

File No. 230964

Committee Item No. 3

Board Item No. 25

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee
Board of Supervisors Meeting

Date October 11, 2023
Date October 17, 2023

Cmte Board

- Motion
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- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

- Original Agreement 3/1/2020
- DPH Presentation 10/11/2023
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Completed by: Brent Jalipa

Date October 5, 2023

Completed by: Brent Jalipa

Date October 12, 2023

1 [Agreement Amendment - Mission Neighborhood Health Center - HIV Health Services - Not to
2 Exceed \$11,300,310]

3 **Resolution approving Amendment No. 1 to the Agreement between Mission**
4 **Neighborhood Health Center and the Department of Public Health, to provide HIV**
5 **health services, to increase the agreement by \$6,624,852 for an amount not to exceed**
6 **\$11,300,310; to extend the term by six years from February 29, 2024, for a total**
7 **agreement term of March 1, 2020, through February 28, 2030; and to authorize DPH to**
8 **enter into modifications of the Agreement that do not materially increase the City's**
9 **obligations or liabilities and are necessary to effectuate the purposes of the Agreement**
10 **or this Resolution.**

11
12 WHEREAS, The Department of Public Health (DPH), selected Mission Neighborhood
13 Health Center through a Request for Proposals (RFP) process, RFP 5-2019, issued on
14 December 12, 2019, to provide outpatient/ambulatory HIV health services - Center of
15 Excellence Program; and

16 WHEREAS, DPH entered into an original agreement on March 1, 2020, to provide
17 these HIV health services for four years, with the term of March 1, 2020, through February 29,
18 2024, in an amount not to exceed \$4,675,458; and

19 WHEREAS, DPH wishes to amend the agreement to continue providing HIV health
20 services by extending the term by six years, from February 29, 2024, through February 28,
21 2030, increasing the contract by \$6,624,852 to reflect annual funding for each additional year,
22 for a total contract amount not to exceed \$11,300,310 and for a total agreement term of March
23 1, 2020, through February 28, 2030; and

24 WHEREAS, Section 9.118 of the Charter requires approval of the Board of Supervisors
25 for contracts requiring anticipated expenditures exceeding \$10 million, now, therefore be it

Item 3 File 23-9064	Department: Public Health (DPH)
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EXECUTIVE SUMMARY

Legislative Objectives

- The proposed resolution would authorize a first amendment to the Department of Public Health’s agreement with Mission Neighborhood Health Center to extend the term by six years, from February 29, 2024 to February 28, 2030. The proposed resolution would also increase the contract’s not-to-exceed amount by \$6,624,852 from \$4,675,458 to \$11,300,310 and DPH would be authorized to enter into immaterial modifications of the agreement.

Key Points

- The Mission program provides medical case management, nursing, and counseling services to a target population of HIV-positive Latino/a/x, with a focus on immigrants who are monolingual Spanish-speaking or have limited English proficiency and/or experiencing unstable housing or homelessness, and with behavioral health needs resulting in difficulties in remaining engaged in primary care.
- The program received the highest rating possible during its last performance monitoring visit, which covered the period March 1, 2021 to February 28, 2022. The program was found to have achieved 100 percent of its seven contracted performance objectives and to have served 91 percent or 297 of the targeted 325 unduplicated clients. The program provided 58 percent of the target units of service (hours of medical and mental health care), with client hesitancy to meet due to COVID-19 and staffing challenges being cited as causal factors for not meeting units of service targets.
- The proposed amendment makes only slight adjustments to staffing levels and units of service to be provided. The number of unduplicated clients to be served annually remains unchanged.

Fiscal Impact

- The contract extension would commit an additional \$6,624,852 in HIV/AIDS federal funding over a six-year period. The annual cost of the program is approximately \$1.1 million.

Policy Consideration

- The program is achieving its funded purpose and knowledge that its funding will extend for six years may help the program with its long-range planning efforts.

Recommendation

- Approve the proposed resolution.

MANDATE STATEMENT

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 is subject to Board of Supervisors approval.

BACKGROUND

Procurement Process

On December 12, 2019, the Department of Public Health (DPH), HIV Health Services (HHS), issued request for proposal (RFP) #5-2019 for outpatient/ambulatory HIV health services. The purpose of the RFP was to identify integrated medical and behavioral health providers to serve four priority HIV populations: (1) the elderly and the homeless, (2) women, (3) Mission District, and (4) and African Americans. RFP 5-2019 continued outpatient/ambulatory HIV health services, which had previously been solicited under RFP 20-2010. Mission Neighborhood Health Center (MNHC), which had been providing services under RFP 20-2010, was the sole applicant for the Mission program and was awarded a contract.

Mission Program

The Mission program focuses on HIV-positive Latino/a/x, with a focus on immigrants who are monolingual Spanish-speaking or have limited English proficiency and/or experiencing unstable housing or homelessness, and with behavioral health needs resulting in difficulties in remaining engaged in primary care.

Original Agreement and Amendments

Following RFP #5-2019, DPH entered into an agreement with MNHC on March 1, 2020 with a term of March 1, 2020 – February 29, 2024 and a not-to-exceed amount of \$4,675,458. The original agreement provided the City with six options to renew the agreement for one-year periods. The agreement has not been amended.

DETAILS OF PROPOSED LEGISLATION

The proposed resolution would approve the first amendment to DPH's original agreement with Mission Neighborhood Health Center, extending the term by six years, from February 29, 2024 to February 28, 2030 and increasing the not-to-exceed amount by \$6,624,852 from \$4,675,458 to \$11,300,310. The amendment would also authorize DPH to enter into immaterial modifications of the agreement.

Services

MNHC will provide the following eight services at 240 Shotwell Street:

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

Performance Monitoring

On April 27, 2023 a site visit was conducted and monitoring report issued by the DPH for the period March 1, 2021 – February 28, 2022. MHNC was rated “Four – Commendable/Exceeds Standards,” which is the highest rating achievable.

The program was found to have achieved 100 percent of its seven contracted performance objectives, which were that:

- 80% of HIV+ clients will have had two or more medical visits during the year.
- 90% of clients with HIV who received primary care services will have been prescribed antiretrovirals treatment (ART).
- 90% of clients with HIV who received primary care services will have had at least viral load test.
- 80% of clients will have a viral load <200 copies/ml which will indicate viral suppression and treatment adherence.
- 85% of clients with HIV and a CD4 T-cell count \leq 200 cells/mm³ will be prescribed PCP prophylaxis.

- 80% of clients with HIV who received primary care services will be tested for syphilis, with results documented.
- 80% of clients with HIV who received primary care services will have been screened for Hepatitis C.

The program was found to have served 91.4 percent of its contracted unduplicated client target or 297 of the targeted 325 unduplicated clients in contract year 2021-2022.

The program was found to have provided 58.2 percent of its contracted units of service in contract year 2021-2022. Per the DPH monitoring report, the program attributed the low percentage of units of service provided to clients preferring not to meet in person due to the risk of acquiring COVID-19. The report also states that group activities were cancelled due to safe distancing requirements and the risk of exposure to COVID-19. Staff vacancies and difficulty recruiting candidates were cited as factors contributing to the low number of case management, substance use, and mental health units of service provided.

According to Michelle Ruggels, Director of the DPH Business Office, staff vacancies and recruitment challenges have impacted many nonprofit organizations. As a result, the City has implemented several initiatives. In May 2023, the Mayor and Board of Supervisors approved a 4.75 percent cost of doing business (COBD) increase for behavioral health organizations. Additionally, the Minimum Compensation for non-profits was increased to \$18.93/hour in FY 2023-24, which may have a cascading impact on higher levels of compensation. In addition, File 23-0483 is an ordinance pending Board of Supervisors' approval which would require the Controller to include cost increases with nonprofit organizations in the base budget of City Departments, which in turn may provide certainty of funding levels for non-profits in subsequent budget years.

Exhibit 1 below provides the contracted and actual units of service provided during the period.

Exhibit 1: Unit of Service Provided March 1, 2021 – February 28,2022

Service Description	Contracted Hours	Actual Hours Provided	Percent Provided
Medical Case Management	1,170	243	21%
Medical Case Management – A (see note below)	1,750	839	48%
Mental Health Outpatient	1,074	376	35%
Nursing Treatment Adherence	673	1,405	208%
Outpatient Ambulatory Health Services	1,090	927	85%
Outpatient Substance Abuse Services Group	81	0	0%
Outpatient Substance Abuse Services Individual	1,100	403	37%
Treatment Adherence Group	90	0	0%
Treatment Adherence Individual	650	273	42%
TOTAL	7,678	4,466	58%

Source: DHS Monitoring Report

Note: Medical Case Management has two funding sources – Ryan White Part A and Ryan White Part A Minority AIDS Initiative Fund which provides funding to improve access to HIV care and health outcomes for racial and ethnic minority populations disproportionately affected by HIV. Funding levels vary year to year, depending on demographic data.

Fiscal Monitoring

The Mayor’s Office of Housing and Community Development completed a fiscal and compliance monitoring review on June 12, 2023. The review did not result in any findings. Additionally, the reviewers found that the program was in conformance with all governance best practices.

FISCAL IMPACT

The proposed amendment would increase the agreement’s non-to-exceed amount by \$6,624,852 over a six-year period. Excluding the contingency amount, this equates to annual spending of \$1,103,760, which would be broken down as shown in Exhibit 2 below.

Exhibit 2: Sources and Uses of Proposed Funding

Sources	Amount (\$)
Ryan White Part A	632,257
Ryan White Part A/MAI	245,726
Ryan White Part A/MAI	225,777
Total Sources	\$1,103,760
Uses	
Salary & Benefits	891,590
Operating Expenses	121,033
Subtotal	1,012,623
Indirect Cost Rate (9%)	91,137
Total Uses	\$1,103,760

Source: Proposed Amendment

Note: Ryan White Part A/MAI refers to Ryan White, Part A, Minority AIDS Initiative, a federal funding source, which is specifically set apart to target a specific population disproportionately impacted by HIV/AIDS. The second Part A/MAI line item is specific to funds that will be allocated to subcontractor Instituto Familiar de la Raza for this purpose.

As shown above, the proposed amendment would provide MNHS with just over \$1.1 million annually. The funding would support 10.59 FTE and provide for fringe benefits at a rate of 30 percent of salary. As compared to the initial agreement, the number of FTE remains relatively unchanged, increasing by 0.15 FTE. There would also be adjustments to the target number of units of service for some service categories, but the target number of unduplicated clients receiving services would remain unchanged at 325 annually.

The source of funding for this program is the Ryan White Part A and Ryan White Part A Minority AIDS Initiative, which are federal programs that fund grants to areas most affected by the HIV epidemic.

The actual and projected contract expenditures by year are shown in Exhibit 3 below.

Exhibit 3: Actual and Projected Expenditures

Actual & Projected Expenditures	
March 2020 – Feb 2021	918,336
March 2021 – Feb 2022	966,972
March 2022 – Feb 2023	761,524
March 2023 – Feb 2024	1,103,760
Subtotal, Actual & Projected	3,750,592
Proposed Expenditures	
March 2024 – Feb 2025	1,103,760
March 2025 – Feb 2026	1,103,760
March 2026 – Feb 2027	1,103,760
March 2027 – Feb 2028	1,103,760
March 2028 – Feb 2029	1,103,760
March 2029 – Feb 2030	1,103,760
Subtotal, Proposed	6,622,560
Contingency (12%)	927,158
Total Projected Spending	11,300,310

Source: DPH

POLICY CONSIDERATION

The proposed amendment provides for the continuation of services funded through the federal Ryan White Part A program. Program staffing, the unduplicated target number of clients, and services to be provided would not materially change from the current program model.

Although it did not meet its units of service target, the program received the highest rating in its most recent performance monitoring review and served 90 percent of the clients it was contracted to serve. There were no findings in the program’s most recent fiscal monitoring.

RECOMMENDATION

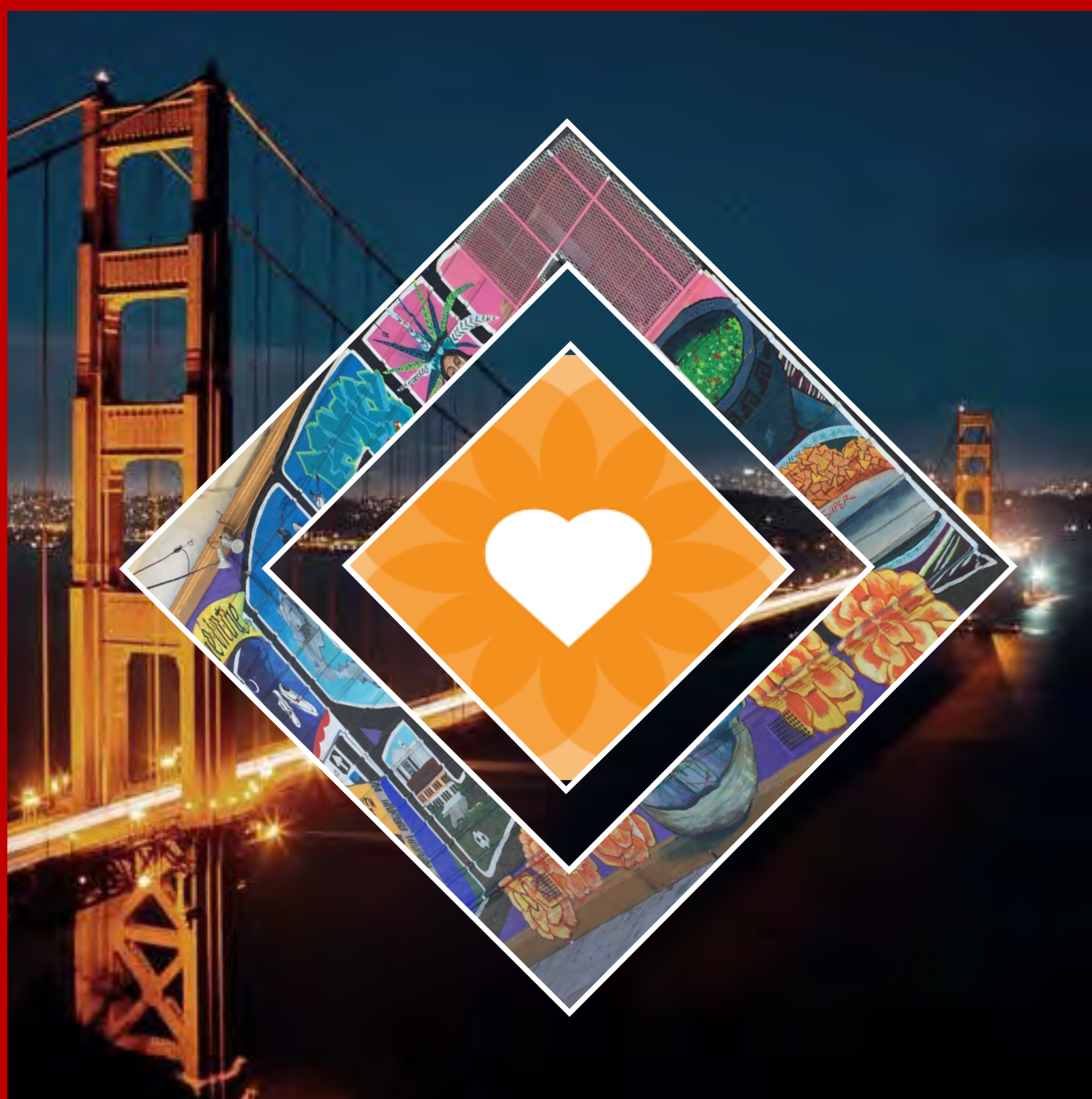
Approve the proposed resolution.

SF Department of Public Health SF Health Network



SFBOS Budget and Finance Committee
October 11, 2023

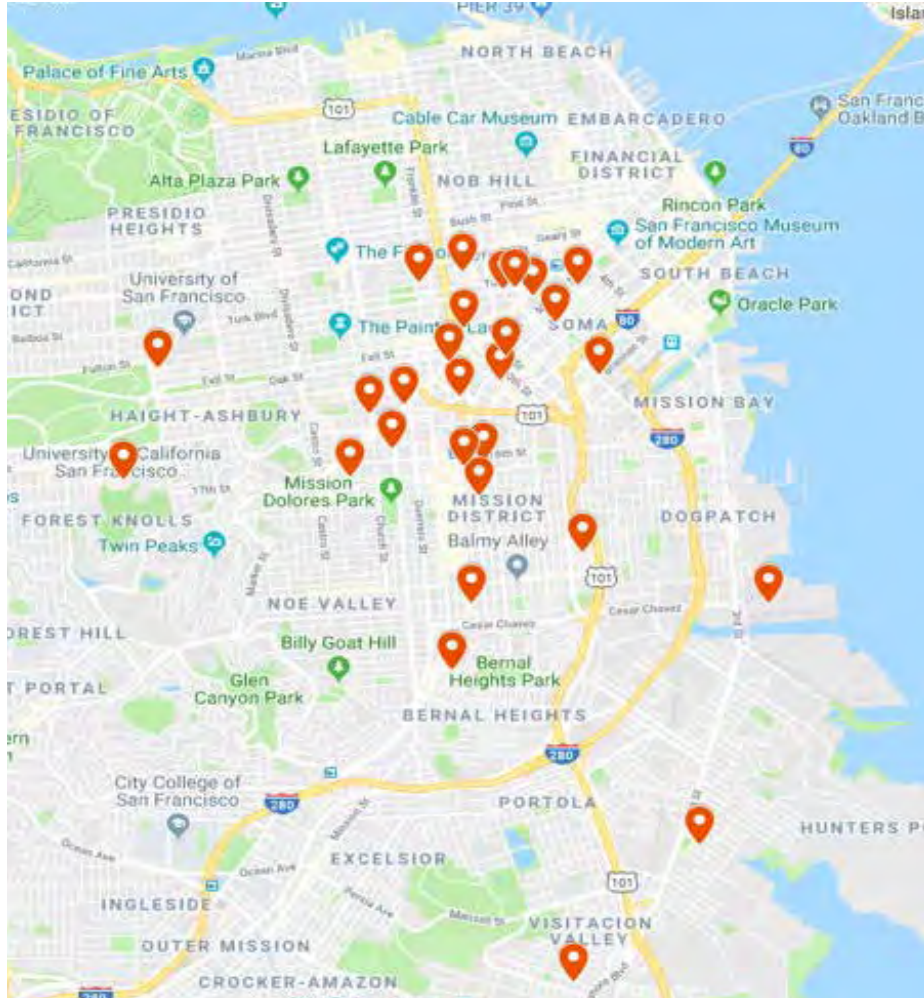
SF DPH HIV Health Services
Bill Blum, Director
Beth Neary, Assistant Director





San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



- Serves as the grantee for Ryan White Programs Parts A, B, C, Ending the HIV Epidemic as well as Getting To Zero.
- Serves safety net **low income** and **severe need** populations

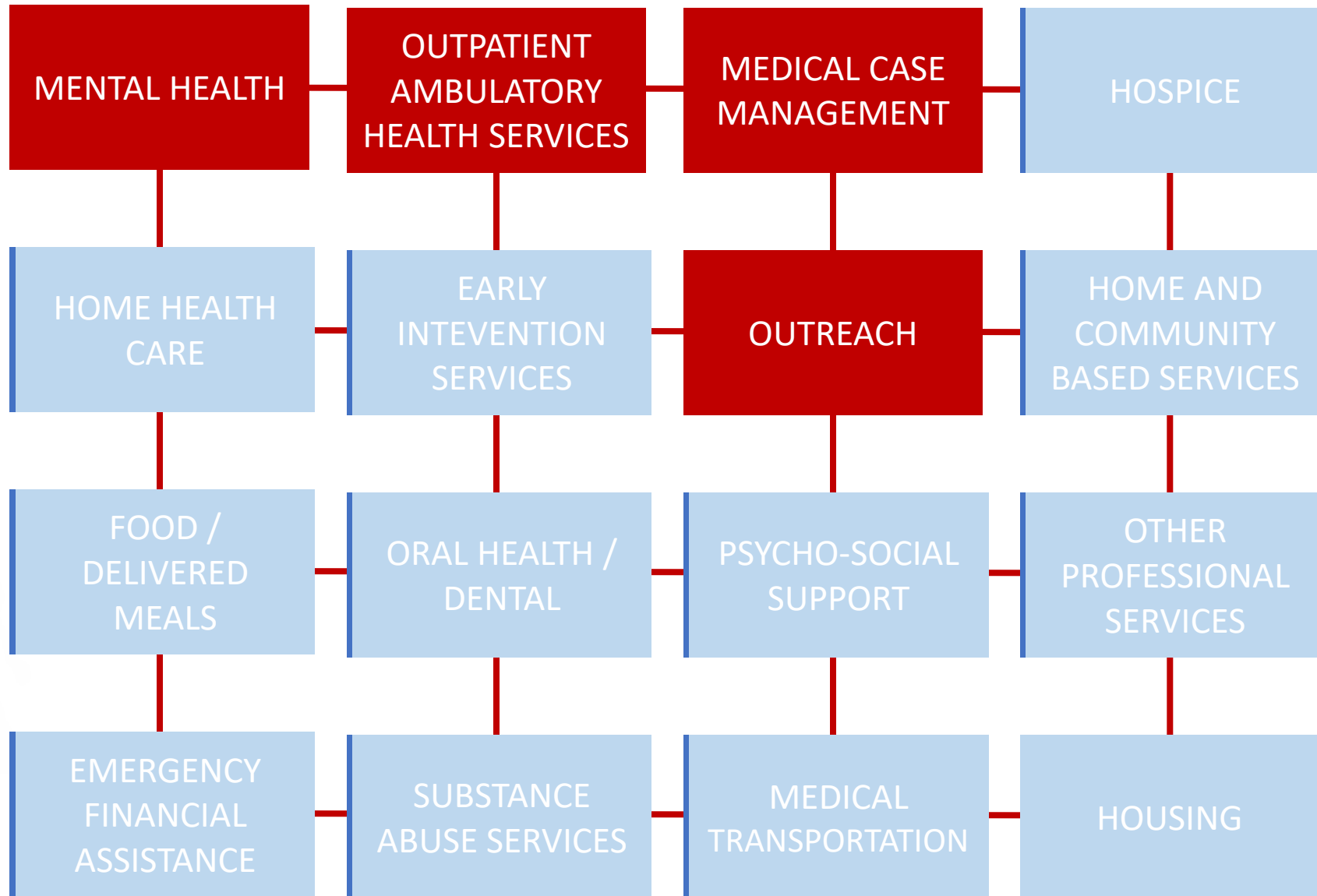
HIVHEALTHSERVICES

Ending
the
HIV
Epidemic
A PLAN FOR AMERICA

 **HRSA**
Ryan White HIV/AIDS Program

 **GETTING TO
ZERO**
SAN FRANCISCO

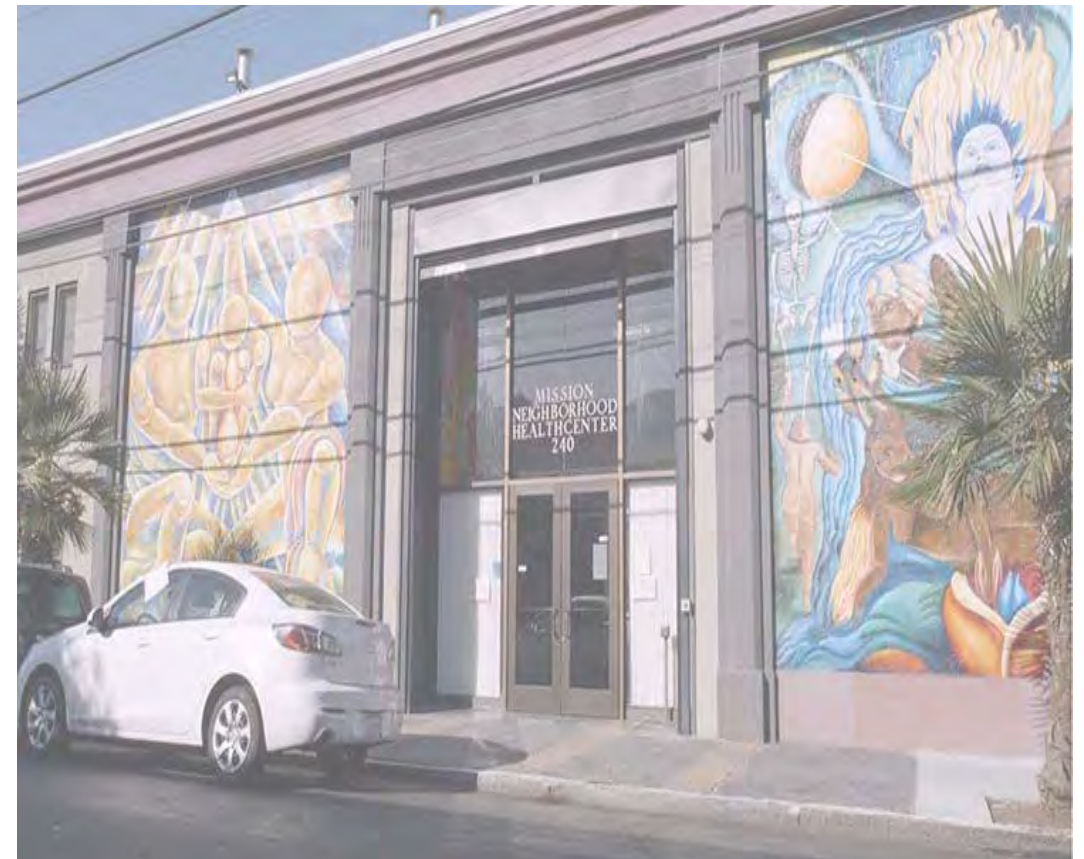
SERVICE CATEGORIES





Mission Neighborhood Health Center “honors our Latino roots with a tradition of providing compassionate, patient-centered care. We advocate for health equity and deliver innovative, high quality services responsive to the neighborhoods and diverse communities we serve.”

Funded services are **Outpatient Ambulatory Health, **Nursing Treatment Adherence**, **Medical Case Management**, **Outpatient Substance Abuse**, **Outreach**, and **Mental Health Groups****



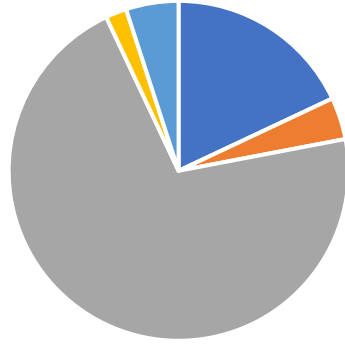


325
Annual Clients Served

\$1,103,760
Annual HHS Funding for
the Mission Center of
Excellence

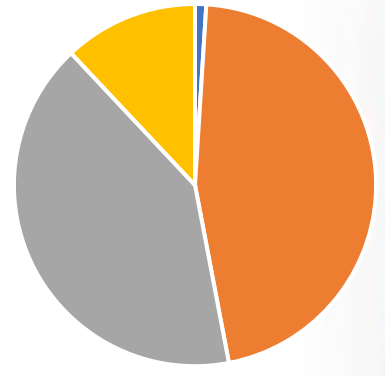
\$289,309
Annual HHS Funding for
Targeted Latino/a/x
Outreach

Race/Ethnicity



- White
- Black/African American
- Latino/a/x
- Asian
- Other

Age

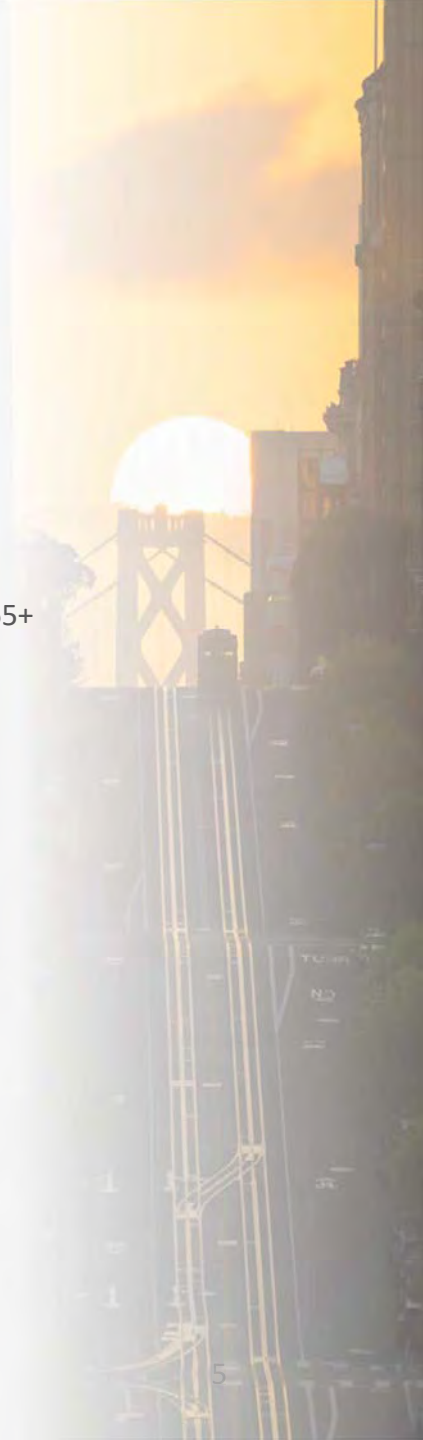


- 0-24
- 25-44
- 45-64
- 65+

Gender Identity



- Cis Men
- Cis Women
- Trans Women



Proposed Contract Amendment



- DPH agrees with BLA recommendations
- DPH requests approval of proposed resolution

Thank you!
Any questions?

