SFPHF must submit an Annual Summary Report documenting achievement of all Objectives to System of Care Program Manager and the Business Office Contract Compliance (BOCC) within two months from the end of the contract year.

A. Standardized Objectives:

“All objectives and descriptions of how objectives will be measured, are contained in the Fiscal Intermediary/Program Management document entitled: Fiscal Intermediary Performance Objectives FY20-21.”

FY 2020-2021

By December 1, 2020, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

Contractor Name: San Francisco Public Health Foundation
Program Name: COVID 19 Community Outreach Services –
Program Administration

Appendix A-4

Appendix Term: 08/01/2020-05/30/2023

Funding Source: General Fund-FEMA, State –
HUB&CI & CDC

FY 2021-2022

By July 1, 2021, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

FY 2022-2023

By January 31, 2022, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

6. Continuous Quality Improvement:

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

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

7. Required Language:

NA

8. Subcontractors & Consultants:

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.
- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF 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. SFPHF 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.

Contractor Name: San Francisco Public Health Foundation
Program Name: COVID 19 Community Outreach Services –
Program Administration

Appendix A-4

Appendix Term: 08/01/2020-05/30/2023

Funding Source: General Fund-FEMA, State –
HUB&CI & CDC

- E. SFPHF 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 SFPHF, 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 SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – D5
Community Resource Hub – Program Administration

Appendix A-9

Appendix Term: 07/01/2021-06/30/2022

Funding Source: Work Order

1. Identifiers:

San Francisco Public Health Foundation (SFPHF)
1 Hallidie Plaza, Suite 808, San Francisco, CA 94102
415-504-6738 Fax: 415-520-0471
www.sfphf.org

Executive Director/Program Director: Penny Eardley
Telephone: 415-504-6738 ext. 101
Email Address: peardley@sfphf.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of a D5 Community Resource Hub serviced by subcontractors listed below:

- Collective Impact

No use of technological services.

4. Target Population:

To provide Community Health Engagement services to all ethnicities and populations, with focused expertise to address unique cultural needs of:

- | | |
|------------------------------------|--|
| • Black/African American | • Native American/Indigenous community |
| • Asian | • Others as Identified |
| • Native Hawaiian/Pacific Islander | |
| • Latino/a/x | |

Grant awards will be delineated by zip code targeting these neighborhoods:

- 94115 (Western Addition)

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – D5
Community Resource Hub – Program Administration

Appendix A-9
Appendix Term: 07/01/2021-06/30/2022
Funding Source: Work Order

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

1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year

| Units of Service (UOS) Description | Units of Service (UOS) | Unduplicated Clients (UDC) |
|--|-------------------------------|-----------------------------------|
| B-9 (7/1/21 – 6/30/22) | | |
| Collective Impact 7/1/2021 – 6/30/2022 (1 month x 12 months) | 12 | 1 |
| Total UOS Delivered | 12 | |
| Total UDC Served | | 1 |

6. Methodology:

Program Administration of Subcontractors

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

7. Objectives and Measurements:

SFPHF must submit an Annual Summary Report documenting achievement of all Objectives to System of Care Program Manager and the Business Office Contract Compliance (BOCC) within two months from the end of the contract year.

A. Standardized Objectives:

“All objectives and descriptions of how objectives will be measured, are contained in the Fiscal Intermediary/Program Management document entitled: Fiscal Intermediary Performance Objectives FY20-21.”

FY 2021-2022

By October 1, 2021, SFPHF staff will initiate subcontract management and program administration support of subcontractor.

8. Continuous Quality Improvement:

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – D5
Community Resource Hub – Program Administration

Appendix A-9

Appendix Term: 07/01/2021-06/30/2022

Funding Source: Work Order

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

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

9. Required Language:

NA

10. Subcontractors & Consultants:

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.
- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF 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. SFPHF 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. SFPHF 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 SFPHF, 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 SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they 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-1c, B-1d | Program Administration for Community Health Engagement |
| Appendix B-2, B-2a, B-2b, B-2c, B-2d | Program Administration for Community Health Engagement |
| Appendix B-3, B-3a, B-3b, B-3c, B-3d | Program Administration for Community Health Engagement |
| Appendix B-4a, B-4a.1, B-4b, B-4c | Program Administration for Community Health Engagement - COVID-19 |
| Appendix B-5, B-5a, B-5a.1 | Program Administration for Community Health Engagement – End Hep C SF & Hep C Lab |
| Appendix B-6 | Program Administration for Community Health Engagement – COVID-19 OPS Testing |
| Appendix B-7, B-7a | Program Administration for Community Health Engagement – Dream Keeper’s Initiative |
| Appendix B-8 | Program Administration for Community Health Engagement – End Hep C SF Community Navigation |
| Appendix B-9 | Program Administration for Community Health Engagement – District 5 Community Resource HUB |

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$1,544,347** 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 | 01/01/2020 – 06/30/2020 | General Fund | \$39,000 |
| Original Agreement | 02/01/2020 – 06/30/2020 | General Fund | \$10,417 |
| Original Agreement | 02/01/2020 – 12/31/2020 | CDC | \$22,917 |
| Original Agreement | 07/01/2020 – 06/30/2021 | General Fund | \$615,383 |
| Original Agreement | 07/01/2020 – 06/30/2021 | General Fund | \$25,000 |
| Original Agreement | 01/01/2021 – 12/31/2021 | CDC | \$25,000 |
| Original Agreement | 07/01/2021 – 06/30/2022 | General Fund | \$615,383 |
| Original Agreement | 07/01/2021 – 06/30/2022 | General Fund | \$25,000 |
| Original Agreement | 01/01/2022 – 12/31/2022 | CDC | \$25,000 |
| Original Agreement | 07/01/2022 – 06/30/2023 | General Fund | \$615,383 |
| Original Agreement | 07/01/2022 – 06/30/2023 | General Fund | \$25,000 |
| Original Agreement | 01/01/2023 – 12/31/2023 | CDC | \$25,000 |
| Original Agreement | 07/01/2023 – 06/30/2024 | General Fund | \$615,383 |
| Original Agreement | 07/01/2023 – 06/30/2024 | General Fund | \$25,000 |
| Original Agreement | 01/01/2024 – 12/31/2024 | CDC | \$25,000 |
| Amendment #1 | 08/01/2020 – 06/30/2021 | GF – FEMA | \$2,250,000 |
| Amendment #1 | 08/01/2020 – 06/30/2021 | GF – FEMA | \$2,000,000 |
| Amendment #1 | 08/01/2020 – 06/30/2021 | GF – FEMA | \$250,000 |
| Amendment #1 | 09/01/2020 – 06/30/2021 | State | \$1,000,000 |
| Amendment #1 | 07/01/2020 – 12/31/2024 | TBD | \$130,406 |
| Revision to Program Budgets #1 | 07/01/2020 – 12/31/2024 | TBD | -\$130,406 |
| Revision to Program Budgets #1 | 07/17/2020 – 06/30/2021 | CDPH | \$130,406 |
| Revision to Program Budgets #1 | 12/01/2020 – 06/30/2021 | GF | \$125,000 |
| Revision to Program Budgets #1 | 12/01/2020 – 06/30/2021 | Grant | \$300,000 |
| Revision to Program Budgets #2 | 02/01/2020 – 12/31/2020 | CDC | -\$1,042 |
| Revision to Program Budgets #2 | 07/01/2020 – 06/30/2021 | GF | -\$60,970 |
| Revision to Program Budgets #2 | 07/01/2020 – 06/30/2021 | GF | -\$2,084 |
| Revision to Program Budgets #2 | 08/01/2020 – 06/30/2021 | GF – FEMA | -\$926,436 |

| | | | |
|--------------------------------|--------------------------------|------------------------------------|--------------------|
| Revision to Program Budgets #2 | 12/01/2020 – 06/30/2021 | Grant | -\$188,931 |
| Revision to Program Budgets #2 | 07/01/2021 – 06/30/2022 | GF | \$4,667 |
| Revision to Program Budgets #2 | 07/01/2021 – 04/30/2022 | CDC | \$80,000 |
| Revision to Program Budgets #2 | 07/01/2021 – 04/30/2022 | CDC | \$115,000 |
| Revision to Program Budgets #2 | 07/01/2021 – 06/30/2022 | GF | \$100,000 |
| Revision to Program Budgets #2 | 07/01/2021 – 06/30/2022 | Grant | \$188,931 |
| Revision to Program Budgets #2 | 07/01/2021 – 06/30/2022 | GF – FEMA | \$2,616,664 |
| Revision to Program Budgets #2 | 01/01/2022 – 12/31/2022 | CDC | -\$25,000 |
| Revision to Program Budgets #2 | 07/01/2022 – 06/30/2023 | GF | -\$615,383 |
| Revision to Program Budgets #2 | 07/01/2022 – 06/30/2023 | GF | -\$25,000 |
| Revision to Program Budgets #2 | 01/01/2023 – 12/31/2023 | CDC | -\$25,000 |
| Revision to Program Budgets #2 | 07/01/2023 – 06/30/2024 | GF | -\$615,383 |
| Revision to Program Budgets #2 | 07/01/2023 – 06/30/2024 | GF | -\$25,000 |
| Revision to Program Budgets #2 | 01/01/2024 – 12/31/2024 | CDC | -\$25,000 |
| Amendment #2 | 07/01/2021 – 06/30/2022 | GF – FEMA | \$6,813,386 |
| Amendment #2 | 07/01/2021 – 06/30/2022 | WO | \$175,000 |
| Amendment #2 | 01/01/2022 – 05/30/2023 | CDC | \$779,763 |
| Amendment #2 | 01/01/2022 – 12/31/2022 | CDC | \$25,000 |
| Amendment #2 | 07/01/2022 – 06/30/2023 | GF | \$615,383 |
| Amendment #2 | 07/01/2022 – 06/30/2023 | GF | \$25,000 |
| Amendment #2 | 01/01/2023 – 12/31/2023 | CDC | \$25,000 |
| Amendment #2 | 07/01/2023 – 06/30/2024 | GF | \$615,383 |
| Amendment #2 | 07/01/2023 – 06/30/2024 | GF | \$25,000 |
| Amendment #2 | 01/01/2024 – 12/31/2024 | CDC | \$25,000 |
| | | Total Award Amount: | \$18,483,220 |
| | | Contingency 7/1/2021 – 12/31/2024: | \$1,544,347 |
| | | (This equals the total NTE) Total: | \$20,027,567 |

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.

