H89HA00006 - SAN FRANCISCO PUBLIC HEALTH DEPARTMENT

Budget Year: 3/1/2022 - 2/28/2023 11:59:59 PM

Report Status: Working Last Modified Date: 08/03/2022 11:35 AM

| Recipient Information |
|---|
| Official Mailing Address: 1380 Howard St, San Francisco, California, 94103-2638 |
| EIN: 194600041 |
| UEI: DCTNHRGU1K75 |
| Preparer's Name: John Aynsley |
| Preparer's Title: |
| Preparer's Phone: 4154376286 |
| Preparer's Fax: |
| Preparer's Email: john.aynsley@sfdph.org |

| Budget Year Award Informa | ation |
|--|--------------|
| RWHAP Part A Formula Award Amount | \$9,169,292 |
| RWHAP Part A MAI Award Amount | \$783,570 |
| RWHAP Part A Supplemental Award Amount | \$5,249,617 |
| Total RWHAP Part A Funds | \$15,202,479 |

Report ID: 122471

| HCPC Co-Chair: | David Gonzalez (Oct 14, 2022 16:54 PDT) | Oct 14, 2022 |
|----------------|---|--------------|
| HCPC Co-Chair: | IrmaParada (Oct 14, 2022 14:04 PDT) | Oct 14, 2022 |
| HCPC Co-Chair: | Richard Suriivan (Oct 14, 2022 14:21 PDT) | Oct 14, 2022 |

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| | | | Part A P | rogram Total | ls | | | | |
|---|-----------------------------|---------|---------------------|--------------|-----------------------------|---------|--------------------------|---------|--|
| | RWHAP Part A Award Amoun | | RWHAP Part A Amount | MAI Award | RWHAP Part A Award Amoun | | Total RWHAP Part A Funds | | |
| | Amount | Percent | Amount | Percent | Amount | Percent | Amount | Percent | |
| Non-Services | | | | | | | | | |
| a. Clinical Quality Management | \$350,000 | 2.60% | \$0 | 0.00% | \$0 | 0.00% | \$350,000 | 2.46% | |
| b. Administrative | \$833,172 | 6.20% | \$78,357 | 10.00% | \$0 | 0.00% | \$911,529 | 6.41% | |
| Non-services Subtotal | \$1,183,172 | 8.80% | \$78,357 | 10.00% | \$0 | 0.00% | \$1,261,529 | 8.87% | |
| c. Core Medical Services | \$7,135,483 | 53.09% | \$705,213 | 90.00% | \$0 | 0.00% | \$7,840,696 | 55.13% | |
| d. Support Services | \$5,120,655 | 38.10% | \$0 | 0.00% | \$0 | 0.00% | \$5,120,655 | 36.00% | |
| Total Service Allocations | \$12,256,138 | 91.20% | \$705,213 | 90.00% | \$0 | 0.00% | \$12,961,351 | 91.13% | |
| Total Allocations (Service + Non-service) | \$13,439,310 | 100.00% | \$783,570 | 100.00% | \$0 | 0.00% | \$14,222,880 | 100.00% | |

Breakdown of Services

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| | RWHAP Part A | | RWHAP Part A | | RWHAP Part A Award A | | Total RWHAP Part A Funds | | |
|---|--------------|---------|--------------|---------|-------------------------|---------|--------------------------|---------|--|
| Service | Amount | Percent | Amount | Percent | Amount | Percent | Amount | Percent | |
| Core Medical Services | | | | | | | | | |
| a. AIDS Drug Assistance Program Treatments | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | |
| b. AIDS Pharmaceutical Assistance | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | |
| c. Early Intervention Services (EIS) | \$129,176 | 1.05% | \$0 | 0.00% | \$0 | 0.00% | \$129,176 | 1.00% | |
| d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals | \$34,783 | 0.28% | \$0 | 0.00% | \$0 | 0.00% | \$34,783 | 0.27% | |
| e. Home and Community- Based Health Services | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | |
| f. Home Health Care | \$271,003 | 2.21% | \$0 | 0.00% | \$0 | 0.00% | \$271,003 | 2.09% | |
| g. Hospice | \$685,751 | 5.60% | \$0 | 0.00% | \$0 | 0.00% | \$685,751 | 5.29% | |
| h. Medical Case Management, including Treatment Adherence Services | \$2,952,773 | 24.09% | \$481,836 | 68.32% | \$0 | 0.00% | \$3,434,609 | 26.50% | |
| i. Medical Nutrition Therapy | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | |
| j. Mental Health Services | \$1,478,191 | 12.06% | \$223,377 | 31.68% | \$0 | 0.00% | \$1,701,568 | 13.13% | |
| k. Oral Health Care | \$832,918 | 6.80% | \$0 | 0.00% | \$0 | 0.00% | \$832,918 | 6.43% | |
| I. Outpatient/Ambulatory Health Services | \$750,888 | 6.13% | \$0 | 0.00% | \$0 | 0.00% | \$750,888 | 5.79% | |
| m. Substance Abuse Outpatient Care | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | |
| 1. Core Medical Services Subtotal | \$7,135,483 | 58.22% | \$705,213 | 100.00% | \$0 | 0.00% | \$7,840,696 | 60.49% | |