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

FIRST AMENDMENT TO GRANT AGREEMENT

BETWEEN

CITY AND COUNTY OF
SAN FRANCISCO

AND

MISSION NEIGHBORHOOD HEALTH CENTER

FIRST AMENDMENT

This AMENDMENT of the, March 1, 2020 Grant Agreement (the "Agreement") is dated as of **August 1st, 2023** and is made in the City and County of San Francisco, State of California, by and between **MISSION NEIGHBORHOOD HEALTH CENTER** ("Grantee") and the **CITY AND COUNTY OF SAN FRANCISCO**, a municipal corporation ("City") acting by and through the **DEPARTMENT OF PUBLIC HEALTH** ("Department").

RECITALS

WHEREAS, the Agreement was competitively procured as required through RFP 5-2019 issued on December 12th, 2019 and this modification is consistent therewith; and

WHEREAS, the City’s Board of Supervisors approved this Agreement by Resolution# _____ - _____ on _____;

WHEREAS, Grantee has submitted to the Agency the Application Documents (as hereinafter defined) seeking a grant for the purpose of funding the matters set forth in the Grant Plan (as defined in the Agreement); and

WHEREAS, the original grant agreement is being modified to increase the contract amount, extend the contract term, and update standard contractual clauses; and

WHEREAS, City and Grantee desire to execute this amendment to update the prior Agreement;

NOW, THEREFORE, City and Grantee agree to amend said Grant Agreement as follows:

- 1. Definitions.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Grant Agreement.
- 2. Modifications to the Agreement.** The Grant Agreement is hereby modified as follows:
 - (a) Article 3 Term.**

Article 3 Term of the Grant Agreement currently reads as follows:

**ARTICLE 3
TERM**

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

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

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

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

Such section is hereby amended to read as follows:

**ARTICLE 3
TERM**

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

3.2 Duration of Term. The term of this Agreement shall commence on **MARCH 1st, 2020** and expire on **FEBRUARY 28, 2030**, unless earlier terminated as otherwise provided herein. Grantee shall not begin performance of its obligations under this Agreement until it receives written notice from City to proceed.

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

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

(b) Section 5.1 Maximum Amount of Grant Funds.

Section 5.1 Maximum Amount of Grant Funds of the Grant Agreement currently reads as follows:

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

Such section is hereby amended to read as follows:

5.1 Maximum Amount of Grant Funds. In no event shall the amount of Grant Funds disbursed hereunder exceed **ELEVENT MILLION, THREE HUNDRED THOUSAND, THREE HUNDRED TEN Dollars (\$11,300,310).**

(c) Section 8.8 California Attorney General's Registry of Charitable Trusts.

Section 8.8 California Attorney General's Registry of Charitable Trusts is hereby added in its entirety to read as follows in Article 8:

8.8 California Attorney General's Registry of Charitable Trusts. If a Grantee is a non-profit entity, the Grantee represents that it is in good standing with the California Attorney General's Registry of Charitable Trusts and will remain in good standing during the term of this Agreement. Grantee shall immediately notify City of any change in its eligibility to perform under the Agreement. Upon City request, Grantee shall provide documentation demonstrating its compliance with applicable legal requirements. If Grantee will use any subgrantees/subrecipients to perform the Agreement, Grantee is responsible for ensuring they are also in compliance with the California Attorney General's Registry of Charitable Trusts at the time of grant execution and for the duration of the agreement. Any failure by Grantee or any subgrantees/subrecipients to remain in good standing with applicable requirements shall be a material breach of this Agreement.

(d) Section 9.3 Infringement Indemnity.

Section 9.3 Infringement and Indemnity is hereby added in its entirety to read as follows in Article 9:

9.3 Infringement Indemnity. Grantee 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 Grantee's Services.

(e) Section 17.15 Applicable Law.

Section 17.5 Applicable Law is hereby added in its entirety to read as follows in Article 17:

17.5 **Applicable Law.** This Agreement will be governed by, construed, and enforced in accordance with the laws of the State of California and City’s Charter. Any legal suit, action, or proceeding arising out of or relating to this Agreement shall be instituted in the Superior Court for the City and County of San Francisco, and each party agrees to the exclusive jurisdiction of such court in any such suit, action, or proceeding (excluding bankruptcy matters). The parties irrevocably and unconditionally waive any objection to the laying of venue of any suit, action, or proceeding in such court and irrevocably waive and agree not to plead or claim that any suit, action, or proceeding brought in San Francisco Superior Court relating to this Agreement has been brought in an inconvenient forum. The Parties also unconditionally and irrevocably waive any right to remove any such suit, action, or proceeding to Federal Court.

(f) Article 18 Department Data and Security

Article 18 Department Data and Security is hereby amended in its entirety to reads as follows as Article 18:

Article 18 Department Data and Security

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

The parties acknowledge that CONTRACTOR will:

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

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

1. **Appendix E** SFDPH Business Associate Agreement (BAA) (08-03-2022)
 2. SFDPH Attestation 1 PRIVACY (06-07-2017)
 3. SFDPH Attestation 2 DATA SECURITY (06-07-2017)
2. **NOT** do any of the activities listed above in subsection 1;
Grantee is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

18.2 Management of City Data and Confidential Information.

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

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

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

18.4 Protected Health Information. Grantee, all subcontractors, all agents and employees of Grantee and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Grantee by City in the performance of this Agreement. Grantee agrees that any failure of Grantee to comply with the requirements of federal and/or state and/or

local privacy laws shall be a material breach of the 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 Grantee or its subcontractors or agents by City, Grantee shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

The Appendices listed below are Amended as follows:

(g) Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated: Amendment 08/01/2023.

(h) Delete Appendix A-1 from Agreement as amended. Dated: Amendment 08/01/2023.

(i) Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: Amendment 08/01/2023.

(j) Attachment 1 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(k) Attachment 1.1 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(l) Attachment 2 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(m) Attachment 2.4 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(n) Attachment 2.4a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(o) Attachment 2.4b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(p) Attachment 2.5 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(q) Attachment 2.5a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(r) Attachment 2.5b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(s) Attachment 2.6 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(t) Attachment 2.6a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(u) Attachment 2.6b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(v) Attachment 2.7 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(w) Attachment 2.7a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(x) Attachment 2.7b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(y) Attachment 2.8 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(z) Attachment 2.8a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(aa) Attachment 2.8b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(ab) Attachment 2.9 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(ac) Attachment 2.9a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(ad) Attachment 2.9b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(ae) Attachment 2.10 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(af) Attachment 2.10a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(ag) Attachment 2.10b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

(ah) Delete Appendix C, and replace in its entirety with Appendix C to Agreement as amended. Dated: Amendment 08/01/2023.

(ai) Appendix C.4 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(aj) Appendix C.4a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(ak) Appendix C.4b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(al) Appendix C.5 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(am) Appendix C.5a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(an) Appendix C.5b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(ao) Appendix C.6 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(ap) Appendix C.6a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(aq) Appendix C.6b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(ar) Appendix C.7 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(as) Appendix C.7a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(at) Appendix C.7b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(au) Appendix C.8 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(av) Appendix C.8a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(aw) Appendix C.8b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(ax) Appendix C.9 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(ay) Appendix C.9a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(az) Appendix C.9b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(ba) Appendix C.10 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(bb) Appendix C.10a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(bc) Appendix C.10b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

(bd) Delete Appendix D, and replace in its entirety with Appendix D to Agreement as amended. Dated: Amendment 08/01/2023.

(be) Delete Appendix E, and replace in its entirety with Appendix E to Agreements as amended. Dated: OCPA & CAT v8/3/2022 and Attestation Forms 06-07-2017.

(bf) Appendix K is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

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

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

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to the Grant Agreement to be duly executed as of the date first specified herein.

CITY
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

GRANTEE:
MISSION NEIGHBORHOOD HEALTH CENTER

By: _____
Grant Colfax, MD
Director of Health

DocuSigned by:
Anna Robert
By: _____
B601D6B05AF0456... 8/29/2023 | 5:09 PM PDT

Print Name: Anna Robert
Title: Chief Executive Officer

Approved as to Form:

David Chiu
City Attorney

Federal Tax ID #: 94-2284365

City Vendor Number: 0000014943

By: _____
Deputy City Attorney

Appendix A--Definition of Eligible Expenses

The term “Eligible Expenses” shall mean expenses incurred and paid by Grantee during the term of this Agreement in implementing the terms of the Grant Plan.

I. All Eligible Expenses must:

- (1) Be listed in the Grant Budget of Appendix B of this Agreement.
 - i. Formal modification to this Agreement or a revision to Grant Budget as specified in Appendix B of this Agreement.

II. Eligible Expenses shall specifically exclude:

- (1) any item submitted for funding not listed in the applicable Grant Budget listed in Appendix B of this Agreement.

Appendix B--Definition of Grant Plan

1. General Grant Plan Terms

A. Grant Administrator:

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

B. Reports:

Grantee shall comply and submit reports as required in Article 6 of the Agreement. Including required reports outlined in the delivery of the scope of services.

C. Evaluation:

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

The City agrees that any final City evaluation reports generated through the City evaluation program shall be made available to Grantee within thirty (30) working days. Grantee 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:

Grantee 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 fulfill the terms of the Grant Plan. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

E. Adequate Resources:

Grantee agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to fulfill the terms of the Grant Plan required under this Agreement.

F. Infection Control, Health and Safety:

(1) Grantee must have a Bloodborne Pathogen (BBP) Exposure Control plan for its employees, agents and Sub-Grantees 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) Grantee must demonstrate personnel policies/procedures for protection of its employees, agents, Sub-Grantees 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) Grantee 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) Grantee is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

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

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

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

G. Aerosol Transmissible Disease Program, Health and Safety:

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

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

H. Acknowledgment of Funding:

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

I. Admission Policy:

Admission policies for the Grant Plan 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 Grant Plan listed in Attachment 1 of Appendix B, 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.

J. Grievance Procedure:

Grantee 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. Grantee 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.

K. Client Fees and Third Party Revenue:

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

(2) Grantee agrees that revenues or fees received by Grantee 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 Grantee from its billing to the City.

L. Patients Rights:

All applicable Patients’ Rights laws and procedures shall be implemented.

M. Under-Utilization Reports:

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

N. Quality Assurance:

Grantee agrees to develop and implement a Quality Assurance Plan based on internal standards established by Grantee 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.

2. Detailed Grant Plan

A. Attachment 1 Grant Plans

Grant Plan Attachment	Grant Plan Term	Funding Source
Attachment 1 Grant Plan Summary / Appendix A	03/01/2020 – 02/28/2030	RWPA, RWPA/MAI
Attachment 1.1 Mission Center of Excellence / Appendix A-1	03/01/2020 – 02/28/2030	RWPA, RWPA/MAI

B. Attachment 2 Grant Budget

C. Attachment 2.1 Grant Budget Detail

Grant Budget Detail Attachment	Grant Budget Detail Term	Funding Source
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Attachment 2 Grant Budget Summary / Appendix B	03/01/2020 – 02/28/2030	RWPA, RWPA/MAI
Attachment 2.1 Mission Center of Excellence / Appendix B-1	03/01/2020 – 02/28/2021	RWPA
Attachment 2.1a Mission Center of Excellence / Appendix B-1a	03/01/2020 – 02/28/2021	RWPA/MAI
Attachment 2.1b Mission Center of Excellence / Appendix B-1b	03/01/2020 – 02/28/2021	RWPA/MAI
Attachment 2.2 Mission Center of Excellence / Appendix B-2	03/01/2021 – 02/28/2022	RWPA
Attachment 2.2a Mission Center of Excellence / Appendix B-2a	03/01/2021 – 02/28/2022	RWPA/MAI
Attachment 2.2b Mission Center of Excellence / Appendix B-2b	03/01/2021 – 02/28/2022	RWPA/MAI
Attachment 2.3 Mission Center of Excellence / Appendix B-3	03/01/2022 – 02/28/2023	RWPA
Attachment 2.3a Mission Center of Excellence / Appendix B-3a	03/01/2022 – 02/28/2023	RWPA/MAI
Attachment 2.3b Mission Center of Excellence / Appendix B-3b	03/01/2022 – 02/28/2023	RWPA/MAI
Attachment 2.4 Mission Center of Excellence / Appendix B-4	03/01/2023 – 02/29/2024	RWPA
Attachment 2.4a Mission Center of Excellence / Appendix B-4a	03/01/2023 – 02/29/2024	RWPA/MAI
Attachment 2.4b Mission Center of Excellence / Appendix B-4b	03/01/2023 – 02/29/2024	RWPA/MAI
Attachment 2.5 Mission Center of Excellence / Appendix B-5	03/01/2024 – 02/28/2025	RWPA
Attachment 2.5a Mission Center of Excellence / Appendix B-5a	03/01/2024 – 02/28/2025	RWPA/MAI
Attachment 2.5b Mission Center of Excellence / Appendix B-5b	03/01/2024 – 02/28/2025	RWPA/MAI
Attachment 2.6 Mission Center of Excellence / Appendix B-6	03/01/2025 – 02/28/2026	RWPA
Attachment 2.6a Mission Center of Excellence / Appendix B-6a	03/01/2025 – 02/28/2026	RWPA/MAI
Attachment 2.6b Mission Center of Excellence / Appendix B-6b	03/01/2025 – 02/28/2026	RWPA/MAI
Attachment 2.7 Mission Center of Excellence / Appendix B-7	03/01/2026 – 02/28/2027	RWPA

Attachment 2.7a Mission Center of Excellence / Appendix B-7a	03/01/2026 – 02/28/2027	RWPA/MAI
Attachment 2.7b Mission Center of Excellence / Appendix B-7b	03/01/2026 – 02/28/2027	RWPA/MAI
Attachment 2.8 Mission Center of Excellence / Appendix B-8	03/01/2027 – 02/29/2028	RWPA
Attachment 2.8a Mission Center of Excellence / Appendix B-8a	03/01/2027 – 02/29/2028	RWPA/MAI
Attachment 2.8b Mission Center of Excellence / Appendix B-8b	03/01/2027 – 02/29/2028	RWPA/MAI
Attachment 2.9 Mission Center of Excellence / Appendix B-9	03/01/2028 – 02/28/2029	RWPA
Attachment 2.9a Mission Center of Excellence / Appendix B-9a	03/01/2028 – 02/28/2029	RWPA/MAI
Attachment 2.9b Mission Center of Excellence / Appendix B-9b	03/01/2028 – 02/28/2029	RWPA/MAI
Attachment 2.10 Mission Center of Excellence / Appendix B-10	03/01/2029 – 02/28/2030	RWPA
Attachment 2.10a Mission Center of Excellence / Appendix B-10a	03/01/2029 – 02/28/2030	RWPA/MAI
Attachment 2.10b Mission Center of Excellence / Appendix B-10b	03/01/2029 – 02/28/2030	RWPA/MAI

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 Sub-Grantees of Grantee, will be paid unless the provider received advance written approval from the City Attorney.

GRANT PLAN (CONTRACT) SUMMARY

Contractor	Mission Neighborhood Health Center					
Total \$\$ / Term / CID #	\$ 10,373,152	03/01/20 - 02/28/30		CID # 1000017218		
Funding Source	Ryan White Part A (RWPA) , Ryan White Part A: Minority AIDS Initiative (RWPA:MAI)					
Address / Phone	240 Shotwell Street, San Francisco, CA 94110 Brenda Storey, Executive Director, 552-1013 x2201, brendastorey@mnhc.org					
Contacts	F. Gomez-Benetiz, Deputy Director, 552-1013 x2208, fernandogomez-benetiz@mnhc.org Jose E Lopez, HIV Services Director, 552-1013 x2203, joselopez@mnhc.org					
System of Care / RFP	HIV Health Services RFP # 5 - 2019					
Program Name	Mission Center of Excellence					

Funding Source	RWPA		RWPA:MAI		RWPA:MAI (IFR)		RWPA		RWPA:MAI		RWPA:MAI (IFR)	
Appendix	A-1 / B-1		A-1 / B-1a		A-1 / B-1b		A-1 / B-2		A-1 / B-2a		A-1 / B-2b	
Funding Amount	\$510,554		\$222,079		\$185,703		\$521,609		\$237,301		\$208,062	
Funding Term	3/01/20 - 2/28/21		3/01/20 - 2/28/21		3/01/20 - 2/28/21		3/01/21 - 2/28/22		3/01/21 - 2/28/22		3/01/21 - 2/28/22	
Type and No. of UOS / UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Outpt Amb Hlth Encounters	1,103	325					1,090	325				
Nursing Tx Adherence Hours	670	325					673	325				
Medical Case Mngt Hours	878	80	2,750	325			1,170	80	1,750	325		
Indiv Tx Adherence Hours			597	100					650	100		
Group Tx Adherence Hours			90	40					90	40		
Outpt Mental Hlth Hours					1,411	70					1,074	70
Indiv Outpt Subs Abuse Hrs					1,100	45					1,100	45
Group Outpt Subs Abuse Hrs					81	10					81	10
TOTALS	2,651	325	3,437	325	2,592	115	2,933	325	2,490	325	2,255	115

Funding Source	RWPA		RWPA:MAI		RWPA:MAI (IFR)		RWPA		RWPA:MAI		RWPA:MAI (IFR)	
Appendix	A-1 / B-3		A-1 / B-3a		A-1 / B-3b		A-1 / B-4		A-1 / B-4a		A-1 / B-4b	
Funding Amount	\$404,489		\$170,546		\$186,489		\$632,257		\$245,726		\$225,777	
Funding Term	3/01/22 - 2/28/23		3/01/22 - 2/28/23		3/01/22 - 2/28/23		3/01/23 - 2/29/24		3/01/23 - 2/29/24		3/01/23 - 2/29/24	
Type and No. of UOS / UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Outpt Amb Hlth Encounters	1,195	325					1,195	325				
Nursing Tx Adherence Hours	670	325					1,000	325				
Medical Case Mngt Hours	1,170	80	2,070	325			1,170	80	1,660	325		
Indiv Tx Adherence Hours			515	100					515	100		
Group Tx Adherence Hours			90	40					90	40		
Outpt Mental Hlth Hours					1,074	70					966	70
Indiv Outpt Subs Abuse Hrs					1,100	45					975	45
Group Outpt Subs Abuse Hrs					81	10					81	10
TOTALS	3,035	325	2,675	325	2,255	115	3,365	325	2,265	325	2,022	115

Funding Source	RWPA		RWPA:MAI		RWPA:MAI (IFR)		RWPA		RWPA:MAI		RWPA:MAI (IFR)	
Appendix	A-1 / B-5		A-1 / B-5a		A-1 / B-5b		A-1 / B-6		A-1 / B-6a		A-1 / B-6b	
Funding Amount	\$632,257		\$245,726		\$225,777		\$632,257		\$245,726		\$225,777	
Funding Term	3/01/24 - 2/28/25		3/01/24 - 2/28/25		3/01/24 - 2/28/25		3/01/25 - 2/29/26		3/01/25 - 2/29/26		3/01/25 - 2/29/26	
Type and No. of UOS / UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Outpt Amb Hlth Encounters	1,195	325					1,195	325				

Nursing Tx Adherence Hours	1,000	325					1,000	325				
Medical Case Mngt Hours	1,170	80	1,660	325			1,170	80	1,660	325		
Indiv Tx Adherence Hours			515	100					515	100		
Group Tx Adherence Hours			90	40					90	40		
Outpt Mental Hlth Hours					966	70					966	70
Indiv Outpt Subs Abuse Hrs					975	45					975	45
Group Outpt Subs Abuse Hrs					81	10					81	10
TOTALS	3,365	325	2,265	325	2,022	115	3,365	325	2,265	325	2,022	115

Funding Source	RWPA		RWPA:MAI		RWPA:MAI (IFR)		RWPA		RWPA:MAI		RWPA:MAI (IFR)	
Appendix	A-1 / B-7		A-1 / B-7a		A-1 / B-7b		A-1 / B-8		A-1 / B-8a		A-1 / B-8b	
Funding Amount	\$632,257		\$245,726		\$225,777		\$632,257		\$245,726		\$225,777	
Funding Term	3/01/26 - 2/28/27		3/01/26 - 2/28/27		3/01/26 - 2/28/27		3/01/27 - 2/29/28		3/01/27 - 2/29/28		3/01/27 - 2/29/28	
Type and No. of UOS / UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Outpt Amb Hlth Encounters	1,195	325					1,195	325				
Nursing Tx Adherence Hours	1,000	325					1,000	325				
Medical Case Mngt Hours	1,170	80	1,660	325			1,170	80	1,660	325		
Indiv Tx Adherence Hours			515	100					515	100		
Group Tx Adherence Hours			90	40					90	40		
Outpt Mental Hlth Hours					966	70					966	70
Indiv Outpt Subs Abuse Hrs					975	45					975	45
Group Outpt Subs Abuse Hrs					81	10					81	10
TOTALS	3,365	325	2,265	325	2,022	115	3,365	325	2,265	325	2,022	115

Funding Source	RWPA		RWPA:MAI		RWPA:MAI (IFR)		RWPA		RWPA:MAI		RWPA:MAI (IFR)	
Appendix	A-1 / B-9		A-1 / B-9a		A-1 / B-9b		A-1 / B-10		A-1 / B-10a		A-1 / B-10b	
Funding Amount	\$632,257		\$245,726		\$225,777		\$632,257		\$245,726		\$225,777	
Funding Term	3/01/28 - 2/28/29		3/01/28 - 2/28/29		3/01/28 - 2/28/29		3/01/29 - 2/29/30		3/01/29 - 2/29/30		3/01/29 - 2/29/30	
Type and No. of UOS / UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Outpt Amb Hlth Encounters	1,195	325					1,195	325				
Nursing Tx Adherence Hours	1,000	325					1,000	325				
Medical Case Mngt Hours	1,170	80	1,660	325			1,170	80	1,660	325		
Indiv Tx Adherence Hours			515	100					515	100		
Group Tx Adherence Hours			90	40					90	40		
Outpt Mental Hlth Hours					966	70					966	70
Indiv Outpt Subs Abuse Hrs					975	45					975	45
Group Outpt Subs Abuse Hrs					81	10					81	10
TOTALS	3,365	325	2,265	325	2,022	115	3,365	325	2,265	325	2,022	115

Total UDC per Year

325

Total UDC is not the sum of UDC from each mode of service.

Priority Population

MNHC-MCoE will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of Low income, HIV-positive Latinx community of San Francisco with focus expertise to meet the unique needs of immigrants who are monolingual Spanish-speaking or have limited English proficiency.

Description of Services

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

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

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

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

Group Treatment Adherence Hours: groups provide clients with various types of education and support around maintaining medication adherence. Clients come together to share coping strategies, feel more empowered to take medication and gain a sense of community. The Learning Immune Function Enhancement (LIFE) in Spanish Program is taught twice a year.

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

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

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

1. IDENTIFIERS

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

Executive Director Brenda Storey, MSW, LCSW
Program Director Jose E Lopez, MSW 415-552-1013 x 2203, joselopez@mnhc.org

2. NATURE OF DOCUMENT **Amendment**

3. GOAL STATEMENT

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

4. PRIORITY POPULATION

MNHC-MCoE will serve all ethnicities and populations within San Francisco, with a focused expertise to meet the unique needs of the HIV-positive Latinx community of San Francisco and the unique needs of immigrants who are monolingual Spanish-speaking or have limited English proficiency. MNHC assures that all HIV Health Services (HHS) funds are only used to pay for services that are not reimbursed by any other funding source.

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

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

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

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

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

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

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

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

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

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

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

Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
RWPA 03/01/20 – 02/28/21 A-1 / B-1	Outpatient Ambulatory Health Service Encounters 0.35 FTE x 70 encounters / wk. x 45 wks.	1,103	325
	Nursing Treatment Adherence Hours 0.567 FTE x 40 hrs. / wk. x 45 wks. x 65.6% effort	670	325
	Medical Case Management Hours 0.75 FTE x 40 hrs./wk. x 45 wks. x 65% effort <u>Mobile Engagement MCM Hours (part of total MCM Hours)</u> 1 mobile visit x 1.5 hrs. x 20 wks. = 30	878	80
Total UOS Provided and UDC Served		2,651	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI 03/01/20 - 02/28/21 A-1 / B-1a	Medical Case Management Hours 2.05 FTE x 40 hrs. / wk. x 45 wks. x ~ 74.5% effort <u>Mobile Engagement MCM Hours (part of total MCM Hours)</u> 3 mobile visits x 1.5 hrs. / visit x 45 wks. = 202	2,750	325
	Treatment Adherence Individual Hours 0.51 FTE x 40 hrs./wk. x 45 wks. x 65% effort	597	100
	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served*		3,437	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
MAI 03/01/20 - 02/28/21 A-1 / B-1b	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 87.6% effort	1,411	70
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort <u>Mobile Engagement SA Hours (part of total SA Ind. Hours)</u> 2 mobile visits x 1.5 hrs. / visit x 32 wks. = 96	1,100	45
	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UDC Served		2,592	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
RWPA 03/01/21 - 02/28/22 A-1 / B-2	Outpatient Ambulatory Health Service Encounters 0.41 FTE x 59 encounters / wk. x ~45 wks.	1090	325
	Nursing Treatment Adherence Hours 0.57 FTE x 40 hrs./ wk. x 45 wks. x 65.6% effort	673	325
	Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort <u>Mobile Engagement MCM Hours (part of total MCM Hours)</u> 1 mobile visit x 1.5 hrs. x 20 wks. = 30	1,170	80
Total UOS Provided and UDC Served		2,933	325

Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI 03/01/21 - 02/28/22 A-1 / B-2a	Medical Case Management Hours 1.50 FTE x 40 hrs. / wk. x 45 wks. x 65% effort <u>Mobile Engagement MCM Hours (part of total MCM Hours)</u> 3 mobile visits x 1.5 hrs. / visit x 45 wks. = 202	1,750	325
	Treatment Adherence Individual Hours 0.51 FTE x 40 hrs. / wk. x 45 wks. x 71% effort	650	100
	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served		2,490	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
MAI 03/01/21 - 02/28/22 A-1 / B-2b	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 66.7% effort	1074	70
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort <u>Mobile Engagement SA Hours (part of total SA Ind. Hours)</u> 2 mobile visits x 1.5 hrs. / visit x 32 wks. = 96	1,100	45
	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UDC Served		2,255	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
RWPA 03/01/22 - 02/28/23 A-1 / B-3	Outpatient Ambulatory Health Service Encounters 0.35 FTE x 76 encounters / wk. x 45 wks.	1,195	325
	Nursing Treatment Adherence Hours 0.567 FTE x 40 hrs. / wk. x 45 wks. x 65.6% effort	670	325
	Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort <u>Mobile Engagement MCM Hours (part of total MCM Hours)</u> 1 mobile visit x 1.5 hrs. x 20 wks. = 30	1,170	80
Total UOS Provided and UDC Served		3,035	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI 03/01/22 - 02/28/23 A-1 / B-3a	Medical Case Management Hours 1.80 FTE x 40 hrs. / wk. x 45 wks. x 63.88% effort <u>Mobile Engagement MCM Hours (part of total MCM Hours)</u> 3 mobile visits x 1.5 hrs. / visit x 45 wks. = 202	2,070	325
	Treatment Adherence Individual Hours .51 FTE x 40 hrs. / wk. x 45 wks. x 56% effort	515	100
	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 wks.	90	40
Total UOS Provided and UDC Served		2,675	325

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

Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
MAI 03/01/22 - 02/28/23 A-1 / B-3b	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 66.7% effort	1,074	70
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort Mobile Engagement SA Hours (part of total SA Ind. Hours) 2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96	1,100	45
	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
	Total UOS Provided and UDC Served	2,255	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
RWPA 03/01/23 - 02/28/24 A-1/B-4	Outpatient Ambulatory Health Service Encounters 0.30 FTE x 86.59 encounters / wk. x 46 wks.	1,195	325
	Nursing Treatment Adherence Hours 0.90 FTE x 40 hrs. / wk. x 46 wks. x 60.38% effort	1,000	325
	Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort	1,170	80
Total UOS Provided and UDC Served		3,365	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI 03/01/23 - 02/28/24 A-1 / B-4a	Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort	1,660	325
	Treatment Adherence Individual Hours .59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort	515	100
	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served		2,265	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
MAI 03/01/23 - 02/28/24 A-1 / B-4b	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort	966	70
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort	975	45
	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UDC Served		2,022	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
RWPA 03/01/24 - 02/28/25 A-1/B-5	Outpatient Ambulatory Health Service Encounters 0.30 FTE x 86.59 encounters / wk. x 46 wks.	1,195	325
	Nursing Treatment Adherence Hours 0.90 FTE x 40 hrs. / wk. x 46 wks. x 60.38% effort	1,000	325
	Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort	1,170	80
Total UOS Provided and UDC Served		3,365	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
	Medical Case Management Hours	1660	325

MAI 03/01/24 - 02/28/25 A-1 / B-5a	1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort		
	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort	515	100
	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served		2,265	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
MAI 03/01/24 - 02/28/25 A-1 / B-5b	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort	966	70
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort	975	45
	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UDC Served		2,022	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
RWPA 03/01/25 - 02/28/26 A-1/B-6	Outpatient Ambulatory Health Service Encounters 0.30 FTE x 86.59 encounters / wk. x 46 wks.	1,195	325
	Nursing Treatment Adherence Hours 0.90 FTE x 40 hrs. / wk. x 46 wks. x 60.38% effort	1,000	325
	Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort	1,170	80
Total UOS Provided and UDC Served		3,365	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI 03/01/25 - 02/28/26 A-1 / B-6a	Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort	1,660	325
	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort	515	100
	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served		2,265	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
MAI 03/01/25 - 02/28/26 A-1 / B-6b	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort	966	70
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort	975	45
	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UDC Served		2,022	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
RWPA 03/01/26 - 02/28/27 A-1/B-7	Outpatient Ambulatory Health Service Encounters 0.30 FTE x 86.59 encounters / wk. x 46 wks.	1,195	325
	Nursing Treatment Adherence Hours 0.90 FTE x 40 hrs. / wk. x 46 wks. x 60.38% effort	1,000	325
	Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort	1,170	80
Total UOS Provided and UDC Served		3,365	325

Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI 03/01/26 - 02/28/27 A-1 / B-7a	Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort	1,660	325
	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort	515	100
	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served		2,265	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
MAI 03/01/26 - 02/28/27 A-1 / B-7b	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort	966	70
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort	975	45
	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UDC Served		2,022	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
RWPA 03/01/27 - 02/29/28 A-1/B-8	Outpatient Ambulatory Health Service Encounters 0.30 FTE x 86.59 encounters / wk. x 46 wks.	1,195	325
	Nursing Treatment Adherence Hours 0.90 FTE x 40 hrs. / wk. x 46 wks. x 60.38% effort	1,000	325
	Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort	1,170	80
Total UOS Provided and UDC Served		3,365	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI 03/01/27 - 02/29/28 A-1 / B-8a	Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort	1,660	325
	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort	515	100
	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served		2,265	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
MAI 03/01/27 - 02/29/28 A-1 / B-8b	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort	966	70
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort	975	45
	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UDC Served		2,022	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
RWPA 03/01/28 - 02/29/29 A-1/B-9	Outpatient Ambulatory Health Service Encounters 0.30 FTE x 86.59 encounters / wk. x 46 wks.	1,195	325
	Nursing Treatment Adherence Hours 0.90 FTE x 40 hrs. / wk. x 46 wks. x 60.38% effort	1000	325
	Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort	1,170	80

	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort		
Total UOS Provided and UDC Served		3,365	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI 03/01/28 - 02/29/29 A-1 / B-9a	Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort	1,660	325
	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort	515	100
	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served		2,265	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
MAI 03/01/28 - 02/29/29 A-1 / B-9b	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort	966	70
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort	975	45
	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UDC Served		2,022	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
RWPA 03/01/29 - 02/29/30 A-1/B-10	Outpatient Ambulatory Health Service Encounters 0.30 FTE x 86.59 encounters / wk. x 46 wks.	1,195	325
	Nursing Treatment Adherence Hours 0.90 FTE x 40 hrs. / wk. x 46 wks. x 60.38% effort	1,000	325
	Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort	1,170	80
Total UOS Provided and UDC Served		3,365	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI 03/01/29 - 02/29/30 A-1 / B-10a	Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort	1660	325
	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort	515	100
	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served		2,265	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
MAI 03/01/29 - 02/29/30 A-1 / B-10b	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort	966	70
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort	975	45
	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UDC Served		2,022	115

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

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

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

6. METHODOLOGY

Direct Client Services

Outreach, Recruitment and Promotion

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

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

Admission, Eligibility and Enrollment

Medical services are available at no cost to HIV-positive clients, 18 years or older, living in San Francisco at or below the Federal Poverty Level (FPL). A policy and procedure is in place to determine fee caps for patients with an income above 500% FPL. As an FQHC, medical services at MNHC are eligible for reimbursement by Medi-Cal, Medicare, and some private insurance carriers. IFR has been a Medi-Cal certified provider since 1982 and maintains contracts with DPH-CBHS for mental health services to Medi-Cal recipients. The Receptionist/Eligibility Worker is responsible for screening new clients for eligibility to receive services and alternate sources of payment and for registering clients in accordance with MNHC protocols.