| CID #: <u>1000016941</u> | | | | | | | | | | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---|--|---|-----------------------------|-----------------------------|
| DPH Section: <u>CHEP - Community Health Equity and Promotion</u> | | | | | | | | | | | | | |
| Check one: <input type="checkbox"/> Original Agreement <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revision to Program Budgets | | | | | | | | | | | | | |
| Agency/Contractor Name: <u>San Francisco Public Health Foundation</u> | | | | | | | | | | | | | |
| Program/Provider Name: | Community Health Engagement | Community Health Engagement | Community Health Engagement | Community Health Engagement | Community Health Engagement | Community Health Engagement | COVID 19 Community Outreach | COVID 19 Community Outreach | Community Health Engagment-End Hep C SF | Community Health Engagement COVID 19 - OPS Testing | Community Health Engagement - Dream Keeper's Initiative | Community Health Engagement | Community Health Engagement |
| Appendix Number: | A-1/B-1 | A-2/B-2 | A-2/B-3 | A-1/B-1a | A-2/B-2a | A-2/B-3a | A-4/B4a | A-4/B-4a.1 | A-5/B-5 | A-6/B-6 | A-7/B-7 | A-1/B-1b | A-2/B-2b |
| Appendix Term: | 01/01/2020-06/30/2020 | 02/01/2020-06/30/2020 | 02/01/2020-12/31/2020 | 07/01/2020-06/30/2021 | 07/01/2020-06/30/2021 | 01/01/2021-12/31/2021 | 08/01/2020-06/30/2021 | 09/01/2020-06/30/2021 | 7/17/2020-06/30/2021 | 12/01/2020-06/30/2021 | 12/01/2020-6/30/2021 | 07/01/2021-06/30/2022 | 07/01/2021-06/30/2022 |
| EXPENSES | | | | | | | | | | | | | |
| Salaries | \$ - | \$ 8,033 | \$ 17,850 | \$ - | \$ 18,227 | \$ 18,227 | | | \$ 88,000 | | | \$ - | \$ 18,227 |
| Employee Benefits | \$ - | \$ 1,437 | \$ 2,983 | \$ - | \$ 4,500 | \$ 4,500 | | | \$ 21,940 | | | \$ - | \$ 4,500 |
| Total Personnel Expenses | \$ - | \$ 9,470 | \$ 20,833 | \$ - | \$ 22,727 | \$ 22,727 | | | \$ 109,940 | | | \$ - | \$ 22,727 |
| Employee Fringe Benefit Rate | 0.0% | 17.9% | 16.7% | 0.0% | 24.7% | 24.7% | 0.0% | | 24.9% | | | 0.0% | 24.7% |
| Operating Expense | \$ 35,455 | \$ - | \$ - | \$ 559,441 | \$ - | \$ - | \$ 4,250,000 | \$ 1,000,000 | \$ 8,610 | \$ 120,000 | \$ 285,600 | \$ 563,684 | \$ - |
| Subtotal Direct Costs | \$ 35,455 | \$ 9,470 | \$ 20,833 | \$ 559,441 | \$ 22,727 | \$ 22,727 | \$ 4,250,000 | \$ 1,000,000 | \$ 118,550 | \$ 120,000 | \$ 285,600 | \$ 563,684 | \$ 22,727 |
| Indirect Cost Amount | \$ 3,545 | \$ 947 | \$ 2,084 | \$ 55,942 | \$ 2,273 | \$ 2,273 | \$ 250,000 | | \$ 11,856 | \$ 5,000 | \$ 14,400 | \$ 56,366 | \$ 2,273 |
| Indirect Cost Rate (%) | 10.0% | 10.0% | 10.0% | 10.0% | 10.0% | 10.0% | 5.9% | 0.0% | 10.0% | 4.2% | 5.0% | 10.0% | 10.0% |
| Total Expenses | \$ 39,000 | \$ 10,417 | \$ 22,917 | \$ 615,383 | \$ 25,000 | \$ 25,000 | \$ 4,500,000 | \$ 1,000,000 | \$ 130,406 | \$ 125,000 | \$ 300,000 | \$ 620,050 | \$ 25,000 |
| REVENUES & FUNDING SOURCES | | | | | | | | | | | | | |
| DPH Funding Sources (select from drop-down list) | | | | | | | | | | | | | |
| General Fund - Health Education | 39,000 | | | 615,383 | | | | | | | | | 620,050 |
| General Fund - HIV Prevention | | 10,417 | | | 25,000 | | | | | | | | 25,000 |
| General Fund - FEMA | | | | | | | 2,250,000 | | | | | | |
| General Fund - FEMA | | | | | | | 2,000,000 | | | | | | |
| State-HUB&CI | | | | | | | | 1,000,000 | | | | | |
| General Fund - FEMA | | | | | | | 250,000 | | | | | | |
| Grant - CDC | | | 22,917 | | | 25,000 | | | | | | | |
| State/CDPH | | | | | | | | | 130,406 | | | | |
| GR BOS Addback | | | | | | | | | | 125,000 | | | |
| Dream Keeper's Initiative Grant | | | | | | | | | | | 300,000 | | |
| CDC Grant 93.270 | | | | | | | | | | | | | |
| Work Order | | | | | | | | | | | | | |
| Unspent Funding | | | (\$1,042) | (\$60,970) | (\$2,084) | | (926,436) | | | | | (188,931) | |
| Total DPH Revenues | \$ 39,000 | \$ 10,417 | \$ 21,875 | \$ 554,413 | \$ 22,916 | \$ 25,000 | \$ 3,573,564 | \$ 1,000,000 | \$ 130,406 | \$ 125,000 | \$ 111,069 | \$ 620,050 | \$ 25,000 |
| Total Revenues (DPH and Non-DPH) | \$ 39,000 | \$ 10,417 | \$ 21,875 | \$ 554,413 | \$ 22,916 | \$ 25,000 | \$ 3,573,564 | \$ 1,000,000 | \$ 130,406 | \$ 125,000 | \$ 111,069 | \$ 620,050 | \$ 25,000 |
| Cost Reimbursement (CR) or Fee-For-Service (FFS) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) |

Appendix: **B**
 01/01/2020 -
 Contract Term : 12/31/2024
 Current Funding Notification Date: 08/18/21

| Community Health Engagement | COVID 19 Community Outreach | Community Health Engagement-End Hep C SF | Community Health Engagement-End Hep C SF | Community Health Engagement - Dream Keeper's Initiative | Community Health Engagement-End Hep C SF | Community Health Engagement-D5 Resource Center | Community Health Engagement | Community Health Engagement | Community Health Engagement | COVID 19 Community Outreach | Community Health Engagement | Community Health Engagement | Community Health Engagement | TOTALS |
|-----------------------------|-----------------------------|--|--|---|--|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------|
| A-2/B-3b | A-4/B-4b | A-5/B-5a | A-5/B-5a.1 | A-7/B-7a | A-8/B-8 | A-9/B-9 | A-2/B-1c | A-2/B-2c | A-2/B-3c | A-4/B-4c | A-2/B-1d | A-2/B-2d | A-2/B-3d | |
| 01/01/2022-12/31/2022 | 07/01/2021 - 06/30/2022 | 07/01/2021 - 04/30/2022 | 07/01/2021 - 04/30/2022 | 07/01/2021 - 06/30/2022 | 07/01/2021 - 06/30/2022 | 07/01/2021 - 06/30/2022 | 07/01/2022 - 06/30/2023 | 07/01/2022 - 06/30/2023 | 01/01/2023-12/31/2023 | 01/01/2022-5/30/2023 | 07/01/2023 - 06/30/2024 | 07/01/2023 - 06/30/2024 | 01/01/2024-12/31/2024 | |
| \$ 18,227 | | | \$ 75,000 | | | | \$ - | \$ 18,227 | \$ 18,227 | | \$ - | \$ 18,227 | \$ 18,227 | \$ 334,699 |
| \$ 4,500 | | | \$ 16,917 | | | | | \$ 4,500 | \$ 4,500 | | \$ - | \$ 4,500 | \$ 4,500 | \$ 79,277 |
| \$ 22,727 | \$ - | \$ - | \$ 91,917 | | | | \$ - | \$ 22,727 | \$ 22,727 | | \$ - | \$ 22,727 | \$ 22,727 | \$ 413,976 |
| 24.7% | | | 22.6% | | | | 0.0% | 24.7% | 24.7% | | 0.0% | 24.7% | 24.7% | |
| \$ - | \$ 8,981,000 | \$ 72,727 | \$ 12,629 | \$ 179,941 | \$ 90,909 | \$ 159,100 | \$ 559,441 | \$ - | \$ - | \$ 742,632 | \$ 559,441 | \$ - | \$ - | \$ 18,180,610 |
| \$ 22,727 | \$ 8,981,000 | \$ 72,727 | \$ 104,546 | \$ 179,941 | \$ 90,909 | \$ 159,100 | \$ 559,441 | \$ 22,727 | \$ 22,727 | \$ 742,632 | \$ 559,441 | \$ 22,727 | \$ 22,727 | \$ 18,594,586 |
| \$ 2,273 | \$ 449,050 | \$ 7,273 | \$ 10,454 | \$ 8,990 | \$ 9,091 | \$ 15,900 | \$ 55,942 | \$ 2,273 | \$ 2,273 | \$ 37,131 | \$ 55,942 | \$ 2,273 | \$ 2,273 | \$ 1,068,097 |
| 10.0% | 5.0% | 10.0% | 10.0% | 5.0% | 10.0% | 10.0% | 10.0% | 10.0% | 10.0% | 5.0% | 10.0% | 10.0% | 10.0% | 5.7% |
| \$ 25,000 | \$ 9,430,050 | \$ 80,000 | \$ 115,000 | \$ 188,931 | \$ 100,000 | \$ 175,000 | \$ 615,383 | \$ 25,000 | \$ 25,000 | \$ 779,763 | \$ 615,383 | \$ 25,000 | \$ 25,000 | \$ 19,662,683 |
| | | | | | | | 615,383 | 25,000 | | | 615,383 | 25,000 | | 2,505,199 |
| | 9,430,050 | | | | | | | | | 779,763 | | | | 210,417 |
| | | | | | | | | | | | | | | 12,459,813 |
| | | | | | | | | | | | | | | 2,000,000 |
| | | | | | | | | | | | | | | 1,000,000 |
| | | | | | | | | | | | | | | 250,000 |
| 25,000 | | | | | | | | | 25,000 | | | | 25,000 | 122,917 |
| | | | | | | | | | | | | | | 130,406 |
| | | | | | | | | | | | | | | 125,000 |
| | | | | 188,931 | | | | | | | | | | 488,931 |
| | | 80,000 | 115,000 | | | | | | | | | | | 195,000 |
| | | | | | | 175,000 | | | | | | | | 175,000 |
| | | | | | | | | | | | | | | (1,179,463) |
| \$ 25,000 | \$ 9,430,050 | \$ 80,000 | \$ 115,000 | \$ 188,931 | \$ 100,000 | \$ 175,000 | \$ 615,383 | \$ 25,000 | \$ 25,000 | \$ 779,763 | \$ 615,383 | \$ 25,000 | \$ 25,000 | 18,483,220 |
| \$ 25,000 | \$ 9,430,050 | \$ 80,000 | \$ 115,000 | \$ 188,931 | \$ 100,000 | \$ 175,000 | \$ 615,383 | \$ 25,000 | \$ 25,000 | \$ 779,763 | \$ 615,383 | \$ 25,000 | \$ 25,000 | 18,483,220 |
| (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | (CR) | |

Contractor: SF Public Health Foundation
Program: Community Health Engagement

Appendix: **B-1c**
Appendix Term: **7/1/2022-6/30/2023**
Funding Source: **GF- Health Education**

UOS COST ALLOCATION BY SERVICE MODE

| Service Modes: | Community Health Engagement - Program Administration | Community Home Injury Prevention - Program Administration | Violence Prevention - Program Administration | Vision Zero - Program Administration | | | | | |
|--|--|---|--|--------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------|
| Operating Expenses | Expense | % | Expense | % | Expense | % | Expense | % | Totals |
| Total General Operating | 1,504 | 25% | 1,503 | 25% | 1,503 | 25% | 1,503 | 25% | 6,013 |
| Consultants/Subcontractor: (13) | | | | | | | | | |
| Community Health Engagement - PA (1) | 106,700 | 100% | | | | | | | 106,700 |
| Comm. Home Injury Prev. - PA (1) | | 0% | 70,000 | 100% | | 0% | | 0% | 70,000 |
| Violence Prevention-PA (1) | | 0% | | 0% | 39,460 | 100% | | 0% | 39,460 |
| Vision Zero - PA (10) | | 0% | | 0% | | 0% | 337,268 | 100% | 337,268 |
| Total Operating Expenses | 108,204 | 19% | 71,503 | 13% | 40,963 | 7% | 338,771 | 61% | 559,441 |
| Total Direct Expenses | 108,204 | 19% | 71,503 | 13% | 40,963 | 7% | 338,771 | 61% | 559,441 |
| Indirect Expenses 10.00% | 10,820 | 19% | 7,150 | 13% | 4,096 | 7% | 33,876 | 61% | 55,942 |
| TOTAL EXPENSES | 119,024 | 19% | 78,653 | 13% | 45,059 | 7% | 372,647 | 61% | 615,383 |
| Unit of Service Type | Subcontractor | Subcontractor | Subcontractor | Subcontractor | Subcontractor | Subcontractor | Subcontractor | Subcontractor | |
| Number of UOS per Service Mode | 12 | 12 | 12 | 12 | 96 | | | | 132 |
| Cost Per UOS by Service Mode | \$9,918.67 | \$6,554.42 | \$3,754.92 | \$3,881.74 | | | | | N/A |
| Number of UDC/NOC per Service Mode | 1 | 1 | 1 | 7 | | | | | 10 |