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| 3. Total Service Allocations | \$12,256,138 | 100.00% | \$705,213 | 100.00% | \$0 | 0.00% | \$12,961,351 | 100.00% |
|--|--------------|---------|-----------|---------|-----|-------|--------------|---------|
| 2. Support Services Subtotal | \$5,120,655 | 41.78% | \$0 | 0.00% | \$0 | 0.00% | \$5,120,655 | 39.51% |
| o. Substance Abuse Services (residential) | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% |
| n. Respite Care | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% |
| m. Rehabilitation Services | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% |
| I. Referral for Health Care and Support Services | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% |
| k. Psychosocial Support Services | \$498,966 | 4.07% | \$0 | 0.00% | \$0 | 0.00% | \$498,966 | 3.85% |
| j. Outreach Services | \$282,253 | 2.30% | \$0 | 0.00% | \$0 | 0.00% | \$282,253 | 2.18% |
| i. Other Professional Services | \$300,118 | 2.45% | \$0 | 0.00% | \$0 | 0.00% | \$300,118 | 2.32% |
| h. Non-Medical Case Management Services | \$2,351,766 | 19.19% | \$0 | 0.00% | \$0 | 0.00% | \$2,351,766 | 18.14% |
| g. Medical Transportation | \$17,177 | 0.14% | \$0 | 0.00% | \$0 | 0.00% | \$17,177 | 0.13% |
| f. Linguistic Services | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% |
| e. Housing | \$328,208 | 2.68% | \$0 | 0.00% | \$0 | 0.00% | \$328,208 | 2.53% |
| d. Health Education/Risk Reduction | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% |
| c. Food Bank/Home Delivered Meals | \$462,492 | 3.77% | \$0 | 0.00% | \$0 | 0.00% | \$462,492 | 3.57% |
| b. Emergency Financial Assistance | \$879,675 | 7.18% | \$0 | 0.00% | \$0 | 0.00% | \$879,675 | 6.79% |
| a. Child Care Services | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% |

Recipient received waiver for 75% core medical services requirement: Yes

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Public Burden Statement:

The purpose of this data collection system is to collect allocations/expenditures information regarding Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, D grant funding. HAB will use these data to show the impact of RWHAP funding on the care and treatment of people with HIV in the United States. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0318 and it is valid until 09/30/2023. This information collection is mandatory (through increased Authority under the Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.). Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov

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| Provider Registra tion Code | r Org ID | Name of Contractor / Consortium / Subcontract or / Provider | Street Address | City | State | Zip Code | Phone Number | EIN | Minority Provider | | Is Executed | Provides Direct Client Services |
|--------------------------------------|------------------------|--|-------------------------------|----------------------|----------|----------------|-----------------|---------------|----------------------|-----|----------------|---------------------------------------|
| 17121 | 712 | Catholic Charities Archdiocese of San Francisco | 990 Eddy Street | San Francisco | CA | 94109 | (415)972-1211 | 94149847 2 | No | Yes | Yes | Yes |
| | Contrac t Number | Service Id | Service Name | | | | | | Amount | | | |
| | 401719 | 20 | Non-Medical Case M | anagement : | Services | | | | \$619,771 | .00 | | |
| | | | SubTotal Per Provide | r: | | | | | \$619,771 | .00 | | |
| 27145 | 714 | Community Forward San Francisco | 1171 Mission St | San Francisco | CA | 94103- 1519 | (415)241-1194 | 94233562 6 | No | No | Yes | Yes |
| | Contrac | Service Id | Service Name | | | | | | Amount | | | |
| | Number | | | | | | | | | | | |
| | 401720 | 26 | Housing | | | | | | \$230,977 | .00 | | |
| | | | SubTotal Per Provide | r: | | | | | \$230,977 | .00 | | |
| 27292 | 729 | HEALTH AT HOME/COM MUNITY HEALTH NETWORK, SFDPH | 375 Laguna Honda Blvd., F5 | SAN FRANCIS CO | CA | 94116 | (415)759-4782 | 94600041 7 | No | No | Yes | Yes |
| | Contrac | Service Id | Service Name | | | | | | Amount | | | |
| | Number | | | | | | | | | | | |

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| 27292 | 401734 | 13 | Home Health Care | | | | | | \$271,003 | 3.00 | | | |
|-------|----------------------------------|---|----------------------------|--|----------------|-------------|------------------------------------|---------------|--------------|------|-----|-----|--|
| | | | SubTotal Per Provide | er: | | | | | \$271,003 | 3.00 | | | |
| 27522 | | Rafiki Coalition for Health and Wellness | 601 Cesar Chavez Street | San Francisco | CA | 94124 | (415)615-9945 | 94309887 9 | No | No | Yes | Yes | |
| | Contrac t Number | Service Id | Service Name | | | | | | Amount | | | | |
| | 401730 | 20 | Non-Medical Case M | -Medical Case Management Services Total Per Provider: | | | | | | 9.00 | | | |
| | | | SubTotal Per Provide | | | | | | | 9.00 | | | |
| 27574 | 757 | San Mateo County AIDS Program | 225 37th Ave | San Mateo | CA | 94403 | (650)573-2077 | 94600053 2 | No No Yes | | | | |
| | Contrac | Service Id | Service Name | | | | | | Amount | | | | |
| | เ Number | | | | | | | | | | | | |
| | 401731 | 11 | Early Intervention Se | ervices (EIS) | | | | | \$129,176.00 | | | | |
| | 401731 | 23 | Emergency Financia | l Assistance | | | | | \$100,000 | 0.00 | | | |
| | 401731 | 24 | Food Bank/Home De | elivered Meal | s | | | | \$348,000 | 0.00 | | | |
| | 401731 | 26 | Housing | | | | | | \$20,000. | 00 | | | |
| | 401731 | 18 | Medical Case Manag | gement, inclu | ding Tre | eatment A | Adherence Servi | ces | \$500,257 | 7.00 | | | |
| | 401731 16 Mental Health Services | | | | | | Mental Health Services \$99,579.00 | | | | | | |
| | 401731 | 10 | Oral Health Care | | | | | | | | | | |
| | 401731 | 8 | Outpatient/Ambulato | rvices | | \$90,803.00 | | | | | | | |
| | | | SubTotal Per Provide | | \$1,362,815.00 | | | | | | | | |