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

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

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

After the intake interview, the TLS, in coordination with the Social Services Supervisor, assigns clients who agree to join Clínica Esperanza to an MCM for a psychosocial assessment. The appointment with the MCM takes place within seven days from the intake interview.

Service Delivery Model

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

Other client services provided which are not covered through this funding opportunity include Patient Navigation, Treatment Linkage and Nutritional Counseling. All services are to be provided at MNHC's main clinic, which is located at 240 Shotwell Street, two blocks from the 16th Street BART station, where five MUNI lines run. MNHC is Americans with Disabilities Act accessible and provides a night clinic which expands patient services beyond traditional business hours. Medical Case Management, Treatment Linkage, Medication Adherence and Outpatient Mental Health services are available on Monday and Friday from 9:00 a.m. – 5:00 p.m., and Tuesday through Thursday from 11:00 a.m. – 7:00 p.m. Medical Services are available from 9:00 a.m. to 1:00 p.m. on Mondays, 4:00 p.m. to 8:00 p.m. on Tuesdays, 12:00 p.m. – 8:00 p.m. on Wednesdays, 6:00 p.m. – 8:00 p.m. on Thursdays, and on Fridays urgent medical needs are provided by drop-in between 9:00 a.m. and 4:30 p.m.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Treatment/Care Plan

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

Reassessments

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

Documentation

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

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

In-House Referrals and Coordination of Care

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

Coordination of Hospitalizations, Specialty, and Emergency Care

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

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

Mobile Engagement

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

Client Retention and Engagement

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

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

Discharge Planning and Exit Criteria

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

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

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

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

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

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

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

Vouchers

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

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

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

Documentation in the logbook includes:

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

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

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

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

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

ARIES Database

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

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

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

7. OBJECTIVES and MEASUREMENTS

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

8. CONTINUOUS QUALITY IMPROVEMENT

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

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

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

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

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

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

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

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

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

Client Satisfaction

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

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

Staff Supervision and Training

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

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

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

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

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

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

Eligibility and Third-Party Billing

To be eligible for MCoE Services, clients must be HIV positive, 18 years of age or older, have a San Francisco address, and live at or below the Federal Poverty Level (FPL) determined by the Federal Government to receive medical services at no cost. Clients whose income is between 101% and 200% of the FPL will pay for medical services based on the Sliding Fee Scale determined by the MNHC Board of Directors. MCoE funds are used as funds of last resort to pay for services that are not reimbursed by any other revenue source.

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

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

HIPAA Compliance

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

9. REQUIRED LANGUAGE

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

10. SUBCONTRACTS & CONSULTANTS

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

**ATTACHMENT 2 of Appendix B
Grant Budget Summary**

1. Estimated Funding Allocations by Funding Source

Grant Plan	Grant Plan Term	Funding Source	Estimated Funding Allocation	
Attachment 2.1 Appendix B-1	03/01/2020 – 02/28/2021	RWPA	\$529,720	Original
Attachment 2.1 Appendix B-1	03/01/2020 – 02/28/2021	RWPA	-\$19,166	Amendment #1
Attachment 2.1a Appendix B-1a	03/01/2020 – 02/28/2021	RWPA/MAI	\$294,708	Original
Attachment 2.1a Appendix B-1a	03/01/2020 – 02/28/2021	RWPA/MAI	-\$72,629	Amendment #1
Attachment 2.1b Appendix B-1b	03/01/2020 – 02/28/2021	RWPA/MAI	\$219,201	Original
Attachment 2.1b Appendix B-1b	03/01/2020 – 02/28/2021	RWPA/MAI	-\$33,498	Amendment #1
Attachment 2.2 Appendix B-2	03/01/2021 – 02/28/2022	RWPA	\$552,112	Original
Attachment 2.2 Appendix B-2	03/01/2021 – 02/28/2022	RWPA	\$13,036	Revision to Program Budget #2
Attachment 2.2 Appendix B-2	03/01/2021 – 02/28/2022	RWPA	\$33,210	Revision to Program Budget #3
Attachment 2.2 Appendix B-2	03/01/2021 – 02/28/2022	RWPA	-\$76,749	Amendment #1
Attachment 2.2a Appendix B-2a	03/01/2021 – 02/28/2022	RWPA/MAI	\$252,309	Original
Attachment 2.2a Appendix B-2a	03/01/2021 – 02/28/2022	RWPA/MAI	-\$15,008	Amendment #1
Attachment 2.2b Appendix B-2b	03/01/2021 – 02/28/2022	RWPA/MAI	\$226,172	Original
Attachment 2.2b Appendix B-2b	03/01/2021 – 02/28/2022	RWPA/MAI	-\$18,110	Amendment #1
Attachment 2.3 Appendix B-3	03/01/2022 – 02/28/2023	RWPA	\$552,112	Original
Attachment 2.3 Appendix B-3	03/01/2022 – 02/28/2023	RWPA	\$38,209	Revision to Program Budget #4
Attachment 2.3 Appendix B-3	03/01/2022 – 02/28/2023	RWPA	-\$185,832	Amendment #1
Attachment 2.3a Appendix B-3a	03/01/2022 – 02/28/2023	RWPA/MAI	\$272,316	Original
Attachment 2.3a Appendix B-3a	03/01/2022 – 02/28/2023	RWPA/MAI	\$15,346	Revision to Program Budget #4
Attachment 2.3a Appendix B-3a	03/01/2022 – 02/28/2023	RWPA/MAI	-\$117,116	Amendment #1
Attachment 2.3b Appendix B-3b	03/01/2022 – 02/28/2023	RWPA/MAI	\$219,201	Original
Attachment 2.3b Appendix B-3b	03/01/2022 – 02/28/2023	RWPA/MAI	\$6,576	Revision to Program Budget #4
Attachment 2.3b Appendix B-3b	03/01/2022 – 02/28/2023	RWPA/MAI	-\$39,288	Amendment #1
Attachment 2.4 Appendix B-4	03/01/2023 – 02/29/2024	RWPA	\$552,112	Original
Attachment 2.4 Appendix B-4	03/01/2023 – 02/29/2024	RWPA	\$38,209	Revision to Program Budget #4
Attachment 2.4 Appendix B-4	03/01/2023 – 02/29/2024	RWPA	\$41,936	Amendment #1
Attachment 2.4a Appendix B-4a	03/01/2023 – 02/29/2024	RWPA/MAI	\$272,316	Original
Attachment 2.4a Appendix B-4a	03/01/2023 – 02/29/2024	RWPA/MAI	\$15,346	Revision to Program Budget #4
Attachment 2.4a Appendix B-4a	03/01/2023 – 02/29/2024	RWPA/MAI	-\$41,936	Amendment #1
Attachment 2.4b Appendix B-4b	03/01/2023 – 02/29/2024	RWPA/MAI	\$219,201	Original
Attachment 2.4b Appendix B-4b	03/01/2023 – 02/29/2024	RWPA/MAI	\$6,576	Revision to Program Budget #4
Attachment 2.5 Appendix B-5	03/01/2024 – 02/28/2025	RWPA	\$632,257	Amendment #1
Attachment 2.5a Appendix B-5a	03/01/2024 – 02/28/2025	RWPA/MAI	\$245,726	Amendment #1
Attachment 2.5b Appendix B-5b	03/01/2024 – 02/28/2025	RWPA/MAI	\$225,777	Amendment #1
Attachment 2.6 Appendix B-6	03/01/2025 – 02/28/2026	RWPA	\$632,257	Amendment #1
Attachment 2.6a Appendix B-6a	03/01/2025 – 02/28/2026	RWPA/MAI	\$245,726	Amendment #1
Attachment 2.6b Appendix B-6b	03/01/2025 – 02/28/2026	RWPA/MAI	\$225,777	Amendment #1
Attachment 2.7 Appendix B-7	03/01/2026 – 02/28/2027	RWPA	\$632,257	Amendment #1
Attachment 2.7a Appendix B-7a	03/01/2026 – 02/28/2027	RWPA/MAI	\$245,726	Amendment #1
Attachment 2.7b Appendix B-7b	03/01/2026 – 02/28/2027	RWPA/MAI	\$225,777	Amendment #1
Attachment 2.8 Appendix B-8	03/01/2027 – 02/29/2028	RWPA	\$632,257	Amendment #1
Attachment 2.8a Appendix B-8a	03/01/2027 – 02/29/2028	RWPA/MAI	\$245,726	Amendment #1
Attachment 2.8b Appendix B-8b	03/01/2027 – 02/29/2028	RWPA/MAI	\$225,777	Amendment #1
Attachment 2.9 Appendix B-9	03/01/2028 – 02/28/2029	RWPA	\$632,257	Amendment #1
Attachment 2.9a Appendix B-9a	03/01/2028 – 02/28/2029	RWPA/MAI	\$245,726	Amendment #1
Attachment 2.9b Appendix B-9b	03/01/2028 – 02/28/2029	RWPA/MAI	\$225,777	Amendment #1

Attachment 2.10 Appendix B-10	03/01/2029 – 02/28/2030	RWPA	\$632,257	Amendment #1
Attachment 2.10a Appendix B-10a	03/01/2029 – 02/28/2030	RWPA/MAI	\$245,726	Amendment #1
Attachment 2.10b Appendix B-10b	03/01/2029 – 02/28/2030	RWPA/MAI	\$225,777	Amendment #1
Subtotal Award			\$10,373,152	
Contingency			\$927,158	
Total NTE			\$11,300,310	

2. Method of Payment

A. For the purposes of this Section, “General Fund” shall mean all those funds, which are not Work Order or Grant funds. “General Fund Appendices” shall mean all those appendices, which include General Fund monies. Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner

(1) For Eligible Expenses reimbursable by Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Grant Budget)

Grantee shall submit a monthly Funding Request in the format attached, Appendix C, and in a form acceptable to the Grant Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs of the Eligible Expenses of the preceding month. Eligible Expenses are reimbursable only after incurred by the Grantee and in no case in advance.

3. Contingency Amount

A. Grantee understands that, of the maximum dollar obligation listed in Section 5.1 of this Agreement, **\$927,158** 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 Grant 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.

4. Revisions to the Grant Budget

A. Grantee agrees to comply with its Grant Budgets of Appendix B. Changes to the Grant Budget that do not increase or reduce the Maximum Amount of Grant Funds listed in Section 5.1 of the Agreement are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Grantee agrees to comply fully with that policy/procedure.

B. Grantee understands that the CITY may need to adjust funding sources and funding allocations and agrees that these needed adjustments will be executed in accordance with Section 19.1 of this Agreement. In event that such funding source or funding allocation is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will Grantee be entitled to compensation in excess of these amounts for these periods without there first being a modification as provided for in Section 17.2 of the Agreement or a revision to Grant Budget, as provided for in Section 19.1 section of this Agreement.

C. The amount for each fiscal year, to be used in Grant Budget and available to Grantee for that fiscal year shall conform with the Grant Plan, Grant Budget and Cost Reporting Data Collection form, as approved by the City’s Department of Public Health based on the City’s allocation of funding for services for that fiscal year.

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

CID #: 1000017218						Appendix B, Page 3	
DPH Section: HIV Health Services						03/01/20 - 02/28/30	
Check one: [] Original Agreement [X] Amendment [] Revision to Program Budgets						Current Fund Notice: 06/21/2023	
Agency/Contractor Name: Mission Neighborhood Health Center (MNHC) / Mission Center of Excellence (MCoE) with Instituto Familiar de la Raza (IFR)							
Program/Provider Name:	MCoE - MNHC	MCoE - MNHC	MCoE - IFR	MCoE - MNHC	MCoE - MNHC	MCoE - IFR	TOTALS
Appendix Number:	A-1 / B-1	A-1 / B-1a	A-1 / B-1b	A-1 / B-2	A-1 / B-2a	A-1 / B-2b	
Appendix Term:	03/01/20 - 02/28/21	03/01/20 - 02/28/21	03/01/20 - 02/28/21	03/01/21 - 02/28/22	03/01/21 - 02/28/22	03/01/21 - 02/28/22	
EXPENSES							
Salaries	\$ 301,156	\$ 139,429	\$ 145,381	\$ 323,924	\$ 156,259	\$ 148,231	\$ 1,214,380
Employee Benefits	\$ 105,405	\$ 48,800	\$ 43,090	\$ 113,373	\$ 54,691	\$ 38,653	\$ 404,012
Total Personnel Expenses	\$ 406,561	\$ 188,229	\$ 188,471	\$ 437,297	\$ 210,950	\$ 186,884	\$ 1,618,392
Employee Fringe Benefit Rate	35.00%	35.00%	29.64%	35.00%	35.00%	26.08%	
Operating Expense	\$ 79,421	\$ 82,145	\$ 12,631	\$ 111,656	\$ 20,526	\$ 20,613	\$ 326,992
Subtotal Direct Costs	\$ 485,982	\$ 270,374	\$ 201,102	\$ 548,953	\$ 231,476	\$ 207,497	\$ 1,945,384
Indirect Cost Amount	\$ 43,738	\$ 24,334	\$ 18,099	\$ 49,405	\$ 20,833	\$ 18,675	\$ 175,084
Indirect Cost Rate (%)	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	
Total Expenses	\$ 529,720	\$ 294,708	\$ 219,201	\$ 598,358	\$ 252,309	\$ 226,172	\$ 2,120,468
REVENUES & FUNDING SOURCES							
HHS FED RW Part A - PD13, CFDA #93.914	529,720			565,148			1,094,868
HHS FED RWPA-MAI- PD13, CFDA #93.914		294,708	219,201		252,309	226,172	992,390
HHS FED RW Part A - PD13, CFDA #93.914				33,210			33,210
unspent	(19,166)	(72,629)	(33,498)	(76,749)	(15,008)	(18,110)	(235,160)
Total DPH Revenues	\$ 510,554	\$ 222,079	\$ 185,703	\$ 521,609	\$ 237,301	\$ 208,062	1,885,308
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 510,554	\$ 222,079	\$ 185,703	\$ 521,609	\$ 237,301	\$ 208,062	\$ 1,885,308
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	
Prepared By:	Alison Wakefield, MPH , alisonwakefield@mnhc.org, 415-552-1013, ext 2203						

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

CID #:	1000017218						Appendix B, Page 4	
DPH Section:	HIV Health Services						03/01/20 - 02/28/30	
Check one: [] Original Agreement [X] Amendment [] Revision to Program Budgets							Current Fund Notice: 06/21/2023	
Agency/Contractor Name:	Mission Neighborhood Health Center (MNHC) / Mission Center of Excellence (MCoE) with Instituto Familiar de la Raza (IFR)							
Program/Provider Name:	MCoE - MNHC	MCoE - MNHC	MCoE - IFR	MCoE - MNHC	MCoE - MNHC	MCoE - IFR	SUB-TOTALS	TOTALS
Appendix Number:	A-1 / B-3	A-1 / B-3a	A-1 / B-3b	A-1 / B-4	A-1 / B-4a	A-1 / B-4b		
Appendix Term:	3/01/22 - 02/28/23	3/01/22 - 02/28/23	3/01/22 - 02/28/23	3/01/23 - 02/29/24	3/01/23 - 02/29/24	3/01/23 - 02/29/24		
EXPENSES								
Salaries	\$ 365,110	\$ 190,140	\$ 147,592	\$ 374,566	\$ 164,184	\$ 147,923	\$ 1,389,515	\$ 2,603,895
Employee Benefits	\$ 109,167	\$ 56,850	\$ 31,560	\$ 111,620	\$ 48,927	\$ 44,370	\$ 402,494	\$ 806,506
Total Personnel Expenses	\$ 474,277	\$ 246,990	\$ 179,152	\$ 486,186	\$ 213,111	\$ 192,293	\$ 1,792,009	\$ 3,410,401
Employee Fringe Benefit Rate	29.90%	29.90%	21.38%	29.80%	29.80%	30.00%		
Operating Expense	\$ 67,261	\$ 16,836	\$ 27,983	\$ 93,866	\$ 12,325	\$ 14,842	\$ 233,113	\$ 560,105
Capital Expense (\$5,000 and over)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Direct Costs	\$ 541,538	\$ 263,826	\$ 207,135	\$ 580,052	\$ 225,436	\$ 207,135	\$ 2,025,122	\$ 3,970,506
Indirect Cost Amount	\$ 48,738	\$ 23,744	\$ 18,642	\$ 52,205	\$ 20,290	\$ 18,642	\$ 182,261	\$ 357,345
Indirect Cost Rate (%)	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%		
Total Expenses	\$ 590,321	\$ 287,662	\$ 225,777	\$ 632,257	\$ 245,726	\$ 225,777	\$ 2,207,520	\$ 4,327,988
REVENUES & FUNDING SOURCES								
HHS FED RW Part A - PD13, CFDA #93.914	590,321			632,257			1,222,578	\$ 2,317,446
HHS FED RWPA-MAI- PD13, CFDA #93.914		287,662	225,777		245,726	225,777	984,942	1,977,332
HHS FED RW Part A - PD13, CFDA #93.914							-	33,210
unspent	(185,832)	(117,116)	(39,288)				(342,236)	(577,396)
Total DPH Revenues	\$ 404,489	\$ 170,546	\$ 186,489	\$ 632,257	\$ 245,726	\$ 225,777	1,865,284	\$ 3,750,592
							-	-
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 404,489	\$ 170,546	\$ 186,489	\$ 632,257	\$ 245,726	\$ 225,777	\$ 1,865,284	\$ 3,750,592
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)		
Prepared By	Jose E Lopez, MSW			Phone # 415-552-1013 ext 2203				

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

CID #:	1000017218						Appendix B, Page 5 03/01/20 - 02/28/30 Current Fund Notice: 6/21/2023	
DPH Section:	HIV Health Services							
Check one: [] Original Agreement [X] Amendment [] Revision to Program Budgets								
Agency/Contractor Name:	Mission Neighborhood Health Center (MNHC) / Mission Center of Excellence (MCoE) with Instituto Familiar de la Raza (IFR)							
Program/Provider Name:	MCoE - MNHC	MCoE - MNHC	MCoE - IFR	MCoE - MNHC	MCoE - MNHC	MCoE - IFR	SUB-TOTALS	TOTALS
Appendix Number:	A-1 / B-5	A-1 / B-5a	A-1 / B-5b	A-1 / B-6	A-1 / B-6a	A-1 / B-6b		
Appendix Term:	3/01/24 - 02/28/25	3/01/24 - 02/28/25	3/01/24 - 02/28/25	3/01/25 - 02/28/26	3/01/25 - 02/28/26	3/01/25 - 02/28/26		
EXPENSES								
Salaries	\$ 374,566	\$ 164,184	\$ 147,923	\$ 374,566	\$ 164,184	\$ 147,923	\$ 1,373,346	\$ 3,977,241
Employee Benefits	\$ 111,620	\$ 48,927	\$ 44,370	\$ 111,620	\$ 48,927	\$ 44,370	\$ 409,834	\$ 1,216,340
Total Personnel Expenses	\$ 486,186	\$ 213,111	\$ 192,293	\$ 486,186	\$ 213,111	\$ 192,293	\$ 1,783,180	\$ 5,193,581
Employee Fringe Benefit Rate	29.80%	29.80%	30.00%	29.80%	29.80%	30.00%		
Operating Expense	\$ 93,866	\$ 12,325	\$ 14,842	\$ 93,866	\$ 12,325	\$ 14,842	\$ 242,066	\$ 802,171
Subtotal Direct Costs	\$ 580,052	\$ 225,436	\$ 207,135	\$ 580,052	\$ 225,436	\$ 207,135	\$ 2,025,246	\$ 5,995,752
Indirect Cost Amount	\$ 52,205	\$ 20,290	\$ 18,642	\$ 52,205	\$ 20,290	\$ 18,642	\$ 182,274	\$ 539,619
Indirect Cost Rate (%)	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%		
Total Expenses	\$ 632,257	\$ 245,726	\$ 225,777	\$ 632,257	\$ 245,726	\$ 225,777	\$ 2,207,520	\$ 6,535,508
REVENUES & FUNDING SOURCES								
HHS FED RW Part A - PD13, CFDA #93.914	632,257			632,257			1,264,514	\$ 3,581,960
HHS FED RWPA-MAI- PD13, CFDA #93.914		245,726	225,777		245,726	225,777	943,006	2,920,338
HHS FED RW Part A - PD13, CFDA #93.914							-	33,210
unspent							-	(577,396)
Total DPH Revenues	\$ 632,257	\$ 245,726	\$ 225,777	\$ 632,257	\$ 245,726	\$ 225,777	2,207,520	\$ 5,958,112
							-	-
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 632,257	\$ 245,726	\$ 225,777	\$ 632,257	\$ 245,726	\$ 225,777	\$ 2,207,520	\$ 5,958,112
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)		
Prepared By	Jose E Lopez, MSW			Phone # 415-552-1013 ext 2203				

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

CID #:	1000017218						Appendix B, Page 6 03/01/20 - 02/28/30 Current Fund Notice: 6/21/2023	
DPH Section:	HIV Health Services							
Check one: [] Original Agreement [X] Amendment [] Revision to Program Budgets								
Agency/Contractor Name:	Mission Neighborhood Health Center (MNHC) / Mission Center of Excellence (MCoE) with Instituto Familiar de la Raza (IFR)							
Program/Provider Name:	MCoE - MNHC	MCoE - MNHC	MCoE - IFR	MCoE - MNHC	MCoE - MNHC	MCoE - IFR	SUB-TOTALS	TOTALS
Appendix Number:	A-1 / B-7	A-1 / B-7a	A-1 / B-7b	A-1 / B-8	A-1 / B-8a	A-1 / B-8b		
Appendix Term:	3/01/26 - 02/28/27	3/01/26 - 02/28/27	3/01/26 - 02/28/27	3/01/27 - 02/29/28	3/01/27 - 02/29/28	3/01/27 - 02/29/28		
EXPENSES								
Salaries	\$ 374,566	\$ 164,184	\$ 147,923	\$ 374,566	\$ 164,184	\$ 147,923	\$ 1,373,346	\$ 5,350,587
Employee Benefits	\$ 111,620	\$ 48,927	\$ 44,370	\$ 111,620	\$ 48,927	\$ 44,370	\$ 409,834	\$ 1,626,174
Total Personnel Expenses	\$ 486,186	\$ 213,111	\$ 192,293	\$ 486,186	\$ 213,111	\$ 192,293	\$ 1,783,180	\$ 6,976,761
Employee Fringe Benefit Rate	29.80%	29.80%	30.00%	29.80%	29.80%	30.00%		
Operating Expense	\$ 93,866	\$ 12,325	\$ 14,842	\$ 93,866	\$ 12,325	\$ 14,842	\$ 242,066	\$ 1,044,237
Subtotal Direct Costs	\$ 580,052	\$ 225,436	\$ 207,135	\$ 580,052	\$ 225,436	\$ 207,135	\$ 2,025,246	\$ 8,020,998
Indirect Cost Amount	\$ 52,205	\$ 20,290	\$ 18,642	\$ 52,205	\$ 20,290	\$ 18,642	\$ 182,274	\$ 721,893
Indirect Cost Rate (%)	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%		
Total Expenses	\$ 632,257	\$ 245,726	\$ 225,777	\$ 632,257	\$ 245,726	\$ 225,777	\$ 2,207,520	\$ 8,743,028
REVENUES & FUNDING SOURCES								
HHS FED RW Part A - PD13, CFDA #93.914	632,257			632,257			1,264,514	\$ 4,846,474
HHS FED RWPA-MAI- PD13, CFDA #93.914		245,726	225,777		245,726	225,777	943,006	3,863,344
HHS FED RW Part A - PD13, CFDA #93.914							-	33,210
unspent							-	(577,396)
Total DPH Revenues	\$ 632,257	\$ 245,726	\$ 225,777	\$ 632,257	\$ 245,726	\$ 225,777	2,207,520	\$ 8,165,632
							-	-
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 632,257	\$ 245,726	\$ 225,777	\$ 632,257	\$ 245,726	\$ 225,777	\$ 2,207,520	\$ 8,165,632
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)		
Prepared By	Jose E Lopez, MSW			Phone # 415-552-1013 ext 2203				