Rev: 02/18

BUDGET JUSTIFICATION**Contractor Name** SF Public Health Foundation**Program Name:** Community Health EngagementAppendix: B-1cAppendix Term: 7/1/2022-6/30/2023Funding Source: GF- Health Educator**2) OPERATING EXPENSES:****General Operating:**

| Expense Item | Brief Description | Rate/Formula | Cost |
|--|--|---------------------|-----------------|
| Community Capacity Building & Engagement | Website maintenance, trainings, data purchases, audio conferencing services, meeting room rentals, surveys and project management software license, and books, office, incentives/'swag', meeting supplies, presentation materials, printing, and other. | \$ 501.08 | \$ 6,013 |
| Total General Operating: | | | \$ 6,013 |

Consultants/Subcontractors:

| Consult/Subcontractor Name | Service Description | Rate/Formula | Cost |
|---|---|---------------------|-------------|
| Community Engagement Consultants - TBD | Program, evaluation, fund development and other consultants: Hourly rate to be based on experience and duties. Work to support the development, implementation, monitoring and evaluation of various capacity building projects and services. Includes consultants for Chronic Disease Prevention, Healthy Retail SF, Ped Safety/Active Transportation and other work related towards healthier communities. Consultants and rate to be determined as identified. | \$ 8,891.67 | \$ 106,700 |
| Raimi and Associates | Program evaluation services for Safe Routes to School and related services. | \$ 3,333.33 | \$ 40,000 |
| CARECEN Violence Prev Groups | To provide violence prevention support groups and related activities for girls and young women. | \$ 3,288.33 | \$ 39,460 |
| Rebuilding Together San Francisco | Supplies and labor costs associated with minor home repairs in seniors' and disabled persons' private residences as referred by DPH CHIPPS staff and associates. | \$ 5,833.33 | \$ 70,000 |
| Walk SF Foundation - Families for Safe Streets | Families for Safe Streets (FSS) organizes and assists a group of people who have lost loved ones or been victims in traffic collisions; these individuals support the implementation of Vision Zero in San Francisco to prevent future crashes from happening. | \$ 8,316.17 | \$ 99,794 |
| Walk SF Foundation - Safe Streets for Seniors | Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. | \$ 3,406.67 | \$ 40,880 |
| Senior and Disability Action - Safe Streets for Seniors | Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. | \$ 3,406.67 | \$ 40,880 |

| | | | |
|---|--|-------------|-----------|
| Chinatown Community Development Center - Safe Streets for Seniors | Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. | \$ 1,703.33 | \$ 20,440 |
| Curry Senior Center - Safe Streets for Seniors | Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. | \$ 1,703.33 | \$ 20,440 |
| Lighthouse for the Blind and Visually Impaired - Safe Streets for Seniors | Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. | \$ 1,703.33 | \$ 20,440 |
| Portola Family Center - Safe Streets for Seniors | Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. | \$ 1,703.33 | \$ 20,440 |
| Tenderloin Community Benefit District - Safe Streets for Seniors | Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. | \$ 1,703.33 | \$ 20,440 |
| Walk SF Foundation - D5 Pedestrian Safety Outreach | Community-based subcontract for pedestrian safety outreach in District 5. | \$ 1,126.17 | \$ 13,514 |
| | | | |

Total Consultants/Subcontractors: \$ 553,428

TOTAL OPERATING EXPENSES: \$ 559,441

TOTAL DIRECT COSTS: \$ 559,441

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

| | Amount |
|--|-----------|
| Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies. | \$ 55,942 |
| | |
| | |

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: \$ 55,942

TOTAL EXPENSES: \$ 615,383

Contractor: San Francisco Public Health Foundation

Program: Community Health Engagement

Appendix: **B-1d**

Appendix Term: 07/01/2023-06/30/2024

General Fund-Health

Funding Source: Education

UOS COST ALLOCATION BY SERVICE MODE

| Service Modes: | Community Health Engagement - Program Administration | | Community Home Injury Prevention - Program Administration | | Violence Prevention - Program Administration | | Vision Zero - Program Administration | | |
|--|--|------------|---|------------|--|-----------|--------------------------------------|------------|----------------|
| Personnel Expenses | - | 0% | - | 0% | - | 0% | - | 0% | - |
| Operating Expenses | Expense | % | Expense | % | Expense | % | Expense | % | Totals |
| Total General Operating | 1,504 | 25% | 1,503 | 25% | 1,503 | 25% | 1,503 | 25% | 6,013 |
| Consultants/Subcontractor: (13) | | | | | | | | | |
| Community Health Engagement - PA (1) | 106,700 | 100% | | | | | | | 106,700 |
| Comm. Home Injury Prev. - PA (1) | | 0% | 70,000 | 100% | | 0% | | 0% | 70,000 |
| Violence Prevention-PA (1) | | 0% | | 0% | 39,460 | 100% | | 0% | 39,460 |
| Vision Zero - PA (10) | | 0% | | 0% | | 0% | 337,268 | 100% | 337,268 |
| Total Operating Expenses | 108,204 | 19% | 71,503 | 13% | 40,963 | 7% | 338,771 | 61% | 559,441 |
| Total Direct Expenses | 108,204 | 19% | 71,503 | 13% | 40,963 | 7% | 338,771 | 61% | 559,441 |
| Indirect Expenses 10.00% | 10,820 | 19% | 7,150 | 13% | 4,096 | 7% | 33,876 | 61% | 55,942 |
| TOTAL EXPENSES | 119,024 | 19% | 78,653 | 13% | 45,059 | 7% | 372,647 | 61% | 615,383 |
| Unit of Service Type | Subcontractor | | Subcontractor | | Subcontractor | | Subcontractor | | |
| Number of UOS per Service Mode | 12 | | 12 | | 12 | | 96 | | 132 |
| Cost Per UOS by Service Mode | \$9,918.67 | | \$6,554.42 | | \$3,754.92 | | \$3,881.74 | | N/A |
| Number of UDC/NOC per Service Mode | 1 | | 1 | | 1 | | 7 | | 10 |

Rev: 02/18

BUDGET JUSTIFICATION**Contractor Name** San Francisco Public Health Foundation**Program Name:** Community Health EngagementAppendix: B-1dAppendix Term: 07/01/2023-06/30/2024General Fund-HealthFunding Source: Education**2) OPERATING EXPENSES:****General Operating:**

| Expense Item | Brief Description | Rate/Formula | Cost |
|--|--|---------------------|-----------------|
| Community Capacity Building & Engagement | Website maintenance, trainings, data purchases, audio conferencing services, meeting room rentals, surveys and project management software license, and books, office, incentives/'swag', meeting supplies, presentation materials, printing, and other. | \$ 501.08 | \$ 6,013 |
| Total General Operating: | | | \$ 6,013 |

Consultants/Subcontractors:

| Consult/Subcontractor Name | Service Description | Rate/Formula | Cost |
|---|---|---------------------|-------------|
| Community Engagement Consultants - TBD | Program, evaluation, fund development and other consultants: Hourly rate to be based on experience and duties. Work to support the development, implementation, monitoring and evaluation of various capacity building projects and services. Includes consultants for Chronic Disease Prevention, Healthy Retail SF, Ped Safety/Active Transportation and other work related towards healthier communities. Consultants and rate to be determined as identified. | \$ 8,891.67 | \$ 106,700 |
| Raimi and Associates | Program evaluation services for Safe Routes to School and related services. | \$ 3,333.33 | \$ 40,000 |
| CARECEN Violence Prev Groups | To provide violence prevention support groups and related activities for girls and young women. | \$ 3,288.33 | \$ 39,460 |
| Rebuilding Together San Francisco | Supplies and labor costs associated with minor home repairs in seniors' and disabled persons' private residences as referred by DPH CHIPPS staff and associates. | \$ 5,833.33 | \$ 70,000 |
| Walk SF Foundation - Families for Safe Streets | Families for Safe Streets (FSS) organizes and assists a group of people who have lost loved ones or been victims in traffic collisions; these individuals support the implementation of Vision Zero in San Francisco to prevent future crashes from happening . | \$ 8,316.17 | \$ 99,794 |
| Walk SF Foundation - Safe Streets for Seniors | Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. | \$ 3,406.67 | \$ 40,880 |
| Senior and Disability Action - Safe Streets for Seniors | Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. | \$ 3,406.67 | \$ 40,880 |
| Chinatown Community Development Center - Safe Streets for Seniors | Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. | \$ 1,703.33 | \$ 20,440 |

Appendix B-1d

Amendment: 09/01/2021

| | | | |
|---|--|-------------|-----------|
| Curry Senior Center - Safe Streets for Seniors | Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. | \$ 1,703.33 | \$ 20,440 |
| Lighthouse for the Blind and Visually Impaired - Safe Streets for Seniors | Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. | \$ 1,703.33 | \$ 20,440 |
| Portola Family Center - Safe Streets for Seniors | Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. | \$ 1,703.33 | \$ 20,440 |
| Tenderloin Community Benefit District - Safe Streets for Seniors | Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. | \$ 1,703.33 | \$ 20,440 |
| Walk SF Foundation - D5 Pedestrian Safety Outreach | Community-based subcontract for pedestrian safety outreach in District 5. | \$ 1,126.17 | \$ 13,514 |

Total Consultants/Subcontractors: \$ 553,428

TOTAL OPERATING EXPENSES: \$ 559,441

TOTAL DIRECT COSTS: \$ 559,441

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

| | Amount |
|--|-----------|
| Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies. | \$ 55,942 |
| | |

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: \$ 55,942

TOTAL EXPENSES: \$ 615,383

Contractor: San Francisco Public Health Foundation
Program: Community Health Engagement

Appendix: **B-2c**
Appendix Term: **07/01/2022-06/30/2023**
Funding Source: **GF-HIV Prevention**

UOS COST ALLOCATION BY SERVICE MODE

| Service Modes: | | Program Administration | | | | | | | | | |
|------------------------------------|----------------|------------------------|-------------|----------|-----------|----------|-----------|----------|-----------|---------------|--|
| Position Titles | Annualized FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | Totals | |
| End Hep C SF Project Coordi | 0.25 | 18,227 | 100% | | 0% | - | 0% | | 0% | 18,227 | |
| Total FTE & Salaries | 0.25 | 18,227 | 100% | - | 0% | - | 0% | - | 0% | 18,227 | |
| Fringe Benefits | 24.69% | 4,500 | 100% | - | 0% | - | 0% | - | 0% | 4,500 | |
| Total Personnel Expenses | | 22,727 | 100% | - | 0% | - | 0% | - | 0% | 22,727 | |
| Total Direct Expenses | | | | | | | | | | | |
| | | 22,727 | 100% | - | 0% | - | 0% | - | 0% | 22,727 | |
| Indirect Expenses | 10.00% | 2,273 | 100% | - | 0% | - | 0% | - | 0% | 2,273 | |
| TOTAL EXPENSES | | 25,000 | 100% | - | 0% | - | 0% | - | 0% | 25,000 | |
| Unit of Service Type | | | | | | | | | | | |
| | | Hours | | 0 | | 0 | | 0 | | | |
| Number of UOS per Service Mode | | 536 | | | | | | | | 536 | |
| Cost Per UOS by Service Mode | | \$46.65 | | \$0.00 | | \$0.00 | | \$0.00 | | N/A | |
| Number of UDC/NOC per Service Mode | | N/A | | | | | | | | | |

