

**City and County of San Francisco  
Office of Contract Administration  
Purchasing Division  
City Hall, Room 430  
1 Dr. Carlton B. Goodlett Place  
San Francisco, California 94102-4685**

**Agreement between the City and County of San Francisco and**

**ASIAN AND PACIFIC ISLANDER WELLNESS CENTER**

This Agreement is made this 1<sup>ST</sup> day of May, 2017, in the City and County of San Francisco, State of California, by and between **Asian and Pacific Islander Wellness Center, 730 Polk Street, 4<sup>th</sup> Floor, San Francisco, CA 94109** ("Contractor") and City.

**Recitals**

WHEREAS, the **Department of Public Health** ("Department") wishes to secure services for the **Tenderloin Center of Excellence, Integrated Case Management, and Early Intervention**; and,

WHEREAS, a Request for Proposal ("RFP") was issued on **February 22, 2017**, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, there is no **Local Business Entity** ("LBE") subcontracting participation requirement for this Agreement; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the Services required by City as set forth under this Agreement; and

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number **2005-07/08** on **July 18, 2016**;

Now, THEREFORE, the parties agree 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 which are 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 "CMD" means the Contract Monitoring Division of the City.

1.4 "Contractor" or "Consultant" means **Asian and Pacific Islander Wellness Center, 730 Polk Street, 4<sup>th</sup> Floor, San Francisco, CA 94109.**

1.5 "Deliverables" means Contractor's work product resulting from the Services that are 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.

1.6 "Effective Date" means the date upon which the City's Controller certifies the availability of funds for this Agreement as provided in Section 3.1.

1.7 "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.

1.8 "Party" and "Parties" mean the City and Contractor either collectively or individually.

1.9 "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.

## **Article 2 Term of the Agreement**

2.1 The term of this Agreement shall commence on the latter of: (i) **May 1, 2017**; or (ii) the Effective Date and expire on **February 28, 2021**, unless earlier terminated as otherwise provided herein.

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

- Option 1: 03/01/21 – 02/28/22
- Option 2: 03/01/22 – 02/28/23
- Option 3: 03/01/23 – 02/29/24
- Option 4: 03/01/24 – 02/28/25
- Option 5: 03/01/25 – 02/28/26
- Option 6: 03/01/26 – 02/28/27

## **Article 3 Financial Matters**

3.1 **Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation.** This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has

no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

**THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.**

**3.2 Guaranteed Maximum Costs.** The City's payment obligation to Contractor cannot at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

**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 **Three Million, Nine Hundred Thirty-One Thousand, Seven Hundred Five DOLLARS (\$3,931,705)**. 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. In no event shall City be liable for interest or late charges for any late payments.

**3.3.2 Payment Limited to Satisfactory Services.** Contractor is not entitled to any payments from City until **Department of Public Health** approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

**3.3.3 Withhold Payments.** If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.

**3.3.4 Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City to Contractor at the address specified in Section 11.1, "Notices to the Parties," or in such alternate manner as the Parties have mutually agreed upon in writing.

**3.3.5 Reserved. (LBE Payment and Utilization Tracking System)**

**3.3.6 Getting paid for goods and/or services from the City.**

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through Paymode-X, the City's third party service that provides Automated Clearing House (ACH) payments. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit [www.sfgov.org/ach](http://www.sfgov.org/ach).

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

**3.3.7 Grant Funded Contracts.**

(a) **Disallowance.** If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement between Contractor and City.

(b) **Reserved (Grant Terms)**

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

**3.4.1** Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>.

If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service

components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

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

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

3.5 **Submitting False Claims.** The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

#### **Article 4 Services and Resources**

4.1 **Services Contractor Agrees to Perform.** Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."

4.2 **Qualified Personnel.** Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

4.3 **Subcontracting.** 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. City's execution of this Agreement constitutes its approval of the **subcontractors listed below**.

**a. Compass Point**

**4.4 Independent Contractor; Payment of Employment Taxes and Other Expenses.**

**4.4.1 Independent Contractor.** For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

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

the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this section.

**4.5 Assignment.** The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

**4.6 Warranty.** Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.

## **Article 5 Insurance and Indemnity**

### **5.1 Insurance.**

**5.1.1 Required Coverages.** Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

(b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

(c) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

**5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:**

(a) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

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

5.1.3 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."

5.1.4 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 contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

5.1.5 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.

5.1.6 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.

5.1.7 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.** 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, except where such breach is the result of the active negligence or willful misconduct of City. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

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.

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.

#### **Article 6 Liability of the Parties**

**6.1 Liability of City.** CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 3.3.1, "PAYMENT," OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

**6.2 Liability for Use of Equipment.** City shall not be liable for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City.

**6.3 Liability for Incidental and Consequential Damages.** Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions.

#### **Article 7 Payment of Taxes**

**7.1** Except for any applicable California sales and use taxes charged by Contractor to City, Contractor shall pay all taxes, including possessory interest taxes levied upon or as a result of this Agreement, or the Services delivered pursuant hereto. Contractor shall remit to the State of California any sales or use taxes paid by City to Contractor under this Agreement. Contractor agrees to promptly provide information requested by the City to verify Contractor's compliance with any State requirements for reporting sales and use tax paid by City under this Agreement.

7.2 Contractor acknowledges that this Agreement may create a “possessory interest” for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

7.2.1 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest.

7.2.2 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a “change in ownership” for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

7.2.3 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

7.2.4 Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

## **Article 8 Termination and Default**

### **8.1 Termination for Convenience**

8.1.1 City shall have the option, in its sole discretion, to terminate this Agreement, 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.

8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

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

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

(c) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

(d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

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

(f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

(a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for Services. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

(b) A reasonable allowance for profit on the cost of the Services described in the immediately preceding subsection (a), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all Services under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

(c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

(d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the Services or other work.

8.1.4 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 specifically enumerated and described in Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under Section 8.1.3.

8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due

to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City’s estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.

8.1.6 City’s payment obligation under this Section shall survive termination of this Agreement.

**8.2 Termination for Default; Remedies.**

8.2.1 Each of the following shall constitute an immediate event of default (“Event of Default”) under this Agreement:

(a) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

3.5	Submitting False Claims.	10.4	Nondisclosure of Private, Proprietary or Confidential Information
4.5	Assignment	10.10	Alcohol and Drug-Free Workplace
Article 5	Insurance and Indemnity	10.13	Working with Minors
Article 7	Payment of Taxes	11.10	Compliance with Laws
10.4.3	Protected Health Information	Item 1 of Appendix D attached to this Agreement	

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.

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

(d) A court or government authority enters an order (i) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor’s property, (ii) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors’ relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Contractor.

8.2.2 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 Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, 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 Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

8.3. **Non-Waiver of Rights.** The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

8.4 **Rights and Duties upon Termination or Expiration.**

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	10.4	Nondisclosure of Private, Proprietary or Confidential Information
3.5	Submitting False Claims	11.6	Dispute Resolution Procedure
Article 5	Insurance and Indemnity	11.7	Agreement Made in California; Venue
6.1	Liability of City	11.8	Construction
6.3	Liability for Incidental and Consequential Damages	11.9	Entire Agreement
Article 7	Payment of Taxes	11.10	Compliance with Laws
8.1.6	Payment Obligation	11.11	Severability
10.4.3	Protected Health Information	Item 1 of Appendix D attached to this Agreement	

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this

Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

## **Article 9 Rights In Deliverables**

**9.1 Ownership of Results.** Any interest of Contractor or its subcontractors, in the Deliverables, including any drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors, shall become the property of and will be transmitted to City. However, unless expressly prohibited elsewhere in this Agreement, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

**9.2 Works for Hire.** If, in connection with Services, Contractor or its subcontractors creates Deliverables including, without limitation, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes, or any other original works of authorship, whether in digital or any other format, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works shall be the property of the City. If any Deliverables created by Contractor or its subcontractor(s) under this Agreement are ever determined not to be works for hire under U.S. law, Contractor hereby assigns all Contractor's copyrights to such Deliverables to the City, agrees to provide any material and execute any documents necessary to effectuate such assignment, and agrees to include a clause in every subcontract imposing the same duties upon subcontractor(s). With City's prior written approval, Contractor and its subcontractor(s) may retain and use copies of such works for reference and as documentation of their respective experience and capabilities.

## **Article 10 Additional Requirements Incorporated by Reference**

**10.1 Laws Incorporated by Reference.** The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at [www.sfgov.org](http://www.sfgov.org) under "Government."

**10.2 Conflict of Interest.** By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 *et seq.*), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 *et seq.*), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.

**10.3 Prohibition on Use of Public Funds for Political Activity.** In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

**10.4 Nondisclosure of Private, Proprietary or Confidential Information.**

10.4.1 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.

10.4.2 In the performance of Services, Contractor may have access to 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, 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.

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

## 10.5 **Nondiscrimination Requirements**

10.5.1 **Non Discrimination in Contracts.** Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.

10.5.2 **Nondiscrimination in the Provision of Employee Benefits.** San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section 12B.2.

10.6 **Local Business Enterprise and Non-Discrimination in Contracting Ordinance.** Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

10.7 **Minimum Compensation Ordinance.** Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor

is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

**10.8 Health Care Accountability Ordinance.** Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.

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

**10.10 Alcohol and Drug-Free Workplace.** City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

Contractor agrees in the performance of this Agreement to maintain a drug-free workplace by notifying employees that unlawful drug use is prohibited and specifying what actions will be taken against employees for violations; establishing an on-going drug-free awareness program that includes employee notification and, as appropriate, rehabilitation. Contractor can comply with this requirement by implementing a drug-free workplace program that complies with the Federal Drug-Free Workplace Act of 1988 (41 U.S.C. § 701)

**10.11 Limitations on Contributions.** By executing this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.



#### **10.12 Reserved. (Slavery Era Disclosure)**

**10.13 Working with Minors** In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors or where Contractor, or any subcontractor, will be working with minors in an unaccompanied setting on more than an incidental or occasional basis, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95. In the event of a conflict between this section and Section 10.14, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control.

#### **10.14 Consideration of Criminal History in Hiring and Employment Decisions**

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

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

**10.15 Public Access to Nonprofit Records and Meetings.** If Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

**10.16 Food Service Waste Reduction Requirements.** Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

**10.17 Sugar-Sweetened Beverage Prohibition.** Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

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

**10.19 Reserved. (Preservative Treated Wood Products)**

**Article 11 General Provisions**

**11.1 Notices to the Parties.** Unless otherwise indicated in this Agreement, all written communications sent by the Parties may be by U.S. mail or e-mail, and shall be addressed as follows:

To CITY:	Office of Contract Management and Compliance Department of Public Health 101 Grove Street, Room 402 San Francisco, California 94102	FAX: (415) 554-1100 e-mail: <a href="mailto:Nora.macias@sfdph.org">Nora.macias@sfdph.org</a>
And:	Bill Blum HIV HEALTH SERVICES 25 VAN NESS AVENUE, SUITE 500 SAN FRANCISCO, CA 94102	e-mail: <a href="mailto:Bill.blum@sfdph.org">Bill.blum@sfdph.org</a>
To CONTRACTOR:	ASIAN AND PACIFIC ISLANDER WELLNESS CENTER 730 POLK STREET, 4 <sup>TH</sup> FLOOR SAN FRANCISCO, CA 94109	e-mail: <a href="mailto:lance@apiwellness.org">lance@apiwellness.org</a>

Any notice of default must be sent by registered mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

**11.2 Compliance with Americans with Disabilities Act.** Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

**11.3 Reserved. (Payment Card Industry ("PCI") Requirements)**

**11.4 Sunshine Ordinance.** Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco

Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.

**11.5 Modification of this Agreement.** This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement.

**11.6 Dispute Resolution Procedure.**

**11.6.1 Negotiation; Alternative Dispute Resolution.** The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.35, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this section.

**11.6.2 Government Code Claim Requirement.** No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.

**11.6.3 Health and Human Service Contract Dispute Resolution Procedure.** The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.

**11.7 Agreement Made in California; Venue.** The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

**11.8 Construction.** All paragraph captions are for reference only and shall not be considered in construing this Agreement.

**11.9 Entire Agreement.** This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."

**11.10 Compliance with Laws.** Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules and regulations of the City and of all state, and federal laws in

any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

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

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

**11.13 Order of Precedence.** Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFP and Contractor's proposal dated **February 22, 2017**. The RFP and Contractor's proposal are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and Contractor's proposal.

**11.14 Order of Precedence.** Contractor agrees that in the event of discrepancy, inconsistency, gap, ambiguity, or conflicting language between the City's terms and Contractor's printed terms attached, the City's terms shall take precedence, followed by the procurement issued by the department, Contractor's proposal, and Contractor's printed terms, respectively.

**11.15 Additional Terms.** Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

## **Article 12 MacBride And Signature**

**12.1 MacBride Principles -Northern Ireland.** The provisions of San Francisco Administrative Code §12F are incorporated herein by this reference and made part of this Agreement. By signing this Agreement, Contractor confirms that Contractor has read and understood that the City urges companies doing business in Northern Ireland to resolve employment inequities and to abide by the MacBride Principles, and urges San Francisco companies to do business with corporations that abide by the MacBride Principles.


IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.


**CITY**

**CONTRACTOR**

Recommended by:

**Asian and Pacific Islander Wellness Center**

  
Date: 4/19/17  
**Barbara A. Garcia, MPA**  
**Director of Health**  
**Department of Public Health**

  
Date: 4/13/17  
**Lance Toma**  
**Chief Executive Officer**  
**730 Polk Street, 4<sup>th</sup> Floor**  
**San Francisco, CA 94109**


City vendor number: 32833

Approved as to Form:

Dennis J. Herrera  
City Attorney

By:   
Date: 4/18/17  
Deputy City Attorney

Approved:

  
Jaci Fong  
Director of the Office of Contract Administration, and  
Purchaser

- Appendices**
- A: Scope of Services
- B: Calculation of Charges
- C: Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution
- H: Grant Terms Reserved

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17 APR 25 AM 9:45  
PURCHASING DEPARTMENT



**Appendix A**  
**Scope of Services**

**1. Terms**

A. Contract Administrator:

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

B. Reports:

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

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

C. Evaluation:

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

For contracts for the provision of services at 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 San Francisco General Hospital 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. Admission Policy:

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

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan 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 staff 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 their staff, 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.

J. 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.

K. 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."

L. Client Fees and Third Party Revenue:

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

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

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

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

O. Quality Assurance:

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

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

P. 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 Integrated Medical Case Management - Ohana**

**Appendix A-2 Tenderloin Area Center of Excellence (TACE)**

**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**

<b>Service Provider</b>	Asian & Pacific Islander Wellness Center		
<b>Total Contract</b>	\$3,510,451		
<b>Funding Source</b>	Ryan White Part A		
<b>Program Names</b>	Ohana Integrated Medical Case Management and Tenderloin Area Center of Excellence (TACE)		
<b>System of Care</b>	HIV Health Services (HHS)		
<b>Address</b>	730 Polk Street, 4th Floor San Francisco, CA 94109		
<b>Phone</b>	(415) 292-3420	<b>Fax:</b> (415) 292-3402	
<b>Contact Person</b>	Yvonne Watson, Director of Finance/Admin, phone # (415) 292-3420 x308; yvonne@apiwellness.org Ming Ming Kwan, Director of Programs, phone # (415) 292-3420 x315; mingming@apiwellness.org Contracts and Grants Manager, phone #(415) 292-3420 x 341, anil@apiwellness.org		Anil Vora,

		Ohana ICM, Appendix A-1				
		B-1	B-1a	B-1b	B-1c	
	<b>Funding Amount</b>	<b>\$109,233</b>	<b>\$131,080</b>	<b>\$131,080</b>	<b>\$131,080</b>	
	<b>Funding Term</b>	5/01/17 - 2/28/18	3/1/18 - 2/28/19	3/1/19 - 2/29/20	3/1/20 - 2/28/21	
Hours	Case Management	939	1,136	1,136	1,136	
	Peer Advocacy	306	371	371	371	
	Treatment Adherence Ind	178	215	215	215	
	Treatment Adherence Group	15	18	18	18	
	<b>Total Program UOS</b>	<b>1,438</b>	<b>1,740</b>	<b>1,740</b>	<b>1,740</b>	
	<b>Total Program UDC</b>	<b>51</b>	<b>58</b>	<b>58</b>	<b>58</b>	
	<b>TACE, Appendix A-2</b>					
			B-2	B-2a	B-2b	B-2c
	<b>Funding Amount</b>	<b>\$653,908</b>	<b>\$784,690</b>	<b>\$784,690</b>	<b>\$784,690</b>	
	<b>Funding Term</b>	5/01/17 - 2/28/18	3/1/18 - 2/28/19	3/1/19 - 2/29/20	3/1/20 - 2/28/21	
Hours	Case Management	3,458	4,186	4,186	4,186	
	Peer Advocacy	1,680	2,033	2,033	2,033	
	Mental Health Counseling	1,097	1,328	1,328	1,328	
	Per Advocacy Group	224	268	268	268	
	Mental Health Group	38	46	46	46	
	Substance Abuse Group	38	46	46	46	
	Coordination	426	515	515	515	
	<b>Total Program UOS</b>	<b>6,960</b>	<b>8,422</b>	<b>8,422</b>	<b>8,422</b>	
	<b>Total Program UDC</b>	<b>176</b>	<b>200</b>	<b>200</b>	<b>200</b>	

<b>Target Population</b>	The target populations of this program are "severe need" and "special populations" living with HIV/AIDS who are severely under-served residents of the Tenderloin. Targeted populations include homeless and marginally-housed residents of the Tenderloin, including residents who are active substance users, coping with mental illness, sex workers, transgender individuals, non-English-speaking residents, gay males and their non-gay identified sex partners. Ohana specifically serves HIV + Asian and Pacific Islanders living in SF.
<b>Description of Services</b>	<p><b>Case Management</b> providing comprehensive assessments, development, implementation, and follow-up of individual client care plans and clinical consultation with other service providers on behalf of clients.</p> <p><b>Peer Advocacy</b> outreach to engage and maintain the target population in care, assist Case Managers to follow clients and provides linkage between and among other services.</p> <p><b>Treatment Adherence</b> services to promote adherence to health care treatment plans nt &amp; screening, which includes short-term individual psychotherapy, substance use screening services.</p> <p><b>Mental Health</b> services include mental health screening, counseling, short-term individual and group psychotherapy, psychiatric consultation</p> <p><b>Substance Use</b> services include screening, counseling, treatment and referrals</p> <p><b>Groups</b> include mental health and substance use services in a therapeutic group setting</p> <p><b>Coordination Activities</b> are also included.</p>

1. **Program Name / Address** Asian and Pacific Islander Wellness Center, Inc.  
Ohana Integrated Medical Case Management  
730 Polk Street 4<sup>th</sup> Floor, San Francisco, CA, 94109  
415-292-3400, Fax: 415-292-3404, www.apiwellness.org  
Program Location Same

Contact Ming Ming Kwan, MSW, Director, Behavioral Health and Community Programs  
mingming@apiwellness.org

2. **Nature of Document** NEW

3. **Goal Statement**

The goal of the Ohana Integrated Medical Case Management program is to provide culturally and linguistically competent, multi-disciplinary, client-centered case management, peer advocacy, and treatment advocacy group services primarily to marginalized HIV-positive Asian and Pacific Islanders (A&PIs) in San Francisco in order to increase their access, knowledge and utilization of optimum HIV treatment and care services.

4. **Target Population**

This program serves HIV-positive A&PIs in San Francisco. The program also targets A&PIs who are multiply diagnosed (HIV infection with concurrent substance abuse and/or mental health problems), immigrants or undocumented individuals, out of treatment, homeless or marginally housed, previously incarcerated, transgender, youth and women with children and others with a documented need for case management. Services are available to all HIV positive A&PIs specifically individuals residing in the Tenderloin, South of Market, Mission, and Daly City border neighborhoods of San Francisco.

APIWC assures that HHS funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for SF residents who have low-income and are uninsured. Secondary enrollment is reserved for SF residents who have low-income and are underinsured. Low Income status is defined as 400% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services.

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

APIWC uses the "Covered California Client Information and Acknowledgement and Documentation Form in order to meet the requirements of "Vigorous Pursuit". This form details the information to be communicated to the client including the federal requirement to have health insurance, the potential tax penalty for not having health insurance coverage, and includes the client's signature to document receipt of this information. Once completed and signed, this form is stored in the client's chart and/or noted and uploaded into ARIES.

**5. Modality/Interventions**

All UOS are counted in hours consisting of 15 minute increments. The tables below illustrate the exact numbers of UOS/hours that are projected to be provided to the corresponding number of UDC in each mode of service.

Budget Appendix / Period	Mode of Service/Intervention Description	UOS	UDC
App B-1 / 05/01/17 - 2/28/18 10 months	<b>Case Management Hours</b> 0.95 FTE x 40 hrs./wk. x 38 wks. x 65% effort	939	51
App B-1 / 05/01/17 - 2/28/18 10 months	<b>Peer Advocacy Hours</b> 0.31 FTE x 40 hrs./wk. x 38 wks. x 65% effort	306	26
App B-1 / 05/01/17 - 2/28/18 10 months	<b>Treatment Adherence Individual Hours</b> 0.15 FTE x 40 hrs./week x 38 weeks x 78% effort	178	22
App B-1 / 05/01/17 - 2/28/18 10 months	<b>Treatment Adherence Group Hours</b> 1.5hr/session x 1 session/mo. X 10 mos.	15	26
<b>Total UOS and Total UDC</b>		<b>1,438</b>	<b>51</b>
Budget Appendix / Period	Mode of Service/Intervention Description	UOS	UDC
App B-1a / 03/01/18 - 2/28/19	<b>Case Management Hours</b> 0.95 FTE x 40 hrs./wk. x 46 wks. x 65% effort	1,136	58
App B-1a / 03/01/18 - 2/28/19	<b>Peer Advocacy Hours</b> 0.31 FTE x 40 hrs./wk. x 46 wks. x 65% effort	371	30
App B-1a / 03/01/18 - 2/28/19	<b>Treatment Adherence Individual Hours</b> 0.15 FTE x 40 hrs./week x 46 weeks x 78% effort	215	25
App B-1a / 03/01/18 - 2/28/19	<b>Treatment Adherence Group Hours</b> 1.5hr/session x 1 session/mo. X 12 mos.	18	30
<b>Total UOS and Total UDC</b>		<b>1,740</b>	<b>58</b>
Budget Appendix / Period	Mode of Service/Intervention Description	UOS	UDC
App B-1b / 03/01/19 - 2/29/20	<b>Case Management</b> 0.95 FTE x 40 hrs./wk. x 46 wks. x 65% effort	1,136	58
App B-1b / 03/01/19 - 2/29/20	<b>Peer Advocacy</b> 0.31 FTE x 40 hrs./wk. x 46 wks. x 65% effort	371	30
App B-1b / 03/01/19 - 2/29/20	<b>Treatment Adherence Individual</b> 0.15 FTE x 40 hrs./week x 46 weeks x 78% effort	215	25
App B-1b / 03/01/19 - 2/29/20	<b>Treatment Adherence Group</b> 1.5hr/session x 1 session/mo. X 12 mos.	18	30
<b>Total UOS and Total UDC</b>		<b>1,740</b>	<b>58</b>

Budget Appendix / Period	Mode of Service/Intervention Description	UOS	UDC
App B-1c / 03/01/20 - 2/28/21	<b>Case Management</b> 0.95 FTE x 40 hrs./wk. x 46 wks. x 65% effort	1,136	58
App B-1c / 03/01/20 - 2/28/21	<b>Peer Advocacy</b> 0.31 FTE x 40 hrs./wk. x 46 wks. x 65% effort	371	30
App B-1c / 03/01/20 - 2/28/21	<b>Treatment Adherence Individual</b> 0.15 FTE x 40 hrs./week x 46 weeks x 78% effort	215	25
App B-1c / 03/01/20 - 2/28/21	<b>Treatment Adherence Group</b> 1.5hr/session x 1 session/mo. X 12 mos.	18	30
<b>Total UOS and Total UDC</b>		<b>1,740</b>	<b>58</b>

**6. Methodology**

The program is named Ohana, the Hawai’ian word for family, to convey its family systems oriented model of service. The methodology of this program has been specifically designed to meet the multiple needs of the target population through an integrated model of client-centered treatment case management that emphasizes the effective utilization of peer and family networks to support clients in accessing and maintaining adherence to combination antiretroviral and complementary therapies. APIWC has found that early, peer-based intervention is the most effective in surmounting cultural barriers to utilizations of HIV treatments and that it also results in the development of the most effective support networks critical in ensuring long-term adherence.

This approach represents a natural evolution of multilingual psychosocial case management into an integrated model of treatment case management with client adherence as the central focus of services. Treatment Case Management (TCM) – a program of health assessment, treatment education, planning and follow-up within a case management setting – helps clients manage immediate and ongoing needs alongside the long-term challenges of living with HIV. As noted above, TCM has proven to improve significantly clients' adherence to antiretroviral combination therapy. The addition of Peer Advocates further evolved this model to improve outreach and services to severe need clients through providing one-on-one and small group assistance to clients in surmounting the specific cultural and linguistic barriers to accessing and maintaining adherence to HIV treatment regimens.

In order to maintain the capacity to provide services in the wide range of languages spoken by its target populations, APIWC emphasizes cross training among job categories within the proposed program. Treatment Case Managers and Peer Advocates will undergo extensive training to develop their ability to counsel clients on HIV treatment, diagnostics and prophylaxes, enabling the Treatment Advocate to focus on more complex cases specific to clinical trials and on certain high-level interactions with physicians. All program staff will be trained to assist in basic outreach, treatment counseling and care coordination functions, subject to overall supervision by the Associate Director of Health Services and consultation on treatment issues within the Treatment Advocate. In addition, all staff working on this program have attended and passed the California Statewide Treatment Education Program conducted by the Community Development and External Affairs department of APIWC.

APIWC is centrally located in the Tenderloin where a majority of our target population resides or congregates. Our office is open Monday through Friday, from 9:30 a.m. to 5:30 p.m. and easily accessible to our target population via public transportation. A significant amount of services are conducted in the field, during clients' medical and psychosocial appointments and in their residence.



Various other onsite services not funded under this exhibit are available to clients of the Ohana Program: prevention with positives focused Individual Risk Reduction Counseling and Prevention Case Management, Comprehensive Risk Reduction Counseling (a CDC funded intervention) for very high risk HIV positive clients, mental health and substance use counseling, psychiatric evaluation and medication monitoring.

**A. Outreach / Case Finding:** Outreach is conducted to locate new clients who are eligible for services and those lost to follow-up. Peer Advocates coordinate with outreach workers in the prevention department of APIWC to enroll in care services HIV-positive individuals belonging to the high-risk populations served by that department (especially transgender persons and women at risk of HIV infection due to socioeconomic status). APIWC outreach activities target Southeast Asian immigrants, particularly Filipinos, Vietnamese, Thai and Burmese who have increasingly high sero-prevalence rates. To better reach potential HIV positive clients, APIWC coordinates with its prevention marketing campaign program targeting MSM/W, TG, youth, women and IDU/IHU (hormone use).

In addition, HIV rapid testing conducted on site and in outreach venues significantly increase the timely identification of candidates for early HIV intervention and treatment. All prevention and care staff will engage in proactive negotiation with clients to identify partners, family, friends and others who might benefit from HIV testing and review of treatment options. Staff work closely with Post-exposure Treatment clinical trials to identify A&PI clients for services; outreach is conducted at appropriate clinics at San Francisco General Hospital's (such as Ward 86, TB Clinic, 5A and API Psych Ward 7C). All memoranda of understandings include notification and referral of eligible A&PIs to services at APIWC.

Staff conducts outreach and promotes services through in-service trainings to medical and HIV service providers, presentations to the general A&PI community at community forums, dissemination of brochures and flyers, media promotion in collaboration with other programs of APIWC, and through client networks. Brochures and flyers about services are disseminated at community health fairs and events. Outreach activities are documented through written quarterly reports to the Associate Director of Health Services and through maintenance of a media file of APIWC-related media coverage.

All services are available in the client's home, in Single Room Occupancy hotels (SROs), in the field (mobile) as well as at the APIWC office. This is in recognition of the cultural stigma, anonymity issues, confidentiality issues, and disabilities associated with HIV disease. APIWC office hours are Mondays through Fridays 9:30 AM to 5:30 PM. Appointments and home visits are scheduled outside these hours within reasonable terms in keeping with client needs. Staff from other departments may conduct outreach to locate clients and provide services to maximize linguistic and cultural competency with minimal staffing. Clients are matched to providers based on language needs and demographic expertise.