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

CID #:	1000017218						Appendix B, Page 7 03/01/20 - 02/28/30 Current Fund Notice: 6/21/2023	
DPH Section:	HIV Health Services							
Check one: [] Original Agreement [X] Amendment [] Revision to Program Budgets								
Agency/Contractor Name:	Mission Neighborhood Health Center (MNHC) / Mission Center of Excellence (MCoE) with Instituto Familiar de la Raza (IFR)							
Program/Provider Name:	MCoE - MNHC	MCoE - MNHC	MCoE - IFR	MCoE - MNHC	MCoE - MNHC	MCoE - IFR	SUB-TOTALS	TOTALS
Appendix Number:	A-1 / B-9	A-1 / B-9a	A-1 / B-9b	A-1 / B-10	A-1 / B-10a	A-1 / B-10b		
Appendix Term:	3/01/28 - 02/28/29	3/01/28 - 02/28/29	3/01/28 - 02/28/29	3/01/29 - 02/28/30	3/01/29 - 02/28/30	3/01/29 - 02/28/30		
EXPENSES								
Salaries	\$ 374,566	\$ 164,184	\$ 147,923	\$ 374,566	\$ 164,184	\$ 147,923	\$ 1,373,346	\$ 6,723,933
Employee Benefits	\$ 111,620	\$ 48,927	\$ 44,370	\$ 111,620	\$ 48,927	\$ 44,370	\$ 409,834	\$ 2,036,008
Total Personnel Expenses	\$ 486,186	\$ 213,111	\$ 192,293	\$ 486,186	\$ 213,111	\$ 192,293	\$ 1,783,180	\$ 8,759,941
Employee Fringe Benefit Rate	29.80%	29.80%	30.00%	29.80%	29.80%	30.00%		
Operating Expense	\$ 93,866	\$ 12,325	\$ 14,842	\$ 93,866	\$ 12,325	\$ 14,842	\$ 242,066	\$ 1,286,303
Subtotal Direct Costs	\$ 580,052	\$ 225,436	\$ 207,135	\$ 580,052	\$ 225,436	\$ 207,135	\$ 2,025,246	\$ 10,046,244
Indirect Cost Amount	\$ 52,205	\$ 20,290	\$ 18,642	\$ 52,205	\$ 20,290	\$ 18,642	\$ 182,274	\$ 904,167
Indirect Cost Rate (%)	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%		
Total Expenses	\$ 632,257	\$ 245,726	\$ 225,777	\$ 632,257	\$ 245,726	\$ 225,777	\$ 2,207,520	\$ 10,373,152
REVENUES & FUNDING SOURCES								
HHS FED RW Part A - PD13, CFDA #93.914	632,257			632,257			1,264,514	\$ 6,110,988
HHS FED RWPA-MAI- PD13, CFDA #93.914		245,726	225,777		245,726	225,777	943,006	4,806,350
HHS FED RW Part A - PD13, CFDA #93.914							-	33,210
unspent							-	(577,396)
Total DPH Revenues	\$ 632,257	\$ 245,726	\$ 225,777	\$ 632,257	\$ 245,726	\$ 225,777	2,207,520	\$ 10,373,152
							-	-
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 632,257	\$ 245,726	\$ 225,777	\$ 632,257	\$ 245,726	\$ 225,777	\$ 2,207,520	\$ 10,373,152
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)		
Prepared By	Jose E Lopez, MSW			Phone # 415-552-1013 ext 2203				

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Outpatient Ambulatory Health Services		Nursing Treatment Adherence		Medical Case Management		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Physician	0.30	51,201	100%					51,201
Registered Nurse	0.90	20,866	27%	56,000	73%			76,866
Medical Assistant	0.90	45,471	100%		0%			45,471
Phlebotomist	0.50	20,800	100%					20,800
Patient Services Specilaist	1.00	41,642	100%		0%		0%	41,642
Phlebotomist Lead	0.20	11,648	100%					11,648
Clinic Assistant	0.60	19,452	65%	10,500	35%		0%	29,952
Recruitment/Retention Coordinator	0.67				0%	37,500	100%	37,500
Director of Programs and HIV Services, MSW	0.30	24,900	81%	700	2%	5,000	16%	30,600
Program Assistant	0.55		0%	1,886	7%	27,000	93%	28,886
Total FTE & Salaries	5.92	235,980	63%	69,086	18%	69,500	19%	374,566
Fringe Benefits	30%	70,322	63%	20,588	18%	20,710	19%	111,620
Total Personnel Expenses		306,302	63%	89,674	18%	90,210	19%	486,186
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,105	31%	8,500	37%	7,536	33%	23,141
Total Materials and Supplies		1,333	33%	1,333	33%	1,334	33%	4,000
Total General Operating		6,530	22%	10,500	36%	12,500	42%	29,530
Total Staff Travel			0%			1,500	100%	1,500
Other: Laboratory / X-Ray Services		30,014	100%					30,014
Other: Medical Supplies		5,681	100%					5,681
Total Operating Expenses		50,663	54%	20,333	22%	22,870	24%	93,866
Total Direct Expenses								
		356,965	62%	110,007	19%	113,080	19%	580,052
Indirect Expenses	9.0%	32,127	62%	9,901	19%	10,177	19%	52,205
TOTAL EXPENSES		389,092	62%	119,908	19%	123,257	19%	632,257
Unit of Service Type								
	Unit of Service Type	Encounter		Hour		Hour		
	Number of UOS per Service Mode	1,195		1,000		1,170		3,365
	Cost Per UOS by Service Mode	\$325.60		\$119.91		\$105.35		N/A
	Number of UDC per Service Mode	325		325		80		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Physician				
Brief duties related to prog and clients served	Clinical oversight of HIV Dept / Staff; spvsn of mid-level practitioners; clinical oversight of nurse and Tx Hlth Educator; QA activities; physicals, order lab tests, develop med assess & plan, referrals to specialty & tertiary svcs, medical consultation, develop medical protocols.				
Degree, license (if applicable), experience	Valid CA MD License. Board certified or residency trained in Family Practice/Internal Medicine/Adult Primary Care; 2 yrs exp HIV/AIDS; bilingual Spanish/English required.				
	Annual Salary	Percentage of Salary	x Mos per Yr	Percentage of Salary	Total
	170,670	0.30	12	0.30	\$ 51,201
Staff Position 2:	Registered Nurse				
Brief duties related to prog and clients served	Nursing functions, assists w medical referrals & follow-up; in-person or phone treatment adherence support to clients; prescription follow-up; oversees clinic operation and supervision of staff.				
Degree, license, exp	RN with 2 yrs exp in HIV/AIDS svcs or LVN w 5 yrs exp in HIV/AIDS; spvsn exp; Bilingual Spanish/English.				
	85,407	0.90	12	0.90	\$ 76,866
Staff Position 3:	Medical Assistant				
duties related to prog/UDC	Assists nurse with preparing pts, vital signs, medical hx; Member of HIV Quality Management Committee.				
Degree, license, exp	HS diploma, prefer 2 yrs college; Medical Assist Certificate, 2 yrs exp in HIV/AIDS. Bilingual Spanish/English.				
	50,523	0.90	12	0.90	\$ 45,471
Staff Position 4:	Phlebotomist				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	41,600	0.50	12	0.50	\$ 20,800
Staff Position 5:	Patient Services Specilaist				
duties related to prog/UDC	Initial program eligibility screening, clinic receptionist. Schedules patient appointments.				
Degree, license, exp	HS diploma, two years of college preferred. Good Communication skills. Bilingual Spanish/English required.				
	41,642	1.00	12	1.00	\$ 41,642
Staff Position 6:	Phlebotomist Lead				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program. Clinical oversight of Laboratory Specialist.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	58,240	0.20	12	0.20	\$ 11,648
Staff Position 7:	Clinic Assistant				
duties related to prog/UDC	Maintains pt medical charts, prepare, scan, file and abstract historic pt info in HER; preserve confidentiality of PHI.				
Degree, license, exp	High school diploma, two years of college preferred.				
	49,920	0.60	12	0.60	\$ 29,952
Staff Position 8:	Recruitment/Retention Coordinator				
Brief duties related to this program and clients served	Linkage to Care via case mngt & supportive counseling to newly dx HIV+ or HIV + persons out-of-care; supports engagement & retention, utilization of data systems to identify out of care clients, client engagement.				
Degree, license, exp	MPH, MSW or related field. Bilingual Spanish/English required; 1 yr HIV experience.				
	56,250	1.00	8	0.67	\$ 37,500
Staff Position 9:	Director of Programs and HIV Services, MSW				

Brief duties related to this program and clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, communication with HHS staff and supervision.				
Degree, license, exp	Master's and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	102,000	0.30	12	0.30	\$ 30,600

Staff Position 10:	Program Assistant				
Brief duties related to this program and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admin Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	52,520	0.55	12	0.55	\$ 28,886
	Total FTE, Base:	6.25	Annualized:	5.92	
				Total Salaries:	\$ 374,566

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 29,965.28
	Retirement	\$ 14,046.23
	Medical	\$ 53,375.66
	Dental	\$ 10,300.57
	Unemployment Insurance	\$ 187.28
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify): Life Insurance	\$ 3,745.66
	Fringe Benefit %:	30%
	Total Fringe Benefit:	\$ 111,621
	TOTAL SALARIES/BENEFITS	\$ 486,186

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	5.92 FTE program staff ratio of 2.4% to the agency budget of \$159,070 for electricity, water, gas, refuse.	\$159,070 x 2.4% FTE	\$ 3,818
Telecommunications	5.92 FTE program staff ratio of 2.4% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.	\$195,968 x 2.4% FTE	\$ 4,703
Building Maintenance	5.92 FTE program staff ratio of 2.4% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.	\$609,161 x 2.4% FTE	\$ 14,620
		Total Occupancy:	\$ 23,141

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Includes stationary, pens, pencils, calendars, postage, software, computers for staff use \$333.33/month x 12 months.	\$333.33/month x 12 months	\$ 4,000
		Total Materials & Supplies:	\$ 4,000

General Operating:	Brief Description	Rate/Formula	Cost
Staff Training	Registration fees & related exps for staff training; purchase of training materials: including UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting (\$750/person); 2023 National Latinx Conference HIV/HCV/SUD (\$2665/person); US Conference on HIV/AIDS 2023 (\$3145/person); Phlebotomy Class/Exam fee (\$2600/person); Mission Center of Excellence annual retreat (\$8000); other HIV/AIDS related professional development and training opportunities.	\$750/person x 2 staff \$2665/person x 3 staff \$3145/person x 3 staff \$2600 x 1 staff \$8000	\$ 29,530

Total General Operating: \$ 29,530

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	HIV Service Providers around San Francisco, \$2.50 per pass.	Clipper Card	300 x \$5 round trip	\$ 1,500
Total Staff Travel:				\$ 1,500

Other:	Brief Description	Rate/Formula	Cost
Laboratory and X-ray Services	CBC w/diff, platelets, complete T-cell Count, Chem-20 & Lipid Panels, PPD, Hep A-B-B-C, Toxo Titer, Cryptococcal Ag, STI, Viral Load, genotypes, etc. and X-ray expenses.	325 UDC x 10 lab tests / \$46.16 x 2 times a year	\$ 30,014
Medical Supplies	2.8 FTE Medical staff ratio of 1.4% to the agency budget of \$405,779 for IVAC electronic thermometers, stethoscopes, paper gowns, antibiotic ointment, condoms, butterfly catheters/needles, alcohol pads, syringes, rubber gloves, ear exam cones, occult blood slides, K-Y jelly, nasal emollients, cotton tipped applicators, lubricants, exam table paper, specimen cups & vaccines	\$405,779 x 1.4% FTE	\$ 5,681
Total Other:			\$ 35,695
TOTAL OPERATING EXP			\$ 93,866
TOTAL DIRECT COSTS			\$ 580,052

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of MNHC admin overhead.	\$ 52,205
Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 52,205
TOTAL EXPENSES:	\$ 632,257

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Medical Case Management		Treatment Adherence Individual		Treatment Adherence Group		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Social Services Supervisor	0.80	42,500	80%	8,500	16%	1,800	3%	52,800
Medical Case Manager	1.00	60,341	100%					60,341
Treatment Adherence Health Educator	0.59			25,643	84%	5,000	16%	30,643
Program Assistant	0.00		0%		0%			-
Director of Programs and HIV Services, MSW	0.20	13,974	69%	6,426	32%			20,400
Total FTE & Salaries	2.59	116,815	71%	40,569	25%	6,800	4%	164,184
Fringe Benefits	30%	34,811	71%	12,090	25%	2,026	4%	48,927
Total Personnel Expenses		151,626	71%	52,659	25%	8,826	4%	213,111
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		6,000	62%	2,643	27%	1,000	10%	9,643
Total Materials and Supplies		1,400	52%	1,202	45%	80	3%	2,682
Total General Operating								
Total Staff Travel								
Consultants/Subcontractor:								
Total Operating Expenses		7,400	60%	3,845	31%	1,080	9%	12,325
Total Direct Expenses								
		159,026	71%	56,504	25%	9,906	4%	225,436
Indirect Expenses	9.0%	14,313	71%	5,085	25%	892	4%	20,290
TOTAL EXPENSES		173,339	71%	61,589	25%	10,798	4%	245,726
Unit of Service Type								
	Unit of Service Type	Hour		Hour		Hour		
	Number of UOS per Service Mode	1,660		515		90		2,265
	Cost Per UOS by Service Mode	\$104.43		\$119.60		\$119.99		N/A
	Number of UDC/NOC per Service Mode	325		100		40		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Social Services Supervisor				
duties related to prog/UDC	Spvs med case mngrs & psychosoc svcs staff; phychosoc assess, crisis intervention, med case mngt, QA, prog monitor.				
Degree, license, exp	BA/BS in Soc Work or similar, prefer Master's; 5 yrs Case Mngt w 1 in HIV/AIDS; 2 yrs spvsr; bilingual Spanish/English.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	66,000	0.80	12	0.80	\$ 52,800

Staff Position 2:	Medical Case Manager				
Brief duties re prog & UDC	pt centered case mngt, harm reduction model, psychosoc svcs, referrals, follow-up, crisis intervention, supportive counslng.				
Degree, license, exp	Bachelor's and 1 yr exp providing HIV/AIDS case management. Bilingual Spanish/English required.				
	60,341	1.00	12	1.00	\$ 60,341

Staff Position 3:	Treatment Adherence Health Educator				
Brief duties re prog & UDC	ongoing individual, group hlth & treatment ed/support sessions; tracking med adherence protocol.				
Degree, license, exp	Bachelor's and 2 yrs exp providing HIV/AIDS education. Bilingual Spanish/English required.				
	51,938	0.59	12	0.59	\$ 30,643

Staff Position 4:	Program Assistant				
Brief duties re to this prog and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	52,520		12	0.00	\$ -

Staff Position 5:	Director of Programs and HIV Services, MSW				
Brief duties related to this progr & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, commiunication with HHS staff and supervision.				
Degree, license, exp	Masters and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	102,000	0.20	12	0.20	\$ 20,400
	Total FTE, Base:	2.59	Annualized:	2.59	
				Total Salaries:	\$ 164,184

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,134.72
	Retirement	\$ 6,156.90
	Medical	\$ 23,396.22
	Dental	\$ 4,515.06

	Unemployment Insurance	\$	82.09
	Disability Insurance	\$	-
	Worker's Compensation	\$	-
	Other (specify): Life Insurance	\$	1,641.84
	Fringe Benefit %:	30%	Total Fringe Benefit: \$ 48,927
			TOTAL SALARIES/BENEFITS \$ 213,111

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	2.59 FTE program staff ratio of 1% to the agency budget of \$159,070 for electricity, water, gas, refuse.	\$159,070 x 1 % FTE	\$ 1,591
Building Maintenance	2.59 FTE program staff ratio of 1% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.	\$609,161 x 1 % FTE	\$ 6,092
Telecommunications	2.59 FTE program staff ratio of 1% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.	\$195,968 x 1 % FTE	\$ 1,960
			Total Occupancy: \$ 9,643

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Includes program office supplies (stationary, pens, pencils, calendars, postage, software, computers for staff use) \$223.5/month x 12 months.	\$223.5/month x 12 months	\$ 2,682
			Total Materials & Supplies: \$ 2,682

TOTAL OPERATING EXP	\$ 12,325
TOTAL DIRECT COSTS:	\$ 225,436

4) INDIRECT COSTS

9% of Direct Exp to partially defray the cost of MNHC admin overhead.	Indirect Rate: 9%	\$ 20,290
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TOTAL INDIRECT COSTS:	\$ 20,290
TOTAL EXPENSES:	\$ 245,726

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Mental Health Outpatient		Outpatient Substance Abuse Services Individual		Outpatient Substance Abuse Services Group		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Program Director	0.11	9,401	79%	2,000	17%	500	4%	11,901
Clinical Supervisor Psychologist	0.09	5,321	62%	3,000	35%	250	3%	8,571
Mental Health Specialist, LCSW	0.67	54,909	100%					54,909
Substance Abuse Specialist	1.00			56,164	91%	5,624	9%	61,788
Clinic and Program Assistant	0.22	9,251	86%	1,254	12%	249	2%	10,754
Total FTE & Salaries	2.08	78,882	53%	62,418	42%	6,623	4%	147,923
Fringe Benefits	30.00%	23,661	53%	18,722	42%	1,987	4%	44,370
Total Personnel Expenses		102,543	53%	81,140	42%	8,610	4%	192,293
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		5,314	75%	1,500	21%	299	4%	7,113
Total Materials and Supplies		2,303	82%	400		100	4%	2,803
Total General Operating		2,132	81%	394	15%	100	4%	2,626
Total Staff Travel		20		30	60%			50
Consultants/Subcontractor:								-
Other: Client Refreshments		1,700	76%	500	57%	50	43%	2,250
Total Operating Expenses		11,469	77%	2,824	19%	549	4%	14,842
Total Direct Expenses		114,012	55%	83,964	41%	9,159	4%	207,135
Indirect Expenses 9.0%		10,261	55%	7,557	41%	824	4%	18,642
TOTAL EXPENSES		124,273	55%	91,521	41%	9,983	4%	225,777
Unit of Service Type		Hour		Hour		Hour		
Number of UOS per Service Mode		966		975		81		2,022
Cost Per UOS by Service Mode		\$128.65		\$93.87		\$123.26		N/A
Number of UDC/NOC per Service Mode		70		45		10		115

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Program Director				
Brief duties re to this prog and clients served	Mngmt, operate prog, i.e., integrated collaborative svcs, spvsn of client svcs, QA & prog eval; implement & monitor objectives, team & staff mtgs, monitor use of database, train, evaluate staff; write reports.				
Degree, license (if applicable), experience	Masters in pub hlth, psych, soc work or equiv exp in mngt; 5 yrs spvsn of multi-disciplinary team, contract & prog develop, HIV/AIDS, subs use & mental hlth svcs; Exp wrkg in Latino Comm & serving sexual minorities; Spanish bilingual/bicultural.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	106,375	0.11	12	0.11	\$ 11,901
Staff Position 2:	Clinical Supervisor Psychologist				
Brief duties re to this prog and clients served	clinical supervision of mental hlth & subs abuse svcs staff; oversees clinical svcs including assessment, case disposition, treatment, termination of svcs.				
Degree, license (if applicable), experience	doctorate in Psych, licensed or license eligible in CA; 2 yrs exp spvsng clinicians in multidisciplinary teams; Spanish bilingual/bicultural.				
	100,000	0.09	12	0.09	\$ 8,571
Staff Position 3:	Mental Health Specialist, LCSW				
UDC	psychological assessments, crisis intervention, individual, group and family psychotherapy.				
Degree, license (if applicable), experience	Master's in psych, counseling, or social work; licensed or license eligible in CA; 2 yrs exp as clinician; strong team values & ability to work in a multidisciplinary team; Spanish bilingual/bicultural.				
	82,363	1.00	8	0.67	\$ 54,909
Staff Position 4:	Substance Abuse Specialist				
Brief duties re prog & UDC	substance abuse assessments, individual and group counseling, referral and linkage.				
Degree, license (if applicable), experience	Subs Abuse certificate, or enrolled in subs use certificate prog in good standing; 2 yrs exp providing subs use svcs to target pop; strong team values; ability to work in multidisciplin team; Spanish bilingual/bicultural.				
	61,788	1.00	12	1.00	\$ 61,788
Staff Position 5:	Clinic and Program Assistant				
Brief duties re prog & UDC	greeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.				
Degree, license (if applicable), experience	HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs exp in non-profit setting performing related duties. Spanish bilingual/bicultural required.				
	49,852	0.22	12	0.22	\$ 10,754
	Total FTE, Base:	2.41	Annualized:	2.08	
					Total Salaries: \$ 147,923

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 11,316.11
	Retirement	\$ 5,916.92
	Medical	\$ 24,178.01
	Dental	\$ 1,479.23
	Unemployment Insurance	\$ 739.62
	Disability Insurance	\$ 739.62
	Fringe Benefit %:	30.00%
	Total Fringe Benefit:	\$ 44,370
		TOTAL SALARIES/BENEFITS \$ 192,293

2) OPERATING EXPENSES:			
Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities / Communications	2.41 FTE program staff ratio of 3.027% to the agency budget of \$45,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access.	=45000*3.027%	\$ 1,362
Building Maintenance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$190,000 for necessities, i.e., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff and clients.	=190,000*3.027%	\$ 5,751
Total Occupancy:			\$ 7,113

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	2.41 FTE prog staff ratio of 3.027% to agency budget of \$76,000 to provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail, mailing flyer.	=76,000*3.027%	\$ 2,300
Printing and Reproduction	2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	=10,000*3.027%	\$ 303
Program Supplies	Mental Hlth diagnostic & materials needed for substance abuse groups.	at average of \$17/month	\$ 200
Total Materials & Supplies:			\$ 2,803

General Operating:	Brief Description	Rate/Formula	Cost
General/Professional Liability Insurance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$36,000 to cover for professional and general liability for service providers under this exhibit.	=36,000*3.027%	1,090
Rental Equipment	2.41 FTE prog staff ratio of 3.027% agency budget of \$15,000 to cover rental expenses of leased equip, such as copier, and postage machine.	=15,000*3.027%	\$ 455
Staff Training	registration fees & related exps for staff training; purchase of training materials, plus agency share training fees.	2 staff @ \$1081	\$ 1,081
Total General Operating:			\$ 2,626

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local Travel	MTA Transit Pass	\$2.50 x 20	\$ 50
Total Staff Travel:				\$ 50

Other:	Brief Description	Rate/Formula	Cost
Client Refreshments	Food / drinks for clients attending substance abuse group, estimated at \$120 x 8 sessions/grp, 45 wks for nutritional snacks & Ensure for drop-in clients, plus support with basic needs - store gift cards (Target/FoodCo) \$50 x 20 participants and Winter kits (backpack with blanket, socks, scarf) at \$290.	120 x 8 session + 50 x 20 + 290	\$ 2,250
Total Other:			\$ 2,250

TOTAL OPERATING EXPENSES:	\$ 14,842
TOTAL DIRECT COSTS:	\$ 207,135

4) INDIRECT COSTS	
9% of Direct Expenses to partially defray the cost of IFR's admin overhead	\$ 18,642

Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 18,642
TOTAL EXPENSES:	\$ 225,777

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Outpatient Ambulatory Health Services		Nursing Treatment Adherence		Medical Case Management		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Physician	0.30	51,201	100%					51,201
Registered Nurse	0.90	20,866	27%	56,000	73%			76,866
Medical Assistant	0.90	45,471	100%		0%			45,471
Phlebotomist	0.50	20,800	100%					20,800
Patient Services Specilaist	1.00	41,642	100%		0%		0%	41,642
Phlebotomist Lead	0.20	11,648	100%					11,648
Clinic Assistant	0.60	19,452	65%	10,500	35%		0%	29,952
Recruitment/Retention Coordinator	0.67				0%	37,500	100%	37,500
Director of Programs and HIV Services, M	0.30	24,900	81%	700	2%	5,000	16%	30,600
Program Assistant	0.55		0%	1,886	7%	27,000	93%	28,886
Total FTE & Salaries	5.92	235,980	63%	69,086	18%	69,500	19%	374,566
Fringe Benefits	30%	70,322	63%	20,588	18%	20,710	19%	111,620
Total Personnel Expenses		306,302	63%	89,674	18%	90,210	19%	486,186
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,105	31%	8,500	37%	7,536	33%	23,141
Total Materials and Supplies		1,333	33%	1,333	33%	1,334	33%	4,000
Total General Operating		6,530	22%	10,500	36%	12,500	42%	29,530
Total Staff Travel			0%			1,500	100%	1,500
Other: Laboratory / X-Ray Services		30,014	100%					30,014
Other: Medical Supplies		5,681	100%					5,681
Total Operating Expenses		50,663	54%	20,333	22%	22,870	24%	93,866
Total Direct Expenses		356,965	62%	110,007	19%	113,080	19%	580,052
Indirect Expenses	9.0%	32,127	62%	9,901	19%	10,177	19%	52,205
TOTAL EXPENSES		389,092	62%	119,908	19%	123,257	19%	632,257
Unit of Service Type								
	Unit of Service Type	Encounter		Hour		Hour		
	Number of UOS per Service Mode	1,195		1,000		1,170		3,365
	Cost Per UOS by Service Mode	\$325.60		\$119.91		\$105.35		N/A
	Number of UDC per Service Mode	325		325		80		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Physician				
Brief duties related to prog and clients served	Clinical oversight of HIV Dept / Staff; spvsn of mid-level practitioners; clinical oversight of nurse and Tx Hlth Educator; QA activities; physicals, order lab tests, develop med assess & plan, referrals to specialty & tertiary svcs, medical consultation, develop medical protocols.				
Degree, license (if applicable), experience	Valid CA MD License. Board certified or residency trained in Family Practice/Internal Medicine/Adult Primary Care; 2 yrs exp HIV/AIDS; bilingual Spanish/English required.				
	Annual Salary	Percentage of Salary	x Mos per Yr	Percentage of Salary	Total
	170,670	0.30	12	0.30	\$ 51,201
Staff Position 2:	Registered Nurse				
Brief duties related to prog and clients served	Nursing functions, assists w medical referrals & follow-up; in-person or phone treatment adherence support to clients; prescription follow-up; oversees clinic operation and supervision of staff.				
Degree, license, exp	RN with 2 yrs exp in HIV/AIDS svcs or LVN w 5 yrs exp in HIV/AIDS; spvsn exp; Bilingual Spanish/English.				
	85,407	0.90	12	0.90	\$ 76,866
Staff Position 3:	Medical Assistant				
duties related to prog/UDC	Assists nurse with preparing pts, vital signs, medical hx; Member of HIV Quality Management Committee.				
Degree, license, exp	HS diploma, prefer 2 yrs college; Medical Assist Certificate, 2 yrs exp in HIV/AIDS. Bilingual Spanish/English.				
	50,523	0.90	12	0.90	\$ 45,471
Staff Position 4:	Phlebotomist				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	41,600	0.50	12	0.50	\$ 20,800
Staff Position 5:	Patient Services Specilaist				
duties related to prog/UDC	Initial program eligibility screening, clinic receptionist. Schedules patient appointments.				
Degree, license, exp	HS diploma, two years of college preferred. Good Communication skills. Bilingual Spanish/English required.				
	41,642	1.00	12	1.00	\$ 41,642
Staff Position 6:	Phlebotomist Lead				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program. Clinical oversight of Laboratory Specialist.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	58,240	0.20	12	0.20	\$ 11,648
Staff Position 7:	Clinic Assistant				
duties related to prog/UDC	Maintains pt medical charts, prepare, scan, file and abstract historic pt info in HER; preserve confidentiality of PHI.				
Degree, license, exp	High school diploma, two years of college preferred.				
	49,920	0.60	12	0.60	\$ 29,952
Staff Position 8:	Recruitment/Retention Coordinator				

Brief duties related to this program and clients served	Linkage to Care via case mgnt & supportive counseling to newly dx HIV+ or HIV + persons out-of-care; supports engagement & retention, utilization of data systems to identify out of care clients, client engagement.				
Degree, license, exp	MPH, MSW or related field. Bilingual Spanish/English required; 1 yr HIV experience.				
	56,250	1.00	8	0.67	\$ 37,500

Staff Position 9: Director of Programs and HIV Services, MSW					
Brief duties related to this program and clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, commuication with HHS staff and supervision.				
Degree, license, exp	Master's and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	102,000	0.30	12	0.30	\$ 30,600

Staff Position 10: Program Assistant					
Brief duties related to this program and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	52,520	0.55	12	0.55	\$ 28,886
	Total FTE, Base:	6.25	Annualized:	5.92	
				Total Salaries:	\$ 374,566

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 29,965.28
	Retirement	\$ 14,046.23
	Medical	\$ 53,375.66
	Dental	\$ 10,300.57
	Unemployment Insurance	\$ 187.28
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify): Life Insurance	\$ 3,745.66
	Fringe Benefit %:	30%
	Total Fringe Benefit:	\$ 111,620
	TOTAL SALARIES/BENEFITS:	\$ 486,186

2) OPERATING EXPENSES:			
Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	5.92 FTE program staff ratio of 2.4% to the agency budget of \$159,070 for electricity, water, gas, refuse.	\$159,070 x 2.4% FTE	\$ 3,818
Telecommunications	5.92 FTE program staff ratio of 2.4% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.	\$195,968 x 2.4% FTE	\$ 4,703
Building Maintenance	5.92 FTE program staff ratio of 2.4% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.	\$609,161 x 2.4% FTE	\$ 14,620
		Total Occupancy:	\$ 23,141

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
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Program Supplies	Includes stationary, pens, pencils, calendars, postage, software, computers for staff use \$333.33/month x 12 months.	\$333.33/month x 12 months	\$ 4,000
		Total Materials & Supplies:	\$ 4,000

General Operating:	Brief Description	Rate/Formula	Cost
Staff Training	Registration fees & related exps for staff training; purchase of training materials: including UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting (\$750/person); 2023 National Latinx Conference HIV/HCV/SUD (\$2665/person); US Conference on HIV/AIDS 2023 (\$3145/person); Phlebotomy Class/Exam fee (\$2600/person); Mission Center of Excellence annual retreat (\$8000); other HIV/AIDS related professional development and training opportunities.	\$750/person x 2 staff \$2665/person x 3 staff \$3145/person x 3 staff \$2600 x 1 staff \$8000	\$ 29,530
		Total General Operating:	\$ 29,530

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	HIV Service Providers around San Francisco, \$2.50 per pass.	Clipper Card	300 x \$5 round trip	\$ 1,500
			Total Staff Travel:	\$ 1,500