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BUDGET JUSTIFICATION

Contractor Name SF Public Health Foundation
Program Name: Community Health Engagement

Appendix: B-2c
 Appendix Term: 07/01/2022-06/30/2023
 Funding Source: GF-HIV Prevention

1a) SALARIES

| | | | | | |
|---|--|------------|--------------|---------------------------|------------------|
| Staff Position 1 | End Hep C SF Project Coordinator | | | | |
| Brief duties related to this program and clients served | Coordinates meetings, communications and events for and between coalition members. | | | | |
| Degree, license (if applicable), experience | Bachelors degree, two years community health education experience. | | | | |
| | Annual Salary | x Base FTE | x Mos per Yr | Annualized FTE if < 12 mo | Total |
| | 72,908 | 0.25 | 12 | 0.25 | \$ 18,227 |

Total FTE, Base: 0.25 Annualized: 0.25

1b) EMPLOYEE FRINGE BENEFITS:

Total Salaries: \$ 18,227

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

| | Component | Cost |
|--|------------------------|-------------|
| | Social Security | \$ 1,394.37 |
| | Retirement | \$ 911.35 |
| | Medical | \$ 1,636.00 |
| | Dental | \$ 250.00 |
| | Unemployment Insurance | \$ 308.00 |
| | Disability Insurance | \$ - |
| | Paid Time Off | \$ - |
| | Other (specify): | \$ - |

Total Fringe Benefit: \$ 4,500

Fringe Benefit %: 24.69%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727

TOTAL DIRECT COSTS: \$ 22,727

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

| | Amount |
|---|---------------|
| Finance Manager, Accounting Assistant, rent, audit, supplies. | \$ 2,273 |
| | |
| | |

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: \$ 2,273

TOTAL EXPENSES: \$ 25,000

Contractor: San Francisco Public Health Foundation

Program: Community Health Engagement

Appendix: **B-2d**

Appendix Term: 07/01/2023-6/30/2024

Funding Source: GF-HIV Prevention

UOS COST ALLOCATION BY SERVICE MODE

| Service Modes: | | Program Administration | | | | | | | | |
|------------------------------------|----------------|------------------------|-------------|----------|-----------|----------|-----------|----------|-----------|---------------|
| Position Titles | Annualized FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | Totals |
| End Hep C SF Project | 0.25 | 18,227 | 100% | | 0% | - | 0% | | 0% | 18,227 |
| Total FTE & Salaries | 0.25 | 18,227 | 100% | - | 0% | - | 0% | - | 0% | 18,227 |
| Fringe Benefits | 24.69% | 4,500 | 100% | - | 0% | - | 0% | - | 0% | 4,500 |
| Personnel Expenses | | 22,727 | 100% | - | 0% | - | 0% | - | 0% | 22,727 |
| Total Direct Expenses | | | | | | | | | | |
| | | 22,727 | 100% | - | 0% | - | 0% | - | 0% | 22,727 |
| Indirect Expenses | 10.00% | 2,273 | 100% | - | 0% | - | 0% | - | 0% | 2,273 |
| TOTAL EXPENSES | | 25,000 | 100% | - | 0% | - | 0% | - | 0% | 25,000 |
| Unit of Service Type | | | | | | | | | | |
| | Hours | 0 | | 0 | | 0 | | 0 | | |
| Number of UOS per Service Mode | | 536 | | | | | | | | 536 |
| Cost Per UOS by Service Mode | | \$46.65 | | \$0.00 | | \$0.00 | | \$0.00 | | N/A |
| Number of UDC/NOC per Service Mode | | N/A | | | | | | | | |

BUDGET JUSTIFICATION

Contractor Name San Francisco Public Health Foundation
Program Name: Community Health Engagement

Appendix: B-2d
 Appendix Term: 07/01/2023-6/30/2024
 Funding Source: General Fund-HIV Prevention

1a) SALARIES

| | | | | | |
|---|--|------------|--------------|---------------------------|------------------|
| Staff Position 1 | End Hep C SF Project Coordinator | | | | |
| Brief duties related to this program and clients served | Coordinates meetings, communications and events for and between coalition members. | | | | |
| Degree, license (if applicable), experience | Bachelors degree, two years community health education experience. | | | | |
| | Annual Salary | x Base FTE | x Mos per Yr | Annualized FTE if < 12 mo | Total |
| | 72,908 | 0.25 | 12 | 0.25 | \$ 18,227 |

Total FTE, Base: 0.25 Annualized: 0.25

1b) EMPLOYEE FRINGE BENEFITS:

Total Salaries: \$ 18,227

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

| | Component | Cost |
|--|------------------------|-------------|
| | Social Security | \$ 1,394.37 |
| | Retirement | \$ 911.35 |
| | Medical | \$ 1,636.00 |
| | Dental | \$ 250.00 |
| | Unemployment Insurance | \$ 308.00 |
| | Disability Insurance | \$ - |
| | Paid Time Off | \$ - |
| | Other (specify): | \$ - |

Total Fringe Benefit: \$ 4,500

Fringe Benefit %: 24.69%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727

TOTAL DIRECT COSTS: \$ 22,727

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

| | Amount |
|---|---------------|
| Finance Manager, Accounting Assistant, rent, audit, supplies. | \$ 2,273 |
| | |
| | |

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: \$ 2,273

TOTAL EXPENSES: \$ 25,000

Contractor: SF Public Health Foundation
 Program: Community Health Engagement

Appendix: **B-3b**
 Appendix Term: 1/1/2022-12/31/2022
 Funding Source: Grant - CDC

UOS COST ALLOCATION BY SERVICE MODE

| Service Modes: | | Program Administration | | | | | | | | | |
|------------------------------------|----------------|------------------------|-------------|----------|-----------|----------|-----------|----------|-----------|---------------|--|
| Position Titles | Annualized FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | Totals | |
| End Hep C SF Project | 0.25 | 18,227 | 100% | | 0% | - | 0% | | 0% | 18,227 | |
| 0 | 0.00 | | 0% | | 0% | | 0% | | 0% | - | |
| Total FTE & Salaries | 0.25 | 18,227 | 100% | - | 0% | - | 0% | - | 0% | 18,227 | |
| Fringe Benefits | 24.69% | 4,500 | 100% | - | 0% | - | 0% | - | 0% | 4,500 | |
| Personnel Expenses | | 22,727 | 100% | - | 0% | - | 0% | - | 0% | 22,727 | |
| Total Direct Expenses | | 22,727 | 100% | - | 0% | - | 0% | - | 0% | 22,727 | |
| Indirect Expenses | 10.00% | 2,273 | 100% | - | 0% | - | 0% | - | 0% | 2,273 | |
| TOTAL EXPENSES | | 25,000 | 100% | - | 0% | - | 0% | - | 0% | 25,000 | |
| Unit of Service Type | | Hours | | 0 | | 0 | | 0 | | | |
| Number of UOS per Service Mode | | 567 | | | | | | | | 567 | |
| Cost Per UOS by Service Mode | | \$44.10 | | \$0.00 | | \$0.00 | | \$0.00 | | N/A | |
| Number of UDC/NOC per Service Mode | | N/A | | | | | | | | | |

Rev: 02/18

BUDGET JUSTIFICATION

Contractor Name SF Public Health Foundation
Program Name: Community Health Engagement

Appendix: B-3b
 Appendix Term: 1/1/2022-12/31/2022
 Funding Source: Grant - CDC

1a) SALARIES

| | | | | | |
|---|--|------------|--------------|---------------------------|------------------|
| Staff Position 1 | End Hep C SF Project Coordinator | | | | |
| Brief duties related to this program and clients served | Coordinates meetings, communications and events for and between coalition members. | | | | |
| Degree, license (if applicable), experience | Bachelors degree, two years community health education experience. | | | | |
| | Annual Salary | x Base FTE | x Mos per Yr | Annualized FTE if < 12 mo | Total |
| | 72,908 | 0.25 | 12 | 0.25 | \$ 18,227 |

Total FTE, Base: 0.25 Annualized: 0.25

1b) EMPLOYEE FRINGE BENEFITS:

Total Salaries: \$ 18,227

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

| | Component | Cost |
|--|------------------------|-------------|
| | Social Security | \$ 1,394.73 |
| | Retirement | \$ 911.35 |
| | Medical | \$ 1,636.00 |
| | Dental | \$ 250.00 |
| | Unemployment Insurance | \$ 308.00 |
| | Disability Insurance | \$ - |
| | Paid Time Off | \$ - |
| | Other (specify): | \$ - |

Total Fringe Benefit: \$ 4,500

Fringe Benefit %: 24.69%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727

TOTAL DIRECT COSTS: \$ 22,727

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

| | Amount |
|---|---------------|
| Finance Manager, Accounting Assistant, rent, audit, supplies. | \$ 2,273 |
| | |
| | |

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: \$ 2,273

TOTAL EXPENSES: \$ 25,000

Contractor: SF Public Health Foundation
Program: Community Health Engagement

Appendix: **B-3c**
 Appendix Term: 1/1/2023-12/31/2023
 Funding Source: Grant -CDC

UOS COST ALLOCATION BY SERVICE MODE

| Service Modes: | | Program Administration | | | | | | | | | |
|------------------------------------|----------------|------------------------|-------------|----------|-----------|----------|-----------|----------|-----------|---------------|--|
| Position Titles | Annualized FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | Totals | |
| End Hep C SF Project | 0.25 | 18,227 | 100% | | 0% | - | 0% | | 0% | 18,227 | |
| 0 | 0.00 | | 0% | | 0% | | 0% | | 0% | - | |
| Total FTE & Salaries | 0.25 | 18,227 | 100% | - | 0% | - | 0% | - | 0% | 18,227 | |
| Fringe Benefits | 24.69% | 4,500 | 100% | - | 0% | - | 0% | - | 0% | 4,500 | |
| Personnel Expenses | | 22,727 | 100% | - | 0% | - | 0% | - | 0% | 22,727 | |
| Total Direct Expenses | | | | | | | | | | | |
| | | 22,727 | 100% | - | 0% | - | 0% | - | 0% | 22,727 | |
| Indirect Expenses 10.00% | | | | | | | | | | | |
| | | 2,273 | 100% | - | 0% | - | 0% | - | 0% | 2,273 | |
| TOTAL EXPENSES | | | | | | | | | | | |
| | | 25,000 | 100% | - | 0% | - | 0% | - | 0% | 25,000 | |
| Unit of Service Type | | | | | | | | | | | |
| | | Hours | | 0 | | 0 | | 0 | | | |
| Number of UOS per Service Mode | | 567 | | | | | | | | 567 | |
| Cost Per UOS by Service Mode | | \$44.10 | | \$0.00 | | \$0.00 | | \$0.00 | | N/A | |
| Number of UDC/NOC per Service Mode | | N/A | | | | | | | | | |

Rev: 02/18

BUDGET JUSTIFICATION

Contractor Name SF Public Health Foundation
Program Name: Community Health Engagement

Appendix: B-3c
 Appendix Term: 01/01/2023-12/31/2023
 Funding Source: Grant - CDC

1a) SALARIES

| | | | | | |
|---|--|------------|--------------|---------------------------|------------------|
| Staff Position 1 | End Hep C SF Project Coordinator | | | | |
| Brief duties related to this program and clients served | Coordinates meetings, communications and events for and between coalition members. | | | | |
| Degree, license (if applicable), experience | Bachelors degree, two years community health education experience. | | | | |
| | Annual Salary | x Base FTE | x Mos per Yr | Annualized FTE if < 12 mo | Total |
| | 72,908 | 0.25 | 12 | 0.25 | \$ 18,227 |

Total FTE, Base: 0.25 Annualized: 0.25

1b) EMPLOYEE FRINGE BENEFITS:

Total Salaries: \$ 18,227

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

| | Component | Cost |
|--|------------------------|-------------|
| | Social Security | \$ 1,394.73 |
| | Retirement | \$ 911.35 |
| | Medical | \$ 1,636.00 |
| | Dental | \$ 250.00 |
| | Unemployment Insurance | \$ 308.00 |
| | Disability Insurance | \$ - |
| | Paid Time Off | \$ - |
| | Other (specify): | \$ - |

Total Fringe Benefit: \$ 4,500

Fringe Benefit %: 24.69%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727

TOTAL DIRECT COSTS: \$ 22,727

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

| | Amount |
|---|---------------|
| Finance Manager, Accounting Assistant, rent, audit, supplies. | \$ 2,273 |
| | |
| | |

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: \$ 2,273

TOTAL EXPENSES: \$ 25,000

Contractor: San Francisco Public Health Foundation
Program: Community Health Engagement

Appendix: **B-3d**
 Appendix Term: **1/1/2024-12/31/2024**
 Funding Source: **Grant - CDC**

UOS COST ALLOCATION BY SERVICE MODE

| Service Modes: | | Program Administration | | | | | | | | | |
|------------------------------------|----------------|------------------------|-------------|----------|-----------|----------|-----------|----------|-----------|---------------|--|
| Position Titles | Annualized FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | Totals | |
| End Hep C SF Project | 0.25 | 18,227 | 100% | | 0% | - | 0% | | 0% | 18,227 | |
| 0 | 0.00 | | 0% | | 0% | | 0% | | 0% | - | |
| Total FTE & Salaries | 0.25 | 18,227 | 100% | - | 0% | - | 0% | - | 0% | 18,227 | |
| Fringe Benefits | 24.69% | 4,500 | 100% | - | 0% | - | 0% | - | 0% | 4,500 | |
| Personnel Expenses | | 22,727 | 100% | - | 0% | - | 0% | - | 0% | 22,727 | |
| Total Direct Expenses | | | | | | | | | | | |
| | | 22,727 | 100% | - | 0% | - | 0% | - | 0% | 22,727 | |
| Indirect Expenses | | 2,273 | 100% | - | 0% | - | 0% | - | 0% | 2,273 | |
| | | 10.00% | | | | | | | | | |
| TOTAL EXPENSES | | 25,000 | 100% | - | 0% | - | 0% | - | 0% | 25,000 | |
| Unit of Service Type | | Hours | | 0 | | 0 | | 0 | | | |
| Number of UOS per Service Mode | | 567 | | | | | | | | 567 | |
| Cost Per UOS by Service Mode | | \$44.10 | | \$0.00 | | \$0.00 | | \$0.00 | | N/A | |
| Number of UDC/NOC per Service Mode | | N/A | | | | | | | | | |

Rev: 02/18

BUDGET JUSTIFICATION

Contractor Name SF Public Health Foundation
Program Name: Community Health Engagement

Appendix: B-3d
 Appendix Term: 01/01/2024-12/31/2024
 Funding Source: Grant - CDC

1a) SALARIES

| | | | | | |
|---|--|------------|--------------|---------------------------|------------------|
| Staff Position 1 | End Hep C SF Project Coordinator | | | | |
| Brief duties related to this program and clients served | Coordinates meetings, communications and events for and between coalition members. | | | | |
| Degree, license (if applicable), experience | Bachelors degree, two years community health education experience. | | | | |
| | Annual Salary | x Base FTE | x Mos per Yr | Annualized FTE if < 12 mo | Total |
| | 72,908 | 0.25 | 12 | 0.25 | \$ 18,227 |

Total FTE, Base: 0.25 Annualized: 0.25

1b) EMPLOYEE FRINGE BENEFITS:

Total Salaries: \$ 18,227

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

| | Component | Cost |
|--|------------------------|-------------|
| | Social Security | \$ 1,394.73 |
| | Retirement | \$ 911.35 |
| | Medical | \$ 1,636.00 |
| | Dental | \$ 250.00 |
| | Unemployment Insurance | \$ 308.00 |
| | Disability Insurance | \$ - |
| | Paid Time Off | \$ - |
| | Other (specify): | \$ - |

Total Fringe Benefit: \$ 4,500

Fringe Benefit %: 24.69%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727

TOTAL DIRECT COSTS: \$ 22,727

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

| | Amount |
|---|---------------|
| Finance Manager, Accounting Assistant, rent, audit, supplies. | \$ 2,273 |
| | |
| | |

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: \$ 2,273

TOTAL EXPENSES: \$ 25,000

| | | | | | | | |
|---|---|-------------|----------------|---|----------------|----------|------------------|
| Contractor: San Francisco Public Health Foundation | | | | Appendix: B-4b | | | |
| Program: COVID 19 Community Outreach Services | | | | Appendix Term: 07/01/2021-06/30/2022 | | | |
| Full Contract Term: 01/01/2020 to 12/31/2024 | | | | Funding Source: General Fund - FEMA | | | |
| UOS COST ALLOCATION BY SERVICE MODE | | | | | | | |
| Service Modes: | COVID 19 Community Outreach Services- Program Administration | | | | | | |
| Personnel Expenses | - | 0% | - | 0% | - | 0% | - |
| Operating Expenses | Expense | % | Expense | % | Expense | % | Totals |
| Consultants/Subcontractor: | | | | | | | |
| Covid 19 Community Outreach Servs. | 8,981,000 | 100% | | | | | 8,981,000 |
| Total Operating Expenses | 8,981,000 | 100% | - | | | | 8,981,000 |
| Total Direct Expenses | 8,981,000 | 100% | - | | | | 8,981,000 |
| Indirect Expenses 5.00% | 449,050 | 100% | - | | | | 449,050 |
| TOTAL EXPENSES | 9,430,050 | 100% | - | | | | 9,430,050 |
| Unit of Service Type | Subcontractor | | 0 | | 0 | | |
| Number of UOS per Service Mode | 120 | | | | | | 120 |
| Cost Per UOS by Service Mode | \$78,583.76 | | \$0.00 | | \$0.00 | | N/A |
| Number of UDC/NOC per Service Mode | 10 | | | | | | 10 |

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BUDGET JUSTIFICATION**Contractor Name** San Francisco Public Health Foundation**Program Name:** COVID 19 Community Outreach ServicesAppendix: B-4bAppendix Term: 07/01/2021-06/30/2022Funding Source: General Fund - FEMA**2) OPERATING EXPENSES:****Consultants/Subcontractors:**

| Consult/Subcontractor Name | Service Description | Rate/Formula | Cost |
|---|---|-----------------------|--------------|
| Booker T Washington Community Services | Subcontractor delivering COVID 19 mitigation and relief services to Western Addition residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing. | 12 months X \$28,512 | \$ 342,149 |
| Chinese Hospital | Subcontractor delivering COVID 19 mitigation and relief services to Chinatown residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing. | 12 months X \$28,513 | \$ 342,158 |
| Family and Child Empowerment Services (FACES) | Subcontractor delivering COVID 19 mitigation and relief services to Visitacion Valley, Sunnyside, and Portola residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing. | 12 months X \$135,437 | \$ 1,625,249 |
| Mission Language and Vocational School | Subcontractor delivering COVID 19 mitigation and relief services to Chinatown residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing. | 12 months X \$64,155 | \$ 769,855 |
| Mission Neighborhood Health Center (MNHC) | Subcontractor delivering COVID 19 mitigation and relief services to Excelsior, Outer Mission, and Crocker Amazon residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact | 12 months X \$135,437 | \$ 1,625,249 |
| Rafiki Coalition | Subcontractor delivering COVID 19 mitigation and relief services to Bayview-Hunter's Point residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing. | 12 months X \$135,437 | \$ 1,625,249 |
| SF Community Health Center | Subcontractor delivering COVID 19 mitigation and relief services to Tenderloin residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing. | 12 months X \$64,155 | \$ 769,855 |
| Southwest Community Corporation | Subcontractor delivering COVID 19 mitigation and relief services to Excelsior, OMI/Lakeview residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing. | 12 months X \$64,100 | \$ 769,206 |
| YMCA Urban Services | Subcontractor delivering COVID 19 mitigation and relief services to Potrero Hill residents affected by the pandemic. Services include navigation to testing, support for families in isolation, contact investigation and contact tracing. | 12 months X \$28,513 | \$ 342,158 |
| San Francisco AIDS Foundation | Subcontractor for training of culturally appropriate Contact Investigators/Contact tracers for the priority populations. | 12 months X \$64,156 | \$ 769,872 |
| | | | |

| | | | |
|---|--|--|------------------|
| | | | |
| Total Consultants/Subcontractors: \$ | | | 8,981,000 |

| | |
|-------------------------------------|------------------|
| TOTAL OPERATING EXPENSES: \$ | 8,981,000 |
|-------------------------------------|------------------|

| | |
|-------------------------------|------------------|
| TOTAL DIRECT COSTS: \$ | 8,981,000 |
|-------------------------------|------------------|

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

| | Amount |
|--|------------|
| Executive Director, Program Coordinator, Finance Manager, Accounting Assistant, rent, audit, supplies. | \$ 449,050 |
| | |
| | |

| | |
|---------------------------------|----------------|
| Indirect Rate: | 5.00% |
| TOTAL INDIRECT COSTS: \$ | 449,050 |

| | |
|---------------------------|------------------|
| TOTAL EXPENSES: \$ | 9,430,050 |
|---------------------------|------------------|

| | | | |
|---|---|---|----------------|
| Contractor: San Francisco Public Health Foundation | | Appendix: B-4c | |
| Program: COVID 19 Community Outreach Services | | Appendix Term: 01/01/2022-05/30/2023 | |
| Full Contract Term: 01/01/2020 to 12/31/2024 | | Funding Source: General Fund - FEMA | |
| UOS COST ALLOCATION BY SERVICE MODE | | | |
| Service Modes: | COVID 19 Community Outreach Services- Program Administration | | |
| Personnel Expenses | - 0% | - 0% | - 0% |
| Operating Expenses | Expense | % | Totals |
| Consultants/Subcontractor: | | | |
| TBD | 742,632 | 100% | 742,632 |
| Total Operating Expenses | 742,632 | 100% | 742,632 |
| Total Direct Expenses | 742,632 | 100% | 742,632 |
| Indirect Expenses 5.00% | 37,131 | 100% | 37,131 |
| TOTAL EXPENSES | 779,763 | 100% | 779,763 |
| Unit of Service Type | Subcontractor | 0 | 0 |
| Number of UOS per Service Mode | 12 | | 120 |
| Cost Per UOS by Service Mode | \$64,980.26 | \$0.00 | N/A |
| Number of UDC/NOC per Service Mode | 1 | | 10 |

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BUDGET JUSTIFICATION

Contractor Name San Francisco Public Health Foundation
Program Name: COVID 19 Community Outreach Services

Appendix: B-4c
 Appendix Term: 01/01/2022-05/30/2023
 Funding Source: General Fund - FEMA

2) OPERATING EXPENSES:

Consultants/Subcontractors:

| Consult/Subcontractor Name | Service Description | Rate/Formula | Cost |
|--|---|---------------------|-------------------|
| Subcontractors to be determined | Subcontractor delivering COVID 19 mitigation and relief services to San Francisco residents affected by the pandemic. Services include navigation to testing, support for families in isolation, access to other needed services. | | \$ 742,632 |
| Total Consultants/Subcontractors: | | | \$ 742,632 |

TOTAL OPERATING EXPENSES: \$ 742,632

TOTAL DIRECT COSTS: \$ 742,632

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

| | Amount |
|--|---------------|
| Executive Director, Program Coordinator, Finance Manager, Accounting Assistant, rent, audit, supplies. | \$ 37,131 |
| | |
| | |

