



P.O. Box 194247
San Francisco, CA 94119
1(415) 547-7800
1(415) 547-7821 FAX
sfhp.org

LETTER OF AGREEMENT

This letter represents an agreement between the San Francisco Health Plan (SFHP) and San Francisco Department of Public Health (“Grantee”). Pursuant to this agreement, SFHP will provide a grant to Grantee in exchange for support and deliverables to support capacity and infrastructure building activities and interventions that will improve Enhanced Care Management (ECM) and/or Community Supports in populations of focus among SFHP members.

These funds are intended for activities that support the CalAIM incentive Payment Program (IPP) and the implementation and expansion of ECM and Community Supports by your organization.

Based on the Grantee’s application, the following activities and outcomes are to be completed with the grant funds.

Grant Description: Funded Activities

- Technical Infrastructure Building and implementation of CareLink

This funding agreement is effective from September 12, 2022 to February 28, 2023.

SFHP will distribute the full payment disbursement of \$316,800 to San Francisco Department of Public Health within five business days of executing this Letter of Agreement.

Receipt of these funds indicates that the awardee will implement and comply with the grant, as set forth in the approved grant application.

Reporting

San Francisco Department of Public Health will provide SFHP with a brief grant report of completed activities and purchases and vendor acquired services via email at CALAIMECMILOS@SFHPORG by April 30, 2023. Please use the report template below.



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Signatures

	SFHP Name/Title	SFHP Signature	(Grantee) Name/Title	(Grantee) Signature
Person Responsible for Executing Agreement Terms	Sean Dongre Senior Manager, Provider Network Management		Grant Colfax, MD, Director of Health By Naveena Bobba MD, MPH Deputy Director of Health	
Executive Accountability	Skip Bishop Chief Financial Officer		Approved as to form, David Chiu, City Attorney By Henry Lifton Deputy City Attorney	 DocuSigned by: Henry Lifton 6D6CB58424584B1...

Attachment 1: Grant Reporting Template

Instructions: Please complete the form below. Email to CALAIMECMILOS@sfhp.org by April 30, 2023.

Organization Name	Organization
Contact Name	
Contact Email	
Contact Phone Number	
Funding Amount	\$316,800
Project Description Changes, if any. Please describe any major changes to the project, objectives from what your organization proposed in its initial application.	



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Objective 1

- Has this objective been met?
If not, please explain.
- **Outcome:**
- What barriers (if any) did you face in achieving the objective?

Objective 2

- Has this objective been met?
If not, please explain.
- **Outcome:**
- What barriers (if any) did you face in achieving the objective?



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Objective 3	
<ul style="list-style-type: none">Has this objective been met? If not, please explain.	
<ul style="list-style-type: none">Outcome	
<ul style="list-style-type: none">What barriers (if any) did you face in achieving the objective?	
Comments:	