**B. General Eligibility Criteria:** The primary target population of the program are Asian and Pacific Islanders living with HIV, with an emphasis on those who are indigent, immigrant or refugee, monolingual or limited-English speaking, uninsured or under-insured, not in primary care or receiving optimal care, and with severe needs such as homeless or marginally housed, and dealing with mental health and substance abuse issues. It is understood that eligible clients will have definitive case management needs that can best be supported through the Ohana Program services.

In addition, to be eligible, prospective clients must meet the following requirements:

- 1) Have verifiable documentation indicating HIV status;
- 2) Be willing to provide proof of income;
- 3) Be willing to provide proof of age and identity;
- 4) Have proof of SF residency or statement of homeless status and intent to live in the county.

- C. **Service Enrollment and Delivery Model:** Admission to services requires an intake and assessment interview conducted by a Treatment Case Manager at the client's home, SRO hotel, residential facility, APIWC office or another mutually agreed upon location. Assessment has three primary goals:
- 1) To determine that the prospective client meets the eligibility criteria for this contract;
  - 2) To ensure that the prospective client understands the services available as well as his or her rights and responsibilities as a client;
  - 3) To identify client's short and long-term needs and develop an individualized treatment plan.

After the initial intake interview, the Treatment Case Manager will present the case, with a recommendation for enrollment status, to the Case Manager Supervisor, and if needed, to the Associate Director of Health Services for review. Possible enrollment assignments will be:

- 1) Active – the client will be enrolled in full case management services;
- 2) Short-term – the client will have initial needs met and will be assigned to a follow-up date for review no longer than three months from the date of enrollment;
- 3) Not eligible – the prospective client is not eligible for services and will be referred to alternative services for which they might be eligible.

A completed intake and assessment includes the following:

- Confidential Client Information and Intake form that gathers pertinent demographic information
- Signed REGGIE consent and completed intake information
- Health and Self-Care Information form that assesses the client's knowledge of HIV-related and general health information, and health maintenance strategies;
- Primary Health Care Provider Information from which gathers client medical care information.
- Mental Health and Substance Use Assessment conducted by qualified mental health provider on staff;
- Completed TB information form;
- Copies of necessary verifications as required by law and funding source including proof of San Francisco residency, HIV status, income and age.
- Psycho-social treatment plan detailed in the progress notes of the client chart;
- Required consent for service forms, as required by law consent forms are translated into appropriate A&PI languages); and
- Signed statement of the Client's Statement of Rights & Responsibilities, the Agency Statement of Rights & Responsibilities, HIPAA form, and Client Grievance Procedure.

The intake and assessment process is described in the agency's Standards of Care and is a subject of ongoing training to increase the Treatment Case Managers' effectiveness in working with clients. This training incorporates all seven elements of case management set forth in the AIDS office's Making the Connection: Standards of Practice for Client-Centered HIV Case Management, which will be adhered to by the program.

Clients who initially present themselves in a crisis situation will be provided services in a timely manner after signing the consent for services form. Staff will conduct crisis intervention and provide appropriate level of assistance for which the client is eligible (e.g. housing, emergency medical care). Intake is completed as soon as possible once the client is stabilized and prior to providing any further services.

Prospective clients may be denied services if they are deemed Not Eligible under the following circumstances; they cannot furnish or refuse to furnish proof of HIV serostatus and/or proof of San Francisco residency (or written statement of intent to reside in San Francisco. IN cases where prospective clients are receiving multiple case management services from other agencies and enrollment in our CM program would result in redundancy of services, the prospective client would be encouraged to self-select primary case management service from a single agency. In instances where multiple members of a household are enrolled in case management services, different TCMs will be assigned to each member to minimize any potential conflict of interest. All assessment information and actions are documented on the appropriate forms and in progress notes in the confidential client charts.

D. **Exit Criteria:** APIWC is capable of providing long-term integrated HIV case management services to the target population following the framework of chronic disease management. While it is crucial to recognize that many clients do need the sustained long-term supportive services, many others achieve a level of independence, self-efficacy and self-navigation skills through their experience of receiving services. TCMs will assess and support clients' level of independence and self-efficacy and readiness to exit the program. Clients will be supported to complete of "graduate" from the program by creating a completion or graduation plan to ensure a successful transition. TCMs will present and consult such plans with the Case Manager Supervisor and/or the Clinical Program Manager and the Associate Director of Health Services. Any such plan will provide a mechanism for client to opt to return to services in a seamless way. Though clients may graduate from intensive case management, they are always eligible and welcome to attend the treatment education support groups.

E. **Prevention with Positives**

Though not required under this exhibit, APIWC will provide individual level Prevention with Positives services to HIV-positive clients assessed and meeting the eligibility criteria for the CDC recommended Comprehensive Risk Counseling Services (CRCS). Treatment Case Managers identify highest risk clients from their ICM caseload, work on treatment readiness and then directly recruit and enroll clients who are ready for this service into CRCS. Case Managers ensure and encourage clients' active participation and engagement in CRCS and attempt to address the most pressing risk reduction needs at that time. CRCS will be provided through funding received through CDC, not utilizing funding under this exhibit.

F. **Peer Networks/Groups**

APIWC has found peer networks an effective medium to disseminate treatment messages within A&PI communities. While negative statements about HIV treatment or their side effects tend to inhibit others from even considering the treatment, word of mouth marketing through peer leaders tends to be effective in promoting informed and aggressive utilization of treatment options. The agency's well-developed HIV+ constituent group, the Living Well Network (LWN), is a vehicle through which peer leaders can disseminate balanced treatment information based upon their personal experience with the new therapies.

They also provide a forum through which members of the target population can become involved (in concert with Peer Advocates) in the planning, implementation and evaluation of interventions designed to assist them in accessing and maintaining optimal HIV treatments. Treatment Case Managers and Peer Advocates are responsible for assessing the treatment needs of their clients and developing group—work plans to bring clients together to address those needs and provide community and peer support to normalize treatment and its concerns. Sign-in sheets are provided in order to document attendance to group activities.

G. **Staffing:**

The following staff members are funded under this exhibit:

**The Case Managers (CM)** are responsible for conducting intakes and assessments to identify client needs; developing Individualized Service Plans (ISPs) and periodically reassessing the ISP, upon significant changes in the client's medical, financial, or psychosocial status. The CMs conduct basic assessments of substance use and mental health status; oversee service plan development; and support clients in implementing the ISP's objectives, with particular attention to linguistic and cultural barriers. They also monitor receipt of referral services, support clients in maintaining medication adherence, develop new linkage options as necessary; assess client's financial resources; assist in the formal application and referral process to appropriate benefit and entitlement programs; and track client's benefit and entitlement status and applications.

The Case Managers provide clients with basic health education and health maintenance information; discuss with clients the impact of high-risk behaviors on health; discuss options for maintaining a healthy diet and eating to minimize opportunistic infections' and perform medical advocacy directly with the client's primary care provider. They help clients understand relevant legal issues related to HIV disease, particularly the impact of HIV on immigration status; and refer clients to any necessary legal services. They provide interpretation to clients to facilitate access to services; provide support and consultation to the peer advocates; and make case presentations to initiate and maintain service coordination with internal and external service providers.

The Case Managers report to the Clinical Program Manager. Minimum qualifications include a bachelor's degree in a health or social science related field, verbal and written bilingual proficiency in English and an A&PI language, and two years previous experience in human services. Case Managers should be familiar with HIV issues as they affect A&PI communities, particularly access to services and adherence to treatment

The Peer Navigator is responsible for identifying, recruiting and maintaining HIV positive A&PIs who are out of treatment or receiving sub-optimal care. They conduct outreach and case finding activities in such venues as outpatient and mobile street clinics and parks. S/he accompanies clients to appointments if necessary; ensures linkage to and client satisfaction with HIV primary care, helps explain client concerns and needs to outside service providers also works with the client, provides translation services to facilitate communication with medical and social service providers. S/he provides education on treatments and emotional support around adherence to less acculturated A&PI clients on the US cultural norms and western medicine philosophies and systems so that clients can more effectively negotiate aspects of medical, social and community service.

The Peer Navigator reports to the Senior Case Manager (a position funded under Ryan White Part C)). Minimum qualifications include a high school diploma, verbal and written bilingual proficiency in English and an A&PI language and previous HIV involvement. The Peer Navigator should be familiar with HIV issues as these affect A&PI communities, particularly social support and adherence to treatment.

The Program Assistant {not funded by this Appendix} provides clerical and administrative support to the program staff, conducts the annual client satisfaction survey, conducts data-entry and generates data summary reports on monthly, quarterly and annual basis and assists the Associate Director of Health Services in reporting requirements to the SFDPH AIDS Office. This position reports directly to the Associate Director of Health Services; minimum qualifications include a high school diploma, computer and office skills and two years of office experience.

The Clinical Program Manager {not funded by this Appendix} provides direct case management services as well as supervision of the TCMs; services as the referral entry point; determines case assignment in consultation with Behavioral Health and Community Programs; S/he is responsible for providing clinical consultation to the Case managers and Peer Navigators; co-facilitation or regular multi-disciplinary case conference meetings; conducting semi-annual chart reviews; and assisting the Associate Director of Health Services in ensuring contract deliverables and compliance standards are met and maintained. This position reports to the Associate Director of Health Services. Minimum qualifications include Licensure as a Clinical Social Worker, 5 year experience in social services, with a minimum three years of experience in clinical supervision. Experience in HIV social services, especially in providing direct mental health or social services to HIV-positive individuals preferred.

The Associate Director of Health Services is responsible for implementing the programs funded under this exhibit. S/he provides oversees adherence to all programmatic deliverables and maintains relationships with community providers and ensures all program reporting requirements and evaluation. S/he reports to the Director of Programs. Minimum qualifications include a bachelor's degree, four years of HIV direct service experience, four years of HIV program management experience.

The Chief Medical Officer is responsible for overseeing and leading the agency's health care services, with oversight of linkage and integration with our behavioral health, HIV testing, and outreach activities, to ensure continuity of care, seamless linkage to care for Ohana clients in need of medical care.

#### H. Service Linkages

APIWC maintains well-established linkages with other providers to ensure that clients have access to needed services not provided within the agency. For primary medical care, APIWC refers clients to SF General Hospital Ward 86 and Tom Waddell Health Clinic, whose expertise in serving multiply diagnosed immigrants, transgender and others who encounter difficulty in accessing primary care has been highly beneficial to our

clients. Linkage to food services is made through referral to Project Open Hand, located with APIWC in the same building. The agency has effective linkages with the whole system of HIV psycho-social services throughout the whole city including: the San Francisco AIDS Foundation to address clients' housing needs, Lutheran Social Service to provide money management; Harm Reduction Therapy Center and Asian American Recovery Services to address substance use needs and AIDS Legal Referral Panel for legal services.

The APIWC cultivates and maintains working relationship with other community groups and agencies to coordinate its programs with both clients and those of other providers, and to offer its clients a comprehensive continuum of HIV services. In addition to those agencies mentioned above, active referral linkage or MOY are maintained with Baker Places, Bay Area Perinatal AIDS Center, Project Open Hand, San Francisco City Clinic, Tenderloin Health, Tom Waddell Health Center, UCSF AIDS Health Project, UCSF Positive Health Program, UCSF Women's Specialty Program, Shanti, AIDS and Emergency Fund.

I. **Linkage to Care**

APIWC agrees to maintain appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of newly diagnosed and PLWH not in care. Key points of access include emergency rooms, substance use treatment programs (non-HIV), detox centers (non-HIV), and homeless shelters.

J. **HIV Health Services Protocols**

Case Management, Treatment Advocacy, and Peer Advocacy activities are documented on daily log sheets and client charts. Treatment Case Managers working with English-limited speaking clients require significantly more time to implement these services.

If available, APIWC agrees to send its Treatment Case Managers to training on benefits and entitlements. If initiated by HIV Health Services, one staff member from the HIV Care Services program will participate in a work group to develop standards of practice.

All agencies receiving funding through HHS are required to collect and submit unduplicated clients and services data through the DPH HIV Client and Services Database. This is applicable for all "Ryan White eligible clients" receiving services paid with any HHS source of funding. Each HHS funded agency participates in the planning and implementation of their respective agency into Database. The agency complies with HHS policies and procedure for collecting and maintaining timely, complete and accurate unduplicated client and service information in the Database. New client registration data is entered within 48 hours or two working days after data is collected. Service data for the preceding month, including units of services will be entered by the 15<sup>th</sup> working day of each month. The deliverables will be consistent with the information that is submitted to the appropriate DPH budget and Finance section on the "Monthly Statement of Deliverables and Invoice" form. Not adhering to HHS standards for the quality and timeliness for data entry will risk having payment delayed until data has been entered and updated.

**Staff Training**

All full-time Case Managers and Peer navigators will receive a minimum of 24 hours of training each year to increase their knowledge of service-related issues and/or to develop job-related skills. For Case Managers, a minimum of six hours of this training should be specific to benefits and entitlements if such training was not already obtained within two years. All Case Management and Peer Advocacy staff that has not been previously trained will enroll in, or successfully complete the CSTEP Program by the end of the contract period.

## 7. Objectives and Evaluation

All objectives, and descriptions of how objectives will be measured, are contained in the HHS document entitled *Ambulatory Care-Primary Care (HHS) Performance Objectives* for each Fiscal Year of the contract term. APIWC agrees to make its best efforts to achieve these objectives within the agreed upon time frame. APIWC shares information, in particular through the ARIES database, regarding the accomplishment of all program objectives and results of all evaluation measures with the SFDPH as part of the annual monitoring process.

The Associate Director has the responsibility for the recording, tracking, compiling, and analyzing data related to the accomplishment of each objective, including directing database administration and program assistant staff to develop internal systems to track elements needed to record and analyze data to measure the progress in accomplishing these objectives. This position, with the assistance of the Quality Management team will review 50 clients charts (both physical and in ARIES), selected randomly, to measure success in completing non-medical CoE objectives. All data is compiled, stored, and analyzed annually and reported in agency and all TACE team meetings with a plan of redress developed for any item with a variance.

## 8. Continuous Quality Improvement

The program abides by the standards of care for the services specified in this appendix as described in *Making the Connection: Standards of Care for Client-Centered Services*. APIWC guarantees compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency and Client Satisfaction. TACE agrees to conduct HIV-specific CQI activities to ensure compliance with Public Health Service guidelines related to treatment of HIV. In order to ensure that the services are provided in the manner intended, APIWC uses the following structures and processes to ensure continuous quality improvement.

- Quarterly random review of 25 client charts conducted by the CQI Committee and documented in the QA/QI log.
- Alternating weeks one hour clinical supervision with licensed Mental Health Professional to ensure appropriate clinical support for case managers and peer navigators.
- Weekly multidisciplinary meeting to monitor client's issues, as documented in the meeting log.
- Annual review of written program policies and procedures.
- Quarterly Client Advisory Board meeting to address agency's strengths and weaknesses with client and identify areas of improvement, as documented in the minutes.

### HIPAA

1. DPH Privacy Policy is integrated into the program's governing policies and procedures regarding patient privacy and confidentiality. As Measured by: Evidence that the policy and procedures that abides by the rules outlined in the DPH Privacy Policy have been adopted, approved and implemented.
2. All staff who handle patient health information are trained (including new hires) and annually updated in the program's privacy/confidentiality policies and procedures. As Measured by: Documentation exists showing individuals were trained.
3. A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided. As Measured by: Evidence in patient/client chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided.)

4. A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility. As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided.)
5. Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented. As Measured by: Documentation exists.
6. Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program. As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in patient's/client's chart/file.

In order to maintain fidelity to and track performance against SFDPH goals, the clinical staff will document all encounters and treatment plans in ARIES. The system will support tracking and managing the number of clients receiving case management services, home health care services, navigation services; demographic and insurance information will also be collected and tracked.

In addition, clients will require close psychosocial monitoring. The team will utilize Panel Management for this purpose. Panel Management will allow the integration of the medical data from ARIES with Support Services data from each of the team members into a single dashboard-style report that all can access. The SF Coordinated Care Management System will allow the team to monitor which clients are in hospitals, skilled nursing facilities, or jail, which clients are accessing urgent or emergency room services, and which clients are at risk of eviction. The team will also monitor incoming referral sources, client engagement into medical and mental health services, and client disposition, and gather data regarding client experiences with stigma.

Where needed, staff will create additional tools similar to those currently used by APIWC, which are specific to new positions or tasks. These will include frameworks and checklists for unique positions, such as the Life Skills Trainer. In addition, the team will collaborate with LINCS (Linkage, Integration, Navigation, and Comprehensive Services) to develop a monitoring system for discharged clients. The team will also implement an annual client satisfaction survey. Further quality improvement structures will help routinely track the program's contributions toward linkage, retention, and viral suppression outcomes on the spectrum of engagement in HIV prevention and care.

#### **ARIES Database**

APIWC will collect and submit all required data through the AIDS Regional Information & Evaluation System (ARIES). ARIES is a client management system designed for Ryan White CARE Act providers. ARIES enhances care provided to clients with HIV by helping agencies automate, plan, manage, and report on client data and services. ARIES is applicable for all Ryan White-eligible clients receiving services paid by any HHS source of funding.

ARIES protects client records by ensuring only authorized agencies have access. ARIES data are safely encrypted and are kept confidential. Client information relating to mental health, substance abuse, and legal issues are only available to a limited group of an agency's personnel. Authorized, ARIES-trained personnel are given certificate-dependent and password-protected access to only the information for which that person's level of permission allows. Each HHS-funded agency participates in the planning and implementation of their respective agency into ARIES.

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

The Case Manager has the responsibility for the quality of the ARIES data collected and the quality of the interventions provided. They also have responsibility for ensuring the quality of tracking and documentation of referrals and linkages. APIWC ensures that the Monthly Statement of Deliverables and Invoice, narrative reports, annual administrative reports, monitoring report protocols, and any other forms or reports required will be submitted in a timely fashion to the HIV Health Services Branch.

**9. Required Language:**

Third Party Reimbursement:	See Target Population, Page 1
Client Enrollment Priority:	See Target Population, Page 1
Client Diagnosis:	See Target Population, Page 1
Standards of Care:	See Continuous Quality Improvement, Page 9
ARIES Database:	See ARIES, Pages 10-11
Vigorous Pursuit:	See Target Population, Page 1



**1. Program Name / Address** Asian and Pacific Islander Wellness Center, Inc.  
Tenderloin Area Center of Excellence (TACE)  
730 Polk Street 4<sup>th</sup> Floor, San Francisco, CA, 94109  
415-292-3400, Fax: 415-292-3404, [www.apiwellness.org](http://www.apiwellness.org)  
Program Location Same

Contact Ming Ming Kwan, MSW, Director, Behavioral Health and Community Programs  
[mingming@apiwellness.org](mailto:mingming@apiwellness.org)

**2. Nature of Document** NEW

**3. Goal Statement**

To ensure and expand continuous seamless access to quality primary care and critical support services for severe need clients and special populations living with HIV/AIDS who are severely under-served residents of the Tenderloin.

**4. Target Population**

The target population of this program is "severe need" and "special populations" living with HIV/AIDS who are severely under-served residents of the Tenderloin. Targeted populations include homeless and marginally-housed residents of the Tenderloin, including residents who are active substance users, coping with mental illness, sex workers, transgender individuals, non-English speaking residents, gay males and their non-gay identified sex partners.

APIWC assures that HHS funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for SF residents who have low-income and are uninsured. Secondary enrollment is reserved for SF residents who have low-income and are underinsured. Low Income status is defined as 400% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services.

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

APIWC uses the "Covered California Client Information and Acknowledgement and Documentation Form in order to meet the requirements of "Vigorous Pursuit". This form details the information to be communicated to the client including the federal requirement to have health insurance, the potential tax penalty for not having health insurance coverage, and includes the client's signature to document receipt of this information. Once completed and signed, this form is stored in the client's chart and/or noted and uploaded into ARIES.

**5. Modalities and Interventions: Units of Service (UOS) and Unduplicated Clients (UDC)**

All UOS are counted in hours consisting of 15 minute increments. The tables on the following pages illustrate the exact numbers of UOS/hours that are projected to be provided to the corresponding number of UDC in each mode of service.

Budget Appendix / Period	Mode of Service/Intervention Description	UOS	UDC
App B-2 / 05/01/17 - 2/28/18 10 months	<b>Case Management Hours</b> 2.5 FTE x 40 hrs./wk. x 38 wks. x 65% effort = 2,470 @ APIWC 1.0 FTE x 40 hrs./wk. x 38 wks. x 65% effort = 988	3,458	132
App B-2 / 05/01/17 - 2/28/18 10 months	<b>Peer Advocacy Hours</b> 1.50 FTE x 40 hrs./wk. x 38 wks. x 52% effort = 1,186 @ APIWC 0.50 FTE x 40 hrs./wk. x 38 wks. x 65% effort = 494	1,680	176
App B-2 / 05/01/17 - 2/28/18 10 months	<b>Outpatient Mental Health Counseling Hours</b> 1.20 FTE x 40 hrs./wk. x 38 wks. x 52% effort = 949 @ APIWC 0.15 FTE x 40 hrs./wk. x 38 wks. x 65% effort = 148	1,097	136
App B-2 / 05/01/17 - 2/28/18 10 months	<b>Peer Advocacy Group Hours</b> 3 groups/week x 2 hr./Session x 31 wks. = 186 @ APIWC 1 hr./Session/wk. x 38 wks. = 38	224	71
App B-2 / 05/01/17 - 2/28/18 10 months	<b>Outpatient Mental Health Group Hours</b> 1 hr./Session/wk. x 38 wks.	38	26
App B-2 / 05/01/17 - 2/28/18 10 months	<b>Outpatient Substance Abuse Group Hours</b> 1 hr./Session/wk. x 38 wks.	38	26
App B-2 / 05/01/17 - 2/28/18 10 months	<b>Coordination/Evaluation Hours</b> 0.28 FTE x 40 Hrs/Wk x 38 x 100% wks.	426	N/A
<b>Total UOS and Total UDC</b>		<b>6,960</b>	<b>176</b>
Budget Appendix / Period	Mode of Service/Intervention Description	UOS	UDC
App B-2a / 03/01/18 - 2/28/19	<b>Case Management Hours</b> 2.5 FTE x 40 hrs./wk. x 46 wks x 65% effort = 2,990 @ APIWC 1.0 FTE x 40 hrs./wk. x 46 wks. x 65% effort = 1,196	4,186	200
App B-2a / 03/01/18 - 2/28/19	<b>Peer Advocacy Hours</b> 1.50 FTE x 40 hrs./wk. x 46 wks. x 52% effort = 1,435 @ APIWC 0.50 FTE x 40 hrs./wk. x 46 wks. x 65% effort = 598	2,033	200
App B-2a / 03/01/18 - 2/28/19	<b>Outpatient Mental Health Counseling Hours</b> 1.20 FTE x 40 hrs./wk. x 46 wks. x 52% effort = 1,149 @ APIWC 0.15 FTE x 40 hrs./wk. x 46 wks. x 65% effort = 179	1,328	155
App B-2a / 03/01/18 - 2/28/19	<b>Peer Advocacy Group Hours</b> 3 groups/week x 2 hr./Session x 37 wks. = 222 @ APIWC 1 hr./Session/wk. x 46 wks. = 46	268	100
App B-2a / 03/01/18 - 2/28/19	<b>Outpatient Mental Health Group Hours</b> 1 hr./Session/wk. x 46 wks.	46	30
App B-2a / 03/01/18 - 2/28/19	<b>Outpatient Substance Abuse Group Hours</b> 1 hr./Session/wk. x 46 wks.	46	30
App B-2a / 03/01/18 - 2/28/19	<b>CoE Coordination/Evaluation Hours</b> 0.28 FTE x 40 hrs./wk. x 46 x 100% wks.	515	N/A
<b>Total UOS and Total UDC</b>		<b>8,422</b>	<b>200</b>

Budget Appendix / Period	Mode of Service/Intervention Description	UOS	UDC
App B-2b / 03/01/19 - 2/29/20	<b>Case Management</b> 2.5 FTE x 40 hrs./wk. x 46 wks. x 65% effort = 2,990 @ APIWC 1.0 FTE x 40 hrs./wk. x 46 wks. x 65% effort = 1,196	4,186	200
App B-2b / 03/01/19 - 2/29/20	<b>Peer Advocacy</b> 1.50 FTE x 40 hrs./wk. x 46 wks. x 52% effort = 1,435 @ APIWC 0.50 FTE x 40 hrs./wk. x 46 wks. x 65% effort = 598	2,033	200
App B-2b / 03/01/19 - 2/29/20	<b>Outpatient Mental Health Counseling</b> 1.20 FTE x 40 hrs./wk. x 46 wks. x 52% effort = 1,149 @ APIWC 0.15 FTE x 40 hrs./wk. x 46 wks. x 65% effort = 179	1,328	155
App B-2b / 03/01/19 - 2/29/20	<b>Peer Advocacy Groups</b> 3 groups/week x 2 hr./Session x 37 wks. = 222 @ APIWC 1 hr./Session/wk. x 46 wks. = 46	268	100
App B-2b / 03/01/19 - 2/29/20	<b>Outpatient Mental Health Groups</b> 1 hr./Session/wk. x 46 wks.	46	30
App B-2b / 03/01/19 - 2/29/20	<b>Outpatient Substance Abuse Groups</b> 1 hr./Session/wk. x 46 wks.	46	30
App B-2b / 03/01/19 - 2/29/20	<b>CoE Coordination/Evaluation</b> 0.28 FTE x 40 hrs./wk. x 46 x 100% wks. =	515	N/A
<b>Total UOS and Total UDC</b>		<b>8,422</b>	<b>200</b>
Budget Appendix / Period	Mode of Service/Intervention Description	UOS	UDC
App B-2c / 03/01/20- 2/28/21	<b>Case Management</b> 2.5 FTE x 40 hrs./wk. x 46 wks x 65% effort = 2,990 @ APIWC 1.0 FTE x 40 hrs./wk. x 46 wks. x 65% effort = 1,196	4,186	200
App B-2c / 03/01/20- 2/28/21	<b>Peer Advocacy</b> 1.50 FTE x 40 hrs./wk. x 46 wks. x 52% effort = 1,435 @ APIWC 0.50 FTE x 40 hrs./wk. x 46 wks. x 65% effort = 598	2,033	200
App B-2c / 03/01/20- 2/28/21	<b>Outpatient Mental Health Counseling</b> 1.20 FTE x 40 hrs./wk. x 46 wks. x 52% effort = 1,149 @ APIWC 0.15 FTE x 40 hrs./wk. x 46 wks. x 65% effort = 179	1,328	155
App B-2c / 03/01/20- 2/28/21	<b>Peer Advocacy Groups</b> 3 groups/week x 2 hr./Session x 37 wks. = 222 @ APIWC 1 hr./Session/wk. x 46 wks. = 46	268	100
App B-2c / 03/01/20- 2/28/21	<b>Outpatient Mental Health Groups</b> 1 hr./Session/wk. x 46 Wks.	46	30
App B-2c / 03/01/20- 2/28/21	<b>Outpatient Substance Abuse Groups</b> 1 UOS = 1 hour, tracked in 15 minute increments 1 hr./Session/wk. x 46 wks.	46	30
App B-2c / 03/01/20- 2/28/21	<b>CoE Coordination/Evaluation</b> 0.28 FTE x 40 hrs./wk. x 46 x 100% wks. =	515	N/A
<b>Total UOS and Total UDC</b>		<b>8,422</b>	<b>200</b>

## 6. Methodology

### Location of Services

The Tenderloin Area Center of Excellence (TACE) collaborative will occur through two key sites. These include the Asian and Pacific Islander Wellness Center (APIWC) main office at 730 Polk and our medical provider within each site: SFDPH Tom Waddell Health Center (TWHC), 230 Golden Gate Avenue. The TACE will be provided upon request to qualified residents living with HIV/AIDS and, as part of the screening, for new HIV+ residents identified through our HIV counseling and testing efforts within each site.

Behavioral health services will continually be offered at APIWC. These services include individual and group psychotherapy, substance use evaluation and treatment, mental health counseling, addiction medicine consultation, and clinical training. Associate Director of Health Services will be in charge of assisting in monitoring the quality of behavioral health services for the TACE.

### Site Coordination

Administrators and Service Managers of the different program services will meet on a monthly basis (Second Thursday of each Month) to ensure the efficient operation of the multi-disciplinary services development and provision of services.