Indirect Rate: 5.00%

TOTAL INDIRECT COSTS: \$ 37,131

TOTAL EXPENSES: \$ 779,763

| | | | | | | | |
|---|-------------------------------|-------------|----------------|---|----------------|-----------|----------------|
| Contractor: San Francisco Public Health Foundation | | | | Appendix: B-9 | | | |
| Program: Community Health Engagement - D5 Community Resource # | | | | Appendix Term: 07/01/2021-06/30/2022 | | | |
| Full Contract Term: 01/01/2020 to 12/31/2024 | | | | Funding Source: Work Order | | | |
| UOS COST ALLOCATION BY SERVICE MODE | | | | | | | |
| Service Modes: | Program Administration | | | | | | |
| Personnel Expenses | - | 0% | - | 0% | - | 0% | - |
| Operating Expenses | Expense | % | Expense | % | Expense | % | Totals |
| Consultants/Subcontractor: | | | | | | | |
| Collective Impact | 159,100 | 100% | | 0% | | 0% | 159,100 |
| | | | | | | | - |
| | | 0% | | | | | - |
| | | 0% | | | | | - |
| Other (specify): | | | | | | | |
| | | 0% | | 0% | | 0% | - |
| 0 | | 0% | | 0% | | 0% | - |
| Total Operating Expenses | 159,100 | 100% | - | 0% | - | 0% | 159,100 |
| Total Direct Expenses | 159,100 | 100% | - | 0% | - | 0% | 159,100 |
| Indirect Expenses 9.99% | 15,900 | 100% | | | | | 15,900 |
| TOTAL EXPENSES | 175,000 | 100% | - | 0% | - | 0% | 175,000 |
| Unit of Service Type | Subcontractor | | 0 | | 0 | | |
| Number of UOS per Service Mode | 12 | | | | | | 42 |
| Cost Per UOS by Service Mode | \$14,583.34 | | \$0.00 | | \$0.00 | | N/A |
| Number of UDC/NOC per Service Mode | 1 | | | | | | 4 |

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BUDGET JUSTIFICATION

Contractor Name San Francisco Public Health Foundation
Program Name: Community Health Engagement - D5 Community Resourc

Appendix: B-9
 Appendix Term: 07/01/2021-06/30/2022
 Funding Source: Work Order

2) OPERATING EXPENSES:

Consultants/Subcontractors:

| Consult/Subcontractor Name | Service Description | Rate/Formula | Cost |
|---|---|-----------------------|----------------|
| Collective Impact | One-stop resource and information center for COVID-19 relief and support in District 5. Services will include assessments and assistance with Covid Vaccines, groceries and supplies, small business support, eviction, and legal defense and financial assistance. | 12 months X \$ 13,258 | 159,100 |
| Total Consultants/Subcontractors: \$ | | | 159,100 |

Other:

| Expense Item | Brief Description | Rate/Formula | Cost |
|------------------------|--------------------------|---------------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total Other: \$ | | | - |

TOTAL OPERATING EXPENSES: \$ 159,100

TOTAL DIRECT COSTS: \$ 159,100

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

| | Amount |
|---|---------------|
| Finance Manager, Accounting Assistant, rent, audit, supplies. | \$ 15,900 |
| | |
| | |

Indirect Rate: 9.99%

TOTAL INDIRECT COSTS: \$ 15,900

TOTAL EXPENSES: \$ 175,000

APPENDIX D FEMA CONTRACT REQUIREMENTS

1. Contract Requirements. This contract may be eligible for FEMA funding. FEMA requires inclusion of the following contract provisions for procurement under exigent or emergency circumstances. The Parties must comply with these provisions as a minimum. In the event of a conflict with other provisions in this contract that address the same or a similar requirement, the provisions that are stricter and impose the greater duties upon Contractor shall apply.

2. Remedies for Breach. In addition to all other remedies included in this contract, Contractor shall, at a minimum, be liable to the City for all foreseeable damages it incurs as a result of Contractor violation or breach of the terms of this contract. This includes without limitation any costs incurred to remediate defects in Contractor's services and/or the additional expenses to complete Contractor's services beyond the amounts agreed to in this contract, after Contractor has had a reasonable opportunity to remediate and/or complete its services as otherwise set for in this contract. All remedies provided for in this contract may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

3. Termination for Convenience. City shall have the option, in its sole discretion, to terminate this Contract, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs reasonably necessary to effectuate demobilization from the work.

4. Termination for Cause. On and after any event of default, City shall have the right to exercise its legal and equitable remedies, including without limitation, the right to terminate this contract for cause or to seek specific performance of all or any part of this contract. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any event of default. Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this contract or any other contract between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such event of default and any liquidated damages due from Contractor pursuant to the terms of this contract or any other contract.

5. Work Hours and Safety Standards. If this contract is for a price in excess of \$100,000, and involves the employment of mechanics or laborers, Contractor agrees as follows:

A. Overtime requirements. No contractor or subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic

receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.

B. Violation; liability for unpaid wages; liquidated damages. In the event of any violation of the clause set forth in paragraph (A) of this section the Contractor and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, Contractor and subcontractor(s) shall be liable to the United States for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (A) of this section, in the sum of \$26 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (A) of this section.

C. Withholding for unpaid wages and liquidated damages. The City shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the Contractor or subcontractor under any such contract or any other Federal contract with the same prime contractor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime contractor, such sums as may be determined to be necessary to satisfy any liabilities of such contractor or subcontractor for unpaid wages and liquidated damages as provided in the clause set forth in paragraph (B) of this section.

D. Subcontracts. The Contractor or subcontractor shall insert in any subcontracts the clauses set forth in paragraphs (A) through (D) of this section and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The Contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs (A) through (D) of this section.

E. This Section 5 does not apply to the purchase of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

6. Rights to Inventions. If FEMA's funding for this contract meets the definition of "funding agreement," and if this contract constitutes a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment, or performance of experimental, developmental, or research work, the City agrees to comply with the requirements of 37 C.F.R. Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements, and any implementing regulations issued by FEMA.

7. Clean Air Act. If this contract is for a price in excess of \$150,000, Contractor agrees as follows:

A. The Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.

B. The Contractor agrees to report each violation to the City and understands and agrees that the City will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.

C. The Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA.

8. Federal Water Pollution Act. If this contract is for a price in excess of \$150,000, Contractor agrees as follows:

A. The Contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.

B. The Contractor agrees to report each violation to the City and understands and agrees that the City will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.

C. The Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA.

9. Debarment and Suspension. If this contract is for a price in excess of \$25,000, Contractor agrees as follows:

A. This contract is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000. As such, the Contractor is required to verify that none of the Contractor's principals (defined at 2 C.F.R. § 180.995) or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).

B. The Contractor must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.

C. This certification is a material representation of fact relied upon by the City. If it is later determined that the Contractor did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to the City, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.

D. The Contractor agrees to comply with the requirements of 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The Contractor further agrees to include a provision requiring such compliance in its lower tier covered transactions.

10. Procurement of Recovered Materials

A. In the performance of this contract, the Contractor shall make maximum use of products containing recovered materials that are EPA-designated items unless the product cannot be acquired:

- i. Competitively within a timeframe providing for compliance with the contract performance schedule;
- ii. Meeting contract performance requirements; or
- iii. At a reasonable price.

B. Information about this requirement, along with the list of EPA-designated items, is available at EPA’s Comprehensive Procurement Guidelines web site, <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.

C. The Contractor also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act.”

11. Time and Material Contracts. To the extent this contract includes work that is paid on a time and material basis, such work must have a guaranteed maximum price (GMP). The GMP is set forth in the body of this contract. The GMP constitutes a ceiling price that Contractor exceeds at its own risk.

12. MBE/WBE Outreach. Contractor must, at a minimum, take the following affirmative steps to assure that minority businesses, women’s business enterprises, and labor surplus area firms are used as Subcontractors on this Project:

A. Place qualified small and minority businesses and women’s business enterprises on Contractor’s solicitation list for this Project;

B. Assure that small and minority businesses, and women’s business enterprises are solicited whenever they are potential sources for this Project;

C. Divide the subcontracts, when feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women’s business enterprises;

D. Establish delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women’s business enterprises; and

E. Use the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.

13. Access to Records. The following access to records requirements apply to this contract:

A. The Contractor agrees to provide City, the FEMA Administrator, the Comptroller General of the United States, or any of their authorized representatives access to any books,

documents, papers, and records of the Contractor which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions.

B. The Contractor agrees to permit any of the foregoing parties to reproduce by any means whatsoever or to copy excerpts and transcriptions as reasonably needed.

C. The Contractor agrees to provide the FEMA Administrator or his authorized representatives access to construction or other work sites pertaining to the work being completed under the contract.

D. In compliance with the Disaster Recovery Act of 2018, the City and the Contractor acknowledge and agree that no language in this contract is intended to prohibit audits or internal reviews by the FEMA Administrator or the Comptroller General of the United States.

14. Department of Homeland Security Seal, Logo, and Flags. The Contractor shall not use the DHS seal(s), logos, crests, or reproductions of flags or likenesses of DHS agency officials without specific FEMA pre-approval.

15. Compliance with Federal Law, Regulations, and Executive Orders. This is an acknowledgement that FEMA financial assistance will be used to fund all or a portion of the contract. The Contractor will comply with all applicable Federal law, regulations, executive orders, FEMA policies, procedures, and directives.

16. No Obligation by Federal Government. The Federal Government is not a party to this contract and is not subject to any obligations or liabilities to the non-Federal entity, Contractor, or any other party pertaining to any matter resulting from the contract.

17. Program Fraud and False or Fraudulent Statements or Related Acts. The Contractor acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to the Contractor's actions pertaining to this contract.

18. Byrd Anti-Lobbying Certification.

A. Contractors who apply or bid for an award of \$100,000 or more shall file the required certification pursuant to the Byrd Anti-Lobbying Amendment, 31 U.S.C. §1352, as amended. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, officer or employee of Congress, or an employee of a Member of Congress in connection with obtaining any Federal contract, grant, or any other award covered by 31 U.S.C. § 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the recipient who in turn will forward the certification(s) to the awarding agency.

B. If this contract is for a price of \$100,000 or more, Contractor, and its lower tiers, must sign and submit to the City the following certification:

APPENDIX A, 44 C.F.R. PART 18 – CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person 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 the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or 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 this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that 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 cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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.