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| 33533 | 3533 | UCSF Pediatric HIV/AIDS Program | 533 Parnassus Ave. U-127 | San Francisco | CA | 94143 | (415)514-2947 | 0 | No | No | Yes | Yes | |
|-------|------------------------|---|-------------------------------|----------------------|--------------|-------------|-----------------|----------------|--------------|-----|-----|-----|--|
| | Contrac t Number | Service Id | Service Name | | | | | | Amount | | | | |
| | 401742 | 18 | Medical Case Manag | ement, inclu | ding Tre | eatment / | Adherence Servi | ces | \$135,204.00 | | | | |
| | | | SubTotal Per Provide | r: | | | | | \$135,204.00 | | | | |
| 35363 | 3932 | SFDPH City Clinic/STD Prevention Services | 356 7th Street | San Francisco | CA | 94103 | 415-487-5501 | 94- 6000417 | No | No | No | Yes | |
| | Contrac | Service Id | Service Name | | | | Amount | | | | | | |
| | Number | | | | | | | | | | | | |
| 4 | 401732 | 18 | Medical Case Manag | ding Tre | \$122,907.00 | | | | | | | | |
| | 401732 | 8 | Outpatient/Ambulator | rvices | \$4,863.00 | | | | | | | | |
| | | | SubTotal Per Provide | \$127,770.00 | | | | | | | | | |
| 37104 | 710 | ASIAN PACIFIC ISLANDER/ WELLNESS CENTER | 730 POLK STREET, 4TH FLOOR | SAN FRANCIS CO | CA | 94109 | (415)292-3420 | 94309610 9 | No | No | Yes | Yes | |
| | Contrac | Service Id | Service Name | | | | | | Amount | | | | |
| | Number | | | | | | | | | | | | |
| | 401716 | 18 | Medical Case Manag | ement, inclu | ding Tre | eatment / | Adherence Servi | ces | \$138,218 | .00 | | | |
| | 401718 | 18 | Medical Case Manag | ement, inclu | ding Tre | eatment / | Adherence Servi | ces | \$701,563.00 | | | | |
| | 401718 | 16 | Mental Health Service | | | \$36,940.00 | | | | | | | |
| | | 1 | SubTotal Per Provide | | \$876,721.00 | | | | | | | | |

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| 37336 | 733 | INSTITUTO FAMILIAR DE LA RAZA | 2919 MISSION STREET | SAN FRANCIS CO | CA | 94116 | (415)229-0500 | 94252360 8 | No | No | Yes | Yes | |
|-------|------------------------|---|------------------------|----------------------|-----------|--------------|-----------------|---------------|--------------|-------|-----|-----|--|
| | Contrac t Number | Service Id | Service Name | | | | | | Amount | | | | |
| | 401722 | 18 | Medical Case Manag | ement, inclu | iding Tre | eatment / | Adherence Servi | ces | \$138,546 | .00 | | | |
| | 401722 | 16 | Mental Health Service | es | | | | | \$105,854 | .00 | | | |
| | | | SubTotal Per Provide | er: | | | | | \$244,400 | | | | |
| 37393 | 739 | MAITRI COMPASSIO NATE CARE | 401 DUBOCE AVENUE | SAN FRANCIS CO | CA | 94117 | (415)558-3006 | 94318919 8 | No | No | Yes | Yes | |
| | Contrac t Number | Service Id | Service Name | | | Amount | | | | | | | |
| | 401724 | 15 | Hospice | | | \$685,751.00 | | | | | | | |
| | | | SubTotal Per Provide | er: | | | | | \$685,751.00 | | | | |
| 37442 | 744 | MISSION NEIGHBORH OOD HEALTH CENTER | 240 SHOTWELL STREET | SAN FRANCIS CO | CA | 94110 | (415)552-1013 | 94228436 5 | No | No | Yes | Yes | |
| | Contrac | Service Id | Service Name | | | | | | Amount | | | | |
| | t Number | | | | | | | | | | | | |
| | 401727 | 18 | Medical Case Manag | ement, inclu | iding Tre | eatment / | Adherence Servi | ces | \$681,529 | .00 | | | |
| | 401727 | 16 | Mental Health Service | es | | | | | \$223,377 | .00 | | | |
| | 401727 | 8 | Outpatient/Ambulator | y Health Se | rvices | | | | \$352,419.00 | | | | |
| | 401727 | 30 | Outreach Services | | | \$282,253.00 | | | | | | | |
| | | | SubTotal Per Provide | er: | | | | | \$1,539,57 | 78.00 | | | |

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| 00500 | 0.570 | 1100E/D | 1004 D 1 | 0 | | 04440 | (000)000 0707 | 0.10000.10 | | | V | \ <u>\</u> | | | |
|-------|------------------------|---------------------------------------|---|-----------------------------|-----------|-------|---------------|---------------|-----------|----------------|--------|--------------|--|--|--|
| 38538 | | UCSF/ Dept. of Psych./ DSAAM | 1001 Potrero Avenue, Suite 7M12 | San Francisco | CA | 94110 | (628)206-8797 | 3W | No | No | Yes | Yes | | | |
| | Contrac t Number | Service Id | Service Name | | | | | | Amount | | | | | | |
| | 401744 | 8 | Outpatient/Ambulator | rvices | \$188,219 | .00 | | | | | | | | | |
| | | | SubTotal Per Provider: | | | | | | | .00 | | | | | |
| 47071 | | AIDS LEGAL REFERRAL PANEL | 1663 Mission Street, Suite 500 | SAN FRANCIS CO | CA | 94103 | (415)701-1200 | 94311173 8 | No | No | Yes | Yes | | | |
| | Contrac | Service Id | Service Name | | Amount | | | | | | | | | | |
| | Number | | | | | | | | | | | | | | |
| | 401714 | 42 | Other Professional Se | Other Professional Services | | | | | | | | \$300,118.00 | | | |
| | | | SubTotal Per Provider: | | | | | | | \$300,118.00 | | | | | |
| 47474 | | Positive Resource Center | 973 Market St., 6th flr. | San Francisco | CA | 94103 | (415)972-0804 | 94307843 1 | No | No | Yes | Yes | | | |
| | Contrac t Number | Service Id | Service Name | Service Name | | | | | | | Amount | | | | |
| | 401729 | 23 | Emergency Financial | Assistance | | | | | \$686,635 | .00 | | | | | |
| | 401729 | | Non-Medical Case Ma | | Services | ; | | | \$608,303 | .00 | | | | | |
| | | | SubTotal Per Provide | | | | | | \$1,294,9 | 38.00 | | | | | |
| 47628 | | UCSF Positive Health Program | SFGH-Bldg 80, Ward 84-995 Potrero | San Francisco | CA | 94110 | (415)305-4882 | 94603649 3 | No | No | Yes | Yes | | | |
| | Contrac t Number | Service Id | Service Name | | | | | | Amount | | | | | | |