Other:	Brief Description	Rate/Formula	Cost
Laboratory and X-ray Services	CBC w/diff, platelets, complete T-cell Count, Chem-20 & Lipid Panels, PPD, Hep A-B-B-C, Toxo Titer, Cryptococcal Ag, STI, Viral Load, genotypes, etc. and X-ray expenses.	325 UDC x 10 lab tests / \$46.16 x 2 times a year	\$ 30,014
Medical Supplies	2.8 FTE Medical staff ratio of 1.4% to the agency budget of \$405,779 for IVAC electronic thermometers, stethoscopes, paper gowns, antibiotic ointment, condoms, butterfly catheters/needles, alcohol pads, syringes, rubber gloves, ear exam cones, occult blood slides, K-Y jelly, nasal emollients, cotton tipped applicators, lubricants, exam table paper, specimen cups & vaccines.	\$405,779 x 1.4% FTE	\$ 5,681
		Total Other:	\$ 35,695
		TOTAL OPERATING EXP	\$ 93,866
		TOTAL DIRECT COSTS	\$ 580,052

4) INDIRECT COSTS	
9% of Direct Expenses to partially defray the cost of MNHC admin overhead.	\$ 52,205
	Indirect Rate: 9.00%
	TOTAL INDIRECT COSTS: \$ 52,205
	TOTAL EXPENSES: \$ 632,257

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Medical Case Management		Treatment Adherence Individual		Treatment Adherence Group		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Social Services Supervisor	0.80	42,500	80%	8,500	16%	1,800	3%	52,800
Medical Case Manager	1.00	60,341	100%					60,341
Treatment Adherence Health Educator	0.59			25,643	84%	5,000	16%	30,643
Program Assistant	0.00		0%		0%			-
Director of Programs and HIV Services, MSW	0.20	13,974	69%	6,426	32%			20,400
Total FTE & Salaries	2.59	116,815	71%	40,569	25%	6,800	4%	164,184
Fringe Benefits	30%	34,811	71%	12,090	25%	2,026	4%	48,927
Total Personnel Expenses		151,626	71%	52,659	25%	8,826	4%	213,111
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		6,000	62%	2,643	27%	1,000	10%	9,643
Total Materials and Supplies		1,400	52%	1,202	45%	80	3%	2,682
Total General Operating								
Total Staff Travel								
Consultants/Subcontractor:								
Total Operating Expenses		7,400	60%	3,845	31%	1,080	9%	12,325
Total Direct Expenses		159,026	71%	56,504	25%	9,906	4%	225,436
Indirect Expenses	9.0%	14,313	71%	5,085	25%	892	4%	20,290
TOTAL EXPENSES		173,339	71%	61,589	25%	10,798	4%	245,726
Unit of Service Type								
	Unit of Service Type	Hour		Hour		Hour		
	Number of UOS per Service Mode	1,660		515		90		2,265
	Cost Per UOS by Service Mode	\$104.42		\$119.59		\$119.98		N/A
	Number of UDC/NOC per Service Mode	325		100		40		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Social Services Supervisor				
duties related to prog/UDC	Spvs med case mngrs & psychosoc svcs staff; phychosoc assess, crisis intervention, med case mngt, QA, prog monitor.				
Degree, license, exp	BA/BS in Soc Work or similar, prefer Master's; 5 yrs Case Mngt w 1 in HIV/AIDS; 2 yrs spvsr; bilingual Spanish/English.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	66,000	0.80	12	0.80	\$ 52,800

Staff Position 2:	Medical Case Manager				
Brief duties re prog & UDC	pt centered case mngt, harm reduction model, psychosoc svcs, referrals, follow-up, crisis intervention, supportive counslng.				
Degree, license, exp	Bachelor's and 1 yr exp providing HIV/AIDS case management. Bilingual Spanish/English required.				
	60,341	1.00	12	1.00	\$ 60,341

Staff Position 3:	Treatment Adherence Health Educator				
Brief duties re prog & UDC	ongoing individual, group hlth & treatment ed/support sessions; tracking med adherence protocol.				
Degree, license, exp	Bachelor's and 2 yrs exp providing HIV/AIDS education. Bilingual Spanish/English required.				
	51,938	0.59	12	0.59	\$ 30,643

Staff Position 4:	Program Assistant				
Brief duties re to this prog and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	52,520		12	0.00	\$ -

Staff Position 5:	Director of Programs and HIV Services, MSW				
Brief duties related to this prog & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, commiunication with HHS staff and supervision.				
Degree, license, exp	Masters and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	102,000	0.20	12	0.20	\$ 20,400
	Total FTE, Base:	2.59	Annualized:	2.59	
				Total Salaries:	\$ 164,184

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,134.72
	Retirement	\$ 6,156.90
	Medical	\$ 23,396.22
	Dental	\$ 4,515.06

	Unemployment Insurance	\$	82.09
	Disability Insurance	\$	-
	Worker's Compensation	\$	-
	Other (specify): Life Insurance	\$	1,641.84
	Fringe Benefit %:	30%	Total Fringe Benefit: \$ 48,927
			TOTAL SALARIES/BENEFITS \$ 213,111

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	2.59 FTE program staff ratio of 1% to the agency budget of \$159,070 for electricity, water, gas, refuse.	\$159,070 x 1 % FTE	\$ 1,591
Building Maintenance	2.59 FTE program staff ratio of 1% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.	\$609,161 x 1 % FTE	\$ 6,092
Telecommunications	2.59 FTE program staff ratio of 1% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.	\$195,968 x 1 % FTE	\$ 1,960
			Total Occupancy: \$ 9,643

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Includes program office supplies (stationary, pens, pencils, calendars, postage, software, computers for staff use) \$223.5/month x 12 months.	\$223.5/month x 12 months	\$ 2,682
			Total Materials & Supplies: \$ 2,682

TOTAL OPERATING EXP	\$ 12,325
TOTAL DIRECT COSTS:	\$ 225,436

4) INDIRECT COSTS

9% of Direct Exp to partially defray the cost of MNHC admin overhead.	Indirect Rate: 9%	\$ 20,290
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TOTAL INDIRECT COSTS:	\$ 20,290
TOTAL EXPENSES:	\$ 245,726

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Mental Health Outpatient		Outpatient Substance Abuse Services Individual		Outpatient Substance Abuse Services Group		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Program Director	0.11	9,401	79%	2,000	17%	500	4%	11,901
Clinical Supervisor Psychologist	0.09	5,321	62%	3,000	35%	250	3%	8,571
Mental Health Specialist, LCSW	0.67	54,909	100%					54,909
Substance Abuse Specialist	1.00			56,164	91%	5,624	9%	61,788
Clinic and Program Assistant	0.22	9,251	86%	1,254	12%	249	2%	10,754
Total FTE & Salaries	2.08	78,882	53%	62,418	42%	6,623	4%	147,923
Fringe Benefits	30.00%	23,661	53%	18,722	42%	1,987	4%	44,370
Total Personnel Expenses		102,543	53%	81,140	42%	8,610	4%	192,293
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		5,314	75%	1,500	21%	299	4%	7,113
Total Materials and Supplies		2,303	82%	400		100	4%	2,803
Total General Operating		2,132	81%	394	15%	100	4%	2,626
Total Staff Travel		20		30	60%			50
Consultants/Subcontractor:								-
Other: Client Refreshments		1,700	76%	500	57%	50	43%	2,250
Total Operating Expenses		11,469	77%	2,824	19%	549	4%	14,842
Total Direct Expenses		114,012	55%	83,964	41%	9,159	4%	207,135
Indirect Expenses	9.0%	10,261	55%	7,557	41%	824	4%	18,642
TOTAL EXPENSES		124,273	55%	91,521	41%	9,983	4%	225,777
Unit of Service Type		Hour		Hour		Hour		
Number of UOS per Service Mode		966		975		81		2,022
Cost Per UOS by Service Mode		\$128.65		\$93.87		\$123.26		N/A
Number of UDC/NOC per Service Mode		70		45		10		115

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Program Director				
Brief duties re to this prog and clients served	Mngmt, operate prog, i.e., integrated collaborative svcs, spvsn of client svcs, QA & prog eval; implement & monitor objectives, team & staff mtgs, monitor use of database, train, evaluate staff; write reports.				
Degree, license (if applicable), experience	Masters in pub hlth, psych, soc work or equiv exp in mngt; 5 yrs spvsn of multi-disciplinary team, contract & prog develop, HIV/AIDS, subs use & mental hlth svcs; Exp wrkg in Latino Comm & serving sexual minorities; Spanish bilingual/bicultural.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	106,375	0.11	12	0.11	\$ 11,901

Staff Position 2:	Clinical Supervisor Psychologist				
Brief duties re to this prog and clients served	clinical supervision of mental hlth & subs abuse svcs staff; oversees clinical svcs including assessment, case disposition, treatment, termination of svcs.				
Degree, license (if applicable), experience	doctorate in Psych, licensed or license eligible in CA; 2 yrs exp spvsng clinicians in multidisciplinary teams; Spanish bilingual/bicultural.				
	100,000	0.09	12	0.09	\$ 8,571

Staff Position 3:	Mental Health Specialist, LCSW				
UDC	psychological assessments, crisis intervention, individual, group and family psychotherapy.				
Degree, license (if applicable), experience	Master's in psych, counseling, or social work; licensed or license eligible in CA; 2 yrs exp as clinician; strong team values & ability to work in a multidisciplinary team; Spanish bilingual/bicultural.				
	82,363	1.00	8	0.67	\$ 54,909

Staff Position 4:	Substance Abuse Specialist				
UDC	substance abuse assessments, individual and group counseling, referral and linkage.				
Degree, license (if applicable), experience	Subs Abuse certificate, or enrolled in subs use certificate prog in good standing; 2 yrs exp providing subs use svcs to target pop; strong team values; ability to work in multidisciplin team; Spanish bilingual/bicultural.				
	61,788	1.00	12	1.00	\$ 61,788

Staff Position 5:	Clinic and Program Assistant				
Brief duties re prog & UDC	greeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.				
Degree, license (if applicable), experience	HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs exp in non-profit setting performing related duties. Spanish bilingual/bicultural required.				
	49,852	0.22	12	0.22	\$ 10,754
	Total FTE, Base:	2.41	Annualized:	2.08	
				Total Salaries:	\$ 147,923

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 11,316.11

	Retirement	\$	5,916.92
	Medical	\$	24,178.01
	Dental	\$	1,479.23
	Unemployment Insurance	\$	739.62
	Disability Insurance	\$	739.62
	Fringe Benefit %:	30.00%	Total Fringe Benefit: \$ 44,370
			TOTAL SALARIES/BENEFITS \$ 192,293

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities / Communications	2.41 FTE program staff ratio of 3.027% to the agency budget of \$45,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access.	45,000*3.027%	\$ 1,362
Building Maintenance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$190,000 for necessities, i.e., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff and clients.	190,000*3.027%	\$ 5,751
			Total Occupancy: \$ 7,113

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	2.41 FTE prog staff ratio of 3.027% to agency budget of \$76,000 to provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail, mailing flyer.	76,000*3.027%	\$ 2,300
Printing and Reproduction	2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	10,000*3.027%	\$303
Program Supplies	Mental Hlt.h diagnostic & materials needed for substance abuse groups	at average of \$17/month	\$ 200
			Total Materials & Supplies: \$ 2,803

General Operating:	Brief Description	Rate/Formula	Cost
General/Professional Liability Insurance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$36,000 to cover for professional and general liability for service providers under this exhibit.	36,000*3.027%	1,090

Rental Equipment	2.41 FTE prog staff ratio of 3.027% agency budget of \$15,000 to cover rental expenses of leased equip, such as copier, and postage machine.	15,000*3.027%	\$ 455
Staff Training	registration fees & related exps for staff training; purchase of training materials, plus agency share training fees.	2 staff @ \$1081	\$ 1,081
		Total General Operating:	\$ 2,626

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local Travel	MTA Transit Pass	\$2.50 x 20	\$ 50
Total Staff Travel:				\$ 50

Other:	Brief Description	Rate/Formula	Cost
Client Refreshments	Food / drinks for clients attending substance abuse group, estimated at \$120 x 8 sessions/grp, 45 wks for nutritional snacks & Ensure for drop-in clients, plus support with basic needs - store gift cards (Target/FoodCo) \$50 x 20 participants and Winter kits (backpack with blanket, socks, scarf) at \$290.	120 x 8 session + 50 x 20 + 290	\$ 2,250
Total Other:			\$ 2,250

TOTAL OPERATING EXPENSES: \$ 14,842

TOTAL DIRECT COSTS: \$ 207,135

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of IFR's admin overhead	\$ 18,642
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Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 18,642
TOTAL EXPENSES:	\$ 225,777

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Outpatient Ambulatory Health Services		Nursing Treatment Adherence		Medical Case Management		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Physician	0.30	51,201	100%					51,201
Registered Nurse	0.90	20,866	27%	56,000	73%			76,866
Medical Assistant	0.90	45,471	100%		0%			45,471
Phlebotomist	0.50	20,800	100%					20,800
Patient Services Specilaist	1.00	41,642	100%		0%		0%	41,642
Phlebotomist Lead	0.20	11,648	100%					11,648
Clinic Assistant	0.60	19,452	65%	10,500	35%		0%	29,952
Recruitment/Retention Coordinator	0.67				0%	37,500	100%	37,500
Director of Programs and HIV Services, M	0.30	24,900	81%	700	2%	5,000	16%	30,600
Program Assistant	0.55		0%	1,886	7%	27,000	93%	28,886
Total FTE & Salaries	5.92	235,980	63%	69,086	18%	69,500	19%	374,566
Fringe Benefits	30%	70,322	63%	20,588	18%	20,710	19%	111,620
Total Personnel Expenses		306,302	63%	89,674	18%	90,210	19%	486,186
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,105	31%	8,500	37%	7,536	33%	23,141
Total Materials and Supplies		1,333	33%	1,333	33%	1,334	33%	4,000
Total General Operating		6,530	22%	10,500		12,500	42%	29,530
Total Staff Travel			0%			1,500	100%	1,500
Other: Laboratory / X-Ray Services		30,014	100%					30,014
Other: Medical Supplies		5,681	100%					5,681
Total Operating Expenses		50,663	54%	20,333	22%	22,870	24%	93,866
Total Direct Expenses								
		356,965	62%	110,007	19%	113,080	19%	580,052
Indirect Expenses	9.0%	32,127	62%	9,901	19%	10,177	19%	52,205
TOTAL EXPENSES		389,092	62%	119,908	19%	123,257	19%	632,257
Unit of Service Type								
	Unit of Service Type	Encounter		Hour		Hour		
	Number of UOS per Service Mode	1,195		1,000		1,170		3,365
	Cost Per UOS by Service Mode	\$325.61		\$119.91		\$105.35		N/A
	Number of UDC per Service Mode	325		325		80		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Physician				
Brief duties related to prog and clients served	Clinical oversight of HIV Dept / Staff; spvsn of mid-level practitioners; clinical oversight of nurse and Tx Hlth Educator; QA activities; physicals, order lab tests, develop med assess & plan, referrals to specialty & tertiary svcs, medical consultation, develop medical protocols.				
Degree, license (if applicable), experience	Valid CA MD License. Board certified or residency trained in Family Practice/Internal Medicine/Adult Primary Care; 2 yrs exp HIV/AIDS; bilingual Spanish/English required.				
	Annual Salary	Percentage of Salary	x Mos per Yr	Percentage of Salary	Total
	170,670	0.30	12	0.30	\$ 51,201
Staff Position 2:	Registered Nurse				
Brief duties related to prog and clients served	Nursing functions, assists w medical referrals & follow-up; in-person or phone treatment adherence support to clients; prescription follow-up; oversees clinic operation and supervision of staff.				
Degree, license, exp	RN with 2 yrs exp in HIV/AIDS svcs or LVN w 5 yrs exp in HIV/AIDS; spvsn exp; Bilingual Spanish/English.				
	85,407	0.90	12	0.90	\$ 76,866
Staff Position 3:	Medical Assistant				
duties related to prog/UDC	Assists nurse with preparing pts, vital signs, medical hx; Member of HIV Quality Management Committee.				
Degree, license, exp	HS diploma, prefer 2 yrs college; Medical Assist Certificate, 2 yrs exp in HIV/AIDS. Bilingual Spanish/English.				
	50,523	0.90	12	0.90	\$ 45,471
Staff Position 4:	Phlebotomist				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	41,600	0.50	12	0.50	\$ 20,800
Staff Position 5:	Patient Services Specilaist				
duties related to prog/UDC	Initial program eligibility screening, clinic receptionist. Schedules patient appointments.				
Degree, license, exp	HS diploma, two years of college preferred. Good Communication skills. Bilingual Spanish/English required.				
	41,642	1.00	12	1.00	\$ 41,642
Staff Position 6:	Phlebotomist Lead				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program. Clinical oversight of Laboratory Specialist.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	58,240	0.20	12	0.20	\$ 11,648
Staff Position 7:	Clinic Assistant				
duties related to prog/UDC	Maintains pt medical charts, prepare, scan, file and abstract historic pt info in HER; preserve confidentiality of PHI.				
Degree, license, exp	High school diploma, two years of college preferred.				
	49,920	0.60	12	0.60	\$ 29,952
Staff Position 8:	Recruitment/Retention Coordinator				

Brief duties related to this program and clients served	Linkage to Care via case mngt & supportive counseling to newly dx HIV+ or HIV + persons out-of-care; supports engagement & retention, utilization of data systems to identify out of care clients, client engagement.				
Degree, license, exp	MPH, MSW or related field. Bilingual Spanish/English required; 1 yr HIV experience.				
	56,250	1.00	8	0.67	\$ 37,500

Staff Position 9:	Director of Programs and HIV Services, MSW				
Brief duties related to this program and clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, commiunication with HHS staff and supervision.				
Degree, license, exp	Master's and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	102,000	0.30	12	0.30	\$ 30,600

Staff Position 10:	Program Assistant				
Brief duties related to this program and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	52,520	0.55	12	0.55	\$ 28,886

Total FTE, Base:	6.25	Annualized:	5.92	Total Salaries:	\$ 374,566
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1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 29,965.28
	Retirement	\$ 14,046.23
	Medical	\$ 53,375.66
	Dental	\$ 10,300.57
	Unemployment Insurance	\$ 187.28
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify): Life Insurance	\$ 3,745.66
	Fringe Benefit %:	30%
	Total Fringe Benefit:	\$ 111,620
	TOTAL SALARIES/BENEFITS	\$ 486,186

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	5.92 FTE program staff ratio of 2.4% to the agency budget of \$159,070 for electricity, water, gas, refuse.	\$159,070 x 2.4% FTE	\$ 3,818
Telecommunications	5.92 FTE program staff ratio of 2.4% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.	\$195,968 x 2.4% FTE	\$ 4,703
Building Maintenance	5.92 FTE program staff ratio of 2.4% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.	\$609,161 x 2.4% FTE	\$ 14,620
	Total Occupancy:		\$ 23,141

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
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Program Supplies	Includes stationary, pens, pencils, calendars, postage, software, computers for staff use \$333.33/month x 12 months.	\$333.33/month x 12 months	\$ 4,000
		Total Materials & Supplies:	\$ 4,000

General Operating:	Brief Description	Rate/Formula	Cost
Staff Training	Registration fees & related exps for staff training; purchase of training materials: including UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting (\$750/person); 2023 National Latinx Conference HIV/HCV/SUD (\$2665/person); US Conference on HIV/AIDS 2023 (\$3145/person); Phlebotomy Class/Exam fee (\$2600/person); Mission Center of Excellence annual retreat (\$8000); other HIV/AIDS related professional development and training opportunities.	\$750/person x 2 staff \$2665/person x 3 staff \$3145/person x 3 staff \$2600 x 1 staff \$8000	\$ 29,530
		Total General Operating:	\$ 29,530

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	HIV Service Providers around San Francisco, \$2.50 per pass.	Clipper Card	300 x \$5 round trip	\$ 1,500
			Total Staff Travel:	\$ 1,500

Other:	Brief Description	Rate/Formula	Cost
Laboratory and X-ray Services	CBC w/diff, platelets, complete T-cell Count, Chem-20 & Lipid Panels, PPD, Hep A-B-B-C, Toxo Titer, Cryptococcal Ag, STI, Viral Load, genotypes, etc. and X-ray expenses.	325 UDC x 10 lab tests / \$46.16 x 2 times a year	\$ 30,014
Medical Supplies	2.8 FTE Medical staff ratio of 1.4% to the agency budget of \$405,779 for IVAC electronic thermometers, stethoscopes, paper gowns, antibiotic ointment, condoms, butterfly catheters/needles, alcohol pads, syringes, rubber gloves, ear exam cones, occult blood slides, K-Y jelly, nasal emollients, cotton tipped applicators, lubricants, exam table paper, specimen cups & vaccines.	\$405,779 x 1.4% FTE	\$ 5,681
		Total Other:	\$ 35,695
		TOTAL OPERATING EXP	\$ 93,866
		TOTAL DIRECT COSTS	\$ 580,052

4) INDIRECT COSTS	
9% of Direct Expenses to partially defray the cost of MNHC admin overhead.	\$ 52,205
	Indirect Rate: 9.00%
	TOTAL INDIRECT COSTS: \$ 52,205
	TOTAL EXPENSES: \$ 632,257

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Medical Case Management		Treatment Adherence Individual		Treatment Adherence Group		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Social Services Supervisor	0.80	42,500	80%	8,500	16%	1,800	3%	52,800
Medical Case Manager	1.00	60,341	100%					60,341
Treatment Adherence Health Educator	0.59			25,643	84%	5,000	16%	30,643
Program Assistant	0.00		0%		0%			-
Director of Programs and HIV Services, MSW	0.20	13,974	69%	6,426	32%			20,400
Total FTE & Salaries	2.59	116,815	71%	40,569	25%	6,800	4%	164,184
Fringe Benefits	30%	34,811	71%	12,090	25%	2,026	4%	48,927
Total Personnel Expenses		151,626	71%	52,659	25%	8,826	4%	213,111
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		6,000	62%	2,643	27%	1,000	10%	9,643
Total Materials and Supplies		1,400	52%	1,202	45%	80	3%	2,682
Total General Operating								
Total Staff Travel								
Consultants/Subcontractor:								
Total Operating Expenses		7,400	60%	3,845	31%	1,080	9%	12,325
Total Direct Expenses		159,026	71%	56,504	25%	9,906	4%	225,436
Indirect Expenses	9.0%	14,313	71%	5,085	25%	892	4%	20,290
TOTAL EXPENSES		173,339	71%	61,589	25%	10,798	4%	245,726
Unit of Service Type								
	Unit of Service Type	Hour		Hour		Hour		
	Number of UOS per Service Mode	1,660		515		90		2,265
	Cost Per UOS by Service Mode	\$104.42		\$119.59		\$119.98		N/A
	Number of UDC/NOC per Service Mode	325		100		40		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Social Services Supervisor				
duties related to prog/UDC	Spvs med case mngrs & psychosoc svcs staff; phychosoc assess, crisis intervention, med case mgmt, QA, prog monitor.				
Degree, license, exp	BA/BS in Soc Work or similar, prefer Master's; 5 yrs Case Mngt w 1 in HIV/AIDS; 2 yrs spvsr; bilingual Spanish/English.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	66,000	0.80	12	0.80	\$ 52,800

Staff Position 2:	Medical Case Manager				
Brief duties re prog & UDC	pt centered case mgmt, harm reduction model, psychosoc svcs, referrals, follow-up, crisis intervention, supportive counslng.				
Degree, license, exp	Bachelor's and 1 yr exp providing HIV/AIDS case management. Bilingual Spanish/English required.				
	60,341	1.00	12	1.00	\$ 60,341

Staff Position 3:	Treatment Adherence Health Educator				
Brief duties re prog & UDC	ongoing individual, group hlth & treatment ed/support sessions; tracking med adherence protocol.				
Degree, license, exp	Bachelor's and 2 yrs exp providing HIV/AIDS education. Bilingual Spanish/English required.				
	51,938	0.59	12	0.59	\$ 30,643

Staff Position 4:	Program Assistant				
Brief duties re to this prog and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	52,520		12	0.00	\$ -

Staff Position 5:	Director of Programs and HIV Services, MSW				
Brief duties related to this prog & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, commuication with HHS staff and supervision.				
Degree, license, exp	Masters and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	102,000	0.20	12	0.20	\$ 20,400
	Total FTE, Base:	2.59	Annualized:	2.59	
				Total Salaries:	\$ 164,184

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,134.72
	Retirement	\$ 6,156.90

	Medical	\$	23,396.22
	Dental	\$	4,515.06
	Unemployment Insurance	\$	82.09
	Disability Insurance	\$	-
	Worker's Compensation	\$	-
	Other (specify): Life Insurance	\$	1,641.84
	Fringe Benefit %:	30%	Total Fringe Benefit: \$ 48,927
			TOTAL SALARIES/BENEFITS \$ 213,111

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	2.59 FTE program staff ratio of 1% to the agency budget of \$159,070 for electricity, water, gas, refuse.	\$159,070 x 1 % FTE	\$ 1,591
Building Maintenance	2.59 FTE program staff ratio of 1% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.	\$609,161 x 1 % FTE	\$ 6,092
Telecommunications	2.59 FTE program staff ratio of 1% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.	\$195,968 x 1 % FTE	\$ 1,960
Total Occupancy:			\$ 9,643

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Includes program office supplies (stationary, pens, pencils, calendars, postage, software, computers for staff use) \$223.5/month x 12 months	\$223.5/month x 12 months	\$ 2,682
Total Materials & Supplies:			\$ 2,682

TOTAL OPERATING EXP	\$ 12,325
TOTAL DIRECT COSTS:	\$ 225,436

4) INDIRECT COSTS

9% of Direct Exp to partially defray the cost of MNHC admin overhead.	Indirect Rate:	9%	\$ 20,290
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TOTAL INDIRECT COSTS:	\$ 20,290
TOTAL EXPENSES:	\$ 245,726

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Mental Health Outpatient		Outpatient Substance Abuse Services Individual		Outpatient Substance Abuse Services Group		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Program Director	0.11	9,401	79%	2,000	17%	500	4%	11,901
Clinical Supervisor Psychologist	0.09	5,321	62%	3,000	35%	250	3%	8,571
Mental Health Specialist, LCSW	0.67	54,909	100%					54,909
Substance Abuse Specialist	1.00			56,164	91%	5,624	9%	61,788
Clinic and Program Assistant	0.22	9,251	86%	1,254	12%	249	2%	10,754
Total FTE & Salaries	2.08	78,882	53%	62,418	42%	6,623	4%	147,923
Fringe Benefits	30.00%	23,661	53%	18,722	42%	1,987	4%	44,370
Total Personnel Expenses		102,543	53%	81,140	42%	8,610	4%	192,293
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		5,314	75%	1,500	21%	299	4%	7,113
Total Materials and Supplies		2,303	82%	400		100	4%	2,803
Total General Operating		2,132	81%	394	15%	100	4%	2,626
Total Staff Travel		20		30	60%			50
Consultants/Subcontractor:								-
Other: Client Refreshments		1,700	76%	500	57%	50	43%	2,250
Total Operating Expenses		11,469	77%	2,824	19%	549	4%	14,842
Total Direct Expenses		114,012	55%	83,964	41%	9,159	4%	207,135
Indirect Expenses	9.0%	10,261	55%	7,557	41%	824	4%	18,642
TOTAL EXPENSES		124,273	55%	91,521	41%	9,983	4%	225,777
Unit of Service Type		Hour		Hour		Hour		
Number of UOS per Service Mode		966		975		81		2,022
Cost Per UOS by Service Mode		\$128.65		\$93.87		\$123.26		N/A
Number of UDC/NOC per Service Mode		70		45		10		115

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Program Director				
Brief duties re to this prog and clients served	Mngmt, operate prog, i.e., integrated collaborative svcs, spvsn of client svcs, QA & prog eval; implement & monitor objectives, team & staff mtgs, monitor use of database, train, evaluate staff; write reports.				
Degree, license (if applicable), experience	Masters in pub hlth, psych, soc work or equiv exp in mngt; 5 yrs spvsn of multi-disciplinary team, contract & prog develop, HIV/AIDS, subs use & mental hlth svcs; Exp wrkg in Latino Comm & serving sexual minorities; Spanish bilingual/bicultural.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	106,375	0.11	12	0.11	\$ 11,901

Staff Position 2:	Clinical Supervisor Psychologist				
Brief duties re to this prog and clients served	clinical supervision of mental hlth & subs abuse svcs staff; oversees clinical svcs including assessment, case disposition, treatment, termination of svcs.				
Degree, license (if applicable), experience	doctorate in Psych, licensed or license eligible in CA; 2 yrs exp spvsng clinicians in multidisciplinary teams; Spanish bilingual/bicultural.				
	100,000	0.09	12	0.09	\$ 8,571

Staff Position 3:	Mental Health Specialist, LCSW				
UDC	psychological assessments, crisis intervention, individual, group and family psychotherapy.				
Degree, license (if applicable), experience	Master's in psych, counseling, or social work; licensed or license eligible in CA; 2 yrs exp as clinician; strong team values & ability to work in a multidisciplinary team; Spanish bilingual/bicultural.				
	82,363	1.00	8	0.67	\$ 54,909

Staff Position 4:	Substance Abuse Specialist				
UDC	substance abuse assessments, individual and group counseling, referral and linkage.				
Degree, license (if applicable), experience	Subs Abuse certificate, or enrolled in subs use certificate prog in good standing; 2 yrs exp providing subs use svcs to target pop; strong team values; ability to work in multidisciplin team; Spanish bilingual/bicultural.				
	61,788	1.00	12	1.00	\$ 61,788