The Contractor, **San Francisco Public Health Foundation** certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

DocuSigned by:

Penny Eardley

Signature of Contractor's Authorized Official

Penny Eardley, Executive Director

Name and Title of Contractor's Authorized Official

10/14/2021 | 1:10:12 MDT

Date

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 (“SFPDH”), 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:

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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

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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

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San Francisco Department of Public Health
Business Associate Agreement

changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

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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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

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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

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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
Business Associate Agreement

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 | |
|------------------|--|---------------------------|--|

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)? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| B | Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 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.] | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.] | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| E | Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| F | Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFPDH Information Security staff? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| H | Have evidence in each patient's / client's chart or electronic file that a Privacy Notice 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.) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| I | Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| J | Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 | |
|--|---------------|--|-----------|--|------|--|

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 | |
|-------------------------------|--------------|--|-----------|--|------|--|

| | | | |
|------------------|--|---------------------------|--|
| Contractor Name: | | Contractor City Vendor ID | |
|------------------|--|---------------------------|--|

DATA SECURITY ATTESTATION

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

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

I. All Contractors.

| 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.] [SFDPH 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 SFDPH's health information? | | |
| I | Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access 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 | |
|--|---------------|--|-----------|--|------|--|

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 | |
|-------------------------------|--------------|--|-----------|--|------|--|

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

APPENDIX F-1c
07/01/2022 - 06/30/2023
PAGE A

| | | | |
|---|------------------------------|---|--|
| Contractor: San Francisco Public Health Founda Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 Telephone: 415-504-6738 Fax: | Contract ID # 10000016941 | Invoice Number A-1JUL22 | Contract Purchase Order No: _____ Funding Source: <u>GF</u> Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: <u>07/1/22 - 07/31/22</u> FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: Community Health Engagement ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;"> CHEP </div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|---|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC |
| Community Health Engagement - Program Admin | 12 | 1 | | | | | | | 12 | 1 |
| Community Home Injury Prevention - Program Ad | 12 | 1 | | | | | | | 12 | 1 |
| Violence Prevention - Program Administration | 12 | 1 | | | | | | | 12 | 1 |
| Vision Zero - Program Administration | 96 | 7 | | | | | | | 96 | 7 |
| | | | | | | | | | | |

| | NOC | NOC | NOC | NOC | NOC |
|---------------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | 10 | | | | 10 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B) | | | | | |
| Fringe Benefits | | | | | |
| Total Personnel Expenses | | | | | |
| Operating Expenses: | | | | | |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | | | | | |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies) | | | | | |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$6,013 | | | | \$6,013.00 |
| Staff Travel - (e.g., Local & Out of Town) | | | | | |
| Consultant/Subcontractor | \$553,428 | | | | \$553,428.00 |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | | | | | |
| Total Operating Expenses | \$559,441 | | | | \$559,441.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$559,441 | | | | \$559,441.00 |
| Indirect Expenses | \$55,942 | | | | \$55,942.00 |
| TOTAL EXPENSES | \$615,383 | | | | \$615,383.00 |
| 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-1d
07/01/2023 - 06/30/2024
PAGE A

| | | | |
|---|------------------------------|---|--|
| Contractor: San Francisco Public Health Founda Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 Telephone: 415-504-6738 Fax: | Contract ID # 10000016941 | Invoice Number A-1JUL23 | Contract Purchase Order No: _____ Funding Source: <u>GF</u> Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: <u>07/1/23 - 07/31/23</u> FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: Community Health Engagement ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> CHEP </div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|---|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC |
| Community Health Engagement - Program Admin | 12 | 1 | | | | | | | 12 | 1 |
| Community Home Injury Prevention - Program Ad | 12 | 1 | | | | | | | 12 | 1 |
| Violence Prevention - Program Administration | 12 | 1 | | | | | | | 12 | 1 |
| Vision Zero - Program Administration | 96 | 7 | | | | | | | 96 | 7 |
| | | | | | | | | | | |

| | NOC | NOC | NOC | NOC | NOC |
|---------------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | 10 | | | | 10 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B) | | | | | |
| Fringe Benefits | | | | | |
| Total Personnel Expenses | | | | | |
| Operating Expenses: | | | | | |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | | | | | |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies) | | | | | |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$6,013 | | | | \$6,013.00 |
| Staff Travel - (e.g., Local & Out of Town) | | | | | |
| Consultant/Subcontractor | \$553,428 | | | | \$553,428.00 |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | | | | | |
| Total Operating Expenses | \$559,441 | | | | \$559,441.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$559,441 | | | | \$559,441.00 |
| Indirect Expenses | \$55,942 | | | | \$55,942.00 |
| TOTAL EXPENSES | \$615,383 | | | | \$615,383.00 |
| 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-2c
07/01/2022 - 06/30/2023
PAGE A

| | | | |
|---|------------------------------|--|--|
| Contractor: San Francisco Public Health Founda Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 Telephone: 415-504-6738 Fax: | Contract ID # 10000016941 | Invoice Number A-2JUL22 | Contract Purchase Order No: _____ Funding Source: <u>GF</u> Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: <u>07/1/22 - 07/31/22</u> FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: Community Health Engagement ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">CHEP</div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC |
| Program Administration | 536 | N/A | | | | | | | 536 | N/A |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | | N/A | | | N/A |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------------|----------------------|------------------|-------------|--------------------|
| Total Salaries (See Page B) | \$18,227 | | | | \$18,227.00 |
| Fringe Benefits | \$4,500 | | | | \$4,500.00 |
| Total Personnel Expenses | \$22,727 | | | | \$22,727.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | | | | | |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | | | | | |
| 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 | | | | | |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$22,727 | | | | \$22,727.00 |
| Indirect Expenses | \$2,273 | | | | \$2,273.00 |
| TOTAL EXPENSES | \$25,000 | | | | \$25,000.00 |
| 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-2d
07/01/2023 - 06/30/2024
PAGE A

| | | | |
|---|------------------------------|---|--|
| Contractor: San Francisco Public Health Founda Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 Telephone: 415-504-6738 Fax: | Contract ID # 10000016941 | Invoice Number A-2JUL23 | Contract Purchase Order No: _____ Funding Source: <u>GF</u> Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: <u>07/1/23 - 07/31/23</u> FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: Community Health Engagement ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> CHEP </div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC |
| Program Administration | 536 | N/A | | | | | | | 536 | N/A |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | | N/A | | | N/A |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------------|----------------------|------------------|-------------|--------------------|
| Total Salaries (See Page B) | \$18,227 | | | | \$18,227.00 |
| Fringe Benefits | \$4,500 | | | | \$4,500.00 |
| Total Personnel Expenses | \$22,727 | | | | \$22,727.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | | | | | |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | | | | | |
| 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 | | | | | |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$22,727 | | | | \$22,727.00 |
| Indirect Expenses | \$2,273 | | | | \$2,273.00 |
| TOTAL EXPENSES | \$25,000 | | | | \$25,000.00 |
| 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-3b
01/01/2022 - 12/31/2022
PAGE A

| | | | |
|---|------------------------------|--|---|
| Contractor: San Francisco Public Health Founda Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 Telephone: 415-504-6738 Fax: | Contract ID # 10000016941 | Invoice Number A-2JAN22 | Contract Purchase Order No: _____ Funding Source: <u>CDC</u> Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: <u>01/1/22 - 01/31/22</u> FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: Community Health Engagement ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">CHEP</div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC |
| Program Administration | 567 | N/A | | | | | | | 567 | N/A |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | | N/A | | | N/A |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------------|----------------------|------------------|-------------|--------------------|
| Total Salaries (See Page B) | \$18,227 | | | | \$18,227.00 |
| Fringe Benefits | \$4,500 | | | | \$4,500.00 |
| Total Personnel Expenses | \$22,727 | | | | \$22,727.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | | | | | |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | | | | | |
| 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 | | | | | |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$22,727 | | | | \$22,727.00 |
| Indirect Expenses | \$2,273 | | | | \$2,273.00 |
| TOTAL EXPENSES | \$25,000 | | | | \$25,000.00 |
| 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-3c
01/01/2023 - 12/31/2023
PAGE A

| | | | |
|---|------------------------------|------------------------------------|-----------------------------|
| Contractor: San Francisco Public Health Founda Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 Telephone: 415-504-6738 Fax: | Contract ID # 10000016941 | Invoice Number A-2JAN23 | Contract Purchase Order No: |
| <div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">CHEP</div> | | Funding Source: CDC | Department ID-Authority ID: |
| Program Name: Community Health Engagement | | Project ID-Activity ID: | |
| ACE Control #: | | Invoice Period: 01/1/23 - 01/31/23 | |
| FINAL Invoice (check if Yes) | | | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC |
| Program Administration | 567 | N/A | | | | | | | 567 | N/A |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | | N/A | | | N/A |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------------|----------------------|------------------|-------------|--------------------|
| Total Salaries (See Page B) | \$18,227 | | | | \$18,227.00 |
| Fringe Benefits | \$4,500 | | | | \$4,500.00 |
| Total Personnel Expenses | \$22,727 | | | | \$22,727.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | | | | | |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | | | | | |
| 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 | | | | | |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$22,727 | | | | \$22,727.00 |
| Indirect Expenses | \$2,273 | | | | \$2,273.00 |
| TOTAL EXPENSES | \$25,000 | | | | \$25,000.00 |
| 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-3d
01/01/2024 - 12/31/2024
PAGE A

| | | | |
|---|-------------------------------------|---|---|
| Contractor: San Francisco Public Health Founda Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 Telephone: 415-504-6738 Fax: | Contract ID # 10000016941 | Invoice Number A-2JAN24 | Contract Purchase Order No: _____ Funding Source: CDC Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 01/1/24 - 01/31/24 FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: Community Health Engagement ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">CHEP</div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC |
| Program Administration | 567 | N/A | | | | | | | 567 | N/A |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A | | | | N/A |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------------|----------------------|------------------|-------------|--------------------|
| Total Salaries (See Page B) | \$18,227 | | | | \$18,227.00 |
| Fringe Benefits | \$4,500 | | | | \$4,500.00 |
| Total Personnel Expenses | \$22,727 | | | | \$22,727.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | | | | | |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | | | | | |
| 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 | | | | | |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$22,727 | | | | \$22,727.00 |
| Indirect Expenses | \$2,273 | | | | \$2,273.00 |
| TOTAL EXPENSES | \$25,000 | | | | \$25,000.00 |
| 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-4b
07/01/2021 - 06/30/2022
PAGE A

| | | | |
|---|------------------------------|--|---|
| Contractor: San Francisco Public Health Founda Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 Telephone: 415-504-6738 Fax: | Contract ID # 10000016941 | Invoice Number A-4JUL21 | Contract Purchase Order No: _____ Funding Source: GF - FEMA Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 07/1/21 - 07/31/21 FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: Community Health Engagement - COVID 19 ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">CHEP</div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC |
| COVID 19 Community Outreach Services - Progr | 120 | 10 | | | | | | | 120 | 10 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | NOC | NOC | NOC | NOC | NOC |
|---------------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | 10 | | | | 10 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-------------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B) | | | | | |
| Fringe Benefits | | | | | |
| Total Personnel Expenses | | | | | |
| Operating Expenses: | | | | | |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | | | | | |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies) | | | | | |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | | | | | |
| Staff Travel - (e.g., Local & Out of Town) | | | | | |
| Consultant/Subcontractor | \$8,981,000 | | | | \$8,981,000.00 |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | | | | | |
| Total Operating Expenses | \$8,981,000 | | | | \$8,981,000.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$8,981,000 | | | | \$8,981,000.00 |
| Indirect Expenses | \$449,050 | | | | \$449,050.00 |
| TOTAL EXPENSES | \$9,430,050 | | | | \$9,430,050.00 |
| 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-4c
01/01/2022 - 05/30/2023
PAGE A

| | | | |
|---|------------------------------|---|---|
| Contractor: San Francisco Public Health Founda Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 Telephone: 415-504-6738 Fax: | Contract ID # 10000016941 | Invoice Number A-4JAN22 | Contract Purchase Order No: _____ Funding Source: <u>CDC</u> Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: <u>01/1/22 - 01/31/22</u> FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: Community Health Engagement - COVID 19 ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> CHEP </div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC |
| COVID 19 Community Outreach Services - Progr | 12 | 1 | | | | | | | 12 | 1 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | NOC | NOC | NOC | NOC | NOC |
|---------------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | 1 | | | | 1 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B) | | | | | |
| Fringe Benefits | | | | | |
| Total Personnel Expenses | | | | | |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | | | | | |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | | | | | |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | | | | | |
| Staff Travel - (e.g., Local & Out of Town) | | | | | |
| Consultant/Subcontractor | \$742,632 | | | | \$742,632.00 |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | | | | | |
| Total Operating Expenses | \$742,632 | | | | \$742,632.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$742,632 | | | | \$742,632.00 |
| Indirect Expenses | \$37,131 | | | | \$37,131.00 |
| TOTAL EXPENSES | \$779,763 | | | | \$779,763.00 |
| 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-9
07/01/2021 - 06/30/2022
PAGE A

| | | | |
|---|--|--|--|
| Contractor: San Francisco Public Health Founda Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 Telephone: 415-504-6738 Fax: | Contract ID # 10000016941 | Invoice Number A-9JUL21 | Contract Purchase Order No: |
| | <div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;">CHEP</div> | | Funding Source: WO |
| Program Name: Community Health Engagement - D5 Community Resource Hub ACE Control #: | | Department ID-Authority ID: Project ID-Activity ID: | Invoice Period: 07/1/21 - 07/31/21 FINAL Invoice (check if Yes) |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC | UOS | NOC |
| Program Administration | 12 | 1 | | | | | | | 12 | 1 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | NOC | NOC | NOC | NOC | NOC |
|---------------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | 1 | | | | 1 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B) | | | | | |
| Fringe Benefits | | | | | |
| Total Personnel Expenses | | | | | |
| Operating Expenses: | | | | | |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | | | | | |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies) | | | | | |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | | | | | |
| Staff Travel - (e.g., Local & Out of Town) | | | | | |
| Consultant/Subcontractor | \$159,100 | | | | \$159,100.00 |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | | | | | |
| Total Operating Expenses | \$159,100 | | | | \$159,100.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$159,100 | | | | \$159,100.00 |
| Indirect Expenses | \$15,900 | | | | \$15,900.00 |
| TOTAL EXPENSES | \$175,000 | | | | \$175,000.00 |
| 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: _____ |
|--|---|-------------|