Case conference meetings will be held one or two times each week, during which the multi-disciplinary team meets to engage in case review and problem solving. Case managers will also attend the weekly case conferences at TWHC. Notes from these meetings are kept and filed for review.

### Integrated Services

TACE provides services to clients through multi-disciplinary teams. The composition of these teams varies based on client need. However, a basic structure ensures that clients receive coordinated, comprehensive services. The team is organized around a primary Case Manager who is responsible for coordinating the work of other members in the team. Other team members may include a Physician, Nurse Practitioner, Registered Nurse, Psychiatrist and/or Psychologist, Mental Health/Substance Use Counselor, Health Worker and staff and volunteer Peer navigators.

### Hours of Operation

Clients will be able to access these services for eight hours each weekday excluding Wednesdays at the Golden Gate Avenue site, when team meeting and trainings are held. The program's overall hours of operation will be Monday through Friday, 9:30 a.m. to 5:30 p.m. for APIWC main office, Monday through Friday, 8:00 a.m. to 6:00 p.m. at TWHC; and Monday through Friday, excluding Wednesday, from 9:00 a.m. to 5:00 p.m. at the Golden Gate Avenue site, with Wednesday hours being from 9:00 a.m. to Noon. A portion of this time is reserved for staff duties such as case conferences, trainings, administrative work and communication with other providers.

### Client Charts

All physical client charts are housed permanently at each TACE site. To ensure the confidentiality of client information, all charts are kept in locked file cabinets. Charting is also done using the State's ARIES database, which includes progress notes from each member of the multidisciplinary team. These charts are updated daily by members of the service team and contain information by category of service. Case managers regularly update information about the client's primary care provider, housing status and location and benefits status, access to adequate nutrition, as well as the date of the client's last visit.

### Outreach and Case Finding

Clients learn about TACE through:

- Word of mouth –The Collaboration's existing pool of case management clients, including word-of-mouth referrals and a high level of drop-in clients due to word of mouth from existing clients and the program's convenient location, as well as through community events such as monthly treatment education forums.
- Referrals from other service providers - All of the collaborating partners of TACE identify clients who could benefit from the integrated services and link these clients as appropriate. As clients transition from SFDPH HIV Integrated Services (HIVIS) CoE, the TACE will follow up on referrals from HIVIS. HIVIS enrolls clients first by providing services on-site at the jail to clients who are incarcerated, and then by linking those clients with a case manager who

will help transition them to services outside of the jail (with follow-up by HIVIS's Health Worker II position). Some clients are referred by service providers outside the collaboration, particularly service providers who are barring clients from their own services, those who need to transition the client's case management, and those who have identified individuals with a demonstrated inability to access or follow through with regular medical care. Staff conducts in-services for other service providers to educate them about available services through TACE, and to ensure appropriate referrals. A combination informational flyer and referral form is distributed to likely referral sources to help facilitate the referral process.

- An existing MOU with the SFDPH HIVIS provides the TACE with a weekly client list of all PLWHA incarcerated in county jail. The TWHC HIV team works with the jail medical team to assure the continuity of care and appropriate discharge planning. For patients in mental health or substance abuse residential treatment the HIV team works with the residential providers to assure continuity of to medical care.
- An extensive array of working MOUs are maintained and updated between the TACE and area residential treatment programs, hospitals, institutions and hospices. These are to ensure continued care for our patients during their time in and prior to being released from the facilities. For agencies receiving Ryan White CARE funds, these agencies are also on ARIES and location of a client within their programs or facilities can be a simple search of the system. Either way, the working MOUs include language for case conferencing between our program and their agency to ensure continuity of care.
- TWHC also maintains a database of HIV positive patients in medical care. This database produces reports on any patients not seen in the past three months. This report triggers outreach efforts to the last known location of the patient, as well as utilization of the many community contacts developed over the years, in order to locate the patient or bring them back into care. This outreach may be performed by TWHC health workers or TACE case managers or peer advocate staff. TWHC Primary Care providers are notified by e-mail of all SFGH admissions, Emergency Department visits and lab tests. TWHC HIV team staff visit all hospitalized patients, usually by the patient's primary medical care provider. The HIV Team staff work with the hospital team staff, starting at admission, on appropriate discharge plans and HIV Program follow up.
- Outreach by peer navigators – Staff and volunteer Peer navigators conduct outreach activities in the course of performing their regular duties throughout the Tenderloin. Peer navigators ensure that HIV-infected individuals they encounter who are appropriate for services are referred to the TACE program. Outreach is focused on creating relationships with clients and providing incentives such as food packs to increase the likelihood of maintaining contact. In the course of establishing these relationships, peer navigators perform basic triage and assessment of clients' needs, and make appropriate referrals to the TACE program. When attempting to locate a client for follow up, case managers give identifying information to the Peer Advocate to assist them in locating and identifying the client during mobile activities.
- HIV antibody testing services – Confidential HIV antibody testing services, provided within the HIV Prevention Programs, are co-located at each site of our TACE, making possible a seamless transition into care for those who test positive for HIV antibodies. Health Educators (not funded under this contract) are able to link those testing positive directly with a case manager upon receiving positive antibody test results, thereby ensuring the opportunity for early intervention on behalf of that individual's health.

### **Eligibility/Intake**

An individual becomes a TACE client after supplying basic intake and client identifier information, providing proof of an HIV diagnosis and signing an informed consent to receive services. A Registered Nurse conducts a nursing intake and assessment, including lab work and TB test for those who wish to receive primary medical care. Clients who are in need of a letter of diagnosis and who become clients of the TACE medical clinic are provided with one via an initial primary care history and physical. The consent includes information about all TACE services and gives permission for the sharing of client information among all TACE collaborators. Clients receive initial and ongoing needs assessment, and are offered those services that are indicated and available (psychiatric assessment, treatment advocacy groups and one-on-one counseling, housing assistance, etc.).

Clients have the right to choose not to accept services offered, or to delay their use of those services until a later date, with the following exceptions: All clients will be assigned a case manager and will receive a baseline assessment. Clients who do not return for follow-up will be located during outreach activities and encouraged to return for services. After outreach has been done and client do not return for services, cases are inactivated six months after the last contact and they are closed a year after the last contact.

#### **Primary Care**

TACE provides HIV primary care services through a separate MOU with the SFPD AIDS Office contracted to SFPD Tom Waddell Health Center. Details of these services are provided in their MOU, although the delivery of integrated services, data collection and progress reporting will be coordinated through APIWC as the lead agent for the TACE. These medical services are provided onsite at APIWC.

#### **Mental Health & Substance Use Services**

In addition to basic assessments done by case management and medical staff with all clients, specialty mental health services, funded under this contract, are made available to clients in an effort to help them move toward greater stabilization by addressing mental health crises and emergencies and by providing substance use counseling. Though we cannot provide long-term mental health support, our service, offered individually and in groups, is provided with the goal of transferring the client to appropriate ongoing mental health care. Specifically, the TACE provides mental health assessments and counseling, referrals for psychiatric medication evaluation, prescription monitoring, as well as psychiatric evaluation for continuing disability review for Social Security Disability and consultation to medical staff regarding client's level of functioning. Evaluations may be performed on-site for those clients for whom this is indicated.

TACE provides substance use management and substance abuse treatment screening, referrals and treatment with follow-up as follows: case managers and peer navigators work closely with clients who are ready to enter treatment programs. This entails supporting them in making a decision about which type of program is appropriate for them, helping to set up appointments for intake and accompanying them to the appointments, and, if there is a waiting list for the program, supporting them during the waiting period. Upon the client's enrollment into a treatment program, the case manager and other team members, with the client's written consent, share relevant information about the client's history and health status with the substance use management or substance abuse treatment provider. Whenever appropriate, the case manager and peer advocate remain in contact with the client during their stay in the treatment program (via telephone and in-person visits if the client is enrolled in an in-patient program or during regular on-site or mobile follow-up visits, if the client is enrolled in an out-patient program.)

TACE provides services to clients who are not ready to enter substance abuse treatment by first letting the client determine whether their substance use is an issue that they wish to resolve. If a client decides that accessing substance use and treatment services is not a goal, staff respect that decision, and continue to work with the client on other issues for which she does request assistance. Harm Reduction is a crucial component of the client centered model of service delivery used by our TACE, and helps ensure that staff can continue to provide the client with stabilization assistance even if he is actively using street drugs. These resources support weekly substance use treatment groups for clients in the TACE.

APIWC behavioral staff are trained and certified to evaluate psychiatric emergencies to place clients on a 5150 hold. If a client presents with a crisis, mental health staff is called in to evaluate and, if needed, to place client on a hold and facilitate the client's admittance to a hospital. Given the high degree of previous contact with the police by the target population, this allows staff to minimize the involvement of the police in those situations where the client is being admitted to PES. To ensure that some measure of crisis intervention services can be provided during times when the mental health services staff is not immediately available, all TACE staff is trained in mental health crisis management, and receive ongoing training in crisis intervention and management. Psychiatric consultation services are being provided by HRTC.

#### **Case Management**

Once contact has been established between the case management staff and the client, staff addresses the seven core components of case management as described in Making the Connection: Standards of Practice for Client-Centered Case Management as follows:

1. Conducting an initial intake interview, including a determination of whether case management is an appropriate service for the client and collection of eligibility information. In order to insure that CARE funds are used as payer of last resort, an assessment of income source, medical insurance, including MediCal eligibility and other benefits is performed as part of the intake process. Referrals for benefits counseling are made as indicated by this assessment. Case managers perform follow up activities on an ongoing basis to insure maintenance of benefits. During intakes, the case manager is sensitive to the target populations' resistance to social services and takes care to acknowledge any cultural norms that may initially make the use of these services culturally inappropriate, as well as class-based differences that may initially separate the case manager from the client. The Case Manager gathers information in a manner that facilitates client follow-up.

The intake process includes the gathering of demographic information, review of client rights and responsibilities, grievance procedures and the obtaining of written consents, including the consent to receive services within the TACE and appropriate collaborators. Referrals to medical care and other services are based on client eligibility and ability to access services funded by alternate sources of payment (e.g. MediCal) before accessing CARE funded services.

The intake typically lasts about an hour and may require more than one meeting between the case manager and the client. Clients who lack a letter of diagnosis are assisted in obtaining one. If the client already has a primary care provider, the case manager obtains a release from the client and then requests a faxed letter of diagnosis from the medical provide. If the client does not currently have a medical care provider, the case manager assists the client in making contact with a provider and then uses the client's release to obtain a letter of diagnosis after the client has seen the medical provider. If the client is not likely to be able to access medical care elsewhere, they are eligible to receive on-site medical care, and a letter of diagnosis is generated through the medical team after an initial history and physical and lab work by the medical provider. If the client has been using other AIDS services that would require a letter of diagnosis, such as the AIDS Emergency Fund, the case manager uses the client release to obtain the letter of diagnosis from that provider's files. All clients are consented for ARIES and case managers will check the database to ensure that the client is not participating in another Center of Excellence program.

2. A comprehensive needs assessment of psychosocial, practical support, benefits counseling and treatment education and advocacy needs is conducted. Assessments usually require at least one hour and may be conducted over more than one encounter, when necessary.
3. Based on the results of the assessment, the client and case manager together develop an individual care plan that outlines goals, objectives and activities to meet the client's needs and preferences for services and support. The plan documents referrals and follow-up concerning the needed services and is followed by program staff throughout the system. The plan also details client education needs about HIV treatment options with referrals to treatment advocacy services.
4. The case manager and client implement a care plan and monitor the step-by-step accomplishment of the goals and objectives laid out in the plan by the client and the case manager. Case managers may assign peer navigators to assist clients in accomplishing their goals. Clients are encouraged to frequently check in with case management staff. By having frequent contact with clients, staff is better able to assess clients' true strengths and challenges and to establish a working relationship based on trust.
5. The case manager conducts follow-up and monitoring through regular in-person or telephone contact (if possible) between case management staff and clients to ensure that the goals of the care plan are being achieved or modified accordingly. Peer navigators assist case managers in locating clients for follow-up during their outreach activities at various locations throughout the neighborhood. Several factors contribute to successful follow-up, including: the distribution of nutritional food packs, personal hygiene items, etc., to meet urgent needs; on-site provision of medical services; support services provided by mental health counselors and peer navigators and APIWC role in the community. Through case notes, tracking of clients' daily patterns assists in the location of clients for follow-up.

The case manager determines and reports successful outcomes in case notes and uses this information during follow-up. Case managers conduct follow-up and monitoring at least every 30 days although, as noted above, many clients have more frequent in-person contact with case management staff, while others have less frequent contact.

6. Case managers conduct regular **reassessments** as needed to ensure that the care plan and services continue to be of high quality and appropriate for the client's condition and that care among providers continues to be coordinated.
7. Case managers will **transfer and discharge** clients as appropriate, and in accordance with established procedures. Files for those clients not seen in 12 months are closed and archived. Files remain active for six months from the date the client was last seen, after which they become inactive for up to two years from the date last seen. Files for those clients not seen in 24 months are closed and archived. Referrals, verification of follow-through and transfer of records are done for clients seeking residential treatment for substance abuse issues; those who are jailed are discharged to the Forensic AIDS Project if in San Francisco or HIV social workers if at other facilities. Clients may be suspended for a period usually not to exceed 30 days for significant violations of APIWC behavioral guidelines. These guidelines are reviewed during the intake interview, and are posted throughout the agency. However, in cases of extreme behavior, such as violence, the suspension period may last for up to 12 months. In these cases, every effort is made to make a successful linkage to another case management program. Upon request, such clients may be eligible for review, and based on a successful review period, may resume services. Clients who are being discharged may choose to meet with their case manager for an exit interview, at which time, they may discuss successes achieved as well as ongoing or new challenges.

#### **Treatment Adherence Support**

For those who choose to initiate antiretroviral therapy, adherence support is offered by the case managers, peer navigators and medical team members in the form of individual counseling in adherence strategies, weekly support groups, and monthly educational forums. Medical staff provides adherence support in the form of medication management. The peer advocate offers adherence support in the form of practical assistance in obtaining prescriptions, and ensuring a reliable supply of medication. Mental health counselors and case managers provide adherence support through individual counseling, and support in addressing barriers and co-factors that contribute to instability, such as homelessness. Access to clean drinking water for taking pills is ensured through water filters and cup dispensers installed in all client bathrooms and nutritional supplements are made available to those with particular medication-related dietary requirements.

#### **Peer Advocacy**

Peer advocacy service utilizes peer navigators who assist with various daily tasks. Practical support, such as light housekeeping, which may be necessary in order to maintain a client's housing stability, comprises the majority of their workload. They help clients fill out paperwork for other agencies, or assist them in obtaining California ID or in completing ADAP certification. They accompany clients on trips to medical care providers, GA, Social Security offices and other service providers. They draw from their own experience to provide encouragement and adherence strategies for clients who are beginning antiretroviral therapy. They help build bridges between clients, the agency and the larger community by helping clients connect TACE's services with a friendly, caring face. Utilizing a self-help model, peer navigators also conduct weekly support groups for residents living with HIV/AIDS.

Peer navigators also help to recruit clients. They conduct outreach at various locations in the Tenderloin including residential hotels, other agencies, and various other locations where clients might be found. Peer navigators also help locate clients for follow-up, particularly clients who are homeless or who have a pattern of changing their housing frequently. This location of clients for follow-up is supported by information documented in case notes on clients' daily patterns and by the peer navigators' specific knowledge of clients' hangouts.

Peer navigators are assigned daily tasks of client support through case managers, who triage and coordinate requests for assistance from the medical and mental health providers. They participate in daily rounds, where some of these day-to-day decisions are made and in weekly case conferences. Their insight about clients is an invaluable part of the clinical team's understanding of the clients.



### **Peer Advocacy Groups**

Major depression, social anxiety, and/or isolation are significant problems for the CoE population. Case managers and Medical providers have found it difficult to create partnerships with clients around improving these problems. Food has been the primary motivator to engage clients who are resistant to mental health interventions, but who need to connect with others. Three Peer Advocacy groups will take place on Monday, Wednesday, and Friday mornings to provide clients who have had difficult or no sleep, who wake up anxious, who have low energy, or are suffering from other barriers with another introduction to care.

The groups will be coordinated by the peer advocate staff with input and supervision by their Medical Case Services Manager; however, other TACE providers from MCM and Behavioral Health Services will rotate participation in the process to interact and generate a social context: staff will encourage group conversation and self-awareness.

These brief interventions permit us to fulfill several goals:

- To conduct quick assessments the functioning of clients who might otherwise not be seen for extended periods.
- To support retention of clients.
- To improve the socialization and communication skills of clients.
- To provide micro (10-15 minute) psych-educational and self-care interventions (nutrition, anger management, depression, anxiety, loss, etc) for a population with short attention.
- To reinforce positive social networking and information sharing.
- To model self-care in HIV and co-morbidities.
- To introduce a range of providers, including BHS and demystify the resources available.

### **Nutritional Supplements**

Food for nutritional supplements will be purchased by, warehoused at, packaged by and delivered by TACE staff and peer advocacy volunteers. Typically, supplements will include non-perishable protein, high-calorie carbohydrates, fruit, vitamins and juices. Supplements will be provided on site to clients who meet established criteria. Additional supplements will be provided to peer navigators, treatment advocates, case managers, health workers, registered nurses and volunteers, who will take supplements into the homes of homebound clients via the mobile team. Supplements will be available Monday through Friday, during regular business hours, as supplies last. Distribution of nutritional supplements is based upon client request; all clients meet minimal income eligibility for CARE services. The distribution of nutritional supplements is recorded on service logs that contain units of service, number of clients and dates of distribution. This enables staff and volunteers to conduct utilization reviews. These logs are kept on file by the volunteer coordinator.

### **Taxi Script, MUNI Tokens, food and household goods voucher distribution**

Taxi script, food and household goods vouchers and MUNI tokens will be distributed to clients in emergency situations and as an incentive to return for follow-up visits. In order to remain flexible and responsive to the needs of the target population, strict ceilings will not be imposed on the maximum value received per client or the number of times taxi script, tokens and vouchers may be received. In order to ensure that these resources are used appropriately, HIV services staff will be trained in proper procedures for their distribution, and only TACE staff will have access to these resources. The Associate Director of Health Services will manage the utilization of these limited resources.

The distribution of food vouchers, taxi script and tokens will be integrated with the HIV Services Program. Information about availability and distribution will be included in new client orientations during the intake process.

Eligible clients will minimally meet the following criteria:

- Eligible for/enrolled in, CARE funded programs
- Resident of San Francisco or intent to reside (homeless) in San Francisco
- HIV antibody positive (documented)

Additional eligibility criteria will be used to ensure the appropriate use of these limited resources, and their fair distribution.

The San Francisco Department of Public Health, HIV Health Services (SFPDH HHS), awards APIWC taxi scripts, bus tokens and food vouchers. APIWC is responsible for the secure maintenance and accounting of voucher distribution to clients. Maintenance and record keeping must be demonstrated and documented. APIWC is subject to an annual on-site visit from an authorized HHS staff member and/or team to ensure adherence to the following voucher guidelines.

Vouchers are intended for distribution to low-income TACE clients living with HIV/AIDS. Contractually, one voucher distributed to a CARE client is generally considered as a unit of service. Since no administrative funds are available through this voucher award, there is no cost per unit of service.

Upon receipt of vouchers from HHS, APIWC does the following:

- Verifies that the voucher amounts coincide with the Voucher Receipt. A copy of said receipt should accompany the physical voucher award and a copy should be filed with HHS. This count will be conducted by the Director and Associate Director. If any discrepancy is found, the Associate Director of Health Services will contact HHS immediately.
- When applicable, records all serial numbers or serial number series that are preprinted on vouchers. When distributing vouchers to clients, the appropriate serial number will be logged on the voucher distribution record along with the client's name and/or identifying information.
- Secures vouchers in a locked file cabinet. This cabinet is located at APIWC (specifically at the Associate Director of Health Services office). When the room is not occupied, the door is locked providing a second level of security. The vouchers are secured by the Associated Director of Health Services.
- Documents all voucher disbursements through the maintenance of the voucher log book which is maintained by the Associate Director. Vouchers are dispersed following a written request by the TACE Program Assistant.
- Conducts quarterly inventory. This inventory is conducted by the Director and Associate Director and the Staff Accountant

Generally speaking, bus tokens are issued for medical appointments and other special circumstances. Taxi vouchers are utilized to transport the most disabled clients to and from medical appointments. They are also used by these clients to make early morning appointments that maybe difficult to make.

**Emergency Housing (not funded under this contract):**

APIWC will work with the HIV emergency housing program for SFPDH Housing and Urban Health. This service is provided for clients accessing the TACE who are homeless and pending placement in a longer-term program.

**Client care coordination, case conferences and internal referrals**

TACE links with agencies providing other services, including housing, food, benefits counseling, money management, mental health services, substance use management and drug treatment services via existing relationships with other service providers who work with Tenderloin clients. These providers include the San Francisco AIDS Foundation, Catholic Charities, Tenderloin Housing Clinic (housing), Project Open Hand (food), AIDS Benefits Counselors (benefits counseling), Lutheran Social Services (money management), Center for Special Problems and Westside (mental health services), Baker Places (substance use treatment), Walden House (substance use treatment) and Westside Outpatient (substance use treatment). Client advocacy services are made available through an outreach worker from Positive Resource Center and through a lawyer at AIDS Legal Referral Panel who specializes in housing law and is available to both clients and staff for consultation.

The TACE agrees to maintain appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of both the newly diagnosed and PLWH not in care. Key points of access include emergency rooms, substance abuse treatment programs (non-HIV), adult probation, juvenile probation, HIV counseling and testing, mental health programs (non-HIV), and homeless shelters.

Communication for linking treatment plans, obtaining legal consents, and coordinating care between agencies and staff involved in client treatment will rely primarily on releases signed by clients. Through these releases, clients agree to let other service providers share information with us, and to let us share information about the client with other service providers. No client information is shared with other providers without this release. Once releases have been obtained (and FAXed to appropriate staff), information sharing will occur via telephone and in-person meetings as appropriate. The ARIES system will be used to expand efforts for coordinated client care.

Once these releases are in place, upon review of client records by the TWHC Medical Director, quality assurance follow up interactions with the medical providers of clients identified who chose not to receive primary medical care at our CoE are conducted as part of our commitment in ensuring excellent primary medical care for our clients. The interactions are documented and monitored.

Internal service coordination occurs through a series of regularly scheduled case conferences and meetings among members at all levels of our system. These include:

- TACE teams review new client intakes; strategize around urgent and daily planned tasks and appointments for clients. Notes are created in the State's ARIES database, including the plan for accomplishing many tasks and the location of clients that may be seen at partner sites throughout the day. Staff continually refers to these notes throughout the day to check on client plans.
- Weekly or more frequent case conference meetings are held. Core members of each team meet to engage in case review and problem-solving. Staff who rotate among teams will participate in these meetings according to agreed upon schedules. Meetings notes are documented and file so that all staff not in attendance may review case discussions.
- Weekly administrative meetings are held at each site among the Discipline Supervisors to discuss systems issues, such as implementation of protocols and changes in protocols, internal and external referrals and barriers in accessing the referral services, and coordination.
- At bi-monthly department manager's meetings, the TACE programs managers will meet with program director to (a) assess the program's success in meeting units of service goals, process objectives and outcome objectives; (b) data entry compliance; (c) engage in ongoing program planning, and (d) review program budgets and year-to-date expenditures.
- We will conduct a variety of team-building activities, which will help build bonds among the staff working on this collaboration. These activities will include scheduled in-service trainings and cross-trainings. All TACE staff will be included in these activities.

#### **Exit criteria and process**

Clients are discharged from services for three reasons: 1) client selects to transfer to another service provider, 2) client has achieved their personal program goals and is no longer in need of service and 3) client is suspended as a result of harmful behavior and is transfer to another provider. Each process includes a written statement for the client detailing referrals and how to reengage when they are ready, in need and/or have completed their suspension.

#### **Program staffing**

The core team consists of staff at the three sites of the TACE. SFDPH's TWHC is submitting a separate MOU with the SFDPH HHS. The following core members comprise staffing of the TACE program. They are as follows:

- Director of Medical Services
- Associate Director of Health Services
- Clinical Program Manager
- Program Manager
- Case Managers (Polk Site)
- Peer Navigator (Polk Site)
- Peer Navigator (Polk Site)
- Peer Navigator/Program Assistant
- Quality Assurance/Contracts Management Coordinator
- IT Manager

TWUHC- (staff partially funded by RWPA in a separate contract)

Clerk-Typist, Class 1424  
Medical Records Clerk, Class 2110  
Physician Specialist, Class 2230  
Medical Evaluation Assistant, Class 2430  
Health Worker II, Class 2586  
Health Worker III, Class 2587  
Health Educator, Class 2822  
Eligibility Worker, Class 2903  
Registered Nurse, Class 2320  
Nurse Practitioner, Class 2328

APIWC Associate Director of Health Services acts as the Coordinator for TACE and serves as liaison with the AIDS Office for the data collection and reporting. Direct client services at TACE are led by the Director, Behavioral Health & Community Programs (BHCP) with support from the Associate Director and at SFDPH TWHC by the Medical Director, who serves as the Medical Director for clients and services in all sites of this TACE.

Program Managers are responsible for supervising case managers and peer navigators, for coordinating with all collaborative partners, for QA of all client activities and documentation, and for preparing reports and participating in monitoring visits. They also review all ARIES documentation by the team to ensure that paperwork is in compliance with AIDS Office requirements. They will also schedule and conduct outreach activities in the community.

The Case Managers and Peer navigators are responsible for all case management, peer advocacy and related referrals to medical care, behavioral health support and community supports. They are also responsible for documentation of referrals and assistance in ensuring HIV+ clients link with supports including additional specialty medical care services as needed.

All TACE team members (regardless of location) will complete data entry into to the ARIES database for their reports.

**Staff supervision** will be multi-faceted: In the course of their work within multi-disciplinary teams, staff will work under the supervision of their Discipline Supervisor who will ensure day-to-day functioning for issues pertaining to how the team operates, such as logistics, client flow, assuring arrival of staff members, and communication among team members.

Clinical staff, including case managers and peer line staff, is also provided weekly individual clinical supervision. This acknowledges the intensity of the work conducted and provides a weekly space to discuss emotions and barriers in care delivery. Individualized skills' building is offered as well as techniques to avoid burnout, process death and dying and strategizing on techniques to handle dual-diagnosed clients.

Each staff member will operate with support and supervision from their home agency. This supervision will cover adherence to the home agency's personnel policies and procedures, scheduling, corrective actions, and performance evaluations. Because of the multi-faceted nature of the supervisory structure, all of the collaborating agencies in this proposal have agreed that the collaboration, as an entity, will have input into some aspects of this supervision, particularly scheduling and performance evaluations. The collaboration will also participate in the interviewing and hiring of new staff. The ability to deliver services in a multi-disciplinary team setting, and with multiple lines of supervision, will be major selection criteria for all hires.

Administrative supervision is conducted on a weekly basis. Each staff person meets individually with the program manager to go over documentation, constructive criticism and positive feedback on job performance areas and other administrative issues. This is supplemented by ongoing case-by-case supervision and guidance by the program manager. To support staff in managing their personal issues to effectively work with a challenging population, ongoing weekly individual clinical supervision is provided for all direct line staff. The program supervisor, clinical manager, and

staff person meet as a team when necessary and/or appropriate. The Associate Director of Health Services meets with the Director, BHCP for administrative supervision; the program conducts monthly program team meetings and a mandatory all-staff meeting is scheduled on the second Wednesdays of each month. To manage the work of our TWHC partner, including those involved in this collaboration, monthly administrative meetings to review progress in obtaining program objectives will be held with the program managers. Areas needing follow up are detailed and plans of redress made and monitored in the minutes of these meetings.

**Training:** APIWC holds ongoing learning as an important component of staff development. Weekly, TACE closes from 1pm– 4:30 pm on Wednesdays to conduct ongoing individual, team and/or all-agency learning processes. These are either led by APIWC managers or consultants brought in on areas of interest. These activities also ensure that we meet the requirements of our funders, as well. Topics include harm reduction, appropriate syringe disposal, cultural competency, health topic updates, best practice in-services, provider updates and group processes to ensure effective agency communication. Staff members also attend an array of local trainings as well as national trainings, as funding allows.

All full-time Case Managers and Peer navigators will receive a minimum of 24 hours of training each year to increase their knowledge of service-related issues and/or to develop job-related skills. For Case Managers, a minimum of six hours of this training should be specific to benefits and entitlements if such training was not already obtained within two years. All Case Management and Peer Advocacy staff that has not been previously trained will enroll in, or successfully complete the CSTEP Program by the end of the contract period.