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| 47628 | 401743 | 18 | Medical Case Manag | gement, inclu | ding Tre | eatment A | Adherence Servi | ces | \$64,126.0 | 00 | | | | |
|--------|------------------------|---|------------------------|---------------------|----------|--------------|-----------------|----------------|-------------|-----|--------------|-----|--|--|
| | | | SubTotal Per Provide | er: | | | | | \$64,126.0 | 00 | | | | |
| 53288 | 8102 | County of Marin | 3260 Kerner Blvd | San Rafael | CA | 94901 | (415)473-3373 | 0 | No | No | No | Yes | | |
| | Contrac t Number | Service Id | Service Name | | | | | | Amount | | | | | |
| | 401725 | 24 | Food Bank/Home De | elivered Meals | s | | | | \$114,492 | .00 | | | | |
| | | | SubTotal Per Provide | | | | | | | | \$114,492.00 | | | |
| 63553 | 3553 | Native American Health Center | 160 Capp Street | San Francisco | CA | 94110 | (415)621-8054 | 0 | No | No | Yes | Yes | | |
| t N | Contrac t Number | Service Id | Service Name | Service Name Amount | | | | | | | | | | |
| | 401728 | 10 | Oral Health Care | \$68,805.00 | | | | | | | | | | |
| | | | SubTotal Per Provide | er: | | | | | \$68,805.00 | | | | | |
| 66108 | 8312 | San Francisco Department of Public Health - COPC- Dental Services | 50 Ivy Street | San Francisco | CA | 94102 | (415)657-1742 | 94- 6000417 | No | No | Yes | Yes | | |
| t | Contrac t Number | Service Id | Service Name | | | | | | Amount | | | | | |
| | 401733 | 10 | Oral Health Care | | | \$241,872.00 | | | | | | | | |
| | | | SubTotal Per Provider: | | | | | | | .00 | | | | |

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| 67371 | 737 | LUTHERAN SOCIAL SERVICES OF NORTHERN CALIFORNIA | 290 8th Street | SAN FRANCIS CO | CA | 94103 | (415)581-0891 | 94165968 7 | No | Yes | Yes | Yes |
|-------|------------------------|--|----------------------------|----------------------|-----------|----------|-----------------|---------------|------------|-------|-----|-----|
| | t | Service Id | Service Name | | | | | | Amount | | | |
| | Number 401723 | 20 | Non-Medical Case M | anagamant | Sorvicos | | | | \$555,333 | .00 | | |
| | 401723 | 20 | | | Services |) | | | | | | |
| | | ı | SubTotal Per Provide | | | | 1 | | \$555,333 | | | |
| 67661 | 766 | UCSF Department of Psychiatry AIDS Health Project | UNIV OF CAL.SF BOX 0884 | SAN FRANCIS CO | CA | 94143 | (415)476-3951 | 94603649 | No | No | Yes | Yes |
| | Contrac t Number | Service Id | Service Name | | | | | | Amount | | | |
| | 401741 | 18 | Medical Case Manag | ement, inclu | iding Tre | atment / | Adherence Servi | ces | \$51,560.0 | 00 | | |
| | 401741 | 16 | Mental Health Service | es | | | | | \$1,205,8° | 18.00 | | |
| | | | SubTotal Per Provide | er: | | | | | \$1,257,37 | 78.00 | | |
| 77268 | 726 | HIV & Integrated Services (HIVIS) | 798 BRANNAN STREET | SAN FRANCIS CO | CA | 94103 | (415)539-2966 | 94600041 7 | No | No | No | No |
| | Contrac | Service Id | Service Name | | | | | | Amount | | | |
| | t Number | | | | | | | | | | | |
| | 401736 | 18 | Medical Case Manag | ement, inclu | iding Tre | atment / | Adherence Servi | ces | \$137,121 | .00 | | |
| | | | | | | | | | | | | |
| | 401736 | 8 | Outpatient/Ambulator | y Health Se | rvices | | | | \$111,384 | .00 | | |