Staff Position 5:	Clinic and Program Assistant				
UDC	greeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.				
Degree, license (if applicable), experience	HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs exp in non-profit setting performing related duties. Spanish bilingual/bicultural required.				
	49,852	0.22	12	0.22	\$ 10,754
	Total FTE, Base:	2.41	Annualized:	2.08	
				Total Salaries:	\$ 147,923

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 11,316.11
	Retirement	\$ 5,916.92
	Medical	\$ 24,178.01
	Dental	\$ 1,479.23
	Unemployment Insurance	\$ 739.62
	Disability Insurance	\$ 739.62
	Fringe Benefit %:	30.00%
	Total Fringe Benefit:	\$ 44,370
	TOTAL SALARIES/BENEFITS	\$ 192,293

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities / Communications	2.41 FTE program staff ratio of 3.027% to the agency budget of \$45,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access.	45,000*3.027%	\$ 1,362
Building Maintenance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$190,000 for necessities, i.e., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff and clients.	190,000*3.027%	\$ 5,751
Total Occupancy:			\$ 7,113

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	2.41 FTE prog staff ratio of 3.027% to agency budget of \$76,000 to provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail, mailing flyer.	76,000*3.027%	\$ 2,300
Printing and Reproduction	2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	10,000*3.027%	\$303
Program Supplies	Mental Hlth diagnostic & materials needed for substance abuse groups.	at average of \$17/month	\$ 200
Total Materials & Supplies:			\$ 2,803

General Operating:	Brief Description	Rate/Formula	Cost
General/Professional Liability Insurance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$36,000 to cover for professional and general liability for service providers under this exhibit.	36,000*3.027%	1,090
Rental Equipment	2.41 FTE prog staff ratio of 3.027% agency budget of \$15,000 to cover rental expenses of leased equip, such as copier, and postage machine.	15,000*3.027%	\$ 455
Staff Training	registration fees & related exps for staff training; purchase of training materials, plus agency share training fees.	2 staff @ \$1081	\$ 1,081
Total General Operating:			\$ 2,626

Staff Travel:	Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
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Staff Travel	Local Travel	MTA Transit Pass	\$2.50 x 20	\$ 50
			Total Staff Travel:	\$ 50

Other:	Brief Description		Rate/Formula	Cost
Client Refreshments	Food / drinks for clients attending substance abuse group, estimated at \$120 x 8 sessions/grp, 45 wks for nutritional snacks & Ensure for drop-in clients, plus support with basic needs - store gift cards (Target/FoodCo) \$50 x 20 participants and Winter kits (backpack with blanket, socks, scarf) at \$290.		120 x 8 session + 50 x 20 + 290	\$ 2,250
			Total Other:	\$ 2,250

TOTAL OPERATING EXPENSES:	\$ 14,842
TOTAL DIRECT COSTS:	\$ 207,135

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of IFR's admin overhead	\$ 18,642
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Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 18,642
TOTAL EXPENSES:	\$ 225,777

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Outpatient Ambulatory Health Services		Nursing Treatment Adherence		Medical Case Management		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Physician	0.30	51,201	100%					51,201
Registered Nurse	0.90	20,866	27%	56,000	73%			76,866
Medical Assistant	0.90	45,471	100%		0%			45,471
Phlebotomist	0.50	20,800	100%					20,800
Patient Services Specilaist	1.00	41,642	100%		0%		0%	41,642
Phlebotomist Lead	0.20	11,648	100%					11,648
Clinic Assistant	0.60	19,452	65%	10,500	35%		0%	29,952
Recruitment/Retention Coordinator	0.67				0%	37,500	100%	37,500
Director of Programs and HIV Services, M	0.30	24,900	81%	700	2%	5,000	16%	30,600
Program Assistant	0.55		0%	1,886	7%	27,000	93%	28,886
Total FTE & Salaries	5.92	235,980	63%	69,086	18%	69,500	19%	374,566
Fringe Benefits	30%	70,322	63%	20,588	18%	20,710	19%	111,620
Total Personnel Expenses		306,302	63%	89,674	18%	90,210	19%	486,186
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,105	31%	8,500	37%	7,536	33%	23,141
Total Materials and Supplies		1,333	33%	1,333	33%	1,334	33%	4,000
Total General Operating		6,530	22%	10,500		12,500	42%	29,530
Total Staff Travel			0%			1,500	100%	1,500
Other: Laboratory / X-Ray Services		30,014	100%					30,014
Other: Medical Supplies		5,681	100%					5,681
Total Operating Expenses		50,663	54%	20,333	22%	22,870	24%	93,866
Total Direct Expenses								
		356,965	62%	110,007	19%	113,080	19%	580,052
Indirect Expenses	9.0%	32,127	62%	9,901	19%	10,177	19%	52,205
TOTAL EXPENSES		389,092	62%	119,908	19%	123,257	19%	632,257
Unit of Service Type								
	Unit of Service Type	Encounter		Hour		Hour		
	Number of UOS per Service Mode	1,195		1,000		1,170		3,365
	Cost Per UOS by Service Mode	\$325.61		\$119.91		\$105.35		N/A
	Number of UDC per Service Mode	325		325		80		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Physician				
Brief duties related to prog and clients served	Clinical oversight of HIV Dept / Staff; spvsn of mid-level practitioners; clinical oversight of nurse and Tx Hlth Educator; QA activities; physicals, order lab tests, develop med assess & plan, referrals to specialty & tertiary svcs, medical consultation, develop medical protocols.				
Degree, license (if applicable), experience	Valid CA MD License. Board certified or residency trained in Family Practice/Internal Medicine/Adult Primary Care; 2 yrs exp HIV/AIDS; bilingual Spanish/English required.				
	Annual Salary	Percentage of Salary	x Mos per Yr	Percentage of Salary	Total
	170,670	0.30	12	0.30	\$ 51,201
Staff Position 2:	Registered Nurse				
Brief duties related to prog and clients served	Nursing functions, assists w medical referrals & follow-up; in-person or phone treatment adherence support to clients; prescription follow-up; oversees clinic operation and supervision of staff.				
Degree, license, exp	RN with 2 yrs exp in HIV/AIDS svcs or LVN w 5 yrs exp in HIV/AIDS; spvsn exp; Bilingual Spanish/English.				
	85,407	0.90	12	0.90	\$ 76,866
Staff Position 3:	Medical Assistant				
duties related to prog/UDC	Assists nurse with preparing pts, vital signs, medical hx; Member of HIV Quality Management Committee.				
Degree, license, exp	HS diploma, prefer 2 yrs college; Medical Assist Certificate, 2 yrs exp in HIV/AIDS. Bilingual Spanish/English.				
	50,523	0.90	12	0.90	\$ 45,471
Staff Position 4:	Phlebotomist				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	41,600	0.50	12	0.50	\$ 20,800
Staff Position 5:	Patient Services Specilaist				
duties related to prog/UDC	Initial program eligibility screening, clinic receptionist. Schedules patient appointments.				
Degree, license, exp	HS diploma, two years of college preferred. Good Communication skills. Bilingual Spanish/English required.				
	41,642	1.00	12	1.00	\$ 41,642
Staff Position 6:	Phlebotomist Lead				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program. Clinical oversight of Laboratory Specialist.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	58,240	0.20	12	0.20	\$ 11,648
Staff Position 7:	Clinic Assistant				
duties related to prog/UDC	Maintains pt medical charts, prepare, scan, file and abstract historic pt info in HER; preserve confidentiality of PHI.				
Degree, license, exp	High school diploma, two years of college preferred.				
	49,920	0.60	12	0.60	\$ 29,952
Staff Position 8:	Recruitment/Retention Coordinator				
Brief duties related to this program and clients served	Linkage to Care via case mngt & supportive counseling to newly dx HIV+ or HIV + persons out-of-care; supports engagement & retention, utilization of data systems to identify out of care clients, client engagement.				

Degree, license, exp	MPH, MSW or related field. Bilingual Spanish/English required; 1 yr HIV experience.				
	56,250	1.00	8	0.67	\$ 37,500

Staff Position 9:	Director of Programs and HIV Services, MSW				
Brief duties related to this program and clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, communication with HHS staff and supervision.				
Degree, license, exp	Master's and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	102,000	0.30	12	0.30	\$ 30,600

Staff Position 10:	Program Assistant				
Brief duties related to this program and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admin Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	52,520	0.55	12	0.55	\$ 28,886
	Total FTE, Base:	6.25	Annualized:	5.92	
				Total Salaries:	\$ 374,566

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 29,965.28
	Retirement	\$ 14,046.23
	Medical	\$ 53,375.66
	Dental	\$ 10,300.57
	Unemployment Insurance	\$ 187.28
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify): Life Insurance	\$ 3,745.66
	Fringe Benefit %:	30%
	Total Fringe Benefit:	\$ 111,620
	TOTAL SALARIES/BENEFITS:	\$ 486,186

2) OPERATING EXPENSES:			
Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	5.92 FTE program staff ratio of 2.4% to the agency budget of \$159,070 for electricity, water, gas, refuse.	\$159,070 x 2.4% FTE	\$ 3,818
Telecommunications	5.92 FTE program staff ratio of 2.4% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.	\$195,968 x 2.4% FTE	\$ 4,703
Building Maintenance	5.92 FTE program staff ratio of 2.4% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.	\$609,161 x 2.4% FTE	\$ 14,620
	Total Occupancy:		\$ 23,141

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Includes stationary, pens, pencils, calendars, postage, software, computers for staff use \$333.33/month x 12 months.	\$333.33/month x 12 months	\$ 4,000
	Total Materials & Supplies:		\$ 4,000

General Operating:	Brief Description	Rate/Formula	Cost
Staff Training	Registration fees & related exps for staff training; purchase of training materials: including UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting (\$750/person); 2023 National Latinx Conference HIV/HCV/SUD (\$2665/person); US Conference on HIV/AIDS 2023 (\$3145/person); Phlebotomy Class/Exam fee (\$2600/person); Mission Center of Excellence annual retreat (\$8000); other HIV/AIDS related professional development and training opportunities.	\$750/person x 2 staff \$2665/person x 3 staff \$3145/person x 3 staff \$2600 x 1 staff \$8000	\$ 29,530
Total General Operating:			\$ 29,530

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	HIV Service Providers around San Francisco, \$2.50 per pass.	Clipper Card	300 x \$5 round trip	\$ 1,500
Total Staff Travel:				\$ 1,500

Other:	Brief Description	Rate/Formula	Cost
Laboratory and X-ray Services	CBC w/diff, platelets, complete T-cell Count, Chem-20 & Lipid Panels, PPD, Hep A-B-B-C, Toxo Titer, Cryptococcal Ag, STI, Viral Load, genotypes, etc. and X-ray expenses.	325 UDC x 10 lab tests / \$46.16 x 2 times a year	\$ 30,014
Medical Supplies	2.8 FTE Medical staff ratio of 1.4% to the agency budget of \$405,779 for IVAC electronic thermometers, stethoscopes, paper gowns, antibiotic ointment, condoms, butterfly catheters/needles, alcohol pads, syringes, rubber gloves, ear exam cones, occult blood slides, K-Y jelly, nasal emollients, cotton tipped applicators, lubricants, exam table paper, specimen cups & vaccines.	\$405,779 x 1.4% FTE	\$ 5,681
Total Other:			\$ 35,695
TOTAL OPERATING EXP			\$ 93,866
TOTAL DIRECT COSTS			\$ 580,052

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of MNHC admin overhead.	\$ 52,205
Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 52,205
TOTAL EXPENSES:	\$ 632,257

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Medical Case Management		Treatment Adherence Individual		Treatment Adherence Group		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Social Services Supervisor	0.80	42,500	80%	8,500	16%	1,800	3%	52,800
Medical Case Manager	1.00	60,341	100%					60,341
Treatment Adherence Health Educator	0.59			25,643	84%	5,000	16%	30,643
Program Assistant	0.00		0%		0%			-
Director of Programs and HIV Services, MSW	0.20	13,974	69%	6,426	32%			20,400
Total FTE & Salaries	2.59	116,815	71%	40,569	25%	6,800	4%	164,184
Fringe Benefits	30%	34,811	71%	12,090	25%	2,026	4%	48,927
Total Personnel Expenses		151,626	71%	52,659	25%	8,826	4%	213,111
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		6,000	62%	2,643	27%	1,000	10%	9,643
Total Materials and Supplies		1,400	52%	1,202	45%	80	3%	2,682
Total General Operating								
Total Staff Travel								
Consultants/Subcontractor:								
Total Operating Expenses		7,400	60%	3,845	31%	1,080	9%	12,325
Total Direct Expenses		159,026	71%	56,504	25%	9,906	4%	225,436
Indirect Expenses	9.0%	14,313	71%	5,085	25%	892	4%	20,290
TOTAL EXPENSES		173,339	71%	61,589	25%	10,798	4%	245,726
Unit of Service Type								
	Unit of Service Type	Hour		Hour		Hour		
	Number of UOS per Service Mode	1,660		515		90		2,265
	Cost Per UOS by Service Mode	\$104.42		\$119.59		\$119.98		N/A
	Number of UDC/NOC per Service Mode	325		100		40		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Social Services Supervisor				
duties related to prog/UDC	Spvs med case mngrs & psychosoc svcs staff; phychosoc assess, crisis intervention, med case mngt, QA, prog monitor.				
Degree, license, exp	BA/BS in Soc Work or similar, prefer Master's; 5 yrs Case Mngt w 1 in HIV/AIDS; 2 yrs spvsr; bilingual Spanish/English.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	66,000	0.80	12	0.80	\$ 52,800

Staff Position 2:	Medical Case Manager				
Brief duties re prog & UDC	pt centered case mngt, harm reduction model, psychosoc svcs, referrals, follow-up, crisis intervention, supportive counslng.				
Degree, license, exp	Bachelor's and 1 yr exp providing HIV/AIDS case management. Bilingual Spanish/English required.				
	60,341	1.00	12	1.00	\$ 60,341

Staff Position 3:	Treatment Adherence Health Educator				
Brief duties re prog & UDC	ongoing individual, group hlth & treatment ed/support sessions; tracking med adherence protocol.				
Degree, license, exp	Bachelor's and 2 yrs exp providing HIV/AIDS education. Bilingual Spanish/English required.				
	51,938	0.59	12	0.59	\$ 30,643

Staff Position 4:	Program Assistant				
Brief duties re to this prog and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	52,520		12	0.00	\$ -

Staff Position 5:	Director of Programs and HIV Services, MSW				
Brief duties related to this progr & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, commuication with HHS staff and supervision.				
Degree, license, exp	Masters and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	102,000	0.20	12	0.20	\$ 20,400
	Total FTE, Base:	2.59	Annualized:	2.59	
				Total Salaries:	\$ 164,184

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,134.72
	Retirement	\$ 6,156.90

	Medical	\$	23,396.22
	Dental	\$	4,515.06
	Unemployment Insurance	\$	82.09
	Disability Insurance	\$	-
	Worker's Compensation	\$	-
	Other (specify): Life Insurance	\$	1,641.84
	Fringe Benefit %:	30%	Total Fringe Benefit: \$ 48,927
			TOTAL SALARIES/BENEFITS \$ 213,111

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	2.59 FTE program staff ratio of 1% to the agency budget of \$159,070 for electricity, water, gas, refuse.	\$159,070 x 1 % FTE	\$ 1,591
Building Maintenance	2.59 FTE program staff ratio of 1% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.	\$609,161 x 1 % FTE	\$ 6,092
Telecommunications	2.59 FTE program staff ratio of 1% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.	\$195,968 x 1 % FTE	\$ 1,960
Total Occupancy:			\$ 9,643

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Includes program office supplies (stationary, pens, pencils, calendars, postage, software, computers for staff use) \$223/month x 12 months.	\$223/month x 12 months	\$ 2,682
Total Materials & Supplies:			\$ 2,682

TOTAL OPERATING EXP	\$ 12,325
TOTAL DIRECT COSTS:	\$ 225,436

4) INDIRECT COSTS

9% of Direct Exp to partially defray the cost of MNHC admin overhead.	Indirect Rate:	9%	\$ 20,290
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TOTAL INDIRECT COSTS:	\$ 20,290
TOTAL EXPENSES:	\$ 245,726

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Mental Health Outpatient		Outpatient Substance Abuse Services Individual		Outpatient Substance Abuse Services Group		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Program Director	0.11	9,401	79%	2,000	17%	500	4%	11,901
Clinical Supervisor Psychologist	0.09	5,321	62%	3,000	35%	250	3%	8,571
Mental Health Specialist, LCSW	0.67	54,909	100%					54,909
Substance Abuse Specialist	1.00			56,164	91%	5,624	9%	61,788
Clinic and Program Assistant	0.22	9,251	86%	1,254	12%	249	2%	10,754
Total FTE & Salaries	2.08	78,882	53%	62,418	42%	6,623	4%	147,923
Fringe Benefits	30.00%	23,661	53%	18,722	42%	1,987	4%	44,370
Total Personnel Expenses		102,543	53%	81,140	42%	8,610	4%	192,293
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		5,314	75%	1,500	21%	299	4%	7,113
Total Materials and Supplies		2,303	82%	400		100	4%	2,803
Total General Operating		2,132	81%	394	15%	100	4%	2,626
Total Staff Travel		20		30	60%			50
Consultants/Subcontractor:								-
Other: Client Refreshments		1,700	76%	500	57%	50	43%	2,250
Total Operating Expenses		11,469	77%	2,824	19%	549	4%	14,842
Total Direct Expenses								
		114,012	55%	83,964	41%	9,159	4%	207,135
Indirect Expenses	9.0%	10,261	55%	7,557	41%	824	4%	18,642
TOTAL EXPENSES		124,273	55%	91,521	41%	9,983	4%	225,777
Unit of Service Type								
		Hour		Hour		Hour		
Number of UOS per Service Mode		966		975		81		2,022
Cost Per UOS by Service Mode		\$128.65		\$93.87		\$123.25		N/A
Number of UDC/NOC per Service Mode		70		45		10		115

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Program Director				
Brief duties re to this prog and clients served	Mngmt, operate prog, i.e., integrated collaborative svcs, spvsn of client svcs, QA & prog eval; implement & monitor objectives, team & staff mtgs, monitor use of database, train, evaluate staff; write reports.				
Degree, license (if applicable), experience	Masters in pub hlth, psych, soc work or equiv exp in mngt; 5 yrs spvsn of multi-disciplinary team, contract & prog develop, HIV/AIDS, subs use & mental hlth svcs; Exp wrkg in Latino Comm & serving sexual minorities; Spanish bilingual/bicultural.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	106,375	0.11	12	0.11	\$ 11,901

Staff Position 2:	Clinical Supervisor Psychologist				
Brief duties re to this prog and clients served	clinical supervision of mental hlth & subs abuse svcs staff; oversees clinical svcs including assessment, case disposition, treatment, termination of svcs.				
Degree, license (if applicable), experience	doctorate in Psych, licensed or license eligible in CA; 2 yrs exp spvsng clinicians in multidisciplinary teams; Spanish bilingual/bicultural.				
	100,000	0.09	12	0.09	\$ 8,571

Staff Position 3:	Mental Health Specialist, LCSW				
UDC	psychological assessments, crisis intervention, individual, group and family psychotherapy.				
Degree, license (if applicable), experience	Master's in psych, counseling, or social work; licensed or license eligible in CA; 2 yrs exp as clinician; strong team values & ability to work in a multidisciplinary team; Spanish bilingual/bicultural.				
	82,363	1.00	8	0.67	\$ 54,909

Staff Position 4:	Substance Abuse Specialist				
UDC	substance abuse assessments, individual and group counseling, referral and linkage.				
Degree, license (if applicable), experience	Subs Abuse certificate, or enrolled in subs use certificate prog in good standing; 2 yrs exp providing subs use svcs to target pop; strong team values; ability to work in multidisciplin team; Spanish bilingual/bicultural.				
	61,788	1.00	12	1.00	\$ 61,788

Staff Position 5:	Clinic and Program Assistant				
UDC	greeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.				
Degree, license (if applicable), experience	HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs exp in non-profit setting performing related duties. Spanish bilingual/bicultural required.				
	49,852	0.22	12	0.22	\$ 10,754
	Total FTE, Base:	2.41	Annualized:	2.08	
				Total Salaries:	\$ 147,923

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 11,316.11
	Retirement	\$ 5,916.92

	Medical	\$	24,178.01
	Dental	\$	1,479.23
	Unemployment Insurance	\$	739.62
	Disability Insurance	\$	739.62
	Fringe Benefit %:	30.00%	
		Total Fringe Benefit:	\$ 44,370
		TOTAL SALARIES/BENEFITS	\$ 192,293

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities / Communications	2.41 FTE program staff ratio of 3.027% to the agency budget of \$45,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access.	45,000*3.027%	\$ 1,362
Building Maintenance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$190,000 for necessities, i.e., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff and clients.	190,000*3.027%	\$ 5,751
		Total Occupancy:	\$ 7,113

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	2.41 FTE prog staff ratio of 3.027% to agency budget of \$76,000 to provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail, mailing flyer.	76,000*3.027%	\$ 2,300
Printing and Reproduction	2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	10,000*3.027%	\$303
Program Supplies	Mental Hlth diagnostic & materials needed for substance abuse groups.	at average of \$17/month	\$ 200
		Total Materials & Supplies:	\$ 2,803

General Operating:	Brief Description	Rate/Formula	Cost
General/Professional Liability Insurance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$36,000 to cover for professional and general liability for service providers under this exhibit.	36,000*3.027%	1,090
Rental Equipment	2.41 FTE prog staff ratio of 3.027% agency budget of \$15,000 to cover rental expenses of leased equip, such as copier, and postage machine.	15,000*3.027%	\$ 455

Staff Training	registration fees & related exps for staff training; purchase of training materials, plus agency share training fees.	2 staff @ \$1081	\$ 1,081
		Total General Operating:	\$ 2,626

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local Travel	MTA Transit Pass	\$2.50 x 20	\$ 50
			Total Staff Travel:	\$ 50

Other:	Brief Description	Rate/Formula	Cost
Client Refreshments	Food / drinks for clients attending substance abuse group, estimated at \$120 x 8 sessions/grp, 45 wks for nutritional snacks & Ensure for drop-in clients, plus support with basic needs - store gift cards (Target/FoodCo) \$50 x 20 participants and Winter kits (backpack with blanket, socks, scarf) at \$290.	120 x 8 session + 50 x 20 + 290	\$ 2,250
			Total Other: \$ 2,250

TOTAL OPERATING EXPENSES:	\$ 14,842
TOTAL DIRECT COSTS:	\$ 207,135

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of IFR's admin overhead.	\$ 18,642
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Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 18,642
TOTAL EXPENSES:	\$ 225,777

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Outpatient Ambulatory Health Services		Nursing Treatment Adherence		Medical Case Management		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Physician	0.30	51,201	100%					51,201
Registered Nurse	0.90	20,866	27%	56,000	73%			76,866
Medical Assistant	0.90	45,471	100%		0%			45,471
Phlebotomist	0.50	20,800	100%					20,800
Patient Services Specilaist	1.00	41,642	100%		0%		0%	41,642
Phlebotomist Lead	0.20	11,648	100%					11,648
Clinic Assistant	0.60	19,452	65%	10,500	35%		0%	29,952
Recruitment/Retention Coordinator	0.67				0%	37,500	100%	37,500
Director of Programs and HIV Services, MSW	0.30	24,900	81%	700	2%	5,000	16%	30,600
Program Assistant	0.55		0%	1,886	7%	27,000	93%	28,886
Total FTE & Salaries	5.92	235,980	63%	69,086	18%	69,500	19%	374,566
Fringe Benefits	30%	70,322	63%	20,588	18%	20,710	19%	111,620
Total Personnel Expenses		306,302	63%	89,674	18%	90,210	19%	486,186
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,105	31%	8,500	37%	7,536	33%	23,141
Total Materials and Supplies		1,333	33%	1,333	33%	1,334	33%	4,000
Total General Operating		6,530	22%	10,500		12,500	42%	29,530
Total Staff Travel			0%			1,500	100%	1,500
Other: Laboratory / X-Ray Services		30,014	100%					30,014
Other: Medical Supplies		5,681	100%					5,681
Total Operating Expenses		50,663	54%	20,333	22%	22,870	24%	93,866
Total Direct Expenses		356,965	62%	110,007	19%	113,080	19%	580,052
Indirect Expenses 9.0%		32,127	62%	9,901	19%	10,177	19%	52,205
TOTAL EXPENSES		389,092	62%	119,908	19%	123,257	19%	632,257
Unit of Service Type								
		Encounter		Hour		Hour		
Number of UOS per Service Mode		1,195		1,000		1,170		3,365
Cost Per UOS by Service Mode		\$325.60		\$119.91		\$105.35		N/A
Number of UDC per Service Mode		325		325		80		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Physician				
Brief duties related to prog and clients served	Clinical oversight of HIV Dept / Staff; spvsn of mid-level practitioners; clinical oversight of nurse and Tx Hlth Educator; QA activities; physicals, order lab tests, develop med assess & plan, referrals to specialty & tertiary svcs, medical consultation, develop medical protocols.				
Degree, license (if applicable), experience	Valid CA MD License. Board certified or residency trained in Family Practice/Internal Medicine/Adult Primary Care; 2 yrs exp HIV/AIDS; bilingual Spanish/English required				
	Annual Salary	Percentage of Salary	x Mos per Yr	Percentage of Salary	Total
	170,670	0.30	12	0.30	\$ 51,201
Staff Position 2:	Registered Nurse				
Brief duties related to prog and clients served	Nursing functions, assists w medical referrals & follow-up; in-person or phone treatment adherence support to clients; prescription follow-up; oversees clinic operation and supervision of staff.				
Degree, license, exp	RN with 2 yrs exp in HIV/AIDS svcs or LVN w 5 yrs exp in HIV/AIDS; spvsn exp; Bilingual Spanish/English				
	85,407	0.90	12	0.90	\$ 76,866
Staff Position 3:	Medical Assistant				
duties related to prog/UDC	Assists nurse with preparing pts, vital signs, medical hx; Member of HIV Quality Management Committee.				
Degree, license, exp	HS diploma, prefer 2 yrs college; Medical Assist Certificate, 2 yrs exp in HIV/AIDS. Bilingual Spanish/English				
	50,523	0.90	12	0.90	\$ 45,471
Staff Position 4:	Phlebotomist				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	41,600	0.50	12	0.50	\$ 20,800
Staff Position 5:	Patient Services Specilaist				
duties related to prog/UDC	Initial program eligibility screening, clinic receptionist. Schedules patient appointments.				
Degree, license, exp	HS diploma, two years of college preferred. Good Communication skills. Bilingual Spanish/English required.				
	41,642	1.00	12	1.00	\$ 41,642
Staff Position 6:	Phlebotomist Lead				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program. Clinical oversight of Laboratory Specialist				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	58,240	0.20	12	0.20	\$ 11,648
Staff Position 7:	Clinic Assistant				
duties related to prog/UDC	Maintains pt medical charts, prepare, scan, file and abstract historic pt info in HER; preserve confidentiality of PHI				
Degree, license, exp	High school diploma, two years of college preferred				
	49,920	0.60	12	0.60	\$ 29,952
Staff Position 8:	Recruitment/Retention Coordinator				
Brief duties related to this program and clients served	Linkage to Care via case mgnt & supportive counseling to newly dx HIV+ or HIV + persons out-of-care; supports engagement & retention, utilization of data systems to identify out of care clients, client engagement.				
Degree, license, exp	MPH, MSW or related field. Bilingual Spanish/English required; 1 yr HIV experience				
	56,250	1.00	8	0.67	\$ 37,500

Staff Position 9:	Director of Programs and HIV Services, MSW				
Brief duties related to this program and clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, communication with HHS staff and supervision.				
Degree, license, exp	Master's and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	102,000	0.30	12	0.30	\$ 30,600

Staff Position 10:	Program Assistant				
Brief duties related to this program and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	52,520	0.55	12	0.55	\$ 28,886
	Total FTE, Base:	6.25	Annualized:	5.92	
					Total Salaries: \$ 374,566

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 29,965.28
	Retirement	\$ 14,046.23
	Medical	\$ 53,375.66
	Dental	\$ 10,300.57
	Unemployment Insurance	\$ 187.28
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify): Life Insurance	\$ 3,745.66
	Fringe Benefit %:	30%
	Total Fringe Benefit:	\$ 111,620
	TOTAL SALARIES/BENEFITS	\$ 486,186

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	5.92 FTE program staff ratio of 2.4% to the agency budget of \$159,070 for electricity, water, gas, refuse.	\$159,070 x 2.4% FTE	\$ 3,818
Telecommunications	5.92 FTE program staff ratio of 2.4% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.	\$195,968 x 2.4% FTE	\$ 4,703
Building Maintenance	5.92 FTE program staff ratio of 2.4% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.	\$609,161 x 2.4% FTE	\$ 14,620
	Total Occupancy:		\$ 23,141

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Includes stationary, pens, pencils, calendars, postage, software, computers for staff use \$333.33/month x 12 months.	\$333.33/month x 12 months	\$ 4,000
	Total Materials & Supplies:		\$ 4,000