**Staff Performance Evaluation:** The formal review process occurs on a staff person's anniversary date or, as stated in the Employee handbook, in case of organizational transition, during an agreed upon time frame. Areas of concern or deviation from the current standards are noted and plans of redress developed and monitored by the Program Managers. The formal reviews provide supervisors and employees alike with the opportunity to discuss job tasks, identify and correct weaknesses, encourage and recognize strengths, and discuss positive, purposeful and realistic approaches for meeting goals. Supervisors are strongly encouraged to discuss job performance and goals on an informal and regular basis.

**Case conferencing:** As an integrated service organization, TACE conducts an array of case conferencing in an effort to coordinate and bring together the multi-disciplinary team that works on behalf of all clients access APIWC. On the Golden Gate site, Case conferences are held every Tuesday and Thursday from 4-5:00 PM. Morning meetings "Daily Rounds" are held at the beginning of each day, when critical client cases are discussed and the daily plan detailed to the team. Minutes of these meetings are maintained according to standard social service practice. Polk Site location holds the case conference every Monday from 12:30 to 1:30 pm

**Cooperative Relationships and Linkages:** APIWC could not conduct its work without a large network of community providers. These providers include, but are not limited to, UCSF Alliance Health Project, St. Anthony's Church, San Francisco AIDS Foundation, SFGH Emergency Room, San Francisco City Clinic and St. James Infirmary. Annually a listing of the current agencies and organizations with which we have Memorandums of Agreement (MOA) will be submitted as part of our annual reports. New MOAs indicating the changes in referral tracking developed in collaboration with HPS will be executed and will be presented to SFDPH upon completion.

**Client Satisfaction:** TACE will utilize client satisfaction surveys as one means of measuring the impact of our work. In addition, we hold project specific focus groups, a quarterly Client Advisory Board (CAB), and have consumer representation on our board of directors.

APIWC's Client Satisfaction Survey is used to measure clients' perception of the services provided, the facility in which we operate, the staff, and any unmet needs that they would like TACE to consider. The tool is standardized and uses closed questions to measure changes across the wide array of APIWC services. It utilizes standard Likert Scale increments to measure client's perception of satisfaction in the various areas. The Client Satisfaction Survey is offered to clients by all program staff (some who are funded by this contract) and is entered into our data system by the program

assistant (partially funded on this contract). Results of the survey will assess program's performance to determine if client satisfaction has changed over time. Also, measuring client satisfaction will help to strengthen communication and build relations with clients, assess the strengths and weaknesses of HIV programs from the client perspective, focus the quality improvement efforts; and create baseline data against which to measure changes in clients' satisfaction.

Every three months the previous quarter month's Client Satisfaction reports are presented to the CAB along with any changes or responses provided by management. The impact of clients in our work is very real. Comments documented at the CAB, focus groups and some from the satisfaction surveys have resulted in continued high marks from clients regarding our work.

## **7. Objectives and measurements**

All objectives, and descriptions of how objectives will be measured, are contained in the HHS document entitled *Ambulatory Care-Primary Care (HHS) Performance Objectives* for each Fiscal Year of the contract term. APIWC TACE agrees to make its best efforts to achieve these objectives within the agreed upon time frame. The TACE Center of Excellence Program Coordinator shares information, in particular through the ARIES database, regarding the accomplishment of all program objectives and results of all evaluation measures with the SFDPH as part of the annual monitoring process. Other Required Contractual Language

The Associate Director has the responsibility for the recording, tracking, compiling, and analyzing data related to the accomplishment of each objective, including directing database administration and program assistant staff to develop internal systems to track elements needed to record and analyze data to measure the progress in accomplishing these objectives. This position, with the assistance of the Quality Management team will review 50 clients charts (both physical and in ARIES), selected randomly, to measure success in completing non-medical CoE objectives. All data is compiled, stored, and analyzed annually and reported in agency and all TACE team meetings with a plan of redress developed for any item with a variance.

## **8. Continuous Quality Improvement**

The program abides by the standards of care for the services specified in this appendix as described in *Making the Connection: Standards of Care for Client-Centered Services*. APIWC guarantees compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency and Client Satisfaction. TACE agrees to conduct HIV-specific CQI activities to ensure compliance with Public Health Service guidelines related to treatment of HIV. In order to ensure that the services are provided in the manner intended, APIWC uses the following structures and processes to ensure continuous quality improvement.

- Quarterly random review of 25 client charts conducted by the CQI Committee and documented in the QA/QI log.
- Alternating weeks one hour clinical supervision with licensed Mental Health Professional to ensure appropriate clinical support for case managers and peer navigators.
- Weekly multidisciplinary meeting to monitor client's issues, as documented in the meeting log.
- Annual review of written program policies and procedures.
- Quarterly Client Advisory Board meeting to address agency's strengths and weaknesses with client and identify areas of improvement, as documented in the minutes.

### **HIPAA**

1. DPH Privacy Policy is integrated into the program's governing policies and procedures regarding patient privacy and confidentiality. As Measured by: Evidence that the policy and procedures that abides by the rules outlined in the DPH Privacy Policy have been adopted, approved and implemented.
2. All staff who handles patient health information is trained (including new hires) and annually updated in the program's privacy/confidentiality policies and procedures. As Measured by: Documentation exists showing individuals were trained.

3. A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided. As Measured by: Evidence in patient/client chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided.)
4. A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility. As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided.)
5. Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented. As Measured by: Documentation exists.
6. Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program. As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in patient's/client's chart/file.

In order to maintain fidelity to and track performance against SFDPH goals, the clinical staff will document all encounters and treatment plans in ARIES. The system will support tracking and managing the number of clients receiving case management services, home health care services, navigation services; demographic and insurance information will also be collected and tracked.

In addition, TACE clients will require close psychosocial monitoring. The team will utilize Panel Management for this purpose. Panel Management will allow the integration of the medical data from ARIES with Support Services data from each of the team members into a single dashboard-style report that all can access. The SF Coordinated Care Management System will allow the team to monitor which clients are in hospitals, skilled nursing facilities, or jail, which clients are accessing urgent or emergency room services, and which clients are at risk of eviction. The team will also monitor incoming referral sources, client engagement into medical and mental health services, and client disposition, and gather data regarding client experiences with stigma.

Where needed, staff will create additional tools similar to those currently used by APIWC, which are specific to new positions or tasks. These will include frameworks and checklists for unique positions, such as the Life Skills Trainer. In addition, the team will collaborate with LINC'S (Linkage, Integration, Navigation, and Comprehensive Services) to develop a monitoring system for discharged clients. The team will also implement an annual client satisfaction survey. Further quality improvement structures will help routinely track the program's contributions toward linkage, retention, and viral suppression outcomes on the spectrum of engagement in HIV prevention and care.

#### **ARIES Database**

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

ARIES protects client records by ensuring only authorized agencies have access. ARIES data are safely encrypted and are kept confidential. Client information relating to mental health, substance abuse, and legal issues are only available to a limited group of an agency's personnel. Authorized, ARIES-trained personnel are given certificate-dependent and password-protected access to only the information for which that person's level of permission allows. Each HHS-funded agency participates in the planning and implementation of their respective agency into ARIES.

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

The Medical Case Manager Supervisor and the Quality Assurance/ Contract Management Coordinator have the responsibility for the quality of the ARIES data collected and the quality of the interventions provided. They also have responsibility for ensuring the quality of tracking and documentation of referrals and linkages. The TACE ensures that the Monthly Statement of Deliverables and Invoice, narrative reports, annual administrative reports, monitoring report protocols, and any other forms or reports required will be submitted in a timely fashion to the HIV Health Services Branch.

### 9. Required Language

Third Party Reimbursement:	See Target Population, Page 1
Client Enrollment Priority:	See Target Population, Page 1
Client Diagnosis:	See Target Population, Page 1
Standards of Care:	See Continuous Quality Improvement, Page 14
ARIES Database:	See ARIES, Pages 15-16
Vigorous Pursuit:	See Target Population, Page 1



**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	Integrated Medical Case Management – Ohana
Appendix B-2, B-2a, B-2b, B-2c	Tenderloin Area Center of Excellence (TACE)

B. Contractor understands that, of the maximum dollar obligation listed in Article 3.3.1 of this Agreement, \$421,254 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	05/01/17 – 02/28/18	RWPA	\$109,233
Original Agreement	03/01/18 – 02/28/19	RWPA	\$131,080
Original Agreement	03/01/19 – 02/29/20	RWPA	\$131,080
Original Agreement	03/01/19 – 02/28/21	RWPA	\$131,080
Original Agreement	05/01/17 – 02/28/18	RWPA	\$653,908
Original Agreement	03/01/18 – 02/28/19	RWPA	\$784,690
Original Agreement	03/01/19 – 02/29/20	RWPA	\$784,690
Original Agreement	03/01/19 – 02/28/21	RWPA	\$784,690
		<b>Contingency</b>	<b><u>\$421,254</u></b>
		<b>(This equals the total NTE)Total</b>	<b>\$3,931,705</b>

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City

are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

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

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

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

CMS # 7870 Appendix B, Page 3  
 DPH Section HIV Health Services 05/01/17 - 02/28/21  
 Check one:  New  Renewal  Modification FY 2017-21

Agency/Organization Name **Asian and Pacific Islander Wellness Center (APIWC)** Fund Notice: 03/10/17  
 Contractor Name (may be same as above) Same

Program	Ohana Integrated Medical Case Management				Tenderloin Area Center of Excellence (TACE)				TOTALS
	A-1/B-1	A-1/B-1a	A-1/B-1b	A-1/B-1c	A-2/B-2	A-2/B-2a	A-2/B-2b	A-2/B-2c	
Appendix Number									
Appendix Term	5/01/17-2/28/18	3/01/18-2/28/19	3/01/19-2/29/20	3/01/20-2/28/21	5/01/17-2/28/18	3/01/18-2/28/19	3/01/19-2/29/20	3/01/20-2/28/21	05/01/17 - 02/28/21
EXPENSES									
Salaries	\$ 67,298	\$ 80,758	\$ 80,758	\$ 80,758	\$ 344,516	\$ 415,420	\$ 415,420	\$ 415,420	\$ 1,900,348
Employee Benefits	\$ 17,793	\$ 21,353	\$ 21,353	\$ 21,353	\$ 91,089	\$ 109,837	\$ 109,837	\$ 109,837	\$ 502,452
Total Personnel Expenses	\$ 85,091	\$ 102,111	\$ 102,111	\$ 102,111	\$ 435,605	\$ 525,257	\$ 525,257	\$ 525,257	\$ 2,402,800
Operating Expense	\$ 15,123	\$ 18,146	\$ 18,146	\$ 18,146	\$ 164,312	\$ 194,643	\$ 194,643	\$ 194,643	\$ 817,802
Subtotal Direct Costs	\$ 100,214	\$ 120,257	\$ 120,257	\$ 120,257	\$ 599,917	\$ 719,900	\$ 719,900	\$ 719,900	\$ 3,120,388
Indirect Cost Amount	\$ 9,019	\$ 10,823	\$ 10,823	\$ 10,823	\$ 53,991	\$ 64,790	\$ 64,790	\$ 64,790	\$ 280,830
Indirect Cost Rate (%)	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
Total Expenses	\$ 109,233	\$ 131,080	\$ 131,080	\$ 131,080	\$ 653,908	\$ 784,690	\$ 784,690	\$ 784,690	\$ 3,510,451

REVENUES & FUNDING SOURCES	
HHS FED CARE Part A - PD13, CFDA #93.914	\$ 109,233
Total DPH Revenues	\$ 109,233
Total Non-DPH Revenues	\$ -
Total Revenues (DPH and Non-DPH)	\$ 109,233
Pymt Method: Cost Reimbursement (CR)	CR

Prepared By Anil Vora Phone # (415) 292-3420 ext. 341  
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**UOS COST ALLOCATION BY SERVICE MODE**

		SERVICE MODES								
Personnel Expenses	FTE	Case Management Hours		Peer Advocacy Hours		Treatment Adherence Individual Hours		Treatment Adherence Group Hours		Contract Totals
		Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Chief Medical Officer	0.01	\$ 1,500	100%							\$ 1,500
Director of Programs	0.07	\$ 4,958	100%							\$ 4,958
Assoc Director Health Svcs	0.10	\$ 6,250	100%							\$ 6,250
Case Managers	1.00	\$ 35,567	88%	\$ -	0%	\$ 4,042	10%	\$ 808	2%	\$ 40,417
Peer Navigator	0.30	\$ -		\$ 8,840	100%	\$ -		\$ -		\$ 8,840
Client Engagement Specialist	0.20	\$ 533	10%	\$ 1,600	30%	\$ 3,200	60%	\$ -	0%	\$ 5,333
<b>Total FTE &amp; Total Salaries</b>	<b>1.68</b>	<b>\$ 48,808</b>	<b>72.526%</b>	<b>\$ 10,440</b>	<b>15.513%</b>	<b>\$ 7,242</b>	<b>10.76%</b>	<b>\$ 808</b>	<b>1.2%</b>	<b>\$ 67,298</b>
Fringe Benefits	26.44%	\$ 12,904	72.526%	\$ 2,760	15.513%	\$ 1,915	10.76%	\$ 214	1.2%	\$ 17,793
<b>Total Personnel Expenses</b>		<b>\$ 61,713</b>	<b>72.526%</b>	<b>\$ 13,200</b>	<b>15.513%</b>	<b>\$ 9,156</b>	<b>10.76%</b>	<b>\$ 1,022</b>	<b>1.2%</b>	<b>\$ 85,091</b>
<b>Operating Expenses</b>										
		Expense	%	Expense	%	Expense	%	Expense	%	Contract Total
Total Occupancy		\$ 4,734	48%	\$ 2,466	25%	\$ 2,466	25%	\$ 197	2%	\$ 9,862
Total Materials and Supplies		\$ 302	25%	\$ 822	68%	\$ 60	5%	\$ 24	2%	\$ 1,209
Total General Operating		\$ 548	48%	\$ 286	25%	\$ 286	25%	\$ 23	2%	\$ 1,142
Total Staff Travel		\$ -		\$ 357	70%	\$ 153	30%	\$ -		\$ 510
Consultants/Subcontractor:		\$ -		\$ -		\$ -		\$ -		\$ -
Other; Client Group Refreshments		\$ -		\$ -		\$ 1,200	50%	\$ 1,200	50%	\$ 2,400
										\$ -
<b>Total Operating Expenses</b>		<b>\$ 5,584</b>	<b>36.925%</b>	<b>\$ 3,930</b>	<b>25.988%</b>	<b>\$ 4,165</b>	<b>27.544%</b>	<b>\$ 1,444</b>	<b>9.550%</b>	<b>\$ 15,123</b>
<b>Total Direct Expenses</b>		<b>\$ 67,297</b>	<b>67.153%</b>	<b>\$ 17,130</b>	<b>17.093%</b>	<b>\$ 13,321</b>	<b>13.293%</b>	<b>\$ 2,466</b>	<b>2.461%</b>	<b>\$ 100,214</b>
<b>Indirect Expenses</b>	9%	<b>\$ 6,057</b>	<b>67.153%</b>	<b>\$ 1,542</b>	<b>17.093%</b>	<b>\$ 1,199</b>	<b>13.293%</b>	<b>\$ 222</b>	<b>2.461%</b>	<b>\$ 9,019</b>
<b>TOTAL EXPENSES</b>		<b>\$ 73,354</b>	<b>67.153%</b>	<b>\$ 18,672</b>	<b>17.093%</b>	<b>\$ 14,520</b>	<b>13.293%</b>	<b>\$ 2,688</b>	<b>2.461%</b>	<b>\$ 109,233</b>
<b>UOS per Service Mode</b>		939		306		178		15		<b>1,438</b>
<b>Cost Per UOS by Service Mode</b>		\$78.15		\$60.96		\$81.65		\$179.20		N/A
<b>UDC per Service Mode</b>		51		26		22		26		<b>51</b>

**BUDGET JUSTIFICATION**

**1a) SALARIES**

<b>Staff Position 1: Chief Medical Officer</b>					
<b>Brief Duties</b>	oversees & leads agency hlth care svcs; oversight of linkage/integration w behavioral hlth, HIV testing, outreach; manages agency PrEP clinic & all related med care/outreach; leads all quality management efforts, including annual QA of all svcs and develops plans for CQI.				
<b>Min Quals</b>	MD license; certification in HIV med; strong record of leadership w HIV & exp w LGBT comm.				
	<b>Annual Salary:</b>	<b>x FTE:</b>	<b>x Mos per Yr</b>	<b>Annualized if &lt; 12 mos</b>	<b>Total</b>
	\$180,000.00	0.01	10	0.8333	\$ 1,500
<b>Staff Position 2: Director of Programs</b>					
<b>Brief Duties</b>	leads dep providing outpt mental hlth, subs abuse, case mngmt, pt advocacy, pt navigation, outreach & community hlth ed svcs; drives strategic operational implementation of progs, carries out admin requirements for mission/vision; participates on sr leadership team.				
<b>Min Quals</b>	Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts.				
	\$85,000.00	0.07	10	0.8333	\$ 4,958
<b>Staff Position 3: Assoc Director Health Svcs</b>					
<b>Brief Duties</b>	provides clinical spvsn for Case Mngrs & mental hlth interns; clinical consultation/training to all staff; conducts mental hlth assessments.				
<b>Min Quals</b>	LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management.				
	\$75,000.00	0.10	10	0.8333	\$ 6,250
<b>Staff Position 4: Case Managers</b>					
<b>Brief Duties</b>	Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators.				
<b>Min Quals</b>	Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp.				
	\$48,500.00	1.00	10	0.8333	\$ 40,417
<b>Staff Position 5: Peer Navigator</b>					
<b>Brief Duties</b>	conducts outreach/case finding; assists clients in accessing svcs and maintaining adherence to med regimens; provides peer cnsng, practical/emotional support; organizes treatment ed groups.				
<b>Min Quals</b>	High school diploma, bilingual proficiency, and 2 years of HIV or social service experience.				
	\$35,360.00	0.30	10	0.83	\$ 8,840
<b>Staff Position 6: Client Engagement Specialist</b>					
<b>Brief Duties</b>	provides clerical/admin support to prog staff; plans client events, organizes & facilitates groups; data entry/collection for reporting requirements.				
<b>Min Quals</b>	Bachelor's or equivalent exp, computer, office skills, 2 yrs of admin experience.				
	\$32,000.00	0.20	10	0.8333	\$ 5,333
	<b>Total FTE:</b>	<b>1.68</b>		<b>Total Salaries:</b>	<b>\$ 67,298</b>

1b) EMPLOYEE FRINGE BENEFITS:

Component	Cost
Social Security	\$ 5,148
Retirement	\$ 969
Medical	\$ 10,465
Unemployment Insurance	\$ 538
Other (specify):	\$ 673
<b>Total Fringe Benefit:</b>	<b>\$ 17,793</b>
<b>Fringe Benefit %:</b>	<b>26.44%</b>
<b>TOTAL SALS/BENEFITS</b>	<b>\$ 85,091</b>

2) OPERATING EXPENSES:

Occupancy Expense	Brief Description	Rate	Cost
Rent/facilities	project staff office, common & confidential mtg areas	\$435/mo./FTE	\$ 7,308
Utilities/maintenance	Janitorial, maintenance supplies, security for staff space	\$127/mo./FTE	\$ 2,134
Phone/Communication	communication/coordination	\$25/mo./FTE	\$ 420
<b>Total Occupancy:</b>			<b>\$ 9,862</b>

Materials & Supplies Expense	Brief Description	Rate	Cost
Supplies/Postage	General office supplies for program related projects	\$30.30/mo./FTE	\$ 509
Printing/reproduction	Brochures and pamphlets for outreach	\$0.50 each x 500 copies	\$ 250
Program/Ed Supplies	Educational materials for treatment grps/case finding	\$45/mo.	\$ 450
<b>Total Materials &amp; Supplies</b>			<b>\$ 1,209</b>

General Operating Expense	Brief Description	Rate	Cost
Insurance	Liability for project staff office, drop-in, grp svcs areas	\$43/mo./FTE	\$ 722
Equipment rental	Copier, phone, voicemail equip lease/maintenance	\$25/mo./FTE	\$ 420
<b>Total General Operating:</b>			<b>\$ 1,142</b>

Staff Travel and Purpose	Location	Expense Item	Rate	Cost
MUNI tokens to escort clients to appts	Local	MUNI tokens	\$2 ea x 51 clients x 5 appts	\$ 510
<b>Total Staff Travel:</b>			<b>\$ 510</b>	

Other Expense	Brief Description	Rate	Cost
Client Food Expense	Client snacks/food for support grps + annual client mtg	\$200/grp x 10 + \$400 annual	\$ 2,400
<b>Total Other:</b>			<b>\$ 2,400</b>

<b>TOTAL OPERATING:</b>	<b>\$ 15,123</b>
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<b>TOTAL DIRECT COSTS:</b>	<b>100,214</b>
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4) INDIRECT COSTS

Salaries & benefits	\$6,890.00	\$ 6,890
Occupancy	\$656.00	\$ 656
Materials & supplies	\$186.00	\$ 186
General operating	\$176.00	\$ 176
Travel	\$33.00	\$ 33
Consultants	\$110.00	\$ 110
Other	\$968.00	\$ 968

Indirect Rate: 9%

<b>TOTAL INDIRECT COSTS:</b>	<b>\$ 9,019</b>
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<b>TOTAL EXPENSES:</b>	<b>\$ 109,233</b>
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**UOS COST ALLOCATION BY SERVICE MODE**

Personnel Expenses	FTE	SERVICE MODES								Contract Totals
		Case Management Hours		Peer Advocacy Hours		Treatment Adherence Individual Hours		Treatment Adherence Group Hours		
		Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Chief Medical Officer	0.01	\$ 1,800	100%	\$ -		\$ -		\$ -		\$ 1,800
Director of Programs	0.07	\$ 5,950	100%	\$ -		\$ -		\$ -		\$ 5,950
Assoc Director Health Svcs	0.10	\$ 7,500	100%	\$ -		\$ -		\$ -		\$ 7,500
Case Managers	1.00	\$ 42,680	88%	\$ -		\$ 4,850	10%	\$ 970	2%	\$ 48,500
Peer Navigator	0.30	\$ -		\$ 10,608	100%	\$ -		\$ -		\$ 10,608
Client Engagement Specialist	0.20	\$ 640	10%	\$ 1,920	30%	\$ 3,840	60%	\$ -		\$ 6,400
<b>Total FTE &amp; Total Salaries</b>	<b>1.68</b>	<b>\$ 58,570</b>	<b>72.525%</b>	<b>\$ 12,528</b>	<b>15.513%</b>	<b>\$ 8,690</b>	<b>10.761%</b>	<b>\$ 970</b>	<b>1.201%</b>	<b>\$ 80,758</b>
Fringe Benefits	26.44%	\$ 15,486	72.525%	\$ 3,312	15.513%	\$ 2,298	10.761%	\$ 256	1.201%	\$ 21,353
<b>Total Personnel Expenses</b>		<b>\$ 74,056</b>	<b>72.525%</b>	<b>\$ 15,840</b>	<b>15.513%</b>	<b>\$ 10,988</b>	<b>10.761%</b>	<b>\$ 1,226</b>	<b>1.201%</b>	<b>\$ 102,111</b>
<b>Operating Expenses</b>		<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Contract Total</b>
Total Occupancy		\$ 5,680	48%	\$ 2,959	25%	\$ 2,959	25%	\$ 237	2%	\$ 11,834
Total Materials and Supplies		\$ 350	25%	\$ 951	68%	\$ 70	5%	\$ 28	2%	\$ 1,399
Total General Operating		\$ 658	48%	\$ 343	25%	\$ 343	25%	\$ 27	2%	\$ 1,371
Total Staff Travel				\$ 519	70%	\$ 223	30%			\$ 742
Consultants/Subcontractor:										\$ -
Other; Client Group Refreshments						\$ 1,400	50%	\$ 1,400	50%	\$ 2,800
<b>Total Operating Expenses</b>		<b>\$ 6,688</b>	<b>36.857%</b>	<b>\$ 4,772</b>	<b>26.298%</b>	<b>\$ 4,994</b>	<b>27.520%</b>	<b>\$ 1,692</b>	<b>9.325%</b>	<b>\$ 18,146</b>
<b>Total Direct Expenses</b>		<b>\$ 80,744</b>	<b>67.143%</b>	<b>\$ 20,612</b>	<b>17.140%</b>	<b>\$ 15,982</b>	<b>13.290%</b>	<b>\$ 2,919</b>	<b>2.427%</b>	<b>\$ 120,257</b>
<b>Indirect Expenses</b>	9%	<b>\$ 7,267</b>	<b>67.143%</b>	<b>\$ 1,855</b>	<b>17.140%</b>	<b>\$ 1,438</b>	<b>13.290%</b>	<b>\$ 263</b>	<b>2.427%</b>	<b>\$ 10,823</b>
<b>TOTAL EXPENSES</b>		<b>\$ 88,011</b>	<b>67.143%</b>	<b>\$ 22,467</b>	<b>17.140%</b>	<b>\$ 17,420</b>	<b>13.290%</b>	<b>\$ 3,182</b>	<b>2.427%</b>	<b>\$ 131,080</b>
<b>UOS per Service Mode</b>		<b>1,136</b>		<b>371</b>		<b>215</b>		<b>18</b>		<b>1,740</b>
<b>Cost Per UOS by Service Mode</b>		<b>\$77.46</b>		<b>\$60.60</b>		<b>\$80.92</b>		<b>\$176.76</b>		<b>N/A</b>
<b>UDC per Service Mode</b>		<b>58</b>		<b>30</b>		<b>25</b>		<b>30</b>		<b>58</b>

**BUDGET JUSTIFICATION**

**1a) SALARIES**

<b>Staff Position 1: Chief Medical Officer</b>					
Brief Duties	oversees& leads agency hlth care svcs; oversight of linkage/integration w behavioral hlth, HIV testing, outreach; manages agency PrEP clinic & all related med care/outreach; leads all quality management efforts, including annual QA of all svcs and develops plans for CQI.				
Min Quals	MD license; certification in HIV med; strong record of leadership w HIV & exp w LGBT comm.				
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total	
\$180,000.00	0.01	12	1.00	\$ 1,800	
<b>Staff Position 2: Director of Programs</b>					
Brief Duties	leads dep providing outpt mental hlth, subs abuse, case mngmt, pt advocacy, pt navigation, outreach & community hlth ed svcs; drives strategic operational implementation of progs, carries out admin requirements for mission/vision; participates on sr leadership team.				
Min Quals	Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts.				
\$85,000.00	0.07	12	1.00	\$ 5,950	
<b>Staff Position 3: Assoc Director of Health Svcs</b>					
Brief Duties	provides clinical spvsn for Case Mngrs & mental hlth interns; clinical consultation/training to all staff; conducts mental hlth assessments.				
Min Quals	LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management.				
\$75,000.00	0.10	12	1.00	\$ 7,500	
<b>Staff Position 4: Case Managers</b>					
Brief Duties	Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators.				
Min Quals	Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp.				
\$48,500.00	1.00	12	1.00	\$ 48,500	
<b>Staff Position 5: Peer Navigator</b>					
Brief Duties	conducts outreach/case finding; assists clients in accessing svcs and maintaining adherence to med regimens; provides peer cnsng, practical/emotional support; organizes treatment ed groups .				
Min Quals	High school diploma, bilingual proficiency, and 2 years of HIV or social service experience.				
\$35,360.00	0.30	12	1.00	\$ 10,608	
<b>Staff Position 6: Client Engagement Specialist</b>					
Brief Duties	provides clerical/admin support to prog staff; plans client events, organizes & facilitates groups; data entry/collection for reporting requirements.				
Min Quals	Bachelor's or equivalent exp, computer, office skills, 2 yrs of admin experience.				
\$32,000.00	0.20	12	1.00	\$ 6,400	
<b>Total FTE:</b>		<b>1.68</b>	<b>Total Salaries: \$</b>		<b>80,758</b>



1b) EMPLOYEE FRINGE BENEFITS:

Component	Cost
Social Security	\$ 6,178
Retirement	\$ 1,163
Medical	\$ 12,558
Unemployment Insurance	\$ 646
Other (specify):	\$ 808
<b>Total Fringe Benefit:</b>	<b>21,353</b>
<b>Fringe Benefit %:</b>	<b>26.44%</b>
<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: 102,111</b>	

2) OPERATING EXPENSES:

Occupancy Expense	Brief Description	Rate	Cost
Rent/facilities	project staff office, common & confidential mtg areas	\$435/mo./FTE	8,770
Utilities/maintenance	Janitorial, maintenance supplies, security for staff space	\$127/mo./FTE	2,560.32
Phone/Communication	communication/coordination	\$25/mo./FTE	504.00
<b>Total Occupancy:</b>			<b>11,834</b>

Materials & Supplies Expense	Brief Description	Rate	Cost
Supplies/Postage	General office supplies for program related projects	\$30.20/mo./FTE	609
Printing/reproduction	Brochures and pamphlets for outreach	\$0.50 each x 500 copies	250
Program/Ed Supplies	Educational materials for treatment grps/case finding	\$45/mo.	540
<b>Total Materials &amp; Supplies:</b>			<b>1,399</b>

General Operating Expense	Brief Description	Rate	Cost
Insurance	Liability for project staff office, drop-in, grp svcs areas	\$43/mo./FTE	867
Equipment rental	Copier, phone, voicemail equip lease/maintenance	\$25/mo./FTE	504
<b>Total General Operating:</b>			<b>1,371</b>

Staff Travel and Purpose	Location	Expense Item	Rate	Cost
MUNI tokens to escort clients to appts	Local	MUNI tokens	\$2 ea x 58 UDC x 6-7 appts	742
<b>Total Staff Travel:</b>				<b>742</b>

Other Expense	Brief Description	Rate	Cost
Client Food Expense	Client snacks/food for support grps + annual client mtg	\$200/grp x 12 + \$400 annual	2,800
<b>Total Other:</b>			<b>2,800</b>

<b>TOTAL OPERATING EXPENSES:</b>	<b>18,146</b>
<b>TOTAL DIRECT COSTS:</b>	<b>120,257</b>

4) INDIRECT COSTS

Salaries & benefits	\$8,268.00	8,268
Occupancy	\$787.00	787
Materials & supplies	\$223.00	223
General operating	\$212.00	212
Travel	\$40.00	40
Consultants	\$132.00	132
Other	\$1,161.00	1,161

Indirect Rate: 9%

<b>TOTAL INDIRECT COSTS:</b>	<b>10,823</b>
<b>TOTAL EXPENSES:</b>	<b>131,080</b>

**UOS COST ALLOCATION BY SERVICE MODE**

		SERVICE MODES								
Personnel Expenses Position Titles	FTE	Case Management Hours		Peer Advocacy Hours		Treatment Adherence Individual Hours		Treatment Adherence Group Hours		Contract Totals
		Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Chief Medical Officer	0.01	\$ 1,800	100%	\$ -		\$ -		\$ -		\$ 1,800
Director of Programs	0.07	\$ 5,950	100%	\$ -		\$ -		\$ -		\$ 5,950
Assoc Director Health Svcs	0.10	\$ 7,500	100%	\$ -		\$ -		\$ -		\$ 7,500
Case Managers	1.00	\$ 42,680	88%	\$ -		\$ 4,850	10%	\$ 970	2%	\$ 48,500
Peer Navigator	0.30	\$ -		\$ 10,608	100%	\$ -		\$ -		\$ 10,608
Client Engagement Specialist	0.20	\$ 640	10%	\$ 1,920	30%	\$ 3,840	60%	\$ -		\$ 6,400
<b>Total FTE &amp; Total Salaries</b>	<b>1.68</b>	<b>\$ 58,570</b>	<b>72.525%</b>	<b>\$ 12,528</b>	<b>15.513%</b>	<b>\$ 8,690</b>	<b>10.761%</b>	<b>\$ 970</b>	<b>1.201%</b>	<b>\$ 80,758</b>
Fringe Benefits	26.44%	\$ 15,486	72.525%	\$ 3,312	15.513%	\$ 2,298	10.761%	\$ 256	1.201%	\$ 21,353
<b>Total Personnel Expenses</b>		<b>\$ 74,056</b>	<b>72.525%</b>	<b>\$ 15,840</b>	<b>15.513%</b>	<b>\$ 10,988</b>	<b>10.761%</b>	<b>\$ 1,226</b>	<b>1.201%</b>	<b>\$ 102,111</b>
<b>Operating Expenses</b>										
		<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Contract Total</b>
Total Occupancy		\$ 5,680	48%	\$ 2,959	25%	\$ 2,959	25%	\$ 237	2%	\$ 11,834
Total Materials and Supplies		\$ 350	25%	\$ 951	68%	\$ 70	5%	\$ 28	2%	\$ 1,399
Total General Operating		\$ 658	48%	\$ 343	25%	\$ 343	25%	\$ 27	2%	\$ 1,371
Total Staff Travel				\$ 519	70%	\$ 223	30%			\$ 742
Consultants/Subcontractor:										\$ -
Other; Client Group Refreshments						\$ 1,400	50%	\$ 1,400	50%	\$ 2,800
<b>Total Operating Expenses</b>		<b>\$ 6,688</b>	<b>36.857%</b>	<b>\$ 4,772</b>	<b>26.298%</b>	<b>\$ 4,994</b>	<b>27.520%</b>	<b>\$ 1,692</b>	<b>9.325%</b>	<b>\$ 18,146</b>
<b>Total Direct Expenses</b>		<b>\$ 80,744</b>	<b>67.143%</b>	<b>\$ 20,612</b>	<b>17.140%</b>	<b>\$ 15,982</b>	<b>13.290%</b>	<b>\$ 2,919</b>	<b>2.427%</b>	<b>\$ 120,257</b>
<b>Indirect Expenses</b>	9%	\$ 7,267	67.144%	\$ 1,855	17.140%	\$ 1,438	13.290%	\$ 263	2.427%	\$ 10,823
<b>TOTAL EXPENSES</b>		<b>\$ 88,011</b>	<b>67.143%</b>	<b>\$ 22,467</b>	<b>17.140%</b>	<b>\$ 17,420</b>	<b>13.290%</b>	<b>\$ 3,182</b>	<b>2.427%</b>	<b>\$ 131,080</b>
<b>UOS per Service Mode</b>		1,136		371		215		18		1,740
<b>Cost Per UOS by Service Mode</b>		\$77.46		\$60.60		\$80.92		\$176.76		N/A
<b>UDC per Service Mode</b>		58		30		25		30		58

**BUDGET JUSTIFICATION**

**1a) SALARIES**

<b>Staff Position 1: Chief Medical Officer</b>					
Brief Duties	oversees& leads agency hlth care svcs; oversight of linkage/integration w behavioral hlth, HIV testing, outreach; manages agency PrEP clinic & all related med care/outreach; leads all quality management efforts, including annual QA of all svcs and develops plans for CQI.				
Min Quals	MD license; certification in HIV med; strong record of leadership w HIV & exp w LGBT comm.				
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total	
\$180,000.00	0.01	12	1.00	\$ 1,800	
<b>Staff Position 2: Director of Programs</b>					
Brief Duties	leads dep providing outpt mental hlth, subs abuse, case mngmt, pt advocacy, pt navigation, outreach & community hlth ed svcs; drives strategic operational implementation of progs, carries out admin requirements for mission/vision; participates on sr leadership team.				
Min Quals	Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts.				
\$85,000.00	0.07	12	1.00	\$ 5,950	
<b>Staff Position 3: Assoc Director of Health Svcs</b>					
Brief Duties	provides clinical spvsn for Case Mngrs & mental hlth interns; clinical consultation/training to all staff; conducts mental hlth assessments.				
Min Quals	LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management.				
\$75,000.00	0.10	12	1.00	\$ 7,500	
<b>Staff Position 4: Case Managers</b>					
Brief Duties	Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators.				
Min Quals	Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp.				
\$48,500.00	1.00	12	1.00	\$ 48,500	
<b>Staff Position 5: Peer Navigator</b>					
Brief Duties	conducts outreach/case finding; assists clients in accessing svcs and maintaining adherence to med regimens; provides peer cnsng, practical/emotional support; organizes treatment ed groups.				
Min Quals	High school diploma, bilingual proficiency, and 2 years of HIV or social service experience.				
\$35,360.00	0.30	12	1.00	\$ 10,608	
<b>Staff Position 6: Client Engagement Specialist</b>					
Brief Duties	provides clerical/admin support to prog staff; plans client events, organizes & facilitates groups; data entry/collection for reporting requirements.				
Min Quals	Bachelor's or equivalent exp, computer, office skills, 2 yrs of admin experience.				
\$32,000.00	0.20	12	1.00	\$ 6,400	
<b>Total FTE:</b>		<b>1.68</b>	<b>Total Salaries: \$</b>		<b>80,758</b>

1b) EMPLOYEE FRINGE BENEFITS:

Component	Cost
Social Security	\$ 6,178
Retirement	\$ 1,163
Medical	\$ 12,558
Unemployment Insurance	\$ 646
Other (specify):	\$ 808
<b>Total Fringe Benefit:</b>	<b>21,353</b>
<b>Fringe Benefit %:</b>	<b>26.44%</b>
<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: 102,111</b>	

2) OPERATING EXPENSES:

Occupancy Expense	Brief Description	Rate	Cost
Rent/facilities	project staff office, common & confidential mtg areas	\$435/mo./FTE	8,770
Utilities/maintenance	Janitorial, maintenance supplies, security for staff space	\$127/mo./FTE	2,560.32
Phone/Communication	phone, internet, email: prog & client communication/coordination	\$25/mo./FTE	504.00
<b>Total Occupancy:</b>			<b>11,834</b>

Materials & Supplies Expense	Brief Description	Rate	Cost
Supplies/Postage	General office supplies for program related projects	\$30.20/mo./FTE	609
Printing/reproduction	Brochures and pamphlets for outreach	\$0.50 each x 500 copies	250
Program/Ed Supplies	Educational materials for treatment grps/case finding	\$45/mo.	540
<b>Total Materials &amp; Supplies:</b>			<b>1,399</b>

General Operating Expense	Brief Description	Rate	Cost
Insurance	Liability for project staff office, drop-in, grp svcs areas	\$43/mo./FTE	867
Equipment rental	Copier, phone, voicemail equip lease/maintenance	\$25/mo./FTE	504
<b>Total General Operating:</b>			<b>1,371</b>

Staff Travel and Purpose	Location	Expense Item	Rate	Cost
MUNI tokens to escort clients to appts	Local	MUNI tokens	\$2 ea x 58 UDC x 6-7 appts	742
<b>Total Staff Travel:</b>				<b>742</b>

Other Expense	Brief Description	Rate	Cost
Client Food Expense	Client snacks/food for support grps + annual client mtg	\$200/grp x 12 + \$400 annual	2,800
<b>Total Other:</b>			<b>2,800</b>

<b>TOTAL OPERATING EXPENSES:</b>	<b>18,146</b>
<b>TOTAL DIRECT COSTS:</b>	<b>120,257</b>

4) INDIRECT COSTS

Salaries & benefits	\$8,268.00	8,268
Occupancy	\$787.00	787
Materials & supplies	\$223.00	223
General operating	\$212.00	212
Travel	\$40.00	40
Consultants	\$132.00	132
Other	\$1,161.00	1,161

Indirect Rate: 9%

<b>TOTAL INDIRECT COSTS:</b>	<b>10,823</b>
<b>TOTAL EXPENSES:</b>	<b>131,080</b>

**UOS COST ALLOCATION BY SERVICE MODE**

Personnel Expenses	FTE	SERVICE MODES								Contract Totals
		Case Management Hours		Peer Advocacy Hours		Treatment Adherence Individual Hours		Treatment Adherence Group Hours		
		Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Position Titles										
Chief Medical Officer	0.01	\$ 1,800	100%	\$ -		\$ -		\$ -		\$ 1,800
Director of Programs	0.07	\$ 5,950	100%	\$ -		\$ -		\$ -		\$ 5,950
Assoc Director Health Svcs	0.10	\$ 7,500	100%	\$ -		\$ -		\$ -		\$ 7,500
Case Managers	1.00	\$ 42,680	88%	\$ -		\$ 4,850	10%	\$ 970	2%	\$ 48,500
Peer Navigator	0.30	\$ -		\$ 10,608	100%	\$ -		\$ -		\$ 10,608
Client Engagement Specialist	0.20	\$ 640	10%	\$ 1,920	30%	\$ 3,840	60%	\$ -		\$ 6,400
<b>Total FTE &amp; Total Salaries</b>	<b>1.68</b>	<b>\$ 58,570</b>	<b>72.525%</b>	<b>\$ 12,528</b>	<b>15.513%</b>	<b>\$ 8,690</b>	<b>10.761%</b>	<b>\$ 970</b>	<b>1.201%</b>	<b>\$ 80,758</b>
Fringe Benefits	26.44%	\$ 15,486	72.525%	\$ 3,312	15.513%	\$ 2,298	10.761%	\$ 256	1.201%	\$ 21,353
<b>Total Personnel Expenses</b>		<b>\$ 74,056</b>	<b>72.525%</b>	<b>\$ 15,840</b>	<b>15.513%</b>	<b>\$ 10,988</b>	<b>10.761%</b>	<b>\$ 1,226</b>	<b>1.201%</b>	<b>\$ 102,111</b>

Operating Expenses	Expense	%	Expense	%	Expense	%	Expense	%	Contract Total
Total Occupancy	\$ 5,680	48%	\$ 2,959	25%	\$ 2,959	25%	\$ 237	2%	\$ 11,834
Total Materials and Supplies	\$ 350	25%	\$ 951	68%	\$ 70	5%	\$ 28	2%	\$ 1,399
Total General Operating	\$ 658	48%	\$ 343	25%	\$ 343	25%	\$ 27	2%	\$ 1,371
Total Staff Travel			\$ 519	70%	\$ 223	30%			\$ 742
Consultants/Subcontractor:									\$ -
Other; Client Group Refreshments					\$ 1,400	50%	\$ 1,400	50%	\$ 2,800
<b>Total Operating Expenses</b>	<b>\$ 6,688</b>	<b>36.857%</b>	<b>\$ 4,772</b>	<b>26.298%</b>	<b>\$ 4,994</b>	<b>27.520%</b>	<b>\$ 1,692</b>	<b>9.325%</b>	<b>\$ 18,146</b>

<b>Total Direct Expenses</b>		\$ 80,744	67.143%	\$ 20,612	17.140%	\$ 15,982	13.290%	\$ 2,919	2.427%	\$ 120,257
Indirect Expenses	9%	\$ 7,267	67.144%	\$ 1,855	17.140%	\$ 1,438	13.290%	\$ 263	2.427%	\$ 10,823
<b>TOTAL EXPENSES</b>		<b>\$ 88,011</b>	<b>67.143%</b>	<b>\$ 22,467</b>	<b>17.140%</b>	<b>\$ 17,420</b>	<b>13.290%</b>	<b>\$ 3,182</b>	<b>2.427%</b>	<b>\$ 131,080</b>
<b>UOS per Service Mode</b>		<b>1,136</b>		<b>371</b>		<b>215</b>		<b>18</b>		<b>1,740</b>
<b>Cost Per UOS by Service Mode</b>		<b>\$77.46</b>		<b>\$60.60</b>		<b>\$80.92</b>		<b>\$176.76</b>		<b>N/A</b>
<b>UDC per Service Mode</b>		<b>58</b>		<b>30</b>		<b>25</b>		<b>30</b>		<b>58</b>

**BUDGET JUSTIFICATION**

**1a) SALARIES**

<b>Staff Position 1: Chief Medical Officer</b>				
<b>Brief Duties</b>	oversees& leads agency hlth care svcs; oversight of linkage/integration w behavioral hlth, HIV testing, outreach; manages agency PrEP clinic & all related med care/outreach; leads all quality management efforts, including annual QA of all svcs and develops plans for CQI.			
<b>Min Quals</b>	MD license; certification in HIV med; strong record of leadership w HIV & exp w LGBT comm.			
<b>Annual Salary:</b>	<b>x FTE:</b>	<b>x Mos per Yr</b>	<b>Annualized if &lt; 12 mos</b>	<b>Total</b>
\$180,000.00	0.01	12	1.00	\$ 1,800
<b>Staff Position 2: Director of Programs</b>				
<b>Brief Duties</b>	leads dep providing outpt mental hlth, subs abuse, case mngmt, pt advocacy, pt navigation, outreach & community hlth ed svcs; drives strategic operational implementation of progs, carries out admin requirements for mission/vision; participates on sr leadership team.			
<b>Min Quals</b>	Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts.			
\$85,000.00	0.07	12	1.00	\$ 5,950
<b>Staff Position 3: Assoc Director of Health Svcs</b>				
<b>Brief Duties</b>	provides clinical spvsn for Case Mngrs & mental hlth interns; clinical consultation/training to all staff; conducts mental hlth assessments.			
<b>Min Quals</b>	LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management.			
\$75,000.00	0.10	12	1.00	\$ 7,500
<b>Staff Position 4: Case Managers</b>				
<b>Brief Duties</b>	Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators.			
<b>Min Quals</b>	Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp.			
\$48,500.00	1.00	12	1.00	\$ 48,500
<b>Staff Position 5: Peer Navigator</b>				
<b>Brief Duties</b>	conducts outreach/case finding; assists clients in accessing svcs and maintaining adherence to med regimens; provides peer cnsng, practical/emotional support; organizes treatment ed groups.			
<b>Min Quals</b>	High school diploma, bilingual proficiency, and 2 years of HIV or social service experience.			
\$35,360.00	0.30	12	1.00	\$ 10,608
<b>Staff Position 6: Client Engagement Specialist</b>				
<b>Brief Duties</b>	provides clerical/admin support to prog staff; plans client events, organizes & facilitates groups; data entry/collection for reporting requirements.			
<b>Min Quals</b>	Bachelor's or equivalent exp, computer, office skills, 2 yrs of admin experience.			
\$32,000.00	0.20	12	1.00	\$ 6,400
<b>Total FTE:</b>		<b>1.68</b>	<b>Total Salaries: \$ 80,758</b>	

1b) EMPLOYEE FRINGE BENEFITS:

Component	Cost
Social Security	\$ 6,178
Retirement	\$ 1,163
Medical	\$ 12,558
Unemployment Insurance	\$ 646
Other (specify):	\$ 808
<b>Total Fringe Benefit:</b>	<b>21,353</b>
<b>Fringe Benefit %:</b>	<b>26.44%</b>
<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: 102,111</b>	

2) OPERATING EXPENSES:

Occupancy Expense	Brief Description	Rate	Cost
Rent/facilities	project staff office, common & confidential mtg areas	\$435/mo./FTE	8,770
Utilities/maintenance	Janitorial, maintenance supplies, security for staff space	\$127/mo./FTE	2,560.32
Phone/Communication	communication/coordination	\$25/mo./FTE	504.00
<b>Total Occupancy:</b>			<b>11,834</b>

Materials & Supplies Expense	Brief Description	Rate	Cost
Supplies/Postage	General office supplies for program related projects	\$30.20/mo./FTE	609
Printing/reproduction	Brochures and pamphlets for outreach	\$0.50 each x 500 copies	250
Program/Ed Supplies	Educational materials for treatment grps/case finding	\$45/mo.	540
<b>Total Materials &amp; Supplies:</b>			<b>1,399</b>

General Operating Expense	Brief Description	Rate	Cost
Insurance	Liability for project staff office, drop-in, grp svcs areas	\$43/mo./FTE	867
Equipment rental	Copier, phone, voicemail equip lease/maintenance	\$25/mo./FTE	504
<b>Total General Operating:</b>			<b>1,371</b>

Staff Travel and Purpose	Location	Expense Item	Rate	Cost
MUNI tokens to escort clients to appts	Local	MUNI tokens	\$2 ea x 58 UDC x 6-7 appts	742
<b>Total Staff Travel:</b>				<b>742</b>

Other Expense	Brief Description	Rate	Cost
Client Food Expense	Client snacks/food for support grps + annual client mtg	\$200/grp x 12 + \$400 annual	2,800
<b>Total Other:</b>			<b>2,800</b>

<b>TOTAL OPERATING EXPENSES:</b>	<b>18,146</b>
<b>TOTAL DIRECT COSTS:</b>	<b>120,257</b>

4) INDIRECT COSTS

Salaries & benefits	\$8,268.00	8,268
Occupancy	\$787.00	787
Materials & supplies	\$223.00	223
General operating	\$212.00	212
Travel	\$40.00	40
Consultants	\$132.00	132
Other	\$1,161.00	1,161

<b>Indirect Rate:</b>	<b>9%</b>
<b>TOTAL INDIRECT COSTS:</b>	<b>10,823</b>
<b>TOTAL EXPENSES:</b>	<b>131,080</b>

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	FTE	SERVICE MODES												Contract Totals
		Case Management Hours		Peer Advocacy Hours		Mental Health Counseling Hours		Peer Advocacy Group Hours		Mental Health & Substance Abuse Group Hours		Coordination & Evaluation Hours		
Position Titles		Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Chief Medical Officer	0.25	4,125	11%	4,875	13%	4,875	13%	375	1%	1,875	5%	21,375	57%	37,500
Director of Programs	0.23	1,466	9%	3,095	19%	3,421	21%	3,258	20%	-	0%	5,051	31%	16,292
Assoc Dir, Hlth Svcs	0.10	1,875	30%	-	0%	1,250	20%	1,875	30%	1,250	20%	-	0%	6,250
Program Manager	1.00	12,375	27%	-	0%	22,000	48%	2,750	6%	2,292	5%	6,417	14%	45,833
Case Managers	3.30	122,705	92%	-	0%	10,670	8%	-	0%	-	0%	-	0%	133,375
Peer Navigators	2.00	-	0%	58,933	100%	-	0%	-	0%	-	0%	-	0%	58,933
Coordinatr	0.75	9,750	39%	-	0%	-	0%	10,750	43%	-	0%	4,500	18%	25,000
Engagement Specialist	0.80	21,333	100%	-	0%	-	0%	-	0%	-	0%	-	0%	\$ 21,333
<b>Total FTE &amp; Salaries</b>	<b>8.43</b>	<b>173,629</b>	<b>50.398%</b>	<b>66,903</b>	<b>19.420%</b>	<b>42,216</b>	<b>12.254%</b>	<b>19,008</b>	<b>5.517%</b>	<b>5,417</b>	<b>1.572%</b>	<b>37,343</b>	<b>10.839%</b>	<b>344,516</b>
Fringe Benefits	26.44%	45,907	50.398%	17,689	19.420%	11,162	12.254%	5,026	5.517%	1,432	1.572%	9,873	10.839%	91,089
<b>Total Personnel Exp</b>		<b>219,536</b>	<b>50.398%</b>	<b>84,592</b>	<b>19.419%</b>	<b>53,378</b>	<b>12.254%</b>	<b>24,034</b>	<b>5.517%</b>	<b>6,849</b>	<b>1.572%</b>	<b>47,216</b>	<b>10.839%</b>	<b>435,605</b>
<b>Operating Expenses</b>		<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Total</b>
Total Occupancy		22,367	45.2%	11,332	22.9%	9,105	18.4%	-	0%	495	1%	6,186	12.5%	49,484
Total Materials and Supplies		3,874	45.2%	1,963	22.9%	1,577	18.4%	-	0%	86	1%	1,071	12.5%	8,571
Total General Operating		5,913	45.2%	2,996	22.9%	2,407	18.4%	-	0%	131	1%	1,635	12.5%	13,082
Total Staff Travel		7,404	45.2%	3,751	22.9%	3,014	18.4%	-	0%	164	1%	2,048	12.5%	16,380
Consultants/Subcontractor:		6,780	45.2%	3,435	22.9%	2,760	18.4%	-	0%	150	1%	1,875	12.5%	15,000
Other - Misc		10,710	45.0%	5,474	23.0%	4,284	18.0%	-	0%	238	1%	3,094	13.0%	23,800
Other - Client Food		17,174	45.2%	8,701	22.9%	6,991	18.4%	-	0%	380	1%	4,749	12.5%	37,995
<b>Total Operating Expenses</b>		<b>74,221</b>	<b>45.171%</b>	<b>37,651</b>	<b>22.914%</b>	<b>30,138</b>	<b>18.342%</b>	<b>-</b>	<b>0%</b>	<b>1,643</b>	<b>1%</b>	<b>20,659</b>	<b>12.573%</b>	<b>164,312</b>
<b>Total Direct Expenses</b>		<b>293,758</b>	<b>48.966%</b>	<b>122,243</b>	<b>20.377%</b>	<b>83,516</b>	<b>13.921%</b>	<b>24,034</b>	<b>4.006%</b>	<b>8,492</b>	<b>1.416%</b>	<b>67,875</b>	<b>11.314%</b>	<b>599,917</b>
Indirect Expenses	9%	26,438	48.967%	11,002	20.377%	7,516	13.922%	2,163	4.006%	764	1.416%	6,108	11.314%	53,991
<b>TOTAL EXPENSES</b>		<b>320,196</b>	<b>48.967%</b>	<b>133,244</b>	<b>20.377%</b>	<b>91,032</b>	<b>13.921%</b>	<b>26,197</b>	<b>4.006%</b>	<b>9,256</b>	<b>1.416%</b>	<b>73,983</b>	<b>11.314%</b>	<b>653,908</b>
<b>UOS per Service Mode</b>		<b>3,458</b>		<b>1,680</b>		<b>1,097</b>		<b>224</b>		<b>76</b>		<b>426</b>		<b>6,960</b>
<b>Cost / UOS by Service Mode</b>		<b>\$92.60</b>		<b>\$79.33</b>		<b>\$83.01</b>		<b>\$116.95</b>		<b>\$121.79</b>		<b>\$173.83</b>		<b>N/A</b>
<b>UDC per Service Mode</b>		<b>132</b>		<b>176</b>		<b>136</b>		<b>71</b>		<b>26</b>		<b>NA</b>		<b>176</b>



**BUDGET JUSTIFICATION**

**1a) SALARIES**

Staff Position 1: Chief Medical Officer				
Brief Duties	oversees& leads agency hth care svcs; oversight of linkage/integration w behavioral hth, HIV testing, outreach; manages agency PrEP clinic & all related med care/outreach; leads all quality management efforts, including annual QA of all svcs and develops plans for CQI.			
Min Quals	MD license; certification in HIV med; strong record of leadership w HIV & exp w LGBT comm.			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total
\$180,000.00	0.25	10	0.83	\$ 37,500
Staff Position 2: Director of Programs				
Brief Duties	leads dep providing outpt mental hth, subs abuse, case mngmt, pt advocacy, pt navigation, outreach & community hth ed svcs; drives strategic operational implementation of progs, carries out admin requirements for mission/vision; participates on sr leadership team.			
Min Quals	Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts.			
\$85,000.00	0.23	10	0.83	\$ 16,292
Staff Position 3: Associate Director of Health Services				
Brief Duties	provides clinical spvsn for Case Mngrs & mental hth interns; clinical consultation/training to all staff; conducts mental hth assessments.			
Min Quals	LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management.			
\$75,000.00	0.10	10	0.83	\$ 6,250
Staff Position 4: Program Manager				
Brief Duties	The program manager will provide day-to-day oversight of the TACE program and supervision of staff.			
Min Quals	Bachelor's degree with 2 years management level experience.			
\$55,000.00	1.00	10	0.83	\$ 45,833
Staff Position 5: Case Managers				
Brief Duties	Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators.			
Min Quals	Bachelor's or masters level in hth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp.			
\$48,500.00	3.30	10	0.83	\$ 133,375
Staff Position 6: Peer Navigators				
Brief Duties	conducts outreach/case finding; assists clients in accessing svcs and maintaining adherence to med regimens; provides peer cnsng, practical/emotional support; organizes treatment ed groups.			
Min Quals	High school diploma, bilingual proficiency, and 2 years of HIV or social service experience.			
\$35,360.00	2.00	10	0.83	\$ 58,933
Staff Position 7: QA/Contracts Mngmt Coord				
Brief Duties	Provides TACE monitoring to ensure outcome deliverables and performance goals are met. Responsible for overall contract quality assurance. Works continuously with program staff to deliver timely reports.			
Min Quals	Bachelor's degree and 3-5 years experience in program delivery and contract compliance.			
\$40,000.00	0.75	10	0.83	\$ 25,000
Staff Position 6: Engagement Specialist				
Brief Duties	provides clerical/admin support to prog staff; plans client events, organizes/facilitates grps; data entry/collection.			
Min Quals	Bachelor's or equivalent exp, computer, office skills, 2 yrs of admin experience.			
\$32,000.00	0.80	10	0.83	\$ 21,333
<b>Total FTE:</b>		<b>8.43</b>	<b>Total Salaries: \$</b>	<b>344,516</b>