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| | SHANTI PROJECT | 730 POLK STREET | SAN FRANCIS CO | CA | 94109 | (415)674-4754 | 94229749 7 | No | No | Yes | Yes |
|------------------------|---|-------------------------------------|--|------------------|--|------------------|------------------|------------|---------|--|---------|
| Contrac | Service Id | Service Name | | | | | | Amount | | | |
| Number | | | | | | | | | | | |
| 401737 | 18 | Medical Case Manag | ement, inclu | ding Tre | atment / | Adherence Servi | ces | \$148,194 | .00 | | |
| 401737 | 32 | Psychosocial Suppor | t Services | | | | | \$483,966 | .00 | | |
| | | SubTotal Per Provide | r: | | | | | \$632,160 | .00 | | |
| | Health Right 360 | 520 TOWNSEND STREET | SAN FRANCIS CO | CA | 94103 | (415)762-3712 | 94171010 3 | No | No | Yes | Yes |
| Contrac | Service Id | Service Name | | | | | | Amount | | | |
| Number | | | | | | | | | | | |
| 401721 | 26 | Housing | | | | | | \$77,231.0 | 00 | | |
| | | SubTotal Per Provide | r: | | | | | \$77,231.0 | 00 | | |
| | UCSF - 360 - Positive Care Center | 400 Parnassus Ave. | San Francisco | CA | 94143 | (415)353-2282 | 0 | No | No | Yes | Yes |
| Contrac t Number | Service Id | Service Name | | | | | | Amount | | | |
| 401740 | 18 | Medical Case Manag | ement, inclu | ding Tre | atment / | Adherence Servi | ces | \$333,092 | .00 | | |
| | | SubTotal Per Provide | r: | | | | | \$333,092 | .00 | | |
| | The Spahr Center | 910 Irwin Street | SAN RAFAEL | CA | 94901 | (415)457-2487 | 68007247 0 | No | No | No | Yes |
| Contrac t Number | Service Id | Service Name | | | | | | Amount | | | |
| 401726 | 23 | Emergency Financial | Assistance | | | | | \$93,040.0 | 00 | | |
| 401726 | 12 | Health Insurance Pre Individuals | mium and C | ost Shar | ing Assi | stance for Low-I | ncome | \$34,783.0 | 00 | | |
| | Contrac t Number 401737 401737 769 Contrac t Number 401721 3255 Contrac t Number 401740 741 Contrac t Number 401726 | Contrac t Number 401737 | Contrac t Number 401737 18 Medical Case Manag 401737 32 Psychosocial Suppor SubTotal Per Provider 520 TOWNSEND STREET Service Id t Number 401721 26 Housing SubTotal Per Provider 3255 UCSF - 360 - Positive Care Center Center 401740 18 Medical Case Manag SubTotal Per Provider t Number 401740 18 Medical Case Manag SubTotal Per Provider 5401740 910 Irwin Street Center Center 910 Irwin Street Center Center 910 Irwin Street Emergency Financial 401726 23 Emergency Financial 401726 12 Health Insurance Pre | Contrac t Number | Contrac t Number 401737 18 Medical Case Management, including Tree SubTotal Per Provider: 769 Health Right 360 Service Name Contrac t Number 401721 26 Housing SubTotal Per Provider: 3255 UCSF - 360 - Positive Care Center Center 401740 18 Medical Case Management, including Tree SubTotal Per Provider: 741 The Spahr Center Service Id SubTotal Per Provider: 741 The Spahr Center Service Id SubTotal Per Provider: 741 The Spahr Center Service Id SubTotal Per Provider: 741 The Spahr Center SubTotal Per Provider: 741 The Spahr Center SubTotal Per Provider: 741 The Spahr Center Service Id Service Name 401726 23 Emergency Financial Assistance 401726 12 Health Insurance Premium and Cost Share | Contrac Number | Contrac t Number | PROJECT | PROJECT | PROJECT Service Id Service Name Amount | PROJECT |

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| | Total for | All Contracts | Awarded: | | | | | | \$12,961,3 | 351.00 | | |
|-------|------------------------|---|---|----------------------|-----------|------------------|-----------------|----------------|------------|--------|---|-----|
| | | | SubTotal Per Provide | er: | | | | | \$183,492 | .00 | | |
| | 401739 | 8 | Outpatient/Ambulator | y Health Se | rvices | | | | \$3,200.00 |) | | |
| | 401739 | 18 | Medical Case Manag | ement, inclu | iding Tre | eatment / | Adherence Servi | ces | \$180,292 | .00 | | |
| | Contrac t Number | Service Id | Service Name | | | | | | Amount | | | |
| 94711 | 8313 | CWH-St. Mary's Medical Center | 2235 Hayes Street, 5th Floor | San Francisco | CA | 94117 | (415)750-5959 | 72- 1561126 | No | Yes | Yes | Yes |
| | | | SubTotal Per Provide | er: | | | | | \$447,241 | .00 | | |
| | 401745 | 10 | Oral Health Care | | | | | | \$447,241 | .00 | | |
| | Contrac t Number | Service Id | Service Name | | | | | | Amount | | | |
| 87685 | | SCHOOL OF DENTISTRY CARE PROGRAM | 2155 WEBSTER STREET, CARE PROGRAM | SAN FRANCIS CO | CA | 94115 | (415)929-6672 | 94115626 6 | No | No | Yes | Yes |
| | | | SubTotal Per Provide | er: | | | | | \$410,000 | .00 | | |
| | 401726 | 32 | Psychosocial Suppor | t Services | | | | | \$15,000.0 | 00 | O Yes Yes O Yes Yes O O O O O O O O O O O O O O O O O O O | |
| | 401726 | 20 | Non-Medical Case M | anagement | Services | S | | | \$118,000 | .00 | | |
| | 401726 | 16 | Mental Health Service | es | | | | | \$30,000.0 | 00 | | |
| | 401726 | 29 | Medical Transportation | on | | | | | \$17,177.0 | 00 | | |
| 87414 | 401726 | 18 | Medical Case Manag | ement, inclu | iding Tre | eatment <i>i</i> | Adherence Servi | ces | \$102,000 | .00 | | |

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CONSOLIDATED LIST OF CONTRACTS - Flat