General Operating:	Brief Description	Rate/Formula	Cost
Staff Training	Registration fees & related exps for staff training; purchase of training materials: including UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting (\$750/person); 2023 National Latinx Conference HIV/HCV/SUD (\$2665/person); US Conference on HIV/AIDS 2023 (\$3145/person); Phlebotomy Class/Exam fee (\$2600/person); Mission Center of Excellence annual retreat (\$8000); other HIV/AIDS related professional development and training opportunities.	\$750/person x 2 staff \$2665/person x 3 staff \$3145/person x 3 staff \$2600 x 1 staff \$8000	\$ 29,530
Total General Operating:			\$ 29,530

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	HIV Service Providers around San Francisco, \$2.50 per pass.	Clipper Card	300 x \$5 round trip	\$ 1,500
Total Staff Travel:			\$ 1,500	

Other:	Brief Description	Rate/Formula	Cost
Laboratory and X-ray Services	CBC w/diff, platelets, complete T-cell Count, Chem-20 & Lipid Panels, PPD, Hep A-B-B-C, Toxo Titer, Cryptococcal Ag, STI, Viral Load, genotypes, etc. and X-ray expenses.	325 UDC x 10 lab tests / \$46.16 x 2 times a year	\$ 30,014
Medical Supplies	2.8 FTE Medical staff ratio of 1.4% to the agency budget of \$405,779 for IVAC electronic thermometers, stethoscopes, paper gowns, antibiotic ointment, condoms, butterfly catheters/needles, alcohol pads, syringes, rubber gloves, ear exam cones, occult blood slides, K-Y jelly, nasal emollients, cotton tipped applicators, lubricants, exam table paper, specimen cups & vaccines.	\$405,779 x 1.4% FTE	\$ 5,681
Total Other:			\$ 35,695
TOTAL OPERATING EXP			\$ 93,866
TOTAL DIRECT COSTS			\$ 580,052

4) INDIRECT COSTS	
9% of Direct Expenses to partially defray the cost of MNHC admin overhead.	\$ 52,205
Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 52,205
TOTAL EXPENSES:	\$ 632,257

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Medical Case Management		Treatment Adherence Individual		Treatment Adherence Group		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Social Services Supervisor	0.80	42,500	80%	8,500	16%	1,800	3%	52,800
Medical Case Manager	1.00	60,341	100%					60,341
Treatment Adherence Health Educator	0.59			25,643	84%	5,000	16%	30,643
Program Assistant	0.00		0%		0%			-
Director of Programs and HIV Services, MSW	0.20	13,974	69%	6,426	32%			20,400
Total FTE & Salaries	2.59	116,815	71%	40,569	25%	6,800	4%	164,184
Fringe Benefits	30%	34,811	71%	12,090	25%	2,026	4%	48,927
Total Personnel Expenses		151,626	71%	52,659	25%	8,826	4%	213,111
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		6,000	62%	2,643	27%	1,000	10%	9,643
Total Materials and Supplies		1,400	52%	1,202	45%	80	3%	2,682
Total General Operating								
Total Staff Travel								
Consultants/Subcontractor:								
Total Operating Expenses		7,400	60%	3,845	31%	1,080	9%	12,325
Total Direct Expenses		159,026	71%	56,504	25%	9,906	4%	225,436
Indirect Expenses	9.0%	14,313	71%	5,085	25%	892	4%	20,290
TOTAL EXPENSES		173,339	71%	61,589	25%	10,798	4%	245,726
Unit of Service Type								
	Unit of Service Type	Hour		Hour		Hour		
	Number of UOS per Service Mode	1,660		515		90		2,265
	Cost Per UOS by Service Mode	\$104.43		\$119.60		\$119.98		N/A
	Number of UDC/NOC per Service Mode	325		100		40		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Social Services Supervisor				
duties related to prog/UDC	Spvs med case mngrs & psychosoc svcs staff; phychosoc assess, crisis intervention, med case mgmt, QA, prog monitor.				
Degree, license, exp	BA/BS in Soc Work or similar, prefer Master's; 5 yrs Case Mngt w 1 in HIV/AIDS; 2 yrs spvsr; bilingual Spanish/English.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	66,000	0.80	12	0.80	\$ 52,800

Staff Position 2:	Medical Case Manager				
Brief duties re prog & UDC	pt centered case mgmt, harm reduction model, psychosoc svcs, referrals, follow-up, crisis intervention, supportive counslng.				
Degree, license, exp	Bachelor's and 1 yr exp providing HIV/AIDS case management. Bilingual Spanish/English required.				
	60,341	1.00	12	1.00	\$ 60,341

Staff Position 3:	Treatment Adherence Health Educator				
Brief duties re prog & UDC	ongoing individual, group hlth & treatment ed/support sessions; tracking med adherence protocol.				
Degree, license, exp	Bachelor's and 2 yrs exp providing HIV/AIDS education. Bilingual Spanish/English required.				
	51,938	0.59	12	0.59	\$ 30,643

Staff Position 4:	Program Assistant				
Brief duties re to this prog and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	52,520		12	0.00	\$ -

Staff Position 5:	Director of Programs and HIV Services, MSW				
Brief duties related to this progr & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, commiunication with HHS staff and supervision.				
Degree, license, exp	Masters and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	102,000	0.20	12	0.20	\$ 20,400
	Total FTE, Base:	2.59	Annualized:	2.59	
					Total Salaries: \$ 164,184

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,134.72
	Retirement	\$ 6,156.90
	Medical	\$ 23,396.22

	Dental	\$	4,515.06
	Unemployment Insurance	\$	82.09
	Disability Insurance	\$	-
	Worker's Compensation	\$	-
	Other (specify): Life Insurance	\$	1,641.84
	Fringe Benefit %:	30%	Total Fringe Benefit: \$ 48,927
			TOTAL SALARIES/BENEFITS \$ 213,111

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	2.59 FTE program staff ratio of 1% to the agency budget of \$159,070 for electricity, water, gas, refuse.	\$159,070 x 1 % FTE	\$ 1,591
Building Maintenance	2.59 FTE program staff ratio of 1% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.	\$609,161 x 1 % FTE	\$ 6,092
Telecommunications	2.59 FTE program staff ratio of 1% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.	\$195,968 x 1 % FTE	\$ 1,960
Total Occupancy:			\$ 9,643

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Includes program office supplies (stationary, pens, pencils, calendars, postage, software, computers for staff use) \$223.5/month x 12 months.	\$223.5/month x 12 months	\$ 2,682
Total Materials & Supplies:			\$ 2,682

TOTAL OPERATING EXP	\$ 12,325
TOTAL DIRECT COSTS:	\$ 225,436

4) INDIRECT COSTS

9% of Direct Exp to partially defray the cost of MNHC admin overhead.	Indirect Rate: 9%	\$ 20,290
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TOTAL INDIRECT COSTS:	\$ 20,290
TOTAL EXPENSES:	\$ 245,726

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Mental Health Outpatient		Outpatient Substance Abuse Services Individual		Outpatient Substance Abuse Services Group		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Program Director	0.11	9,401	79%	2,000	17%	500	4%	11,901
Clinical Supervisor Psychologist	0.09	5,321	62%	3,000	35%	250	3%	8,571
Mental Health Specialist, LCSW	0.67	54,909	100%					54,909
Substance Abuse Specialist	1.00			56,164	91%	5,624	9%	61,788
Clinic and Program Assistant	0.22	9,251	86%	1,254	12%	249	2%	10,754
Total FTE & Salaries	2.08	78,882	53%	62,418	42%	6,623	4%	147,923
Fringe Benefits	30.00%	23,661	53%	18,722	42%	1,987	4%	44,370
Total Personnel Expenses		102,543	53%	81,140	42%	8,610	4%	192,293
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		5,314	75%	1,500	21%	299	4%	7,113
Total Materials and Supplies		2,303	82%	400		100	4%	2,803
Total General Operating		2,132	81%	394	15%	100	4%	2,626
Total Staff Travel		20		30	60%			50
Consultants/Subcontractor:								-
Other: Client Refreshments		1,700	76%	500	57%	50	43%	2,250
Total Operating Expenses		11,469	77%	2,824	19%	549	4%	14,842
Total Direct Expenses		114,012	55%	83,964	41%	9,159	4%	207,135
Indirect Expenses	9.0%	10,261	55%	7,557	41%	824	4%	18,642
TOTAL EXPENSES		124,273	55%	91,521	41%	9,983	4%	225,777
Unit of Service Type		Hour		Hour		Hour		
Number of UOS per Service Mode		966		975		81		2,022
Cost Per UOS by Service Mode		\$128.65		\$93.87		\$123.26		N/A
Number of UDC/NOC per Service Mode		70		45		10		115

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Program Director				
Brief duties re to this prog and clients served	Mngmt, operate prog, i.e., integrated collaborative svcs, spvsn of client svcs, QA & prog eval; implement & monitor objectives, team & staff mtgs, monitor use of database, train, evaluate staff; write reports.				
Degree, license (if applicable), experience	Masters in pub hlth, psych, soc work or equiv exp in mngt; 5 yrs spvsn of multi-disciplinary team, contract & prog develop, HIV/AIDS, subs use & mental hlth svcs; Exp wrkg in Latino Comm & serving sexual minorities; Spanish bilingual/bicultural.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	106,375	0.11	12	0.11	\$ 11,901

Staff Position 2:	Clinical Supervisor Psychologist				
Brief duties re to this prog and clients served	clinical supervision of mental hlth & subs abuse svcs staff; oversees clinical svcs including assessment, case disposition, treatment, termination of svcs.				
Degree, license (if applicable), experience	doctorate in Psych, licensed or license eligible in CA; 2 yrs exp spvsng clinicians in multidisciplinary teams; Spanish bilingual/bicultural.				
	100,000	0.09	12	0.09	\$ 8,571

Staff Position 3:	Mental Health Specialist, LCSW				
UDC	psychological assessments, crisis intervention, individual, group and family psychotherapy.				
Degree, license (if applicable), experience	Master's in psych, counseling, or social work; licensed or license eligible in CA; 2 yrs exp as clinician; strong team values & ability to work in a multidisciplinary team; Spanish bilingual/bicultural.				
	82,363	1.00	8	0.67	\$ 54,909

Staff Position 4:	Substance Abuse Specialist				
UDC	substance abuse assessments, individual and group counseling, referral and linkage.				
Degree, license (if applicable), experience	Subs Abuse certificate, or enrolled in subs use certificate prog in good standing; 2 yrs exp providing subs use svcs to target pop; strong team values; ability to work in multidisciplin team; Spanish bilingual/bicultural.				
	61,788	1.00	12	1.00	\$ 61,788

Staff Position 5:	Clinic and Program Assistant				
UDC	greeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.				
Degree, license (if applicable), experience	HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs exp in non-profit setting performing related duties. Spanish bilingual/bicultural required.				
	49,852	0.22	12	0.22	\$ 10,754
	Total FTE, Base:	2.41	Annualized:	2.08	
				Total Salaries:	\$ 147,923

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 11,316.11
	Retirement	\$ 5,916.92
	Medical	\$ 24,178.01
	Dental	\$ 1,479.23
	Unemployment Insurance	\$ 739.62
	Disability Insurance	\$ 739.62
	Fringe Benefit %:	30.00%
	Total Fringe Benefit:	\$ 44,370
	TOTAL SALARIES/BENEFITS	\$ 192,293

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities / Communications	2.41 FTE program staff ratio of 3.027% to the agency budget of \$45,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access.	45,000*3.027%	\$ 1,362
Building Maintenance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$190,000 for necessities, i.e., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff and clients.	190,000*3.027%	\$ 5,751
Total Occupancy:			\$ 7,113

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	2.41 FTE prog staff ratio of 3.027% to agency budget of \$76,000 to provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail, mailing flyer.	76,000*3.027%	\$ 2,300
Printing and Reproduction	2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	10,000*3.027%	\$ 303
Program Supplies	Mental Hlth diagnostic & materials needed for substance abuse groups.	at average of \$17/month	\$ 200
Total Materials & Supplies:			\$ 2,803

General Operating:	Brief Description	Rate/Formula	Cost
General/Professional Liability Insurance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$36,000 to cover for professional and general liability for service providers under this exhibit.	36,000*3.027%	\$ 1,090
Rental Equipment	2.41 FTE prog staff ratio of 3.027% agency budget of \$15,000 to cover rental expenses of leased equip, such as copier, and postage machine.	15,000*3.027%	\$ 455
Staff Training	registration fees & related exps for staff training; purchase of training materials, plus agency share training fees.	2 staff @ \$1081	\$ 1,081
Total General Operating:			\$ 2,626

Staff Travel:	Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
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Staff Travel	Local Travel	MTA Transit Pass	\$2.50 x 20	\$ 50
			Total Staff Travel:	\$ 50

Other:	Brief Description		Rate/Formula	Cost
Client Refreshments	Food / drinks for clients attending substance abuse group, estimated at \$120 x 8 sessions/grp, 45 wks for nutritional snacks & Ensure for drop-in clients, plus support with basic needs - store gift cards (Target/FoodCo) \$50 x 20 participants and Winter kits (backpack with blanket, socks, scarf) at \$290.		120 x 8 session + 50 x 20 + 290	\$ 2,250
			Total Other:	\$ 2,250

TOTAL OPERATING EXPENSES:	\$ 14,842
TOTAL DIRECT COSTS:	\$ 207,135

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of IFR's admin overhead	\$ 18,642
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Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 18,642
TOTAL EXPENSES:	\$ 225,777

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Outpatient Ambulatory Health Services		Nursing Treatment Adherence		Medical Case Management		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Physician	0.30	51,201	100%					51,201
Registered Nurse	0.90	20,866	27%	56,000	73%			76,866
Medical Assistant	0.90	45,471	100%		0%			45,471
Phlebotomist	0.50	20,800	100%					20,800
Patient Services Specilaist	1.00	41,642	100%		0%		0%	41,642
Phlebotomist Lead	0.20	11,648	100%					11,648
Clinic Assistant	0.60	19,452	65%	10,500	35%		0%	29,952
Recruitment/Retention Coordinator	0.67				0%	37,500	100%	37,500
Director of Programs and HIV Services, M	0.30	24,900	81%	700	2%	5,000	16%	30,600
Program Assistant	0.55		0%	1,886	7%	27,000	93%	28,886
Total FTE & Salaries	5.92	235,980	63%	69,086	18%	69,500	19%	374,566
Fringe Benefits	30%	70,322	63%	20,588	18%	20,710	19%	111,620
Total Personnel Expenses		306,302	63%	89,674	18%	90,210	19%	486,186
Operating Expenses								
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,105	31%	8,500	37%	7,536	33%	23,141
Total Materials and Supplies		1,333	33%	1,333	33%	1,334	33%	4,000
Total General Operating		6,530	22%	10,500		12,500	42%	29,530
Total Staff Travel			0%			1,500	100%	1,500
Other: Laboratory / X-Ray Services		30,014	100%					30,014
Other: Medical Supplies		5,681	100%					5,681
Total Operating Expenses		50,663	54%	20,333	22%	22,870	24%	93,866
Total Direct Expenses		356,965	62%	110,007	19%	113,080	19%	580,052
Indirect Expenses		32,127	62%	9,901	19%	10,177	19%	52,205
TOTAL EXPENSES		389,092	62%	119,908	19%	123,257	19%	632,257
Unit of Service Type								
Unit of Service Type		Encounter		Hour		Hour		
Number of UOS per Service Mode		1,195		1,000		1,170		3,365
Cost Per UOS by Service Mode		\$325.61		\$119.91		\$105.35		N/A
Number of UDC per Service Mode		325		325		80		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Physician				
Brief duties related to prog and clients served	Clinical oversight of HIV Dept / Staff; spvsn of mid-level practitioners; clinical oversight of nurse and Tx Hlth Educator; QA activities; physicals, order lab tests, develop med assess & plan, referrals to specialty & tertiary svcs, medical consultation, develop medical protocols.				
Degree, license (if applicable), experience	Valid CA MD License. Board certified or residency trained in Family Practice/Internal Medicine/Adult Primary Care; 2 yrs exp HIV/AIDS; bilingual Spanish/English required.				
	Annual Salary	Percentage of Salary	x Mos per Yr	Percentage of Salary	Total
	170,670	0.30	12	0.30	\$ 51,201
Staff Position 2:	Registered Nurse				
Brief duties related to prog and clients served	Nursing functions, assists w medical referrals & follow-up; in-person or phone treatment adherence support to clients; prescription follow-up; oversees clinic operation and supervision of staff.				
Degree, license, exp	RN with 2 yrs exp in HIV/AIDS svcs or LVN w 5 yrs exp in HIV/AIDS; spvsn exp; Bilingual Spanish/English.				
	85,407	0.90	12	0.90	\$ 76,866
Staff Position 3:	Medical Assistant				
duties related to prog/UDC	Assists nurse with preparing pts, vital signs, medical hx; Member of HIV Quality Management Committee.				
Degree, license, exp	HS diploma, prefer 2 yrs college; Medical Assist Certificate, 2 yrs exp in HIV/AIDS. Bilingual Spanish/English.				
	50,523	0.90	12	0.90	\$ 45,471
Staff Position 4:	Phlebotomist				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	41,600	0.50	12	0.50	\$ 20,800
Staff Position 5:	Patient Services Specilaist				
duties related to prog/UDC	Initial program eligibility screening, clinic receptionist. Schedules patient appointments.				
Degree, license, exp	HS diploma, two years of college preferred. Good Communication skills. Bilingual Spanish/English required.				
	41,642	1.00	12	1.00	\$ 41,642
Staff Position 6:	Phlebotomist Lead				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program. Clinical oversight of Laboratory Specialist.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	58,240	0.20	12	0.20	\$ 11,648
Staff Position 7:	Clinic Assistant				
duties related to prog/UDC	Maintains pt medical charts, prepare, scan, file and abstract historic pt info in HER; preserve confidentiality of PHI.				
Degree, license, exp	High school diploma, two years of college preferred.				

	49,920	0.60	12	0.60	\$ 29,952
Staff Position 8: Recruitment/Retention Coordinator					
Brief duties related to this program and clients served	Linkage to Care via case mgmt & supportive counseling to newly dx HIV+ or HIV + persons out-of-care; supports engagement & retention, utilization of data systems to identify out of care clients, client engagement.				
Degree, license, exp	MPH, MSW or related field. Bilingual Spanish/English required; 1 yr HIV experience.				
	56,250	1.00	8	0.67	\$ 37,500

Staff Position 9: Director of Programs and HIV Services, MSW					
Brief duties related to this program and clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, communication with HHS staff and supervision.				
Degree, license, exp	Master's and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	102,000	0.30	12	0.30	\$ 30,600

Staff Position 10: Program Assistant					
Brief duties related to this program and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	52,520	0.55	12	0.55	\$ 28,886
	Total FTE, Base:	6.25	Annualized:	5.92	
				Total Salaries:	\$ 374,566

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 29,965.28
	Retirement	\$ 14,046.23
	Medical	\$ 53,375.66
	Dental	\$ 10,300.57
	Unemployment Insurance	\$ 187.28
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify): Life Insurance	\$ 3,745.66
	Fringe Benefit %:	30%
	Total Fringe Benefit:	\$ 111,620
	TOTAL SALARIES/BENEFITS	\$ 486,186

2) OPERATING EXPENSES:			
Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	5.92 FTE program staff ratio of 2.4% to the agency budget of \$159,070 for electricity, water, gas, refuse.	\$159,070 x 2.4% FTE	\$ 3,818
Telecommunications	5.92 FTE program staff ratio of 2.4% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.	\$195,968 x 2.4% FTE	\$ 4,703

Building Maintenance	5.92 FTE program staff ratio of 2.4% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.	\$609,161 x 2.4% FTE	\$ 14,620
		Total Occupancy:	\$ 23,141

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Includes stationary, pens, pencils, calendars, postage, software, computers for staff use \$333.33/month x 12 months.	\$333.33/month x 12 months	\$ 4,000
		Total Materials & Supplies:	\$ 4,000

General Operating:	Brief Description	Rate/Formula	Cost
Staff Training	Registration fees & related exps for staff training; purchase of training materials: including UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting (\$750/person); 2023 National Latinx Conference HIV/HCV/SUD (\$2665/person); US Conference on HIV/AIDS 2023 (\$3145/person); Phlebotomy Class/Exam fee (\$2600/person); Mission Center of Excellence annual retreat (\$8000); other HIV/AIDS related professional development and training opportunities.	\$750/person x 2 staff \$2665/person x 3 staff \$3145/person x 3 staff \$2600 x 1 staff \$8000	\$ 29,530
		Total General Operating:	\$ 29,530

Staff Travel:	Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel		HIV Service Providers around San Francisco, \$2.50 per pass.	Clipper Card	300 x \$5 round trip	\$ 1,500
				Total Staff Travel:	\$ 1,500

Other:	Brief Description	Rate/Formula	Cost
Laboratory and X-ray Services	CBC w/diff, platelets, complete T-cell Count, Chem-20 & Lipid Panels, PPD, Hep A-B-B-C, Toxo Titer, Cryptococcal Ag, STI, Viral Load, genotypes, etc. and X-ray expenses.	325 UDC x 10 lab tests / \$46.16 x 2 times a year	\$ 30,014

Medical Supplies	2.8 FTE Medical staff ratio of 1.4% to the agency budget of \$405,779 for IVAC electronic thermometers, stethoscopes, paper gowns, antibiotic ointment, condoms, butterfly catheters/needles, alcohol pads, syringes, rubber gloves, ear exam cones, occult blood slides, K-Y jelly, nasal emollients, cotton tipped applicators, lubricants, exam table paper, specimen cups & vaccines.	\$405,779 x 1.4% FTE	\$ 5,681
		Total Other:	\$ 35,695
		TOTAL OPERATING EXP	\$ 93,866
		TOTAL DIRECT COSTS	\$ 580,052

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of MNHC admin overhead.	\$ 52,205		
		Indirect Rate:	9.00%
		TOTAL INDIRECT COSTS:	\$ 52,205
		TOTAL EXPENSES:	\$ 632,257

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Medical Case Management		Treatment Adherence Individual		Treatment Adherence Group		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Social Services Supervisor	0.80	42,500	80%	8,500	16%	1,800	3%	52,800
Medical Case Manager	1.00	60,341	100%					60,341
Treatment Adherence Health Educator	0.59			25,643	84%	5,000	16%	30,643
Program Assistant	0.00		0%		0%			-
Director of Programs and HIV Services, MSW	0.20	13,974	69%	6,426	32%			20,400
Total FTE & Salaries	2.59	116,815	71%	40,569	25%	6,800	4%	164,184
Fringe Benefits	30%	34,811	71%	12,090	25%	2,026	4%	48,927
Total Personnel Expenses		151,626	71%	52,659	25%	8,826	4%	213,111
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		6,000	62%	2,643	27%	1,000	10%	9,643
Total Materials and Supplies		1,400	52%	1,202	45%	80	3%	2,682
Total General Operating								
Total Staff Travel								
Consultants/Subcontractor:								
Total Operating Expenses		7,400	60%	3,845	31%	1,080	9%	12,325
Total Direct Expenses								
		159,026	71%	56,504	25%	9,906	4%	225,436
Indirect Expenses	9.0%	14,313	71%	5,085	25%	892	4%	20,290
TOTAL EXPENSES		173,339	71%	61,589	25%	10,798	4%	245,726
Unit of Service Type								
	Unit of Service Type	Hour		Hour		Hour		
	Number of UOS per Service Mode	1,660		515		90		2,265
	Cost Per UOS by Service Mode	\$104.43		\$119.60		\$119.99		N/A
	Number of UDC/NOC per Service Mode	325		100		40		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Social Services Supervisor				
duties related to prog/UDC	Spvs med case mngrs & psychosoc svcs staff; phychosoc assess, crisis intervention, med case mngt, QA, prog monitor.				
Degree, license, exp	BA/BS in Soc Work or similar, prefer Master's; 5 yrs Case Mngt w 1 in HIV/AIDS; 2 yrs spvsr; bilingual Spanish/English.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	66,000	0.80	12	0.80	\$ 52,800

Staff Position 2:	Medical Case Manager				
Brief duties re prog & UDC	pt centered case mngt, harm reduction model, psychosoc svcs, referrals, follow-up, crisis intervention, supportive counslng.				
Degree, license, exp	Bachelor's and 1 yr exp providing HIV/AIDS case management. Bilingual Spanish/English required.				
	60,341	1.00	12	1.00	\$ 60,341

Staff Position 3:	Treatment Adherence Health Educator				
Brief duties re prog & UDC	ongoing individual, group hlth & treatment ed/support sessions; tracking med adherence protocol.				
Degree, license, exp	Bachelor's and 2 yrs exp providing HIV/AIDS education. Bilingual Spanish/English required.				
	51,938	0.59	12	0.59	\$ 30,643

Staff Position 4:	Program Assistant				
Brief duties re to this prog and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	52,520		12	0.00	\$ -

Staff Position 5:	Director of Programs and HIV Services, MSW				
Brief duties related to this progr & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, commiunication with HHS staff and supervision.				
Degree, license, exp	Masters and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	102,000	0.20	12	0.20	\$ 20,400
	Total FTE, Base:	2.59	Annualized:	2.59	
				Total Salaries:	\$ 164,184

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,134.72

	Retirement	\$	6,156.90
	Medical	\$	23,396.22
	Dental	\$	4,515.06
	Unemployment Insurance	\$	82.09
	Disability Insurance	\$	-
	Worker's Compensation	\$	-
	Other (specify): Life Insurance	\$	1,641.84
	Fringe Benefit %:	30%	Total Fringe Benefit: \$ 48,927
			TOTAL SALARIES/BENEFITS \$ 213,111

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	2.59 FTE program staff ratio of 1% to the agency budget of \$159,070 for electricity, water, gas, refuse.	\$159,070 x 1 % FTE	\$ 1,591
Building Maintenance	2.59 FTE program staff ratio of 1% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.	\$609,161 x 1 % FTE	\$ 6,092
Telecommunications	2.59 FTE program staff ratio of 1% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.	\$195,968 x 1 % FTE	\$ 1,960
			Total Occupancy: \$ 9,643

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Includes program office supplies (stationary, pens, pencils, calendars, postage, software, computers for staff use) \$223.5/month x 12 months.	\$223.5/month x 12 months	\$ 2,682
			Total Materials & Supplies: \$ 2,682

TOTAL OPERATING EXP	\$ 12,325
TOTAL DIRECT COSTS:	\$ 225,436

4) INDIRECT COSTS

9% of Direct Exp to partially defray the cost of MNHC admin overhead.	Indirect Rate: 9%	\$ 20,290
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TOTAL INDIRECT COSTS:	\$ 20,290
TOTAL EXPENSES:	\$ 245,726

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Mental Health Outpatient		Outpatient Substance Abuse Services Individual		Outpatient Substance Abuse Services Group		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Program Director	0.11	9,401	79%	2,000	17%	500	4%	11,901
Clinical Supervisor Psychologist	0.09	5,321	62%	3,000	35%	250	3%	8,571
Mental Health Specialist, LCSW	0.67	54,909	100%					54,909
Substance Abuse Specialist	1.00			56,164	91%	5,624	9%	61,788
Clinic and Program Assistant	0.22	9,251	86%	1,254	12%	249	2%	10,754
Total FTE & Salaries	2.08	78,882	53%	62,418	42%	6,623	4%	147,923
Fringe Benefits	30.00%	23,661	53%	18,722	42%	1,987	4%	44,370
Total Personnel Expenses		102,543	53%	81,140	42%	8,610	4%	192,293
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		5,314	75%	1,500	21%	299	4%	7,113
Total Materials and Supplies		2,303	82%	400		100	4%	2,803
Total General Operating		2,132	81%	394	15%	100	4%	2,626
Total Staff Travel		20		30	60%			50
Consultants/Subcontractor:								-
Other: Client Refreshments		1,700	76%	500	57%	50	43%	2,250
Total Operating Expenses		11,469	77%	2,824	19%	549	4%	14,842
Total Direct Expenses		114,012	55%	83,964	41%	9,159	4%	207,135
Indirect Expenses	9.0%	10,261	55%	7,557	41%	824	4%	18,642
TOTAL EXPENSES		124,273	55%	91,521	41%	9,983	4%	225,777
Unit of Service Type		Hour		Hour		Hour		
Number of UOS per Service Mode		966		975		81		2,022
Cost Per UOS by Service Mode		\$128.65		\$93.87		\$123.25		N/A
Number of UDC/NOC per Service Mode		70		45		10		115

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Program Director				
Brief duties re to this prog and clients served	Mngmt, operate prog, i.e., integrated collaborative svcs, spvsn of client svcs, QA & prog eval; implement & monitor objectives, team & staff mtgs, monitor use of database, train, evaluate staff; write reports.				
Degree, license (if applicable), experience	Masters in pub hlth, psych, soc work or equiv exp in mngt; 5 yrs spvsn of multi-disciplinary team, contract & prog develop, HIV/AIDS, subs use & mental hlth svcs; Exp wrkg in Latino Comm & serving sexual minorities; Spanish bilingual/bicultural.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	106,375	0.11	12	0.11	\$ 11,901

Staff Position 2:	Clinical Supervisor Psychologist				
Brief duties re to this prog and clients served	clinical supervision of mental hlth & subs abuse svcs staff; oversees clinical svcs including assessment, case disposition, treatment, termination of svcs.				
Degree, license (if applicable), experience	doctorate in Psych, licensed or license eligible in CA; 2 yrs exp spvsng clinicians in multidisciplinary teams; Spanish bilingual/bicultural.				
	100,000	0.09	12	0.09	\$ 8,571