1b) EMPLOYEE FRINGE BENEFITS:

Component	Cost
Social Security	\$ 26,355
Retirement	\$ 4,961
Medical	\$ 53,572
Unemployment Insurance	\$ 2,756
Other (specify):	\$ 3,445
<b>Total Fringe Benefit:</b>	<b>\$ 91,089</b>
<b>Fringe Benefit %:</b>	<b>26.44%</b>
<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: \$ 435,605</b>	

2) OPERATING EXPENSES:

Occupancy Expense	Brief Description	Rate	Cost
Rent/facilities	project staff office, common & confidential mtg areas	\$435/mo./FTE	\$ 36,671
Utilities/maintenance	Janitorial, maintenance supplies, security for staff space	\$127/mo./FTE	\$ 10,706
Phone/Communication	phone, internet, email: prog & client communication/coordination	\$25/mo./FTE	\$ 2,108
<b>Total Occupancy:</b>			<b>\$ 49,484</b>

Materials & Supplies Expense	Brief Description	Rate	Cost
Supplies/Postage	General office supplies for program related projects	\$30.20/mo./FTE	\$ 2,546
Printing/reproduction	Brochures and pamphlets for outreach	\$0.50 ea x 2,000 copies	\$ 1,000
Program/Ed Supplies	Educational materials for treatment grps/case finding	\$45/mo.	\$ 450
Program Supplies	Hygiene kits, condoms, and other program supplies	\$4,575	\$ 4,575
<b>Total Materials &amp; Supplies:</b>			<b>\$ 8,571</b>

General Operating Expense	Brief Description	Rate	Cost
Insurance	Liability for project staff office, drop-in, grp svcs areas	\$43/mo./FTE	\$ 3,625
Equipment rental	Copier, phone, voicemail equip lease/maintenance	\$25/mo./FTE	\$ 2,108
Staff Development & Training	Deescalation training	3000	\$ 3,000
	CPR training = \$850	850	\$ 850
Conference	HIV Prevention conf. = \$500 x 1 staff	500	\$ 500
Registration Fees	Ntnl. Healthcare for the Homeless conf = \$1,000 x 3 staff	\$3,000	\$ 3,000
<b>Total General Operating:</b>			<b>\$ 13,082</b>

Staff Travel and Purpose	Location	Expense Item	Rate	Cost
MUNI tokens to escort clients to appts	Local	MUNI tokens	\$2 ea x 176 UDC x 10 appts	\$ 3,520
National HIV Prevention Conference	Miami, FL	Airfare	\$600 x 1 staff	\$ 600
National HIV Prevention Conference	Miami, FL	Hotel	\$250/night x 3 nights x 1 staff	\$ 750
National HIV Prevention Conference	Miami, FL	Per diem	\$60 x 3 days x 1 staff	\$ 180
NMAC Conference	Washington DC	Airfare	\$600 x 2 staff	\$ 1,200
NMAC Conference	Washington DC	Hotel	\$250/night x 3 nights x 2 staff	\$ 1,500
NMAC Conference	Washington DC	Per diem	\$60 x 3 days x 2 staff	\$ 360
US Conference on AIDS (USCA)	Washington DC	Airfare	\$600 x 2 staff	\$ 1,200
US Conference on AIDS (USCA)	Washington DC	Hotel	\$250/night x 4 nights x 2 staff	\$ 2,000
US Conference on AIDS (USCA)	Washington DC	Per diem	\$60 x 4 days x 2 staff	\$ 480

Staff Travel and Purpose (continued)	Location	Expense Item	Rate	Cost
NHCHC conference	Washington DC	Airfare	\$600 x 3 staff	\$ 1,800
NHCHC conference	Washington DC	Hotel	\$250/night x 3 x 3 staff	\$ 2,250
NHCHC conference	Washington DC	Per diem	\$60 x 3 days x 3 staff	\$ 540
			<b>Total Staff Travel:</b>	<b>\$ 16,380</b>

Consultant/Subcontractor Name	Service Description	Rate	Cost
Compass Point	Group facilitation for client retreats	\$5,000 x 3 retreats	\$ 15,000
		<b>Total Consultant</b>	<b>\$ 15,000</b>

Other Expense - Misc	Brief Description	Rate	Cost
Lab Test fees	Processing fees for Quest Diagnostics	\$700/mo x 10 x 40%	\$ 2,800
Medical waste removal	Fees for removal of medical waste products	\$1,800/mo x 10 x 50%	\$ 9,000
eClinicalWorks	Electronic record system for patient data, maintenance fees	\$1,200/mo x 10 x 75%	\$ 9,000
Art Program supplies	Paint, beads, canvas and other materials for art therapy program	\$300/mo x 10 mos	\$ 3,000
		<b>Total Other- Misc</b>	<b>\$ 23,800</b>

Other Expense - Client Food/Incentives	Brief Description	Rate	Cost
Client Food/Incentives	Food for program activities, breakfast/lunch programs	\$650/week x 44 weeks	\$ 28,600
Client Food/Incentives	Client holiday party snacks/refreshments	\$1,545/holiday party x 1	\$ 1,545
Client Food/Incentives	Client "Lunch and Learn" Education Group lunches	\$500 each x 10	\$ 5,000
Client Food/Incentives	Client Picnic snacks/refreshments	\$500/picnic x 2	\$ 1,000
Client Food/Incentives	Client Memorials snacks/refreshments	\$100/memorial x 4	\$ 400
Client Food/Incentives	Client open-house event in drop-in center	\$945/open house x 1	\$ 945
Client Food/Incentives	Consumer Advisory Board meetings snacks/refreshments	\$50.50/mtg x 10 mtgs	\$ 505
		<b>Total Other - Client Food/Incentives</b>	<b>\$ 37,995</b>

<b>TOTAL OPERATING EXPENSES:</b>	<b>\$ 164,312</b>
<b>TOTAL DIRECT COSTS:</b>	<b>\$ 599,917</b>

**4) INDIRECT COSTS**

Salaries & benefits	\$41,248.00	\$ 41,248
Occupancy	\$3,927.00	\$ 3,927
Materials & supplies	\$1,111.00	\$ 1,111
General operating	\$1,055.00	\$ 1,055
Travel	\$198.00	\$ 198
Consultants	\$660.00	\$ 660
Other	\$5,793.00	\$ 5,793

<b>Indirect Rate:</b>	<b>9%</b>
<b>TOTAL INDIRECT COSTS:</b>	<b>\$ 53,991</b>
<b>TOTAL EXPENSES:</b>	<b>\$ 653,908</b>

**UOS COST ALLOCATION BY SERVICE MODE**

		SERVICE MODES												Contract Totals
Personnel Expenses		Case Management Hours		Peer Advocacy Hours		Mental Health Counseling Hours		Peer Advocacy Group Hours		Mental Health & Substance Abuse Group Hours		Coordination & Evaluation Hours		
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Chief Medical Officer	0.25	4,950	11%	5,850	13%	5,850	13%	450	1%	2,250	5%	25,650	57%	45,000
Director of Programs	0.23	1,760	9%	3,715	19%	6,060	31%	1,955	10%	-	0%	6,060	31%	19,550
Assoc Dir, Hlth Svcs	0.10	2,250	30%	-	0%	2,625	35%	1,125	15%	375	5%	1,125	15%	7,500
Program Manager	1.00	14,850	27%	-	0%	26,400	48%	3,300	6%	550	1%	9,900	18%	55,000
Case Managers	3.30	147,246	92%	-	0%	12,804	8%	-	0%	-	0%	-	0%	160,050
Peer Navigators	2.00	-	0%	70,720	100%	-	0%	-	0%	-	0%	-	0%	70,720
QA/Contracts Coordinatr	0.80	12,480	39%	-	0%	-	0%	13,760	43%	-	0%	5,760	18%	32,000
Engagement Specialist	0.80	17,920	70%	-	0%	5,120	20%	-	0%	-	0%	2,560	10%	25,600
<b>Total FTE &amp; Salaries</b>	<b>8.48</b>	<b>201,456</b>	<b>48.494%</b>	<b>80,285</b>	<b>19.326%</b>	<b>58,859</b>	<b>14.168%</b>	<b>20,590</b>	<b>4.956%</b>	<b>3,175</b>	<b>0.764%</b>	<b>51,055</b>	<b>12.290%</b>	<b>415,420</b>
Fringe Benefits	26.44%	53,265	48.494%	21,227	19.326%	15,562	14.168%	5,444	4.956%	840	0.764%	13,499	12.290%	109,837
<b>Total Personnel</b>		<b>254,720</b>	<b>48.494%</b>	<b>101,512</b>	<b>19.326%</b>	<b>74,421</b>	<b>14.168%</b>	<b>26,034</b>	<b>4.956%</b>	<b>4,015</b>	<b>0.764%</b>	<b>64,553</b>	<b>12.290%</b>	<b>525,257</b>
<b>Operating Expenses</b>		<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Total</b>
Total Occupancy		17,920	30%	29,867	50%	8,960	15%	1,195	2%	1,195	2%	597	1%	59,733
Total Materials and Supplies		4,153	45.2%	2,150	23.4%	1,690	18.4%	184	2%	92	1%	919	10%	9,188
Total General Operating		6,450	45.2%	3,268	22.9%	2,626	18.4%	285	2%	428	3%	1,213	8.5%	14,270
Total Staff Travel		8,414	45.2%	4,263	22.9%	3,425	18.4%	372	2%	279	1.5%	1,861	10%	18,614
Consultants/Subcontractor:		9,040	45.2%	4,580	22.9%	3,680	18.4%	300	1.5%	400	2%	2,000	10%	20,000
Other - Misc		14,008	48%	1,459	5%	11,674	40%	584	2%	1,459	5%	-	0%	29,184
Other - Client Food		21,827	50%	3,492	8%	7,858	18%	2,183	5%	4,365	10%	3,929	9%	43,654
<b>Total Operating Expenses</b>		<b>81,812</b>	<b>42.032%</b>	<b>49,078</b>	<b>25.215%</b>	<b>39,913</b>	<b>20.506%</b>	<b>5,103</b>	<b>2.621%</b>	<b>8,218</b>	<b>4.222%</b>	<b>10,519</b>	<b>5.404%</b>	<b>194,643</b>
<b>Total Direct Expenses</b>		<b>336,532</b>	<b>46.747%</b>	<b>150,590</b>	<b>20.918%</b>	<b>114,334</b>	<b>15.882%</b>	<b>31,137</b>	<b>4.325%</b>	<b>12,233</b>	<b>1.699%</b>	<b>75,073</b>	<b>10.428%</b>	<b>719,900</b>
<b>Indirect Expenses</b>	9%	30,288	46.747%	13,553	20.918%	10,290	15.882%	2,802	4.325%	1,101	1.699%	6,757	10.428%	64,790
<b>TOTAL EXPENSES</b>		<b>366,820</b>	<b>46.747%</b>	<b>164,143</b>	<b>20.918%</b>	<b>124,624</b>	<b>15.882%</b>	<b>33,939</b>	<b>4.325%</b>	<b>13,334</b>	<b>1.699%</b>	<b>81,830</b>	<b>10.428%</b>	<b>784,690</b>
<b>UOS per Service Mode</b>		<b>4,186</b>		<b>2,033</b>		<b>1,328</b>		<b>268</b>		<b>92</b>		<b>515</b>		<b>8,422</b>
<b>Cost / UOS by Service Mode</b>		<b>\$87.63</b>		<b>\$80.74</b>		<b>\$93.84</b>		<b>\$126.64</b>		<b>\$144.93</b>		<b>\$158.89</b>		<b>N/A</b>
<b>UDC per Service Mode</b>		<b>200</b>		<b>200</b>		<b>155</b>		<b>100</b>		<b>30</b>		<b>N/A</b>		<b>200</b>

**BUDGET JUSTIFICATION**

**1a) SALARIES**

Staff Position 1: Chief Medical Officer				
Brief Duties	oversees& leads agency hlth care svcs; oversight of linkage/integration w behavioral hlth, HIV testing, outreach; manages agency PrEP clinic & all related med care/outreach; leads all quality management efforts, including annual QA of all svcs and develops plans for CQI.			
Min Quals	MD license; certification in HIV med; strong record of leadership w HIV & exp w LGBT comm.			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total
\$180,000.00	0.25	12	1.00	\$ 45,000
Staff Position 2: Director of Programs				
Brief Duties	leads dep providing outpt mental hlth, subs abuse, case mngmt, pt advocacy, pt navigation, outreach & community hlth ed svcs; drives strategic operational implementation of progs, carries out admin requirements for mission/vision; participates on sr leadership team.			
Min Quals	Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts.			
\$85,000.00	0.23	12	1.00	\$ 19,550
Staff Position 3: Associate Director of Health Services				
Brief Duties	provides clinical spvsn for Case Mngrs & mental hlth interns; clinical consultation/training to all staff; conducts mental hlth assessments.			
Min Quals	LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management.			
\$75,000.00	0.10	12	1.00	\$ 7,500
Staff Position 4: Program Manager				
Brief Duties	The program manager will provide day-to-day oversight of the TACE program and supervision of staff.			
Min Quals	Bachelor's degree with 2 years management level experience.			
\$55,000.00	1.00	12	1.00	\$ 55,000
Staff Position 5: Case Managers				
Brief Duties	Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators.			
Min Quals	Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp.			
\$48,500.00	3.30	12	1.00	\$ 160,050
Staff Position 6: Peer Navigators				
Brief Duties	conducts outreach/case finding; assists clients in accessing svcs and maintaining adherence to med regimens; provides peer cnsng, practical/emotional support; organizes treatment ed groups .			
Min Quals	High school diploma, bilingual proficiency, and 2 years of HIV or social service experience.			
\$35,360.00	2.00	12	1.00	\$ 70,720
Staff Position 7: QA/Contracts Mngmt Coord				
Brief Duties	Provides TACE monitoring to ensure outcome deliverables and performance goals are met. Responsible for overall contract quality assurance. Works continuously with program staff to deliver timely reports.			
Min Quals	Bachelor's degree and 3-5 years experience in program delivery and contract compliance.			
\$40,000.00	0.80	12	1.00	\$ 32,000
Staff Position 6: Engagement Specialist				
Brief Duties	provides clerical/admin support to prog staff; plans client events, organizes/facilitates grps; data entry/collection.			
Min Quals	Bachelor's or equivalent exp, computer, office skills, 2 yrs of admin experience.			
\$32,000.00	0.80	12	1.00	\$ 25,600

**Total FTE: 8.48**

**Total Salaries: \$ 415,420**

**1b) EMPLOYEE FRINGE BENEFITS:**

Component	Cost
Social Security	\$ 31,780
Retirement	\$ 5,982
Medical	\$ 64,598
Unemployment Insurance	\$ 3,323
Other (specify):	\$ 4,154
<b>Total Fringe Benefit:</b>	<b>\$ 109,837</b>
<b>Fringe Benefit %:</b>	<b>26.44%</b>
<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: \$ 525,257</b>	

**2) OPERATING EXPENSES:**

Occupancy Expense	Brief Description	Rate	Cost
Rent/facilities	project staff office, common & confidential mtg areas	\$435/mo./FTE	\$ 44,266
Utilities/maintenance	Janitorial, maintenance supplies, security for staff space	\$127/mo./FTE	\$ 12,924
Phone/Communication	phone, internet, email: prog & client communication/coordination	\$25/mo./FTE	\$ 2,544
<b>Total Occupancy:</b>			<b>\$ 59,733</b>

Materials & Supplies Expense	Brief Description	Rate	Cost
Supplies/Postage	General office supplies for program related projects	\$30.20/mo./FTE	\$ 3,073
Printing/reproduction	Brochures and pamphlets for outreach	\$0.50 ea x 2,000 copies	\$ 1,000
Program/Ed Supplies	Educational materials for treatment grps/case finding	\$45/mo.	\$ 540
Program Supplies	Hygiene kits, condoms, and other program supplies	\$4,575	\$ 4,575
<b>Total Materials &amp; Supplies:</b>			<b>\$ 9,188</b>

General Operating Expense	Brief Description	Rate	Cost
Insurance	Liability for project staff office, drop-in, grp svcs areas	\$43/mo./FTE	\$ 4,376
Equipment rental	Copier, phone, voicemail equip lease/maintenance	\$25/mo./FTE	\$ 2,544
Staff Development & Training	Deescalation training	3000	\$ 3,000
	CPR training = \$850	850	\$ 850
Conference	HIV Prevention conf. = \$500 x 1 staff	500	\$ 500
Registration Fees	Ntnl. Healthcare for the Homeless conf = \$1,000 x 3 staff	\$3,000	\$ 3,000
<b>Total General Operating:</b>			<b>\$ 14,270</b>

Staff Travel and Purpose	Location	Expense Item	Rate	Cost
MUNI tokens to escort clients to appts	Local	MUNI tokens	\$2 ea x 176 UDC x 12 appts	\$ 4,224
National HIV Prevention Conference	Miami, FL	Airfare	\$600 x 1 staff	\$ 600
National HIV Prevention Conference	Miami, FL	Hotel	\$250/night x 3 nights x 1 staff	\$ 750
National HIV Prevention Conference	Miami, FL	Per diem	\$60 x 3 days x 1 staff	\$ 180
NMAC Conference	Washington DC	Airfare	\$600 x 2 staff	\$ 1,200
NMAC Conference	Washington DC	Hotel	\$250/night x 3 nights x 2 staff	\$ 1,500
NMAC Conference	Washington DC	Per diem	\$60 x 3 days x 2 staff	\$ 360
US Conference on AIDS (USCA)	Washington DC	Airfare	\$600 x 2 staff	\$ 1,200
US Conference on AIDS (USCA)	Washington DC	Hotel	\$250/night x 4 nights x 2 staff	\$ 2,000
US Conference on AIDS (USCA)	Washington DC	Per diem	\$60 x 4 days x 2 staff	\$ 480

Staff Travel and Purpose (continued)	Location	Expense Item	Rate	Cost
NHCHC conference	Washington DC	Airfare	\$600 x 4 staff	\$ 2,400
NHCHC conference	Washington DC	Hotel	\$250/night x 3 x 4 staff	\$ 3,000
NHCHC conference	Washington DC	Per diem	\$60 x 3 days x 4 staff	\$ 720
			<b>Total Staff Travel:</b>	<b>\$ 18,614</b>

Consultant/Subcontractor Name	Service Description	Rate	Cost	
Compass Point	Group facilitation for client retreats	\$5,000 x 4 retreats	\$ 20,000	
			<b>Total Consultant</b>	<b>\$ 20,000</b>

Other Expense - Misc	Brief Description	Rate	Cost	
Lab Test fees	Processing fees for Quest Diagnostics	\$830/mo x 12 x 40%	\$ 3,984	
Medical waste removal	Fees for removal of medical waste products	\$1,800/mo x 12 x 50%	\$ 10,800	
eClinicalWorks	Electronic record system for patient data, maintenance fees	\$1,200/mo x 12 x 75%	\$ 10,800	
Art Program supplies	Paint, beads, canvas and other materials for art therapy program	\$300/mo x 12 mos	\$ 3,600	
			<b>Total Other- Misc</b>	<b>\$ 29,184</b>

Other Expense - Client Food/Incentives	Brief Description	Rate	Cost	
Client Food/Incentives	Food for program activities, breakfast/lunch programs	\$650/week x 51 weeks	\$ 33,150	
Client Food/Incentives	Client holiday party snacks/refreshments	\$1,545/holiday party x 1	\$ 1,545	
Client Food/Incentives	Client "Lunch and Learn" Education Group lunches	\$500 each x 12	\$ 6,000	
Client Food/Incentives	Client Picnic snacks/refreshments	\$500/picnic x 2	\$ 1,000	
Client Food/Incentives	Client Memorials snacks/refreshments	\$100/memorial x 4	\$ 400	
Client Food/Incentives	Client open-house event in drop-in center	\$945/open house x 1	\$ 945	
Client Food/Incentives	Consumer Advisory Board meetings snacks/refreshments	\$51.20/mtg x 12 mtgs	\$ 614	
			<b>Total Other - Client Food/Incentives</b>	<b>\$ 43,654</b>

<b>TOTAL OPERATING EXPENSES:</b>	<b>\$ 194,643</b>
<b>TOTAL DIRECT COSTS:</b>	<b>\$ 719,900</b>

**4) INDIRECT COSTS**

Salaries & benefits	\$49,497.00	\$ 49,497
Occupancy	\$4,712.00	\$ 4,712
Materials & supplies	\$1,333.00	\$ 1,333
General operating	\$1,266.00	\$ 1,266
Travel	\$238.00	\$ 238
Consultants	\$792.00	\$ 792
Other	\$6,952.00	\$ 6,952

<b>Indirect Rate: 9%</b>	
<b>TOTAL INDIRECT COSTS:</b>	<b>\$ 64,790</b>
<b>TOTAL EXPENSES:</b>	<b>\$ 784,690</b>

**UOS COST ALLOCATION BY SERVICE MODE**

		SERVICE MODES												Contract Totals
Personnel Expenses		Case Management Hours		Peer Advocacy Hours		Mental Health Counseling Hours		Peer Advocacy Group Hours		Mental Health & Substance Abuse Group Hours		Coordination & Evaluation Hours		
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Chief Medical Officer	0.25	4,950	11%	5,850	13%	5,850	13%	450	1%	2,250	5%	25,650	57%	45,000
Director of Programs	0.23	1,760	9%	3,715	19%	6,060	31%	1,955	10%	-	0%	6,060	31%	19,550
Assoc Dir, Hlth Svcs	0.10	2,250	30%	-	0%	2,625	35%	1,125	15%	375	5%	1,125	15%	7,500
Program Manager	1.00	14,850	27%	-	0%	26,400	48%	3,300	6%	550	1%	9,900	18%	55,000
Case Managers	3.30	147,246	92%	-	0%	12,804	8%	-	0%	-	0%	-	0%	160,050
Peer Navigators	2.00	-	0%	70,720	100%	-	0%	-	0%	-	0%	-	0%	70,720
Coordinatr	0.80	12,480	39%	-	0%	-	0%	13,760	43%	-	0%	5,760	18%	32,000
Engagement Specialist	0.80	17,920	70%	-	0%	5,120	20%	-	0%	-	0%	2,560	10%	25,600
<b>Total FTE &amp; Salaries</b>	<b>8.48</b>	<b>201,456</b>	<b>48.494%</b>	<b>80,285</b>	<b>19.326%</b>	<b>58,859</b>	<b>14.168%</b>	<b>20,590</b>	<b>4.956%</b>	<b>3,175</b>	<b>0.764%</b>	<b>51,055</b>	<b>12.290%</b>	<b>415,420</b>
Fringe Benefits	26.44%	53,265	48.494%	21,227	19.326%	15,562	14.168%	5,444	4.956%	840	0.764%	13,499	12.290%	109,837
<b>Total Personnel</b>		<b>254,720</b>	<b>48.494%</b>	<b>101,512</b>	<b>19.326%</b>	<b>74,421</b>	<b>14.168%</b>	<b>26,034</b>	<b>4.956%</b>	<b>4,015</b>	<b>0.764%</b>	<b>64,553</b>	<b>12.290%</b>	<b>525,257</b>
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Total</b>	
Total Occupancy	17,920	30%	29,867	50%	8,960	15%	1,195	2%	1,195	2%	597	1%	59,733	
Total Materials and Supplies	4,153	45.2%	2,150	23.4%	1,690	18.4%	184	2%	92	1%	919	10%	9,188	
Total General Operating	6,450	45.2%	3,268	22.9%	2,626	18.4%	285	2%	428	3%	1,213	8.5%	14,270	
Total Staff Travel	8,414	45.2%	4,263	22.9%	3,425	18.4%	372	2%	279	1.5%	1,861	10%	18,614	
Consultants/Subcontractor:	9,040	45.2%	4,580	22.9%	3,680	18.4%	300	1.5%	400	2%	2,000	10%	20,000	
Other - Misc	14,008	48%	1,459	5%	11,674	40%	584	2%	1,459	5%	-	0%	29,184	
Other - Client Food	21,827	50%	3,492	8%	7,858	18%	2,183	5%	4,365	10%	3,929	9%	43,654	
<b>Total Operating Expenses</b>	<b>81,812</b>	<b>42.032%</b>	<b>49,078</b>	<b>25.215%</b>	<b>39,913</b>	<b>20.506%</b>	<b>5,103</b>	<b>2.621%</b>	<b>8,218</b>	<b>4.222%</b>	<b>10,519</b>	<b>5.404%</b>	<b>194,643</b>	
<b>Total Direct Expenses</b>	<b>336,532</b>	<b>46.747%</b>	<b>150,590</b>	<b>20.918%</b>	<b>114,334</b>	<b>15.882%</b>	<b>31,137</b>	<b>4.325%</b>	<b>12,233</b>	<b>1.699%</b>	<b>75,073</b>	<b>10.428%</b>	<b>719,900</b>	
<b>Indirect Expenses</b>	<b>9%</b>	<b>30,288</b>	<b>46.747%</b>	<b>13,553</b>	<b>20.918%</b>	<b>10,290</b>	<b>15.882%</b>	<b>2,802</b>	<b>4.325%</b>	<b>1,101</b>	<b>1.699%</b>	<b>6,757</b>	<b>10.428%</b>	<b>64,790</b>
<b>TOTAL EXPENSES</b>		<b>366,820</b>	<b>46.747%</b>	<b>164,143</b>	<b>20.918%</b>	<b>124,624</b>	<b>15.882%</b>	<b>33,939</b>	<b>4.325%</b>	<b>13,334</b>	<b>1.699%</b>	<b>81,830</b>	<b>10.428%</b>	<b>784,690</b>
<b>UOS per Service Mode</b>		<b>4,186</b>		<b>2,033</b>		<b>1,328</b>		<b>268</b>		<b>92</b>		<b>515</b>		<b>8,422</b>
<b>Cost / UOS by Service Mode</b>		<b>\$87.63</b>		<b>\$80.73</b>		<b>\$93.84</b>		<b>\$126.64</b>		<b>\$144.93</b>		<b>\$158.83</b>		<b>N/A</b>
<b>UDC per Service Mode</b>		<b>200</b>		<b>200</b>		<b>155</b>		<b>100</b>		<b>30</b>		<b>NA</b>		<b>200</b>



**BUDGET JUSTIFICATION**

**1a) SALARIES**

<b>Staff Position 1: Chief Medical Officer</b>				
<b>Brief Duties</b>	oversees& leads agency hlth care svcs; oversight of linkage/integration w behavioral hlth, HIV testing, outreach; manages agency PrEP clinic & all related med care/outreach; leads all quality management efforts, including annual QA of all svcs and develops plans for CQI.			
<b>Min Quals</b>	MD license; certification in HIV med; strong record of leadership w HIV & exp w LGBT comm.			
<b>Annual Salary:</b>	<b>x FTE:</b>	<b>x Mos per Yr</b>	<b>Annualized if &lt; 12 mos</b>	<b>Total</b>
\$180,000.00	0.25	12	1.00	\$ 45,000
<b>Staff Position 2: Director of Programs</b>				
<b>Brief Duties</b>	leads dep providing outpt mental hlth, subs abuse, case mngmt, pt advocacy, pt navigation, outreach & community hlth ed svcs; drives strategic operational implementation of progs, carries out admin requirements for mission/vision; participates on sr leadership team.			
<b>Min Quals</b>	Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts.			
\$85,000.00	0.23	12	1.00	\$ 19,550
<b>Staff Position 3: Associate Director of Health Services</b>				
<b>Brief Duties</b>	provides clinical spvsn for Case Mngrs & mental hlth interns; clinical consultation/training to all staff; conducts mental hlth assessments.			
<b>Min Quals</b>	LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management.			
\$75,000.00	0.10	12	1.00	\$ 7,500
<b>Staff Position 4: Program Manager</b>				
<b>Brief Duties</b>	The program manager will provde day-to-day oversight of the TACE program and supervision of staff.			
<b>Min Quals</b>	Bachelor's degree with 2 years management level experience.			
\$55,000.00	1.00	12	1.00	\$ 55,000
<b>Staff Position 5: Case Managers</b>				
<b>Brief Duties</b>	Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators.			
<b>Min Quals</b>	Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp.			
\$48,500.00	3.30	12	1.00	\$ 160,050
<b>Staff Position 6: Peer Navigators</b>				
<b>Brief Duties</b>	conducts outreach/case finding; assists clients in accessing svcs and maintaining adherence to med regimens; provides peer cnsng, practical/emotional support; organizes treatment ed groups.			
<b>Min Quals</b>	High school diploma, bilingual proficiency, and 2 years of HIV or social service experience.			
\$35,360.00	2.00	12	1.00	\$ 70,720
<b>Staff Position 7: QA/Contracts Mngmt Coord</b>				
<b>Brief Duties</b>	Provides TACE monitoring to ensure outcome deliverables and performance goals are met. Responsible for overall contract quality assurance. Works continuously with program staff to deliver timely reports.			
<b>Min Quals</b>	Bachelor's degree and 3-5 years experience in program delivery and contract compliance.			
\$40,000.00	0.80	12	1.00	\$ 32,000
<b>Staff Position 6: Engagement Specialist</b>				
<b>Brief Duties</b>	provides clerical/admin support to prog staff; plans client events, organizes/facilitates grps; data entry/collection.			
<b>Min Quals</b>	Bachelor's or equivalent exp, computer, office skills, 2 yrs of admin experience.			
\$32,000.00	0.80	12	1.00	\$ 25,600