| Provide r Registr ation Code | Provider Org ID | Name of Contractor / Consortium / Subcontract or / Provider | Street Address | City | State | Zip Code | Phone Number | EIN | Is Execut ed | Provides Direct Client Services | Contract Number | Service ID | Service Name | Amount of Contract | Minority Provider | Faith - Based Org |
|--|--------------------|---|----------------------------------|----------------------|-------|----------------|-------------------|---------------|--------------------|--|--------------------|---------------|--|-----------------------|----------------------|-------------------------|
| 17121 | 712 | Catholic Charities Archdiocese of San Francisco | 990 Eddy Street | San Francis co | CA | 94109 | (415)972- 1211 | 9414984 72 | Yes | Yes | 401719 | 20 | Non- Medical Case Manageme nt Services | \$619,771.00 | No | Yes |
| 27145 | 714 | Community Forward San Francisco | 1171 Mission St | San Francis co | CA | 94103- 1519 | (415)241- 1194 | 9423356 26 | Yes | Yes | 401720 | 26 | Housing | \$230,977.00 | No | No |
| 27292 | 729 | HEALTH AT HOME/COM MUNITY HEALTH NETWORK, SFDPH | 375 Laguna Honda Blvd., F5 | SAN FRANC ISCO | CA | 94116 | (415)759- 4782 | 9460004 17 | Yes | Yes | 401734 | 13 | Home Health Care | \$271,003.00 | No | No |
| 27522 | 752 | Rafiki Coalition for Health and Wellness | 601 Cesar Chavez Street | San Francis co | CA | 94124 | (415)615- 9945 | 9430988 79 | Yes | Yes | 401730 | 20 | Non- Medical Case Manageme nt Services | \$450,359.00 | No | No |
| 27574 | 757 | San Mateo County AIDS Program | 225 37th Ave | San Mateo | CA | 94403 | (650)573- 2077 | 9460005 32 | No | Yes | 401731 | 8 | Outpatient/ Ambulatory Health Services | \$90,803.00 | No | No |
| 27574 | 757 | San Mateo County AIDS Program | 225 37th Ave | San Mateo | CA | 94403 | (650)573- 2077 | 9460005 32 | No | Yes | 401731 | 10 | Oral Health Care | \$75,000.00 | No | No |
| 27574 | 757 | San Mateo County AIDS Program | 225 37th Ave | San Mateo | CA | 94403 | (650)573- 2077 | 9460005 32 | No | Yes | 401731 | 11 | Early Intervention Services (EIS) | \$129,176.00 | No | No |
| 27574 | 757 | San Mateo County AIDS Program | 225 37th Ave | San Mateo | CA | 94403 | (650)573- 2077 | 9460005 32 | No | Yes | 401731 | 16 | Mental Health Services | \$99,579.00 | No | No |

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| 27574 | 757 | San Mateo County AIDS Program | 225 37th Ave | San Mateo | CA | 94403 | (650)573- 2077 | 9460005 32 | No | Yes | 401731 | | Medical Case Manageme nt, including Treatment Adherence Services | \$500,257.00 | No | No |
|-------|------|---|-------------------------------------|----------------------|----|-------|-------------------|----------------|-----|-----|--------|----|--|--------------|----|----|
| 27574 | 757 | San Mateo County AIDS Program | 225 37th Ave | San Mateo | CA | 94403 | (650)573- 2077 | 9460005 32 | No | Yes | 401731 | 23 | Emergency Financial Assistance | \$100,000.00 | No | No |
| 27574 | 757 | San Mateo County AIDS Program | 225 37th Ave | San Mateo | CA | 94403 | (650)573- 2077 | 9460005 32 | No | Yes | 401731 | 24 | Food Bank/Home Delivered Meals | \$348,000.00 | No | No |
| 27574 | 757 | San Mateo County AIDS Program | 225 37th Ave | San Mateo | CA | 94403 | (650)573- 2077 | 9460005 32 | No | Yes | 401731 | 26 | Housing | \$20,000.00 | No | No |
| 33533 | 3533 | UCSF Pediatric HIV/AIDS Program | 533 Parnassus Ave. U-127 | San Francis co | CA | 94143 | (415)514- 2947 | 0 | Yes | Yes | 401742 | | Medical Case Manageme nt, including Treatment Adherence Services | \$135,204.00 | No | No |
| 35363 | 3932 | SFDPH City Clinic/STD Prevention Services | 356 7th Street | San Francis co | CA | 94103 | 415-487- 5501 | 94- 6000417 | No | Yes | 401732 | 8 | Outpatient/ Ambulatory Health Services | \$4,863.00 | No | No |
| 35363 | 3932 | SFDPH City Clinic/STD Prevention Services | 356 7th Street | San Francis co | CA | 94103 | 415-487- 5501 | 94- 6000417 | No | Yes | 401732 | 18 | Medical Case Manageme nt, including Treatment Adherence Services | \$122,907.00 | No | No |
| 37104 | 710 | ASIAN PACIFIC ISLANDER/W ELLNESS CENTER | 730 POLK STREET, 4TH FLOOR | SAN FRANC ISCO | CA | 94109 | (415)292- 3420 | 9430961 09 | Yes | Yes | 401716 | | Medical Case Manageme nt, including Treatment Adherence Services | \$138,218.00 | No | No |
| 37104 | 710 | ASIAN PACIFIC ISLANDER/W ELLNESS CENTER | 730 POLK STREET, 4TH FLOOR | SAN FRANC ISCO | CA | 94109 | (415)292- 3420 | 9430961 09 | Yes | Yes | 401718 | 16 | Mental Health Services | \$36,940.00 | No | No |