OFFICE OF THE MAYOR
SAN FRANCISCO



LONDON N. BREED
MAYOR

PROCLAMATION BY THE MAYOR DECLARING THE EXISTENCE OF A LOCAL EMERGENCY

WHEREAS, California Government Code Sections 8550 et seq., San Francisco Charter Section 3.100(13) and Chapter 7 of the San Francisco Administrative Code empower the Mayor to proclaim the existence of a local emergency, subject to concurrence by the Board of Supervisors as provided in the Charter, in the case of an emergency threatening the lives, property or welfare of the City and County or its citizens; and

WHEREAS, The United States has confirmed cases of individuals who have a severe acute respiratory illness caused by a novel (new) coronavirus ("COVID-19" or "the virus") first detected in Wuhan, Hubei Province, People's Republic of China ("China"). The virus was first reported in China on December 31, 2019. As of February 24, 2020, the World Health Organization ("WHO") has reported approximately 77,262 confirmed cases of COVID-19 in China, more than the number of confirmed cases of Severe Acute Respiratory Syndrome (SARS) during its 2003 outbreak. An additional 2,069 cases have been confirmed across 29 other countries; in many of these cases, the infected individuals had not visited China. More than 2,500 people have died from the virus, including 23 outside of China. The number of confirmed cases has continued to escalate dramatically over a short period of time; and

WHEREAS, WHO officials now report that sustained human-to-human transmission of the virus is occurring. Transmission from an asymptomatic individual has been documented. Although the majority of individuals infected with COVID-19 recover from the disease without special treatment, approximately 1 in 6 may become seriously ill. Manifestations of severe disease have included severe pneumonia, acute respiratory distress syndrome, septic shock, and multi-organ failure. Approximately 2% of the people confirmed infected with COVID-19 have died; and

WHEREAS, On January 30, 2020, WHO declared the COVID-19 outbreak a public health emergency of international concern, and on January 31, 2020, the U.S. Department of Health and Human Services declared a Public Health Emergency for the United States; and

WHEREAS, The Centers for Disease Control and Prevention ("CDC") has determined that the virus presents a serious public health threat, requiring coordination among state

OFFICE OF THE MAYOR
SAN FRANCISCO



LONDON N. BREED
MAYOR

and local health departments to ensure readiness for potential health threats associated with the virus; and

WHEREAS, The CDC has issued guidance to local and State health departments, including San Francisco's Department of Public Health ("DPH"), concerning risk assessment and public health management of persons with potential exposure to COVID-19. These guidelines require DPH to make extraordinary efforts to monitor ongoing communicable disease threats and prepare for management of individuals who may have been exposed to COVID-19; and

WHEREAS, DPH, the Department of Emergency Management, and other City partners have been working successfully and diligently to implement CDC guidelines, but now require additional tools and resources to protect the public health given the current state of the epidemic and the need for a sustained response; and

WHEREAS, The City's Director of Public Health has determined that DPH cannot comply with the CDC's guidance without immediate action beyond the City's ordinary response capabilities, including directing personnel and resources from other City departments to assist with the ongoing and developing threat of COVID-19; and

WHEREAS, Conditions of extreme peril to the safety of persons and property have arisen; and

WHEREAS, The Mayor does hereby proclaim that the aforesaid conditions of extreme peril warrant and necessitate the proclamation of the existence of a local emergency,

NOW, THEREFORE,

I, London N. Breed, Mayor of the City and County of San Francisco, proclaim the existence, effective immediately on February 25, 2020, of an emergency within the City and County threatening the lives, property or welfare of the City and County and its citizens;

It is further ordered that:

(1) All City and County officers and employees take all steps requested by the Director of Public Health to prevent the spread of COVID-19 and to prevent or alleviate illness or death due to the virus; and

OFFICE OF THE MAYOR
SAN FRANCISCO



LONDON N. BREED
MAYOR

(2) All City and County officers and employees take all steps requested by the Director of Public Health to qualify the City for reimbursement from the Federal Emergency Management Agency and for other state and federal relief as may be available to reimburse the City for the expenses it incurs in addressing this emergency; and

I further proclaim and order that:

By the terms of this emergency declaration the government of the City and County of San Francisco is organized under the provisions of the Incident Command System (ICS), which system forms an essential part of the City's Emergency Operations Plan. The head of each City department and agency shall observe his or her proper relationship in the command structure outlined by the system and shall respond to the orders and requests of the Lead Department designated to exercise supervision over his or her department during the course of this emergency;

Because of the extreme peril to its residents and visitors, the Governor of the State of California is hereby requested to include the area of the City and County of San Francisco in any emergency declaration by the State, and is further requested to ensure that the City and County is included in any emergency declaration that may be issued by the President of the United States.

And I further proclaim and order that:

This declaration of a local emergency shall continue to exist until it is terminated by the Mayor or the Board of Supervisors. All departments of the City and County of San Francisco are strictly ordered to cooperate with the requests for material and personnel resources that may emanate from the Incident Command Staff of the City and County which is located in the Emergency Command Center of the City and County of San Francisco.

DATED: 2/25/2020

A handwritten signature in black ink that reads "London Breed".

London N. Breed
Mayor of San Francisco

COVID Fiscal ESA Invoice Template

for Reporting Hours of Existing Employees Deployed to COVID Response

| | | | |
|-----------------------|---------------------------|-----------------------------|----|
| For Contractor | Contractor Name: | San Francisco Public Health | |
| | Contract ID/PO ID: | 1000016941 | |
| | 213 RR#: | 0007168 | |
| | Invoice Billing Period: | 07/01/2021 - 06/30/2022 | |
| | Invoice No./ Invoice Amt: | | \$ |

Complete the **214s Details** tab first, (and **Operating Expense Detail** is applicable) and the data will automatically populate the **214s Summary** table below.

214s Summary Table

| Name | Position | No. of Hours | Rate | Subtotal | CI/CT |
|-------------------|----------|--------------|------|----------|-------|
| | | | | \$ - | \$ - |
| | | | | \$ - | \$ - |
| | | | | \$ - | \$ - |
| | | | | \$ - | \$ - |
| | | | | \$ - | \$ - |
| | | | | \$ - | \$ - |
| Total 214s | | | | \$ - | \$ - |

Please fill out the **Operating Expenses Detail** tab and the summary table below will be updated.

| Operating Expenses Summary | | |
|----------------------------|----|---|
| Materials and Supplies | \$ | - |
| General Operating | \$ | - |
| Staff Travel | \$ | - |
| Other Expenses | \$ | - |
| Total Operating | \$ | - |

Please fill out the second and third rows, indicate the **Percentages Only**.

| | | | | | |
|--|----|---|----|--|---|
| Total Salaries & Operating Expenses: | \$ | | | | |
| Fringe Benefits Percentage/Total Fringe Benefits: | 0% | / | \$ | | - |
| Indirect Cost Percentage / Total Indirect Cost: | 0% | / | \$ | | - |
| Invoice Total: | \$ | | | | |

| | | |
|-----------------------|--|-------------|
| For Contractor | 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 contract approved 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: _____ |
| | Name&Title: _____ | |

| | | |
|----------------|---|-------------|
| For DPH | Reviewed and Approved for Payment: | |
| | Signature: _____ | Date: _____ |
| | Name & Title: _____ | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/29/2021

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

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

| PRODUCER Calender-Robinson Company, Inc. 0267063 233 Sansome St. Ste 508 San Francisco CA 94104 | CONTACT NAME: Katherine Berkman PHONE (A/C, No, Ext): (415) 978-3800 FAX (A/C, No): (415) 978-3825 E-MAIL ADDRESS: kberkman@calrob.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td style="width: 50%;">INSURER A:</td> <td>Nonprofits' Insurance Alliance of CA (NIAC)</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Hartford Fire Insurance Co.</td> <td style="text-align: center;">19682</td> </tr> <tr> <td>INSURER C:</td> <td>AXIS Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | Nonprofits' Insurance Alliance of CA (NIAC) | | INSURER B: | Hartford Fire Insurance Co. | 19682 | INSURER C: | AXIS Insurance Company | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
|--|--|-------------------------------|--|--------|------------|---|--|------------|-----------------------------|-------|------------|------------------------|--|------------|--|--|------------|--|--|------------|--|--|
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | |
| INSURER A: | Nonprofits' Insurance Alliance of CA (NIAC) | | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | Hartford Fire Insurance Co. | 19682 | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | AXIS Insurance Company | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | |
| INSURED San Francisco Public Health Foundation 1 Hallidie Plaza #808 San Francisco CA 94102 | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES CERTIFICATE NUMBER: CL2112928754 REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|--------------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 2021-01142-NPO | 02/04/2021 | 02/04/2022 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | 2021-01142-NPO | 02/04/2021 | 02/04/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | 2021-01142-UMB-NPO | 02/04/2021 | 02/04/2022 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N Y | N/A | 57WECAF3VEB | 04/19/2021 | 04/19/2022 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| C | Cyber Liability | | | P-001-000153129-03 | 06/01/2021 | 06/01/2022 | Each claim \$ 5,000,000 Aggregate \$ 5,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City & County of San Francisco and the Dept. of Public Health and all respective officers, agents & employees are included as additional insured as per the attached endorsement

| | |
|--|--|
| CERTIFICATE HOLDER City & County of San Francisco Dept. of Public Health 101 Grove Street #402 San Francisco CA 94102 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|--|--|

Named Insured: San Francisco Public Health Foundation

Policy: 2021-01142-NPO

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 Person or Organization:

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a non-profit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

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

WHO IS AN INSURED (Section II) 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 on-going operations; or
- B. In connection with your premises owned by or rented to you

THE INSURANCE provided under this endorsement is primary & non-contributory to any other valid & collectible insurance carried by the additional insured entity and this insurance will apply separately to each insured against whom a claim is made or a suit is brought.

POLICY NUMBER: 2021-01142-NPO **COMMERCIAL AUTO LIABILITY**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies the insurance provided under the following:

**COMMERCIAL AUTOMOBILE LIABILITY COVERAGE PART
SCHEDULE**

Name of Person or Organization:

All entities named in the attached certificate of insurance

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of automobiles owned, leased, hired or borrowed by or on behalf of the Contractor.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER FROM
OTHERS ENDORSEMENT - CALIFORNIA**

Policy Number: 57 WEC AF3VEB

Endorsement Number:

Effective Date: 04/19/21

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: San Francisco Public Health Foundation
1 HALLIDIE PLZ STE 808
SAN FRANCISCO CA 94102

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 5 % of the California workers' compensation premium otherwise due on such remuneration.


SCHEDULE

Person or Organization

Job Description

City & County of San Francisco Department of Public
Health 101 Grove St Ste A02 San Francisco, CA 94102

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Countersigned by  Authorized Representative