**Total FTE: 8.48**

**Total Salaries: \$ 415,420**

**1b) EMPLOYEE FRINGE BENEFITS:**

Component	Cost
Social Security	\$ 31,780
Retirement	\$ 5,982
Medical	\$ 64,598
Unemployment Insurance	\$ 3,323
Other (specify):	\$ 4,154
<b>Total Fringe Benefit:</b>	<b>\$ 109,837</b>
<b>Fringe Benefit %:</b>	<b>26.44%</b>
<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: \$ 525,257</b>	

**2) OPERATING EXPENSES:**

Occupancy Expense	Brief Description	Rate	Cost
Rent/facilities	project staff office, common & confidential mtg areas	\$435/mo./FTE	\$ 44,266
Utilities/maintenance	Janitorial, maintenance supplies, security for staff space	\$127/mo./FTE	\$ 12,924
Phone/Communication	phone, internet, email: prog & client communication/coordination	\$25/mo./FTE	\$ 2,544
<b>Total Occupancy:</b>			<b>\$ 59,733</b>

Materials & Supplies Expense	Brief Description	Rate	Cost
Supplies/Postage	General office supplies for program related projects	\$30.20/mo./FTE	\$ 3,073
Printing/reproduction	Brochures and pamphlets for outreach	\$0.50 ea x 2,000 copies	\$ 1,000
Program/Ed Supplies	Educational materials for treatment grps/case finding	\$45/mo.	\$ 540
Program Supplies	Hygiene kits, condoms, and other program supplies	\$4,575	\$ 4,575
<b>Total Materials &amp; Supplies:</b>			<b>\$ 9,188</b>

General Operating Expense	Brief Description	Rate	Cost
Insurance	Liability for project staff office, drop-in, grp svcs areas	\$43/mo./FTE	\$ 4,376
Equipment rental	Copier, phone, voicemail equip lease/maintenance	\$25/mo./FTE	\$ 2,544
Staff Development & Training	Deescalation training	3000	\$ 3,000
	CPR training = \$850	850	\$ 850
Conference	HIV Prevention conf. = \$500 x 1 staff	500	\$ 500
Registration Fees	Ntnl. Healthcare for the Homeless conf = \$1,000 x 3 staff	\$3,000	\$ 3,000
<b>Total General Operating:</b>			<b>\$ 14,270</b>

Staff Travel and Purpose	Location	Expense Item	Rate	Cost
MUNI tokens to escort clients to appts	Local	MUNI tokens	\$2 ea x 176 UDC x 12 appts	\$ 4,224
National HIV Prevention Conference	Miami, FL	Airfare	\$600 x 1 staff	\$ 600
National HIV Prevention Conference	Miami, FL	Hotel	\$250/night x 3 nights x 1 staff	\$ 750
National HIV Prevention Conference	Miami, FL	Per diem	\$60 x 3 days x 1 staff	\$ 180
NMAC Conference	Washington DC	Airfare	\$600 x 2 staff	\$ 1,200
NMAC Conference	Washington DC	Hotel	\$250/night x 3 nights x 2 staff	\$ 1,500
NMAC Conference	Washington DC	Per diem	\$60 x 3 days x 2 staff	\$ 360
US Conference on AIDS (USCA)	Washington DC	Airfare	\$600 x 2 staff	\$ 1,200
US Conference on AIDS (USCA)	Washington DC	Hotel	\$250/night x 4 nights x 2 staff	\$ 2,000
US Conference on AIDS (USCA)	Washington DC	Per diem	\$60 x 4 days x 2 staff	\$ 480

Staff Travel and Purpose (continued)	Location	Expense Item	Rate	Cost
NHCHC conference	Washington DC	Airfare	\$600 x 4 staff	\$ 2,400
NHCHC conference	Washington DC	Hotel	\$250/night x 3 x 4 staff	\$ 3,000
NHCHC conference	Washington DC	Per diem	\$60 x 3 days x 4 staff	\$ 720
			<b>Total Staff Travel:</b>	<b>\$ 18,614</b>

Consultant/Subcontractor Name	Service Description	Rate	Cost
Compass Point	Group facilitation for client retreats	\$5,000 x 4 retreats	\$ 20,000
		<b>Total Consultant</b>	<b>\$ 20,000</b>

Other Expense - Misc	Brief Description	Rate	Cost
Lab Test fees	Processing fees for Quest Diagnostics	\$830/mo x 12 x 40%	\$ 3,984
Medical waste removal	Fees for removal of medical waste products	\$1,800/mo x 12 x 50%	\$ 10,800
eClinicalWorks	Electronic record system for patient data, maintenance fees	\$1,200/mo x 12 x 75%	\$ 10,800
Art Program supplies	Paint, beads, canvas and other materials for art therapy program	\$300/mo x 12 mos	\$ 3,600
		<b>Total Other- Misc</b>	<b>\$ 29,184</b>

Other Expense - Client Food/Incentives	Brief Description	Rate	Cost
Client Food/Incentives	Food for program activities, breakfast/lunch programs	\$650/week x 51 weeks	\$ 33,150
Client Food/Incentives	Client holiday party snacks/refreshments	\$1,545/holiday party x 1	\$ 1,545
Client Food/Incentives	Client "Lunch and Learn" Education Group lunches	\$500 each x 12	\$ 6,000
Client Food/Incentives	Client Picnic snacks/refreshments	\$500/picnic x 2	\$ 1,000
Client Food/Incentives	Client Memorials snacks/refreshments	\$100/memorial x 4	\$ 400
Client Food/Incentives	Client open-house event in drop-in center	\$945/open house x 1	\$ 945
Client Food/Incentives	Consumer Advisory Board meetings snacks/refreshments	\$51.20/mtg x 12 mtgs	\$ 614
		<b>Total Other - Client Food/Incentives</b>	<b>\$ 43,654</b>

<b>TOTAL OPERATING EXPENSES:</b>	<b>\$ 194,643</b>
<b>TOTAL DIRECT COSTS:</b>	<b>\$ 719,900</b>

**4) INDIRECT COSTS**

Salaries & benefits	\$49,497.00	\$ 49,497
Occupancy	\$4,712.00	\$ 4,712
Materials & supplies	\$1,333.00	\$ 1,333
General operating	\$1,266.00	\$ 1,266
Travel	\$238.00	\$ 238
Consultants	\$792.00	\$ 792
Other	\$6,952.00	\$ 6,952

Indirect Rate: 9%

<b>TOTAL INDIRECT COSTS:</b>	<b>\$ 64,790</b>
<b>TOTAL EXPENSES:</b>	<b>\$ 784,690</b>

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	FTE	SERVICE MODES												Contract Totals
		Case Management Hours		Peer Advocacy Hours		Mental Health Counseling Hours		Peer Advocacy Group Hours		Mental Health & Substance Abuse Group Hours		Coordination & Evaluation Hours		
		Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Chief Medical Officer	0.25	4,950	11%	5,850	13%	5,850	13%	450	1%	2,250	5%	25,650	57%	45,000
Director of Programs	0.23	1,760	9%	3,715	19%	6,060	31%	1,955	10%	-	0%	6,060	31%	19,550
Assoc Dir, Hlth Svcs	0.10	2,250	30%	-	0%	2,625	35%	1,125	15%	375	5%	1,125	15%	7,500
Program Manager	1.00	14,850	27%	-	0%	26,400	48%	3,300	6%	550	1%	9,900	18%	55,000
Case Managers	3.30	147,246	92%	-	0%	12,804	8%	-	0%	-	0%	-	0%	160,050
Peer Navigators	2.00	-	0%	70,720	100%	-	0%	-	0%	-	0%	-	0%	70,720
QA/Contracts Coordinatr	0.80	12,480	39%	-	0%	-	0%	13,760	43%	-	0%	5,760	18%	32,000
Engagement Specialist	0.80	17,920	70%	-	0%	5,120	20%	-	0%	-	0%	2,560	10%	25,600
<b>Total FTE &amp; Salaries</b>	<b>8.48</b>	<b>201,456</b>	<b>48.494%</b>	<b>80,285</b>	<b>19.326%</b>	<b>58,859</b>	<b>14.168%</b>	<b>20,590</b>	<b>4.956%</b>	<b>3,175</b>	<b>0.764%</b>	<b>51,055</b>	<b>12.290%</b>	<b>415,420</b>
Fringe Benefits	26.44%	53,265	48.494%	21,227	19.326%	15,562	14.168%	5,444	4.956%	840	0.764%	13,499	12.290%	109,837
<b>Total Personnel</b>		<b>254,720</b>	<b>48.494%</b>	<b>101,512</b>	<b>19.326%</b>	<b>74,421</b>	<b>14.168%</b>	<b>26,034</b>	<b>4.956%</b>	<b>4,015</b>	<b>0.764%</b>	<b>64,553</b>	<b>12.290%</b>	<b>525,257</b>
<b>Operating Expenses</b>		<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Total</b>
Total Occupancy		17,920	30%	29,867	50%	8,960	15%	1,195	2%	1,195	2%	597	1%	59,733
Total Materials and Supplies		4,153	45.2%	2,150	23.4%	1,690	18.4%	184	2%	92	1%	919	10%	9,188
Total General Operating		6,450	45.2%	3,268	22.9%	2,626	18.4%	285	2%	428	3%	1,213	8.5%	14,270
Total Staff Travel		8,414	45.2%	4,263	22.9%	3,425	18.4%	372	2%	279	1.5%	1,861	10%	18,614
Consultants/Subcontractor:		9,040	45.2%	4,580	22.9%	3,680	18.4%	300	1.5%	400	2%	2,000	10%	20,000
Other - Misc		14,008	48%	1,459	5%	11,674	40%	584	2%	1,459	5%	-	0%	29,184
Other - Client Food		21,827	50%	3,492	8%	7,858	18%	2,183	5%	4,365	10%	3,929	9%	43,654
<b>Total Operating Expenses</b>		<b>81,812</b>	<b>42.032%</b>	<b>49,078</b>	<b>25.215%</b>	<b>39,913</b>	<b>20.506%</b>	<b>5,103</b>	<b>2.621%</b>	<b>8,218</b>	<b>4.222%</b>	<b>10,519</b>	<b>5.404%</b>	<b>194,643</b>
<b>Total Direct Expenses</b>		<b>336,532</b>	<b>46.747%</b>	<b>150,590</b>	<b>20.918%</b>	<b>114,334</b>	<b>15.882%</b>	<b>31,137</b>	<b>4.325%</b>	<b>12,233</b>	<b>1.699%</b>	<b>75,073</b>	<b>10.428%</b>	<b>719,900</b>
Indirect Expenses	9%	30,288	46.747%	13,553	20.918%	10,290	15.882%	2,802	4.325%	1,101	1.699%	6,757	10.428%	64,790
<b>TOTAL EXPENSES</b>		<b>366,820</b>	<b>46.747%</b>	<b>164,143</b>	<b>20.918%</b>	<b>124,624</b>	<b>15.882%</b>	<b>33,939</b>	<b>4.325%</b>	<b>13,334</b>	<b>1.699%</b>	<b>81,830</b>	<b>10.428%</b>	<b>784,690</b>
<b>UOS per Service Mode</b>		<b>4,186</b>		<b>2,033</b>		<b>1,328</b>		<b>268</b>		<b>92</b>		<b>515</b>		<b>8,422</b>
<b>Cost / UOS by Service Mode</b>		<b>\$87.63</b>		<b>\$80.73</b>		<b>\$93.87</b>		<b>\$126.64</b>		<b>\$144.93</b>		<b>\$158.83</b>		<b>N/A</b>
<b>UDC per Service Mode</b>		<b>200</b>		<b>200</b>		<b>155</b>		<b>100</b>		<b>30</b>		<b>N/A</b>		<b>200</b>

**BUDGET JUSTIFICATION**

**1a) SALARIES**

Staff Position 1: Chief Medical Officer				
Brief Duties	oversees & leads agency hlth care svcs; oversight of linkage/integration w behavioral hlth, HIV testing, outreach; manages agency PrEP clinic & all related med care/outreach; leads all quality management efforts, including annual QA of all svcs and develops plans for CQI.			
Min Quals	MD license; certification in HIV med; strong record of leadership w HIV & exp w LGBT comm.			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total
\$180,000.00	0.25	12	1.00	\$ 45,000
Staff Position 2: Director of Programs				
Brief Duties	leads dep providing outpt mental hlth, subs abuse, case mngmt, pt advocacy, pt navigation, outreach & community hlth ed svcs; drives strategic operational implementation of progs, carries out admin requirements for mission/vision; participates on sr leadership team.			
Min Quals	Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts.			
\$85,000.00	0.23	12	1.00	\$ 19,550
Staff Position 3: Associate Director of Health Services				
Brief Duties	provides clinical spvsn for Case Mngrs & mental hlth interns; clinical consultation/training to all staff; conducts mental hlth assessments.			
Min Quals	LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management.			
\$75,000.00	0.10	12	1.00	\$ 7,500
Staff Position 4: Program Manager				
Brief Duties	The program manager will provide day-to-day oversight of the TACE program and supervision of staff.			
Min Quals	Bachelor's degree with 2 years management level experience.			
\$55,000.00	1.00	12	1.00	\$ 55,000
Staff Position 5: Case Managers				
Brief Duties	Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators.			
Min Quals	Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp.			
\$48,500.00	3.30	12	1.00	\$ 160,050
Staff Position 6: Peer Navigators				
Brief Duties	conducts outreach/case finding; assists clients in accessing svcs and maintaining adherence to med regimens; provides peer cnsng, practical/emotional support; organizes treatment ed groups.			
Min Quals	High school diploma, bilingual proficiency, and 2 years of HIV or social service experience.			
\$35,360.00	2.00	12	1.00	\$ 70,720
Staff Position 7: QA/Contracts Mngmt Coord				
Brief Duties	Provides TACE monitoring to ensure outcome deliverables and performance goals are met. Responsible for overall contract quality assurance. Works continuously with program staff to deliver timely reports.			
Min Quals	Bachelor's degree and 3-5 years experience in program delivery and contract compliance.			
\$40,000.00	0.80	12	1.00	\$ 32,000
Staff Position 6: Engagement Specialist				
Brief Duties	provides clerical/admin support to prog staff; plans client events, organizes/facilitates grps; data entry/collection.			
Min Quals	Bachelor's or equivalent exp, computer, office skills, 2 yrs of admin experience.			
\$32,000.00	0.80	12	1.00	\$ 25,600
<b>Total FTE:</b>		<b>8.48</b>	<b>Total Salaries: \$ 415,420</b>	

**1b) EMPLOYEE FRINGE BENEFITS:**

Component	Cost
Social Security	\$ 31,780
Retirement	\$ 5,982
Medical	\$ 64,598
Unemployment Insurance	\$ 3,323
Other (specify):	\$ 4,154
<b>Total Fringe Benefit: \$ 109,837</b>	
<b>Fringe Benefit %: 26.44%</b>	
<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: \$ 525,257</b>	

**2) OPERATING EXPENSES:**

Occupancy Expense	Brief Description	Rate	Cost
Rent/facilities	project staff office, common & confidential mtg areas	\$435/mo./FTE	\$ 44,266
Utilities/maintenance	Janitorial, maintenance supplies, security for staff space	\$127/mo./FTE	\$ 12,924
Phone/Communication	phone, internet, email: prog & client communication/coordination	\$25/mo./FTE	\$ 2,544
<b>Total Occupancy:</b>			<b>\$ 59,733</b>

Materials & Supplies Expense	Brief Description	Rate	Cost
Supplies/Postage	General office supplies for program related projects	\$30.20/mo./FTE	\$ 3,073
Printing/reproduction	Brochures and pamphlets for outreach	\$0.50 ea x 2,000 copies	\$ 1,000
Program/Ed Supplies	Educational materials for treatment grps/case finding	\$45/mo.	\$ 540
Program Supplies	Hygiene kits, condoms, and other program supplies	\$4,575	\$ 4,575
<b>Total Materials &amp; Supplies:</b>			<b>\$ 9,188</b>

General Operating Expense	Brief Description	Rate	Cost
Insurance	Liability for project staff office, drop-in, grp svcs areas	\$43/mo./FTE	\$ 4,376
Equipment rental	Copier, phone, voicemail equip lease/maintenance	\$25/mo./FTE	\$ 2,544
Staff Development & Training	Deescalation training	3000	\$ 3,000
	CPR training = \$850	850	\$ 850
Conference	HIV Prevention conf. = \$500 x 1 staff	500	\$ 500
Registration Fees	Ntnl. Healthcare for the Homeless conf = \$1,000 x 3 staff	\$3,000	\$ 3,000
<b>Total General Operating:</b>			<b>\$ 14,270</b>

Staff Travel and Purpose	Location	Expense Item	Rate	Cost
MUNI tokens to escort clients to appts	Local	MUNI tokens	\$2 ea x 176 UDC x 12 appts	\$ 4,224
National HIV Prevention Conference	Miami, FL	Airfare	\$600 x 1 staff	\$ 600
National HIV Prevention Conference	Miami, FL	Hotel	\$250/night x 3 nights x 1 staff	\$ 750
National HIV Prevention Conference	Miami, FL	Per diem	\$60 x 3 days x 1 staff	\$ 180
NMAC Conference	Washington DC	Airfare	\$600 x 2 staff	\$ 1,200
NMAC Conference	Washington DC	Hotel	\$250/night x 3 nights x 2 staff	\$ 1,500
NMAC Conference	Washington DC	Per diem	\$60 x 3 days x 2 staff	\$ 360
US Conference on AIDS (USCA)	Washington DC	Airfare	\$600 x 2 staff	\$ 1,200
US Conference on AIDS (USCA)	Washington DC	Hotel	\$250/night x 4 nights x 2 staff	\$ 2,000
US Conference on AIDS (USCA)	Washington DC	Per diem	\$60 x 4 days x 2 staff	\$ 480

Staff Travel and Purpose (continued)	Location	Expense Item	Rate	Cost
NHCHC conference	Washington DC	Airfare	\$600 x 4 staff	\$ 2,400
NHCHC conference	Washington DC	Hotel	\$250/night x 3 x 4 staff	\$ 3,000
NHCHC conference	Washington DC	Per diem	\$60 x 3 days x 4 staff	\$ 720
			<b>Total Staff Travel:</b>	<b>\$ 18,614</b>

Consultant/Subcontractor Name	Service Description	Rate	Cost
Compass Point	Group facilitation for client retreats	\$5,000 x 4 retreats	\$ 20,000
		<b>Total Consultant</b>	<b>\$ 20,000</b>

Other Expense - Misc	Brief Description	Rate	Cost
Lab Test fees	Processing fees for Quest Diagnostics	\$830/mo x 12 x 40%	\$ 3,984
Medical waste removal	Fees for removal of medical waste products	\$1,800/mo x 12 x 50%	\$ 10,800
eClinicalWorks	Electronic record system for patient data, maintenance fees	\$1,200/mo x 12 x 75%	\$ 10,800
Art Program supplies	Paint, beads, canvas and other materials for art therapy program	\$300/mo x 12 mos	\$ 3,600
		<b>Total Other- Misc</b>	<b>\$ 29,184</b>

Other Expense - Client Food/Incentives	Brief Description	Rate	Cost
Client Food/Incentives	Food for program activities, breakfast/lunch programs	\$650/week x 51 weeks	\$ 33,150
Client Food/Incentives	Client holiday party snacks/refreshments	\$1,545/holiday party x 1	\$ 1,545
Client Food/Incentives	Client "Lunch and Learn" Education Group lunches	\$500 each x 12	\$ 6,000
Client Food/Incentives	Client Picnic snacks/refreshments	\$500/picnic x 2	\$ 1,000
Client Food/Incentives	Client Memorials snacks/refreshments	\$100/memorial x 4	\$ 400
Client Food/Incentives	Client open-house event in drop-in center	\$945/open house x 1	\$ 945
Client Food/Incentives	Consumer Advisory Board meetings snacks/refreshments	\$51.20/mtg x 12 mtgs	\$ 614
		<b>Total Other - Client Food/Incentives</b>	<b>\$ 43,654</b>

<b>TOTAL OPERATING EXPENSES:</b>	<b>\$ 194,643</b>
<b>TOTAL DIRECT COSTS:</b>	<b>\$ 719,900</b>

**4) INDIRECT COSTS**

Salaries & benefits	\$49,497.00	\$ 49,497
Occupancy	\$4,712.00	\$ 4,712
Materials & supplies	\$1,333.00	\$ 1,333
General operating	\$1,266.00	\$ 1,266
Travel	\$238.00	\$ 238
Consultants	\$792.00	\$ 792
Other	\$6,952.00	\$ 6,952

Indirect Rate: 9%

<b>TOTAL INDIRECT COSTS:</b>	<b>\$ 64,790</b>
<b>TOTAL EXPENSES:</b>	<b>\$ 784,690</b>

**Appendix C  
Reserved**



**Appendix D  
Additional Terms**

**1. PROTECTED HEALTH INFORMATION AND BAA**

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information.

The parties acknowledge that CONTRACTOR is one of the following:

- CONTRACTOR will render services under this contract that include possession or knowledge of identifiable Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY. Specifically, CONTRACTOR will do one or more of the following:

- Create PHI
- Receive PHI
- Maintain PHI
- Transmit PHI and/or
- Access PHI

**The Business Associate Agreement (BAA) in Appendix E is required and is incorporated into this Agreement by reference as though fully set forth herein. Please note that BAA requires attachments to be completed.**

- CONTRACTOR will not have knowledge of, create, receive, maintain, transmit, or have access to any Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY.

**The Business Associate Agreement is not required.**

**2. THIRD PARTY BENEFICIARIES**

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

**3. CERTIFICATION REGARDING LOBBYING**

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

- A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of

any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

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

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

D. 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.

#### **4. MATERIALS REVIEW**

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

#### **5. EMERGENCY RESPONSE**

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

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



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## 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 Asian and Pacific Islander Wellness Center (“Contractor”), the Business Associate (“BA”), dated 05/01/2017 (CMS #7870) (“Agreement”). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

**RECITALS**

A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

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

**1. Definitions.**

a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person



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## Business Associate Agreement

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 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 chief integrity or compliance officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.



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**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 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 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 six (6) 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





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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 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.



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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 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).]



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**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 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



San Francisco Department of Public Health

Business Associate Agreement

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 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 10/29/2015

Attachment 2 – SFDPH Data Security Attestation, version 10/29/2015

Attachment 3 – SFDPH Compliance Attestation, version 10/29/2015

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](mailto:compliance.privacy@sfdph.org)

Hotline (Toll-Free): 1-855-729-6040

Organization Name:	Contractor City Vendor ID
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**SFDPH PRIVACY ATTESTATION**

This Attestation is to be completed by Contractors and Data Trading Partners that are required to abide by the SFDPH Business Associates Agreement (BAA) in compliance with the Health Information Portability and Accountability Act (HIPAA) and other patient confidentiality laws and regulations. **INSTRUCTIONS:** File and retain completed Attestations for a period of 7 years. Please be prepared to submit your completed Attestations, along with evidence of the following, when and if requested to do so.

Yes	No*	DOES YOUR ORGANIZATION...	Phone #	Email:
<input type="checkbox"/>	<input type="checkbox"/>	Have formal Privacy Policies? (use of SFDPH Privacy Policies will suffice for "yes")		
<input type="checkbox"/>	<input type="checkbox"/>	Have a designated Privacy Officer? The Privacy Officer is your organization's designated person who will authorize your employee's "Systems Access Request (SAR) Form". [Note: SARs will NOT be processed by SFDPH without this person's signature.]		
<input type="checkbox"/>	<input type="checkbox"/>	Require Privacy Training for all employees who have access to PHI upon hire and annually thereafter? (Use of SFDPH Privacy/Data Security Training will suffice for "yes"). [Beginning in FY1516, DPH will require document retention for 7 years.]		
<input type="checkbox"/>	<input type="checkbox"/>	Have proof that employees upon hire, and annually thereafter, have signed the SFDPH "User Confidentiality, Security, and Electronic Signature Form"? [Beginning in FY1516, DPH will require document retention for 7 years.]		
<input type="checkbox"/>	<input type="checkbox"/>	Have evidence that SFDPH was notified to de-provision employees who have access to SFDPH PHI within 2 business days for regular terminations and within 24 hours for terminations due to cause?		
<input type="checkbox"/>	<input type="checkbox"/>	Assure that staff who download, create, or transfer PHI offsite (via laptop, USB/thumb-drive, handheld), have prior supervisory authorization to do so AND that PHI is only transferred or created on devices that are encrypted?		
<input type="checkbox"/>	<input type="checkbox"/>	Have (or will have if/when applicable) BAAs with subcontractors or vendors who create, receive, maintain or transmit SFDPH PHI.		

Does your organization serve patients/clients for or on behalf of DPH? If YES, answer h-k. If NO, these questions are not applicable, please go directly to ATTEST.

Yes	No*	DOES YOUR ORGANIZATION...
<input type="checkbox"/>	<input type="checkbox"/>	Have evidence in each patient's/client's chart or electronic file that the Privacy Notice was provided in the patient's language (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms are available from SFDPH).
<input type="checkbox"/>	<input type="checkbox"/>	Have visibly posted 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"/>	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Federal Privacy Rule) are obtained PRIOR to releasing a patient's/clients health information?

**ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct.**

ATTESTED by Privacy Officer	Signature	Date
ATTESTED by CEO / Exec Director	Signature	Date
ATTESTED by Chair, Board of Directors / Trustees	Signature	Date

\* EXCEPTIONS: If you have answered "NO" to any question in A-G or H-K (if applicable), please contact OCPA at [compliance.privacy@stdph.org](mailto:compliance.privacy@stdph.org) or call 1-855-729-6040 for a consultation. Any "No" answers will need to be reviewed and approved as exceptions by OCPA.

EXCEPTION(S) APPROVED by OCPA	Date
Signature	Date

Organization Name:	Contractor City Vendor ID
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**SFDPH DATA SECURITY ATTESTATION**

This Attestation is to be completed by Contractors and Data Trading Partners that are required to abide by the SFDPH Business Associates Agreement in compliance with the Health Information Portability and Accountability Act (HIPAA, ADMINISTRATIVE 45 CFR 164.308(a)(8)), Health Information Technology for Economic and Clinical Health Act (HITECH), and the American Institute of Certified Public Accountants (AICPA) requirements. **INSTRUCTIONS:** File and retain completed Attestations for a period of 7 years. Please be prepared to submit your completed Attestations, along with evidence of the following, when and if requested to do so.

YES	NO*	DOES YOUR ORGANIZATION...
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? [Beginning in FY1516, DPH will require document retention for 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
C		Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report
D		Have a formal Data Security Awareness Program? Have a designated Security Officer? If yes: IT Security Officer
E		Require Data Security training for all employees who have access to PHI upon hire and annually thereafter? (Use of SFDPH Privacy/Data Security Training will suffice for "yes".) [Beginning in FY1516, DPH will require document retention for 7 years.]
F		Have policies and procedures to detect, contain, and correct security violations? (Use of SFDPH Privacy Policies will suffice for "yes".)
G		Have (or will have if/when applicable) Business Associate Agreements with subcontractors or vendors who create, receive, maintain or transmit SFDPH PHI.
H		Have (or will have if/when applicable) a diagram (of how SFDPH data flows between your organization and this downstream or 3rd party entity (including named users, access methods, on-premise data hosts, processing systems, etc.)?

**ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct.**

ATTESTED by Data Security Officer	Name (print)	Signature	Date
ATTESTED by CEO / Exec Director	Name (print)	Signature	Date
ATTESTED by Chair, Board of Directors / Trustees	Name (print)	Signature	Date

\* **EXCEPTIONS:** If you have answered "NO" to any question, please contact OCPA at [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) or call 1-855-729-6040 for a consultation. Any "No" answers will need to be reviewed and approved as exceptions by OCPA.