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| 37104 | | ASIAN PACIFIC ISLANDER/W ELLNESS CENTER | 730 POLK STREET, 4TH FLOOR | SAN FRANC ISCO | CA | 94109 | (415)292- 3420 | 9430961 09 | Yes | Yes | 401718 | | Medical Case Manageme nt, including Treatment Adherence Services | \$701,563.00 | No | No |
|-------|-----|---|--|----------------------|----|-------|-------------------|----------------|-----|-----|--------|----|--|--------------|----|----|
| 37336 | | INSTITUTO FAMILIAR DE LA RAZA | 2919 MISSION STREET | SAN FRANC ISCO | CA | 94116 | (415)229- 0500 | 9425236 08 | Yes | Yes | 401722 | 16 | Mental Health Services | \$105,854.00 | No | No |
| 37336 | | INSTITUTO FAMILIAR DE LA RAZA | 2919 MISSION STREET | SAN FRANC ISCO | CA | 94116 | (415)229- 0500 | 9425236 08 | Yes | Yes | 401722 | | Medical Case Manageme nt, including Treatment Adherence Services | \$138,546.00 | No | No |
| 37393 | | MAITRI COMPASSIO NATE CARE | 401 DUBOCE AVENUE | SAN FRANC ISCO | CA | 94117 | (415)558- 3006 | 9431891 98 | Yes | Yes | 401724 | 15 | Hospice | \$685,751.00 | No | No |
| 37442 | | MISSION NEIGHBORH OOD HEALTH CENTER | 240 SHOTWELL STREET | SAN FRANC ISCO | CA | 94110 | (415)552- 1013 | 9422843 65 | Yes | Yes | 401727 | 8 | Outpatient/ Ambulatory Health Services | \$352,419.00 | No | No |
| 37442 | | MISSION NEIGHBORH OOD HEALTH CENTER | 240 SHOTWELL STREET | SAN FRANC ISCO | CA | 94110 | (415)552- 1013 | 9422843 65 | Yes | Yes | 401727 | 16 | Mental Health Services | \$223,377.00 | No | No |
| 37442 | | MISSION NEIGHBORH OOD HEALTH CENTER | 240 SHOTWELL STREET | SAN FRANC ISCO | CA | 94110 | (415)552- 1013 | 9422843 65 | Yes | Yes | 401727 | | Medical Case Manageme nt, including Treatment Adherence Services | \$681,529.00 | No | No |
| 37442 | 744 | MISSION NEIGHBORH OOD HEALTH CENTER | 240 SHOTWELL STREET | SAN FRANC ISCO | CA | 94110 | (415)552- 1013 | 9422843 65 | Yes | Yes | 401727 | 30 | Outreach Services | \$282,253.00 | No | No |
| 38538 | | UCSF/ Dept. of Psych./ DSAAM | 1001 Potrero Avenue, Suite 7M12 | San Francis co | CA | 94110 | (628)206- 8797 | 9460364 93W | Yes | Yes | 401744 | | Outpatient/ Ambulatory Health Services | \$188,219.00 | No | No |

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| 47071 | 707 | AIDS LEGAL REFERRAL PANEL | 1663 Mission Street, Suite 500 | SAN FRANC ISCO | CA | 94103 | (415)701- 1200 | 9431117 38 | Yes | Yes | 401714 | 42 | Other Professional Services | \$300,118.00 | No | No |
|-------|------|---|--|----------------------|----|-------|-------------------|----------------|-----|-----|--------|----|--|----------------|----|-----|
| 47474 | 747 | Positive Resource Center | 973 Market St., 6th flr. | San Francis co | CA | 94103 | (415)972- 0804 | 9430784 31 | Yes | Yes | 401729 | 20 | Non- Medical Case Manageme nt Services | \$608,303.00 | No | No |
| 47474 | 747 | Positive Resource Center | 973 Market St., 6th flr. | San Francis co | CA | 94103 | (415)972- 0804 | 9430784 31 | Yes | Yes | 401729 | | Emergency Financial Assistance | \$686,635.00 | No | No |
| 47628 | 762 | UCSF Positive Health Program | SFGH-Bldg 80, Ward 84 -995 Potrero | | CA | 94110 | (415)305- 4882 | 9460364 93 | Yes | Yes | 401743 | 18 | Medical Case Manageme nt, including Treatment Adherence Services | \$64,126.00 | No | No |
| 53288 | 8102 | County of Marin | 3260 Kerner Blvd | San Rafael | CA | 94901 | (415)473- 3373 | 0 | No | Yes | 401725 | 24 | Food Bank/Home Delivered Meals | \$114,492.00 | No | No |
| 63553 | 3553 | Native American Health Center | 160 Capp Street | San Francis co | CA | 94110 | (415)621- 8054 | 0 | Yes | Yes | 401728 | 10 | Oral Health Care | \$68,805.00 | No | No |
| 66108 | 8312 | San Francisco Department of Public Health - COPC- Dental Services | 50 lvy Street | San Francis co | CA | 94102 | (415)657- 1742 | 94- 6000417 | Yes | Yes | 401733 | 10 | Oral Health Care | \$241,872.00 | No | No |
| 67371 | 737 | LUTHERAN SOCIAL SERVICES OF NORTHERN CALIFORNIA | 290 8th Street | SAN FRANC ISCO | CA | 94103 | (415)581- 0891 | 9416596 87 | Yes | Yes | 401723 | 20 | Non- Medical Case Manageme nt Services | \$555,333.00 | No | Yes |
| 67661 | | UCSF Department of Psychiatry AIDS Health Project | UNIV OF CAL.SF BOX 0884 | SAN FRANC ISCO | CA | 94143 | (415)476- 3951 | 9460364 93 | Yes | Yes | 401741 | 16 | Mental Health Services | \$1,205,818.00 | No | No |

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| 67661 | | UCSF Department of Psychiatry AIDS Health Project | UNIV OF CAL.SF BOX 0884 | SAN FRANC ISCO | CA | 94143 | (415)476- 3951 | 9460364 93 | Yes | Yes | 401741 | | Medical Case Manageme nt, including Treatment Adherence Services | \$51,560.00 | No | No |
|-------|------|---|-------------------------------|----------------------|----|-------|-------------------|---------------|-----|-----|--------|----|--|--------------|----|----|
| 77268 | 726 | HIV & Integrated Services (HIVIS) | 798 BRANNAN STREET | SAN FRANC ISCO | CA | 94103 | (415)539- 2966 | 9460004 17 | No | No | 401736 | 8 | Outpatient/ Ambulatory Health Services | \$111,384.00 | No | No |
| 77268 | 726 | HIV & Integrated Services (HIVIS) | 798 BRANNAN STREET | SAN FRANC ISCO | CA | 94103 | (415)539- 2966 | 9460004 17 | No | No | 401736 | 18 | Medical Case Manageme nt, including Treatment Adherence Services | \$137,121.00 | No | No |
| 77613 | 761 | SHANTI PROJECT | 730 POLK STREET | SAN FRANC ISCO | CA | 94109 | (415)674- 4754 | 9422974 97 | Yes | Yes | 401737 | 18 | Medical Case Manageme nt, including Treatment Adherence Services | \$148,194.00 | No | No |
| 77613 | 761 | SHANTI PROJECT | 730 POLK STREET | SAN FRANC ISCO | CA | 94109 | (415)674- 4754 | 9422974 97 | Yes | Yes | 401737 | 32 | Psychosoci al Support Services | \$483,966.00 | No | No |
| 77691 | 769 | Health Right 360 | 520 TOWNSEN D STREET | SAN FRANC ISCO | CA | 94103 | (415)762- 3712 | 9417101 03 | Yes | Yes | 401721 | 26 | Housing | \$77,231.00 | No | No |
| 83255 | 3255 | UCSF - 360 - Positive Care Center | 400 Parnassus Ave. | San Francis co | CA | 94143 | (415)353- 2282 | 0 | Yes | Yes | 401740 | | Medical Case Manageme nt, including Treatment Adherence Services | \$333,092.00 | No | No |
| 87414 | 741 | The Spahr Center | 910 Irwin Street | SAN RAFAE L | CA | 94901 | (415)457- 2487 | 6800724 70 | No | Yes | 401726 | 12 | Health Insurance Premium and Cost Sharing Assistance for Low- Income Individuals | \$34,783.00 | No | No |