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

Organization Name:	Contractor City Vendor ID
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**SFPDH COMPLIANCE ATTESTATION**

This Attestation is to be completed by Contractors and Data Trading Partners that are required to abide by the SFPDH Business Associates Agreement in compliance with Medicare Medicaid Conditions of Participation, False Claims Act and other ethics/compliance laws and regulations. **INSTRUCTIONS:** File and retain completed Attestations for a period of 7 years. Please be prepared to submit your completed Attestations, along with evidence of the following, when and if requested to do so.

YES	NO*	DOES YOUR ORGANIZATION...
<input type="checkbox"/>	<input type="checkbox"/>	A Have a formal Compliance Program?
<input type="checkbox"/>	<input type="checkbox"/>	B Have a designated Compliance Officer? If yes: Compliance Officer Name Phone # Email:
<input type="checkbox"/>	<input type="checkbox"/>	C Require all employees who have access to SFPDH Systems or PHI to take Compliance training upon hire and annually thereafter? (Use of SFPDH compliance training will suffice for "yes".) [Beginning in FY1516, DPH will require you to retain these records for 7 years.]
<input type="checkbox"/>	<input type="checkbox"/>	D Have proof that employees upon hire, and annually thereafter, have signed agreement to the SFPDH "Code of Conduct"? [Beginning in FY1516, DPH will require document retention for 7 years.]
<input type="checkbox"/>	<input type="checkbox"/>	E Have mechanisms in place to identify and promptly respond to compliance deficiencies and report to the SFPDH all identified compliance deficiencies related to services that were billed by SFPDH or that could jeopardize your organization's continued participation in government health care programs, including Medicare or Medi-Cal funded programs?
<input type="checkbox"/>	<input type="checkbox"/>	F Publicize and promote the SFPDH Compliance and Privacy Hotline number (1-855-729-6040) or the City's Whistleblower Program including posting a notice of whistleblower protections in staff areas where it can be seen?
<input type="checkbox"/>	<input type="checkbox"/>	G Have a Code of Conduct or Ethics policy that includes a mechanism for staff to confidentially and anonymously report potential compliance concerns as well as a strict non-retaliation policy (Use of SFPDH Compliance policies will suffice for "yes".)?
<input type="checkbox"/>	<input type="checkbox"/>	H Have mechanisms in place to review the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) exclusion lists upon initial hire and monthly thereafter to ensure that no employee, temporary employee, volunteer, consultant, or governing body member responsible for administering or delivering Federal Healthcare Program services is excluded from (may not work in) a federal health care program? [False Claims Act]
<input type="checkbox"/>	<input type="checkbox"/>	I Require (or will require, if/when applicable) subcontractors/vendors to comply with all requirements in this Attestation?

**ATTEST:** Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct.

ATTESTED by Compliance Officer	Name (print)	Signature	Date
ATTESTED by CEO / Exec Director	Name (print)	Signature	Date
ATTESTED by Chair, Board of Directors / Trustees	Name (print)	Signature	Date

\* EXCEPTIONS: If you have answered "NO" to any question, please contact OCPA at [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) or call 1-855-729-6040 for a consultation. Any "No" answers will need to be reviewed and approved as exceptions by OCPA.

EXCEPTION(S) APPROVED by OCPA	Name (print)	Signature	Date
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1  
05/01/17 - 02/28/18  
PAGE A

Contractor: Asian and Pacific Islander Wellness Center  
Address: 730 Polk Street, 4th Floor  
San Francisco, CA 94109

CMS #  
7870

Invoice Number  
A-1MAY17

Telephone: 415-292-3420  
Fax: 415-292-3402



Contract Purchase Order No: \_\_\_\_\_

Funding Source: RWPA

Grant Code/Detail: \_\_\_\_\_

Project Code/Detail: \_\_\_\_\_

Program Name: Integrated Medical Case Management - Ohana

Invoice Period: 05/1/17 - 05/31/17

ACE Control #: \_\_\_\_\_

FINAL Invoice  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Case Management Hours	939	51							939	51
Peer Advocacy Hours	306	26							306	26
Treatment Adherence Individual Hours	178	22							178	22
Treatment Adherence Group Hours	15	26							15	26

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		51			51

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$67,298				\$67,298.00
Fringe Benefits	\$17,793				\$17,793.00
<b>Total Personnel Expenses</b>	<b>\$85,091</b>				<b>\$85,091.00</b>
<b>Operating Expenses:</b>					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$9,862				\$9,862.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,209				\$1,209.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$1,142				\$1,142.00
Staff Travel - (e.g., Local & Out of Town)	\$510				\$510.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,400				\$2,400.00
<b>Total Operating Expenses</b>	<b>\$15,123</b>				<b>\$15,123.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$100,214</b>				<b>\$100,214.00</b>
Indirect Expenses	\$9,019				\$9,019.00
<b>TOTAL EXPENSES</b>	<b>\$109,233</b>				<b>\$109,233.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1a  
03/01/18 - 02/28/19  
PAGE A

**Contractor: Aslan and Pacific Islander Wellness Center**  
Address: 730 Polk Street, 4th Floor  
San Francisco, CA 94109

Telephone: 415-292-3420  
Fax: 415-292-3402



Program Name: Integrated Medical Case Management - Ohana

ACE Control #:

CMS #  Invoice Number

Contract Purchase Order No:

Funding Source:

Grant Code/Detail:

Project Code/Detail:

Invoice Period:

FINAL Invoice  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Case Management Hours	1,136	58							1,136	58
Peer Advocacy Hours	371	30							371	30
Treatment Adherence Individual Hours	215	25							215	25
Treatment Adherence Group Hours	18	30							18	30

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		58			58

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$80,758				\$80,758.00
Fringe Benefits	\$21,353				\$21,353.00
<b>Total Personnel Expenses</b>	<b>\$102,111</b>				<b>\$102,111.00</b>
<b>Operating Expenses:</b>					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$11,834				\$11,834.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,399				\$1,399.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$1,371				\$1,371.00
Staff Travel - (e.g., Local & Out of Town)	\$742				\$742.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,800				\$2,800.00
<b>Total Operating Expenses</b>	<b>\$18,146</b>				<b>\$18,146.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$120,257</b>				<b>\$120,257.00</b>
Indirect Expenses	\$10,823				\$10,823.00
<b>TOTAL EXPENSES</b>	<b>\$131,080</b>				<b>\$131,080.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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 San Francisco, CA 94103 Attn: Contract Payments	By:	_____ (DPH Authorized Signatory)	Date:	_____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1a  
03/01/18 - 02/28/19  
PAGE B

**Contractor: Asian and Pacific Islander Wellness Center**  
Address: 730 Polk Street, 4th Floor  
San Francisco, CA 94109

Telephone: 415-292-3420  
Fax: 415-292-3402

Program Name: Integrated Medical Case Management - Ohana

ACE Control #:

Invoice Number

**A-1MAR18**

Contract Purchase Order No:

Fund Source: **RWPA**

Grant Code/Detail:

Project Code/Detail:

Invoice Period: **03/1/18 - 03/31/18**

FINAL Invoice  (check if Yes)

**DETAIL PERSONNEL EXPENDITURES**

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Chief Medical Officer	0.01	\$1,800				\$1,800.00
Director of Programs	0.07	\$5,950				\$5,950.00
Assoc Director Health Svcs	0.10	\$7,500				\$7,500.00
Case Managers	1.00	\$48,500				\$48,500.00
Peer Navigator	0.30	\$10,608				\$10,608.00
Client Engagement Specialist	0.20	\$6,400				\$6,400.00
<b>TOTAL SALARIES</b>	<b>1.68</b>	<b>\$80,758</b>				<b>\$80,758.00</b>

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

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

APPENDIX F-1b  
03/01/19 - 02/29/20  
PAGE A

Contractor: Asian and Pacific Islander Wellness Center  
Address: 730 Polk Street, 4th Floor  
San Francisco, CA 94109

CMS #  
7870

Invoice Number  
A-1MAR19

Telephone: 415-292-3420  
Fax: 415-292-3402



Contract Purchase Order No: \_\_\_\_\_

Funding Source: RWPA

Grant Code/Detail: \_\_\_\_\_

Project Code/Detail: \_\_\_\_\_

Program Name: Integrated Medical Case Management - Ohana

Invoice Period: 03/1/19 - 03/31/19

ACE Control #: \_\_\_\_\_

FINAL Invoice  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Case Management Hours	1,136	58							1,136	58
Peer Advocacy Hours	371	30							371	30
Treatment Adherence Individual Hours	215	25							215	25
Treatment Adherence Group Hours	18	30							18	30

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		58			58

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$80,758				\$80,758.00
Fringe Benefits	\$21,353				\$21,353.00
<b>Total Personnel Expenses</b>	<b>\$102,111</b>				<b>\$102,111.00</b>
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$11,834				\$11,834.00
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,399				\$1,399.00
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$1,371				\$1,371.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)	\$742				\$742.00
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,800				\$2,800.00
<b>Total Operating Expenses</b>	<b>\$18,146</b>				<b>\$18,146.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$120,257</b>				<b>\$120,257.00</b>
Indirect Expenses	\$10,823				\$10,823.00
<b>TOTAL EXPENSES</b>	<b>\$131,080</b>				<b>\$131,080.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1b  
03/01/19 - 02/29/20  
PAGE B

Contractor: **Asian and Pacific Islander Wellness Center**  
Address: **730 Polk Street, 4th Floor**  
**San Francisco, CA 94109**

Telephone: **415-292-3420**  
Fax: **415-292-3402**

Program Name: **Integrated Medical Case Management - Ohana**

ACE Control #:

Invoice Number

**A-1MAR19**

Contract Purchase Order No:

Fund Source: **RWPA**

Grant Code/Detail:

Project Code/Detail:

Invoice Period: **03/1/19 - 03/31/19**

FINAL Invoice  (check if Yes)

**DETAIL PERSONNEL EXPENDITURES**

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Chief Medical Officer	0.01	\$1,800				\$1,800.00
Director of Programs	0.07	\$5,950				\$5,950.00
Assoc Director Health Svcs	0.10	\$7,500				\$7,500.00
Case Managers	1.00	\$48,500				\$48,500.00
Peer Navigator	0.30	\$10,608				\$10,608.00
Client Engagement Specialist	0.20	\$6,400				\$6,400.00
<b>TOTAL SALARIES</b>	<b>1.68</b>	<b>\$80,758</b>				<b>\$80,758.00</b>

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

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

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

APPENDIX F-1c  
03/01/20 - 02/28/21  
PAGE A

**Contractor: Asian and Pacific Islander Wellness Center**  
Address: 730 Polk Street, 4th Floor  
San Francisco, CA 94109

CMS #  
7870

Invoice Number  
A-1MAR20

Telephone: 415-292-3420  
Fax: 415-292-3402



Contract Purchase Order No: \_\_\_\_\_

Funding Source: RWPA

Grant Code/Detail: \_\_\_\_\_

Project Code/Detail: \_\_\_\_\_

Program Name: Integrated Medical Case Management - Ohana

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

ACE Control #: \_\_\_\_\_

FINAL Invoice  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Case Management Hours	1,136	58							1,136	58
Peer Advocacy Hours	371	30							371	30
Treatment Adherence Individual Hours	215	25							215	25
Treatment Adherence Group Hours	18	30							18	30

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		58			58

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$80,758				\$80,758.00
Fringe Benefits	\$21,353				\$21,353.00
<b>Total Personnel Expenses</b>	<b>\$102,111</b>				<b>\$102,111.00</b>
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$11,834				\$11,834.00
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repr., Program Supplies)	\$1,399				\$1,399.00
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$1,371				\$1,371.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)	\$742				\$742.00
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,800				\$2,800.00
<b>Total Operating Expenses</b>	<b>\$18,146</b>				<b>\$18,146.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$120,257</b>				<b>\$120,257.00</b>
Indirect Expenses	\$10,823				\$10,823.00
<b>TOTAL EXPENSES</b>	<b>\$131,080</b>				<b>\$131,080.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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 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-1c  
03/01/20 - 02/28/21  
PAGE B

Contractor: Asian and Pacific Islander Wellness Center  
Address: 730 Polk Street, 4th Floor  
San Francisco, CA 94109

Telephone: 415-292-3420  
Fax: 415-292-3402

Program Name: Integrated Medical Case Management - Ohana

ACE Control #: \_\_\_\_\_

Invoice Number

A-1MAR20

Contract Purchase Order No: \_\_\_\_\_

Fund Source: RWPA

Grant Code/Detail: \_\_\_\_\_

Project Code/Detail: \_\_\_\_\_

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

FINAL Invoice  (check if Yes)

**DETAIL PERSONNEL EXPENDITURES**

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Chief Medical Officer	0.01	\$1,800				\$1,800.00
Director of Programs	0.07	\$5,950				\$5,950.00
Assoc Director Health Svcs	0.10	\$7,500				\$7,500.00
Case Managers	1.00	\$48,500				\$48,500.00
Peer Navigator	0.30	\$10,608				\$10,608.00
Client Engagement Specialist	0.20	\$6,400				\$6,400.00
<b>TOTAL SALARIES</b>	<b>1.68</b>	<b>\$80,758</b>				<b>\$80,758.00</b>

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

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

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

APPENDIX F-2  
05/01/17 - 02/28/18  
PAGE A

**Contractor: Asian and Pacific Islander Wellness Center**  
Address: 730 Polk Street, 4th Floor  
San Francisco, CA 94109

**CMS #** 7870 **Invoice Number** A-2MAY17

Telephone: 415-292-3420  
Fax: 415-292-3402



**Contract Purchase Order No:**

**Funding Source:** RWPA

**Grant Code/Detail:**

**Program Name: Tenderloin Area Center of Excellence (TACE)**

**Project Code/Detail:**

**ACE Control #:**

**Invoice Period:** 05/1/17 - 05/31/17

**FINAL Invoice**  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Case Management Hours	3,458	132							3,458	132
Peer Advocacy Hours	1,680	176							1,680	176
Mental Health Counseling Hours	1,097	136							1,097	136
Peer Advocacy Group Hours	224	71							224	71
Mental Health & Substance Abuse Group Hours	76	26							76	26
Coordination & Evaluation Hours	426	N/A						N/A	426	N/A

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		176			176

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$344,516				\$344,516.00
Fringe Benefits	\$91,089				\$91,089.00
<b>Total Personnel Expenses</b>	<b>\$435,605</b>				<b>\$435,605.00</b>
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$49,484				\$49,484.00
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$8,571				\$8,571.00
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$13,082				\$13,082.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)	\$16,380				\$16,380.00
<b>Consultant/Subcontractor</b>	\$15,000				\$15,000.00
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$61,795				\$61,795.00
<b>Total Operating Expenses</b>	<b>\$164,312</b>				<b>\$164,312.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$599,917</b>				<b>\$599,917.00</b>
Indirect Expenses	\$53,991				\$53,991.00
<b>TOTAL EXPENSES</b>	<b>\$653,908</b>				<b>\$653,908.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2  
05/01/17 - 02/28/18  
PAGE B

**Contractor: Asian and Pacific Islander Wellness Center**  
Address: 730 Polk Street, 4th Floor  
San Francisco, CA 94109

Telephone: 415-292-3420  
Fax: 415-292-3402

Program Name: Tenderloin Area Center of Excellence (TACE)

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Grant Code/Detail:

Project Code/Detail:

Invoice Period:

FINAL Invoice

(check if Yes)

**DETAIL PERSONNEL EXPENDITURES**

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Chief Medical Officer	0.25	\$37,500				\$37,500.00
Director of Programs	0.23	\$16,292				\$16,292.00
Assoc Director Health Svcs	0.10	\$6,250				\$6,250.00
Program Manager	1.00	\$45,833				\$45,833.00
Case Managers	3.30	\$133,375				\$133,375.00
Peer Navigators	2.00	\$58,933				\$58,933.00
QA/Contracts Coordinator	0.75	\$25,000				\$25,000.00
Engagement Specialist	0.80	\$21,333				\$21,333.00
<b>TOTAL SALARIES</b>	<b>8.43</b>	<b>\$344,518</b>				<b>\$344,516.00</b>

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

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

APPENDIX F-2A  
03/01/18 - 02/28/19  
PAGE A

**Contractor: Asian and Pacific Islander Wellness Center**  
Address: 730 Polk Street, 4th Floor  
San Francisco, CA 94109

CMS #  
7870

Invoice Number  
A-2MAR18

Telephone: 415-292-3420  
Fax: 415-292-3402



Contract Purchase Order No: \_\_\_\_\_

Funding Source: RWPA

Grant Code/Detail: \_\_\_\_\_

Project Code/Detail: \_\_\_\_\_

Program Name: Tenderloin Area Center of Excellence (TACE)

Invoice Period: 03/1/18 - 03/31/18

ACE Control #: \_\_\_\_\_

FINAL Invoice  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Case Management Hours	4,186	200							4,186	200
Peer Advocacy Hours	2,033	200							2,033	200
Mental Health Counseling Hours	1,328	155							1,328	155
Peer Advocacy Group Hours	268	100							268	100
Mental Health & Substance Abuse Group Hours	92	30							92	30
Coordination & Evaluation Hours	515	N/A						N/A	515	N/A

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix	200				200

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Fringe Benefits	\$109,837				\$109,837.00
<b>Total Personnel Expenses</b>	<b>\$525,257</b>				<b>\$525,257.00</b>
<b>Operating Expenses:</b>					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$59,733				\$59,733.00
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$9,188				\$9,188.00
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$14,270				\$14,270.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)	\$18,614				\$18,614.00
<b>Consultant/Subcontractor</b>	\$20,000				\$20,000.00
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$72,838				\$72,838.00
<b>Total Operating Expenses</b>	<b>\$194,643</b>				<b>\$194,643.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$719,900</b>				<b>\$719,900.00</b>
Indirect Expenses	\$64,790				\$64,790.00
<b>TOTAL EXPENSES</b>	<b>\$784,690</b>				<b>\$784,690.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2A  
03/01/18 - 02/28/19  
PAGE B

**Contractor: Asian and Pacific Islander Wellness Center  
Address: 730 Polk Street, 4th Floor  
San Francisco, CA 94109**

Telephone: 415-292-3420  
Fax: 415-292-3402

**Program Name: Tenderloin Area Center of Excellence (TACE)**

ACE Control #: \_\_\_\_\_

Invoice Number  
**A-2MAR18**

Contract Purchase Order No: \_\_\_\_\_

Fund Source: **RWPA**

Grant Code/Detail: \_\_\_\_\_

Project Code/Detail: \_\_\_\_\_

Invoice Period: **03/1/18 - 03/31/18**

FINAL Invoice  (check if Yes)

**DETAIL PERSONNEL EXPENDITURES**

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Chief Medical Officer	0.25	\$45,000				\$45,000.00
Director of Programs	0.23	\$19,550				\$19,550.00
Assoc Director Health Svcs	0.10	\$7,500				\$7,500.00
Program Manager	1.00	\$55,000				\$55,000.00
Case Managers	3.30	\$160,050				\$160,050.00
Peer Navigators	2.00	\$70,720				\$70,720.00
QA/Contracts Coordinator	0.75	\$32,000				\$32,000.00
Engagement Specialist	0.80	\$25,600				\$25,600.00
<b>TOTAL SALARIES</b>	<b>8.43</b>	<b>\$415,420</b>				<b>\$415,420.00</b>

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

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

APPENDIX F-2b  
03/01/19 - 02/29/20  
PAGE A

**Contractor: Asian and Pacific Islander Wellness Center**  
Address: 730 Polk Street, 4th Floor  
San Francisco, CA 94109

**CMS #**  
7870

**Invoice Number**  
A-2MAR19

Telephone: 415-292-3420  
Fax: 415-292-3402



**Contract Purchase Order No:** \_\_\_\_\_

**Funding Source:** RWPA

**Grant Code/Detail:** \_\_\_\_\_

**Project Code/Detail:** \_\_\_\_\_

**Program Name: Tenderloin Area Center of Excellence (TACE)**

**Invoice Period:** 03/1/19 - 03/31/19

**ACE Control #:** \_\_\_\_\_

**FINAL Invoice**  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Case Management Hours	4,186	200							4,186	200
Peer Advocacy Hours	2,033	200							2,033	200
Mental Health Counseling Hours	1,328	155							1,328	155
Peer Advocacy Group Hours	268	100							268	100
Mental Health & Substance Abuse Group Hours	92	30							92	30
Coordination & Evaluation Hours	515	N/A						N/A	515	N/A

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		200			200

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$415,420				\$415,420.00
Fringe Benefits	\$109,837				\$109,837.00
<b>Total Personnel Expenses</b>	<b>\$525,257</b>				<b>\$525,257.00</b>
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$59,733				\$59,733.00
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$9,188				\$9,188.00
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$14,270				\$14,270.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)	\$18,614				\$18,614.00
<b>Consultant/Subcontractor</b>	\$20,000				\$20,000.00
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$72,838				\$72,838.00
<b>Total Operating Expenses</b>	<b>\$194,643</b>				<b>\$194,643.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$719,900</b>				<b>\$719,900.00</b>
Indirect Expenses	\$64,790				\$64,790.00
<b>TOTAL EXPENSES</b>	<b>\$784,690</b>				<b>\$784,690.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2c  
03/01/20 - 02/28/21  
PAGE A

**Contractor: Asian and Pacific Islander Wellness Center**  
Address: 730 Polk Street, 4th Floor  
San Francisco, CA 94109

**CMS #** 7870      **Invoice Number** A-2MAR20

Telephone: 415-292-3420  
Fax: 415-292-3402



**Contract Purchase Order No:**

**Funding Source:** RWPA

**Grant Code/Detail:**

**Program Name: Tenderloin Area Center of Excellence (TACE)**

**Project Code/Detail:**

**ACE Control #:**

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

**FINAL Invoice**  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Case Management Hours	4,186	200							4,186	200
Peer Advocacy Hours	2,033	200							2,033	200
Mental Health Counseling Hours	1,328	155							1,328	155
Peer Advocacy Group Hours	268	100							268	100
Mental Health & Substance Abuse Group Hours	92	30							92	30
Coordination & Evaluation Hours	515	N/A						N/A	515	N/A

	UDC	UDC	UDC	UDC	UDC
<b>Unduplicated Clients for Appendix</b>		200			200

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
<b>Fringe Benefits</b>	\$109,837				\$109,837.00
<b>Total Personnel Expenses</b>	\$525,257				\$525,257.00
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$59,733				\$59,733.00
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$9,188				\$9,188.00
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$14,270				\$14,270.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)	\$18,614				\$18,614.00
<b>Consultant/Subcontractor</b>	\$20,000				\$20,000.00
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$72,838				\$72,838.00
<b>Total Operating Expenses</b>	\$194,643				\$194,643.00
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	\$719,900				\$719,900.00
<b>Indirect Expenses</b>	\$64,790				\$64,790.00
<b>TOTAL EXPENSES</b>	\$784,690				\$784,690.00
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2c  
03/01/20 - 02/28/21  
PAGE B

**Contractor: Asian and Pacific Islander Wellness Center**  
Address: 730 Polk Street, 4th Floor  
San Francisco, CA 94109

Telephone: 415-292-3420  
Fax: 415-292-3402

Program Name: Tenderloin Area Center of Excellence (TACE)

ACE Control #:

Invoice Number

A-2MAR20

Contract Purchase Order No:

Fund Source: RWPA

Grant Code/Detail:

Project Code/Detail:

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

FINAL Invoice  (check if Yes)

**DETAIL PERSONNEL EXPENDITURES**

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Chief Medical Officer	0.25	\$45,000				\$45,000.00
Director of Programs	0.23	\$19,550				\$19,550.00
Assoc Director Health Svcs	0.10	\$7,500				\$7,500.00
Program Manager	1.00	\$55,000				\$55,000.00
Case Managers	3.30	\$160,050				\$160,050.00
Peer Navigators	2.00	\$70,720				\$70,720.00
QA/Contracts Coordinator	0.75	\$32,000				\$32,000.00
Engagement Specialist	0.80	\$25,600				\$25,600.00
<b>TOTAL SALARIES</b>	8.43	\$415,420				\$415,420.00

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

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

# Appendix G

## Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors

9-06

### Introduction

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

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

### Dispute Resolution Procedure

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

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

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

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



## Appendix G

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

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

**Appendix H  
Grant Terms  
Reserved**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/18/2017

**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).


<b>PRODUCER</b> License # 0584249 <b>Heffernan Insurance Brokers</b> 1480B O'Brien Drive Menlo Park, CA 94025	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>1 (650) 842-5200</b>		FAX (A/C, No): <b>(650) 842-5201</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b>  <b>Asian &amp; Pacific Islander Wellness Center</b> <b>730 Polk St Fl 4</b> <b>San Francisco, CA 94109</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A: Nonprofits Insurance Alliance of California</b>		<b>01184</b>
	<b>INSURER B: Oak River Insurance Company</b>		<b>34630</b>
	<b>INSURER C: National Fire &amp; Marine Insurance Company</b>		<b>20079</b>
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

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

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	201601295NPO	10/23/2016	10/23/2017	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b> MED EXP (Any one person) \$ <b>20,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b>
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		201601295NPO	10/23/2016	10/23/2017	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>		201601295UMBPO	10/23/2016	10/23/2017	EACH OCCURRENCE \$ <b>3,000,000</b> AGGREGATE \$ <b>3,000,000</b>
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in CA) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X ASWC813684	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
C	Prof. Llab		HN009893	03/09/2016	03/09/2017	Per-\$1,000,000 Agg- <b>3,000,000</b>
C	Imp. Sexual Conduct		HN009893	03/09/2016	03/09/2017	Per \$500,000 Agg - <b>500,000</b>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Re: As per Contract or Agreement on File with Insured.  
 California Department of Public Health are included as an additional insured (and primary) on General Liability policy per the attached endorsement, if required. Waiver of Subrogation is included on Workers Compensation policy, if required. The Waiver endorsement has been requested for the Workers Compensation policy from the insurance company and if approved will be forwarded when received.

<b>CERTIFICATE HOLDER</b>  California Department of Public Health Department of Public Health 101 Grove Street, Room 402 San Francisco, CA 94102	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

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. 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.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
  2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED  
PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT  
FOR PUBLIC ENTITIES**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

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- A. SECTION II – WHO IS AN INSURED** is amended to include any public entity as an additional insured for whom you are performing operations when you and such person or organization have agreed in a written contract or written agreement that such public entity be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
1. Your negligent acts or omissions; or
  2. The negligent acts or omissions of those acting on your behalf; in the performance of your ongoing operations.

No such public entity is an additional insured for liability arising out of the "products-completed operations hazard" or for liability arising out of the sole negligence of that public entity.

- B. With respect to the insurance afforded to these additional insured(s), the following additional exclusions apply.**

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. The following is added to SECTION III – LIMITS OF INSURANCE:**

The limits of insurance applicable to the additional insured(s) are those specified in the written contract between you and the additional insured(s), or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.

- D. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:**

**4. Other Insurance**

**a. Primary Insurance**

This insurance is primary if you have agreed in a written contract or written agreement:

- (1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in c. below; or
- (2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph b. below.

**b. Excess Insurance**

This insurance is excess over:

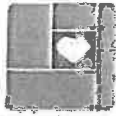
1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
  - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
  - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.
  - (e) That is any other insurance available to an additional insured(s) under this Endorsement covering liability for damages arising out of the premises or operations, or products-completed operations, for which the additional insured(s) has been added as an additional insured by that other insurance.

- (1) When this insurance is excess, we will have no duty under Coverages A or B to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

**c. Methods of Sharing**

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



**NONPROFITS  
INSURANCE**  
ALLIANCE OF CALIFORNIA

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[www.insurancefornonprofits.org](http://www.insurancefornonprofits.org)

**BUSINESS AUTO COVERAGE  
ADDITIONAL INSURED/LOSS PAYEE EXTENSION**

**POLICY NUMBER:** 2016-01285-NPO

Schedule AI

**NAME OF INSURED:** Asian and Pacific Islander Wellness Center, Inc.

Page 1

**ADDITIONAL INSUREDS /  
LOSS PAYEE**

Additional Insured - NIAC A1

City and County of San Francisco, its officers, agents and employees

101 Grove St., Rm. 402

San Francisco, CA 94102

As respects vehicle(s): N/A

COUNTERSIGNED: 10/20/2016

BY

*Samuel C. Q.*

(AUTHORIZED REPRESENTATIVE)