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| 87414 | 741 | The Spahr Center | 910 Irwin Street | SAN RAFAE L | CA | 94901 | (415)457- 2487 | 6800724 70 | No | Yes | 401726 | 16 | Mental Health Services | \$30,000.00 | No | No |
|-------|------|--|---|----------------------|----|-------|-------------------|----------------|-----|----------------|-------------|---------|--|-----------------|----|-----|
| 87414 | 741 | The Spahr Center | 910 Irwin Street | SAN RAFAE L | CA | 94901 | (415)457- 2487 | 6800724 70 | No | Yes | 401726 | 18 | Medical Case Manageme nt, including Treatment Adherence Services | \$102,000.00 | No | No |
| 87414 | 741 | The Spahr Center | 910 Irwin Street | SAN RAFAE L | CA | 94901 | (415)457- 2487 | 6800724 70 | No | Yes | 401726 | 20 | Non- Medical Case Manageme nt Services | \$118,000.00 | No | No |
| 87414 | 741 | The Spahr Center | 910 Irwin Street | SAN RAFAE L | CA | 94901 | (415)457- 2487 | 6800724 70 | No | Yes | 401726 | 23 | Emergency Financial Assistance | \$93,040.00 | No | No |
| 87414 | 741 | The Spahr Center | 910 Irwin Street | SAN RAFAE L | CA | 94901 | (415)457- 2487 | 6800724 70 | No | Yes | 401726 | 29 | Medical Transportati on | \$17,177.00 | No | No |
| 87414 | 741 | The Spahr Center | 910 Irwin Street | SAN RAFAE L | CA | 94901 | (415)457- 2487 | 6800724 70 | No | Yes | 401726 | 32 | Psychosoci al Support Services | \$15,000.00 | No | No |
| 87685 | 768 | UOP SCHOOL OF DENTISTRY CARE PROGRAM | 2155 WEBSTER STREET, CARE PROGRAM | SAN FRANC ISCO | CA | 94115 | (415)929- 6672 | 9411562 66 | Yes | Yes | 401745 | 10 | Oral Health Care | \$447,241.00 | No | No |
| 94711 | 8313 | CWH-St. Mary's Medical Center | 2235 Hayes Street, 5th Floor | San Francis co | CA | 94117 | (415)750- 5959 | 72- 1561126 | Yes | Yes | 401739 | 8 | Outpatient/ Ambulatory Health Services | \$3,200.00 | No | Yes |
| 94711 | 8313 | CWH-St. Mary's Medical Center | 2235 Hayes Street, 5th Floor | San Francis co | CA | 94117 | (415)750- 5959 | 72- 1561126 | Yes | Yes | 401739 | 18 | Medical Case Manageme nt, including Treatment Adherence Services | \$180,292.00 | No | Yes |
| | | | | | | | | | To | otal for All C | ontracts Aw | /arded: | | \$12,961,351.00 | | |
| | | | | | | | | | | | | | | | | |

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SFDPH - HHS - Part A - Planned Allocations Report - 2022-23 (v.2)

Final Audit Report 2022-10-14

Created: 2022-10-14

By: Mark Molnar (mmolnar@shanti.org)

Status: Signed

Transaction ID: CBJCHBCAABAAc4yEGSXkxZIFqDfPRMbmZkgS-1ZMO4j1

"SFDPH - HHS - Part A - Planned Allocations Report - 2022-23 (v.2)" History

- Document created by Mark Molnar (mmolnar@shanti.org) 2022-10-14 8:41:30 PM GMT- IP address: 98.234.234.17
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- Document emailed to richardsullivan6734@gmail.com for signature
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- Signer malena.parada@icloud.com entered name at signing as Irma Parada 2022-10-14 9:04:44 PM GMT- IP address: 98,35.64.118
- Document e-signed by Irma Parada (malena.parada@icloud.com)

 Signature Date: 2022-10-14 9:04:45 PM GMT Time Source: server- IP address: 98.35.64.118
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- Document e-signed by Richard Sullivan (richardsullivan6734@gmail.com)

 Signature Date: 2022-10-14 9:21:54 PM GMT Time Source: server- IP address: 50.1.125.168



- Email viewed by dgonzalez.cpg@gmail.com 2022-10-14 11:34:49 PM GMT- IP address: 66.249.84.67
- Signer dgonzalez.cpg@gmail.com entered name at signing as David Gonzalez 2022-10-14 11:54:05 PM GMT- IP address: 104.129.198.211
- Document e-signed by David Gonzalez (dgonzalez.cpg@gmail.com)

 Signature Date: 2022-10-14 11:54:06 PM GMT Time Source: server- IP address: 104.129.198.211
- Agreement completed.
 2022-10-14 11:54:06 PM GMT