Staff Position 3:	Mental Health Specialist, LCSW				
UDC	psychological assessments, crisis intervention, individual, group and family psychotherapy.				
Degree, license (if applicable), experience	Master's in psych, counseling, or social work; licensed or license eligible in CA; 2 yrs exp as clinician; strong team values & ability to work in a multidisciplinary team; Spanish bilingual/bicultural.				
	82,363	1.00	8	0.67	\$ 54,909

Staff Position 4:	Substance Abuse Specialist				
Brief duties re prog & UDC	substance abuse assessments, individual and group counseling, referral and linkage.				
Degree, license (if applicable), experience	Subs Abuse certificate, or enrolled in subs use certificate prog in good standing; 2 yrs exp providing subs use svcs to target pop; strong team values; ability to work in multidisciplin team; Spanish bilingual/bicultural.				
	61,788	1.00	12	1.00	\$ 61,788

Staff Position 5:	Clinic and Program Assistant				
Brief duties re prog & UDC	greeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.				
Degree, license (if applicable), experience	HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs exp in non-profit setting performing related duties. Spanish bilingual/bicultural required.				
	49,852	0.22	12	0.22	\$ 10,754
	Total FTE, Base:	2.41	Annualized:	2.08	
				Total Salaries:	\$ 147,923

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 11,316.11

	Retirement	\$	5,916.92
	Medical	\$	24,178.01
	Dental	\$	1,479.23
	Unemployment Insurance	\$	739.62
	Disability Insurance	\$	739.62
	Fringe Benefit %:	30.00%	Total Fringe Benefit: \$ 44,370
			TOTAL SALARIES/BENEFITS \$ 192,293

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities / Communications	2.41 FTE program staff ratio of 3.027% to the agency budget of \$45,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access.	45,000*3.027%	\$ 1,362
Building Maintenance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$190,000 for necessities, i.e., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff and clients.	190,000*3.027%	\$ 5,751
Total Occupancy:			\$ 7,113

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	2.41 FTE prog staff ratio of 3.027% to agency budget of \$76,000 to provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail, mailing flyer.	76,000*3.027%	\$ 2,300
Printing and Reproduction	2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	10,000*3.027%	\$303
Program Supplies	Mental Hlth diagnostic & materials needed for substance abuse groups.	at average of \$17/month	\$ 200
Total Materials & Supplies:			\$ 2,803

General Operating:	Brief Description	Rate/Formula	Cost
General/Professional Liability Insurance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$36,000 to cover for professional and general liability for service providers under this exhibit.	36,000*3.027%	1,090

Rental Equipment	2.41 FTE prog staff ratio of 3.027% agency budget of \$15,000 to cover rental expenses of leased equip, such as copier, and postage machine.	15,000*3.027%	\$ 455
Staff Training	registration fees & related exps for staff training; purchase of training materials, plus agency share training fees.	2 staff @ \$1081	\$ 1,081
		Total General Operating:	\$ 2,626

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local Travel	MTA Transit Pass	\$2.50 x 20	\$ 50
Total Staff Travel:				\$ 50

Other:	Brief Description		Rate/Formula	Cost
Client Refreshments	Food / drinks for clients attending substance abuse group, estimated at \$120 x 8 sessions/grp, 45 wks for nutritional snacks & Ensure for drop-in clients, plus support with basic needs - store gift cards (Target/FoodCo) \$50 x 20 participants and Winter kits (backpack with blanket, socks, scarf) at \$290.		120 x 8 session + 50 x 20 + 290	\$ 2,250
Total Other:				\$ 2,250

TOTAL OPERATING EXPENSES:	\$ 14,842
TOTAL DIRECT COSTS:	\$ 207,135

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of IFR's admin overhead	\$ 18,642
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Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 18,642
TOTAL EXPENSES:	\$ 225,777

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Outpatient Ambulatory Health Services		Nursing Treatment Adherence		Medical Case Management		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Physician	0.30	51,201	100%					51,201
Registered Nurse	0.90	20,866	27%	56,000	73%			76,866
Medical Assistant	0.90	45,471	100%		0%			45,471
Phlebotomist	0.50	20,800	100%					20,800
Patient Services Specilaist	1.00	41,642	100%		0%		0%	41,642
Phlebotomist Lead	0.20	11,648	100%					11,648
Clinic Assistant	0.60	19,452	65%	10,500	35%		0%	29,952
Recruitment/Retention Coordinator	0.67				0%	37,500	100%	37,500
Director of Programs and HIV Services, M	0.30	24,900	81%	700	2%	5,000	16%	30,600
Program Assistant	0.55		0%	1,886	7%	27,000	93%	28,886
Total FTE & Salaries	5.92	235,980	63%	69,086	18%	69,500	19%	374,566
Fringe Benefits	30%	70,322	63%	20,588	18%	20,710	19%	111,620
Total Personnel Expenses		306,302	63%	89,674	18%	90,210	19%	486,186
Operating Expenses								
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,105	31%	8,500	37%	7,536	33%	23,141
Total Materials and Supplies		1,333	33%	1,333	33%	1,334	33%	4,000
Total General Operating		6,530	22%	10,500		12,500	42%	29,530
Total Staff Travel			0%			1,500	100%	1,500
Other: Laboratory / X-Ray Services		30,014	100%					30,014
Other: Medical Supplies		5,681	100%					5,681
Total Operating Expenses		50,663	54%	20,333	22%	22,870	24%	93,866
Total Direct Expenses		356,965	62%	110,007	19%	113,080	19%	580,052
Indirect Expenses		32,127	62%	9,901	19%	10,177	19%	52,205
TOTAL EXPENSES		389,092	62%	119,908	19%	123,257	19%	632,257
Unit of Service Type								
Unit of Service Type		Encounter		Hour		Hour		
Number of UOS per Service Mode		1,195		1,000		1,170		3,365
Cost Per UOS by Service Mode		\$325.61		\$119.91		\$105.35		N/A
Number of UDC per Service Mode		325		325		80		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Physician				
Brief duties related to prog and clients served	Clinical oversight of HIV Dept / Staff; spvsn of mid-level practitioners; clinical oversight of nurse and Tx Hlth Educator; QA activities; physicals, order lab tests, develop med assess & plan, referrals to specialty & tertiary svcs, medical consultation, develop medical protocols.				
Degree, license (if applicable), experience	Valid CA MD License. Board certified or residency trained in Family Practice/Internal Medicine/Adult Primary Care; 2 yrs exp HIV/AIDS; bilingual Spanish/English required.				
	Annual Salary	Percentage of Salary	x Mos per Yr	Percentage of Salary	Total
	170,670	0.30	12	0.30	\$ 51,201
Staff Position 2:	Registered Nurse				
Brief duties related to prog and clients served	Nursing functions, assists w medical referrals & follow-up; in-person or phone treatment adherence support to clients; prescription follow-up; oversees clinic operation and supervision of staff.				
Degree, license, exp	RN with 2 yrs exp in HIV/AIDS svcs or LVN w 5 yrs exp in HIV/AIDS; spvsn exp; Bilingual Spanish/English.				
	85,407	0.90	12	0.90	\$ 76,866
Staff Position 3:	Medical Assistant				
duties related to prog/UDC	Assists nurse with preparing pts, vital signs, medical hx; Member of HIV Quality Management Committee.				
Degree, license, exp	HS diploma, prefer 2 yrs college; Medical Assist Certificate, 2 yrs exp in HIV/AIDS. Bilingual Spanish/English.				
	50,523	0.90	12	0.90	\$ 45,471
Staff Position 4:	Phlebotomist				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	41,600	0.50	12	0.50	\$ 20,800
Staff Position 5:	Patient Services Specilaist				
duties related to prog/UDC	Initial program eligibility screening, clinic receptionist. Schedules patient appointments.				
Degree, license, exp	HS diploma, two years of college preferred. Good Communication skills. Bilingual Spanish/English required.				
	41,642	1.00	12	1.00	\$ 41,642
Staff Position 6:	Phlebotomist Lead				
duties related to prog/UDC	Draws blood for the laboratory tests required under the CoE program. Clinical oversight of Laboratory Specialist.				
Degree, license, exp	Certified Phlebotomist. Bilingual Spanish/English required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	58,240	0.20	12	0.20	\$ 11,648
Staff Position 7:	Clinic Assistant				

duties related to prog/UDC	Maintains pt medical charts, prepare, scan, file and abstract historic pt info in HER; preserve confidentiality of PHI.				
Degree, license, exp	High school diploma, two years of college preferred.				
	49,920	0.60	12	0.60	\$ 29,952

Staff Position 8:	Recruitment/Retention Coordinator				
Brief duties related to this program and clients served	Linkage to Care via case mngt & supportive counseling to newly dx HIV+ or HIV + persons out-of-care; supports engagement & retention, utilization of data systems to identify out of care clients, client engagement.				
Degree, license, exp	MPH, MSW or related field. Bilingual Spanish/English required; 1 yr HIV experience.				
	56,250	1.00	8	0.67	\$ 37,500

Staff Position 9:	Director of Programs and HIV Services, MSW				
Brief duties related to this program and clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, communiucation with HHS staff and supervision.				
Degree, license, exp	Master's and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	102,000	0.30	12	0.30	\$ 30,600

Staff Position 10:	Program Assistant				
Brief duties related to this program and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	52,520	0.55	12	0.55	\$ 28,886
	Total FTE, Base:	6.25	Annualized:	5.92	
				Total Salaries:	\$ 374,566

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 29,965.28
	Retirement	\$ 14,046.23
	Medical	\$ 53,375.66
	Dental	\$ 10,300.57
	Unemployment Insurance	\$ 187.28
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify): Life Insurance	\$ 3,745.66
	Fringe Benefit %:	30%
	Total Fringe Benefit:	\$ 111,620
	TOTAL SALARIES/BENEFITS	\$ 486,186

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	5.92 FTE program staff ratio of 2.4% to the agency budget of \$159,070 for electricity, water, gas, refuse.	\$159,070 x 2.4% FTE	\$ 3,818

Telecommunications	5.92 FTE program staff ratio of 2.4% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.	\$195,968 x 2.4% FTE	\$ 4,703
Building Maintenance	5.92 FTE program staff ratio of 2.4% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.	\$609,161 x 2.4% FTE	\$ 14,620
		Total Occupancy:	\$ 23,141

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Includes stationary, pens, pencils, calendars, postage, software, computers for staff use \$333.33/month x 12 months.	\$333.33/month x 12 months	\$ 4,000
		Total Materials & Supplies:	\$ 4,000

General Operating:	Brief Description	Rate/Formula	Cost
Staff Training	Registration fees & related exps for staff training; purchase of training materials: including UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting (\$750/person); 2023 National Latinx Conference HIV/HCV/SUD (\$2665/person); US Conference on HIV/AIDS 2023 (\$3145/person); Phlebotomy Class/Exam fee (\$2600/person); Mission Center of Excellence annual retreat (\$8000); other HIV/AIDS related professional development and training opportunities.	\$750/person x 2 staff \$2665/person x 3 staff \$3145/person x 3 staff \$2600 x 1 staff \$8000	\$ 29,530
		Total General Operating:	\$ 29,530

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	HIV Service Providers around San Francisco, \$2.50 per pass.	Clipper Card	300 x \$5 round trip	\$ 1,500
			Total Staff Travel:	\$ 1,500

Other:	Brief Description	Rate/Formula	Cost
Laboratory and X-ray Services	CBC w/diff, platelets, complete T-cell Count, Chem-20 & Lipid Panels, PPD, Hep A-B-B-C, Toxo Titer, Cryptococcal Ag, STI, Viral Load, genotypes, etc. and X-ray expenses.	325 UDC x 10 lab tests / \$46.16 x 2 times a year	\$ 30,014

Medical Supplies	2.8 FTE Medical staff ratio of 1.4% to the agency budget of \$405,779 for IVAC electronic thermometers, stethoscopes, paper gowns, antibiotic ointment, condoms, butterfly catheters/needles, alcohol pads, syringes, rubber gloves, ear exam cones, occult blood slides, K-Y jelly, nasal emollients, cotton tipped applicators, lubricants, exam table paper, specimen cups & vaccines.	\$405,779 x 1.4% FTE	\$ 5,681
		Total Other:	\$ 35,695
		TOTAL OPERATING EXP	\$ 93,866
		TOTAL DIRECT COSTS	\$ 580,052

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of MNHC admin overhead.	\$ 52,205		
		Indirect Rate:	9.00%
		TOTAL INDIRECT COSTS:	\$ 52,205
		TOTAL EXPENSES:	\$ 632,257

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Medical Case Management		Treatment Adherence Individual		Treatment Adherence Group		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Social Services Supervisor	0.80	42,500	80%	8,500	16%	1,800	3%	52,800
Medical Case Manager	1.00	60,341	100%					60,341
Treatment Adherence Health Educator	0.59			25,643	84%	5,000	16%	30,643
Program Assistant	0.00		0%		0%			-
Director of Programs and HIV Services, MS	0.20	13,974	69%	6,426	32%			20,400
Total FTE & Salaries	2.59	116,815	71%	40,569	25%	6,800	4%	164,184
Fringe Benefits	30%	34,811	71%	12,090	25%	2,026	4%	48,927
Total Personnel Expenses		151,626	71%	52,659	25%	8,826	4%	213,111
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		6,000	62%	2,643	27%	1,000	10%	9,643
Total Materials and Supplies		1,400	52%	1,202	45%	80	3%	2,682
Total General Operating								
Total Staff Travel								
Consultants/Subcontractor:								
Total Operating Expenses		7,400	60%	3,845	31%	1,080	9%	12,325
Total Direct Expenses								
		159,026	71%	56,504	25%	9,906	4%	225,436
Indirect Expenses	9.0%	14,313	71%	5,085	25%	892	4%	20,290
TOTAL EXPENSES		173,339	71%	61,589	25%	10,798	4%	245,726
Unit of Service Type								
	Unit of Service Type	Hour		Hour		Hour		
	Number of UOS per Service Mode	1,660		515		90		2,265
	Cost Per UOS by Service Mode	\$104.43		\$119.60		\$119.99		N/A
	Number of UDC/NOC per Service Mode	325		100		40		325

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Social Services Supervisor				
duties related to prog/UDC	Spvs med case mngrs & psychosoc svcs staff; phychosoc assess, crisis intervention, med case mngt, QA, prog monitor.				
Degree, license, exp	BA/BS in Soc Work or similar, prefer Master's; 5 yrs Case Mngt w 1 in HIV/AIDS; 2 yrs spvsr; bilingual Spanish/English.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	66,000	0.80	12	0.80	\$ 52,800

Staff Position 2:	Medical Case Manager				
Brief duties re prog & UDC	pt centered case mngt, harm reduction model, psychosoc svcs, referrals, follow-up, crisis intervention, supportive counslng.				
Degree, license, exp	Bachelor's and 1 yr exp providing HIV/AIDS case management. Bilingual Spanish/English required.				
	60,341	1.00	12	1.00	\$ 60,341

Staff Position 3:	Treatment Adherence Health Educator				
Brief duties re prog & UDC	ongoing individual, group hlth & treatment ed/support sessions; tracking med adherence protocol.				
Degree, license, exp	Bachelor's and 2 yrs exp providing HIV/AIDS education. Bilingual Spanish/English required.				
	51,938	0.59	12	0.59	\$ 30,643

Staff Position 4:	Program Assistant				
Brief duties re to this prog and clients served	Admin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; orders supplies; monitors vouchers.				
Degree, license (if applicable), experience	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.				
	52,520		12	0.00	\$ -

Staff Position 5:	Director of Programs and HIV Services, MSW				
Brief duties related to this progr & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, communiication with HHS staff and supervision.				
Degree, license, exp	Masters and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	102,000	0.20	12	0.20	\$ 20,400
	Total FTE, Base:	2.59	Annualized:	2.59	
				Total Salaries:	\$ 164,184

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,134.72
	Retirement	\$ 6,156.90

	Medical	\$	23,396.22
	Dental	\$	4,515.06
	Unemployment Insurance	\$	82.09
	Disability Insurance	\$	-
	Worker's Compensation	\$	-
	Other (specify): Life Insurance	\$	1,641.84
	Fringe Benefit %:	30%	Total Fringe Benefit: \$ 48,927
			TOTAL SALARIES/BENEFITS \$ 213,111

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	2.59 FTE program staff ratio of 1% to the agency budget of \$159,070 for electricity, water, gas, refuse.	\$159,070 x 1 % FTE	\$ 1,591
Building Maintenance	2.59 FTE program staff ratio of 1% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.	\$609,161 x 1 % FTE	\$ 6,092
Telecommunications	2.59 FTE program staff ratio of 1% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.	\$195,968 x 1 % FTE	\$ 1,960
Total Occupancy:			\$ 9,643

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Program Supplies	Includes program office supplies (stationary, pens, pencils, calendars, postage, software, computers for staff use) \$223.5/month x 12 months.	\$223.5/month x 12 months	\$ 2,682
Total Materials & Supplies:			\$ 2,682

TOTAL OPERATING EXP	\$ 12,325
TOTAL DIRECT COSTS:	\$ 225,436

4) INDIRECT COSTS

9% of Direct Exp to partially defray the cost of MNHC admin overhead.	Indirect Rate:	9%	\$ 20,290
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TOTAL INDIRECT COSTS:	\$ 20,290
TOTAL EXPENSES:	\$ 245,726

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Mental Health Outpatient		Outpatient Substance Abuse Services Individual		Outpatient Substance Abuse Services Group		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Program Director	0.11	9,401	79%	2,000	17%	500	4%	11,901
Clinical Supervisor Psychologist	0.09	5,321	62%	3,000	35%	250	3%	8,571
Mental Health Specialist, LCSW	0.67	54,909	100%					54,909
Substance Abuse Specialist	1.00			56,164	91%	5,624	9%	61,788
Clinic and Program Assistant	0.22	9,251	86%	1,254	12%	249	2%	10,754
Total FTE & Salaries	2.08	78,882	53%	62,418	42%	6,623	4%	147,923
Fringe Benefits	30.00%	23,661	53%	18,722	42%	1,987	4%	44,370
Total Personnel Expenses		102,543	53%	81,140	42%	8,610	4%	192,293
Operating Expenses								
		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		5,314	75%	1,500	21%	299	4%	7,113
Total Materials and Supplies		2,303	82%	400		100	4%	2,803
Total General Operating		2,132	81%	394	15%	100	4%	2,626
Total Staff Travel		20		30	60%			50
Consultants/Subcontractor:								-
Other: Client Refreshments		1,700	76%	500	57%	50	43%	2,250
Total Operating Expenses		11,469	77%	2,824	19%	549	4%	14,842
Total Direct Expenses								
		114,012	55%	83,964	41%	9,159	4%	207,135
Indirect Expenses	9.0%	10,261	55%	7,557	41%	824	4%	18,642
TOTAL EXPENSES		124,273	55%	91,521	41%	9,983	4%	225,777
Unit of Service Type								
		Hour		Hour		Hour		
Number of UOS per Service Mode		966		975		81		2,022
Cost Per UOS by Service Mode		\$128.65		\$93.87		\$123.26		N/A
Number of UDC/NOC per Service Mode		70		45		10		115

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1	Program Director				
Brief duties re to this prog and clients served	Mngmt, operate prog, i.e., integrated collaborative svcs, spvsn of client svcs, QA & prog eval; implement & monitor objectives, team & staff mtgs, monitor use of database, train, evaluate staff; write reports.				
Degree, license (if applicable), experience	Masters in pub hlth, psych, soc work or equiv exp in mngt; 5 yrs spvsn of multi-disciplinary team, contract & prog develop, HIV/AIDS, subs use & mental hlth svcs; Exp wrkg in Latino Comm & serving sexual minorities; Spanish bilingual/bicultural.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	106,375	0.11	12	0.11	\$ 11,901

Staff Position 2:	Clinical Supervisor Psychologist				
Brief duties re to this prog and clients served	clinical supervision of mental hlth & subs abuse svcs staff; oversees clinical svcs including assessment, case disposition, treatment, termination of svcs.				
Degree, license (if applicable), experience	doctorate in Psych, licensed or license eligible in CA; 2 yrs exp spvsng clinicians in multidisciplinary teams; Spanish bilingual/bicultural.				
	100,000	0.09	12	0.09	\$ 8,571

Staff Position 3:	Mental Health Specialist, LCSW				
UDC	psychological assessments, crisis intervention, individual, group and family psychotherapy.				
Degree, license (if applicable), experience	Master's in psych, counseling, or social work; licensed or license eligible in CA; 2 yrs exp as clinician; strong team values & ability to work in a multidisciplinary team; Spanish bilingual/bicultural.				
	82,363	1.00	8	0.67	\$ 54,909

Staff Position 4:	Substance Abuse Specialist				
UDC	substance abuse assessments, individual and group counseling, referral and linkage.				
Degree, license (if applicable), experience	Subs Abuse certificate, or enrolled in subs use certificate prog in good standing; 2 yrs exp providing subs use svcs to target pop; strong team values; ability to work in multidisciplin team; Spanish bilingual/bicultural.				
	61,788	1.00	12	1.00	\$ 61,788

Staff Position 5:	Clinic and Program Assistant				
UDC	greeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.				
Degree, license (if applicable), experience	HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs exp in non-profit setting performing related duties. Spanish bilingual/bicultural required.				
	49,852	0.22	12	0.22	\$ 10,754
	Total FTE, Base:	2.41	Annualized:	2.08	
				Total Salaries:	\$ 147,923

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 11,316.11
	Retirement	\$ 5,916.92

	Medical	\$	24,178.01
	Dental	\$	1,479.23
	Unemployment Insurance	\$	739.62
	Disability Insurance	\$	739.62
	Fringe Benefit %:	30.00%	Total Fringe Benefit: \$ 44,370
			TOTAL SALARIES/BENEFITS \$ 192,293

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities / Communications	2.41 FTE program staff ratio of 3.027% to the agency budget of \$45,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access.	45,000*3.027%	\$ 1,362
Building Maintenance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$190,000 for necessities, i.e., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff and clients.	190,000*3.027%	\$ 5,751
			Total Occupancy: \$ 7,113

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	2.41 FTE prog staff ratio of 3.027% to agency budget of \$76,000 to provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail, mailing flyer.	76,000*3.027%	\$ 2,300
Printing and Reproduction	2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	10,000*3.027%	\$303
Program Supplies	Mental Hlth diagnostic & materials needed for substance abuse groups.	at average of \$17/month	\$ 200
			Total Materials & Supplies: \$ 2,803

General Operating:	Brief Description	Rate/Formula	Cost
General/Professional Liability Insurance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$36,000 to cover for professional and general liability for service providers under this exhibit.	36,000*3.027%	1,090

Rental Equipment	2.41 FTE prog staff ratio of 3.027% agency budget of \$15,000 to cover rental expenses of leased equip, such as copier, and postage machine.	15,000*3.027%	\$ 455
Staff Training	registration fees & related exps for staff training; purchase of training materials, plus agency share training fees.	2 staff @ \$1081	\$ 1,081
		Total General Operating:	\$ 2,626

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local Travel	MTA Transit Pass	\$2.50 x 20	\$ 50
Total Staff Travel:				\$ 50

Other:	Brief Description	Rate/Formula	Cost
Client Refreshments	Food / drinks for clients attending substance abuse group, estimated at \$120 x 8 sessions/grp, 45 wks for nutritional snacks & Ensure for drop-in clients, plus support with basic needs - store gift cards (Target/FoodCo) \$50 x 20 participants and Winter kits (backpack with blanket, socks, scarf) at \$290.	120 x 8 session + 50 x 20 + 290	\$ 2,250
Total Other:			\$ 2,250

TOTAL OPERATING EXPENSES:	\$ 14,842
TOTAL DIRECT COSTS:	\$ 207,135

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of IFR's admin overhead	\$ 18,642
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Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 18,642
TOTAL EXPENSES:	\$ 225,777

Appendix C--Form of Funding Request
FUNDING REQUEST

1. Process

The Grantee shall request funding for eligible expenses monthly.

Monthly, the Grantee shall submit invoices for Eligible Expenses according to the procedures established by the Department of Public Health.

The Invoice Analyst for the City shall email the Grantee the appropriate invoice template to use.

Failure to use the provided invoice template by the City may result in delayed payments.

2. Certifications

With each invoice submitted, Grantee certifies that:

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

3. Final Funding Request

- a) For Eligible Expenses reimbursable by Cost Reimbursement:

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

- b) For Eligible Expenses reimbursable by Fee for Service Reimbursement:

A final closing Funding Request, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those services rendered during the referenced period of performance. If services are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City. City's final reimbursement to the Grantee at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in the Grant Budget attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

- c) All amounts paid by City to Grantee shall be subject to audit by City.

Appendix C--Form of Funding Request

FUNDING REQUEST

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

Grantee will submit a MONTHLY Invoice/Funding Request in the format provided by the Department.

Total Amount Requested
in this Request: \$ _____

Maximum Amount of
Grant Funds Specified in
Section 5.1 of the Grant
Agreement: **\$11,300,310**

Total of All Grant Funds
Disbursed Prior to this
Request: \$ _____

Grantee certifies that:

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

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

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

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

Contract ID #
1000017218

Invoice Number
A-1MAR23

Telephone: 415-552-1013
Fax:



Contract Purchase Order No.:

Funding Source: RWPA

Department ID-Authority ID:

Program Name: Center of Excellence

Project ID-Activity ID:

ACE Control #:

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

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
outpatient ambulatory health serv	1,195	325							1,195	325
nursing treatment adherence	1,000	325							1,000	325
medical case management	1,170	80							1,170	80

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Fringe Benefits	\$111,620				\$111,620.00
Total Personnel Expenses	\$486,186				\$486,186.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$23,141				\$23,141.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,000				\$4,000.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$29,530				\$29,530.00
Staff Travel - (e.g., Local & Out of Town)	\$1,500				\$1,500.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$35,695				\$35,695.00
Total Operating Expenses	\$93,866				\$93,866.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$580,052				\$580,052.00
Indirect Expenses	\$52,205				\$52,205.00
TOTAL EXPENSES	\$632,257				\$632,257.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

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

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

Telephone: 415-552-1013
Fax:

Program Name: Center of Excellence

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Physician.	0.30	\$51,201				\$51,201.00
Registered Nurse.	0.90	\$76,866				\$76,866.00
Medical Assistant.	0.90	\$45,471				\$45,471.00
Phlebotomist.	0.50	\$20,800				\$20,800.00
Patient Services Specilaist.	1.00	\$41,642				\$41,642.00
Phlebotomist Lead.	0.20	\$11,648				\$11,648.00
Clinic Assistant.	0.60	\$29,952				\$29,952.00
Recruitment/Retention Coordinator.	0.67	\$37,500				\$37,500.00
Director of Programs and HIV Service	0.30	\$30,600				\$30,600.00
Program Assistant.	0.55	\$28,886				\$28,886.00
TOTAL SALARIES	5.92	\$374,566				\$374,566.00

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

Certified By: _____ Date: _____
 Title: _____

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

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

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

Invoice Number
A-1MAR23

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



Contract Purchase Order No: _____

Funding Source: **RWPA MAI**

Program Name: **Center of Excellence**

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

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

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
medical case management	1,660	325							1,660	325
treatment adherence individual	515	325							515	325
treatment adherence group	90	80							90	80

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Fringe Benefits	\$48,927				\$48,927.00
Total Personnel Expenses	\$213,111				\$213,111.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$9,643				\$9,643.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,682				\$2,682.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$12,325				\$12,325.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$225,436				\$225,436.00
Indirect Expenses	\$20,290				\$20,290.00
TOTAL EXPENSES	\$245,726				\$245,726.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

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

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

Telephone: 415-552-1013
Fax:

Program Name: Center of Excellence

ACE Control #:

Invoice Number:

Contract Purchase Order No.:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Social Services Supervisor	0.80	\$52,800				\$52,800.00
Medical Case Manager	1.00	\$60,341				\$60,341.00
Treatment Adherence Health Educator	0.59	\$30,643				\$30,643.00
Program Assistant						
Director of Programs and HIV Services	0.20	\$20,400				\$20,400.00
TOTAL SALARIES	2.59	\$164,184				\$164,184.00

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

Certified By: _____ Date: _____
 Title: _____

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

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

Contractor: Mission Neighborhood Health Center Address: 240 Shotwell Street San Francisco, CA 94110 Telephone: 415-552-1013 Fax:	Contract ID # 1000017218	Invoice Number A-1MAR23	Contract Purchase Order No:
Program Name: Center of Excellence - IFR ACE Control #:	<div style="border: 1px solid black; padding: 10px; width: 50px; margin: 0 auto;"> HHS </div>	Funding Source: RWPA MAI	Department ID-Authority ID:
		Project ID-Activity ID:	Invoice Period: 03/1/23 - 03/31/23

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
mental health outpatient	966	70							966	70
outpatient sub abuse serv individual	975	45							975	45
outpatient sub abuse serv group	81	10							81	10

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix	115				115

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$147,923				\$147,923.00
Fringe Benefits	\$44,370				\$44,370.00
Total Personnel Expenses	\$192,293				\$192,293.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$7,113				\$7,113.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,803				\$2,803.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,626				\$2,626.00
Staff Travel - (e.g., Local & Out of Town)	\$50				\$50.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,250				\$2,250.00
Total Operating Expenses	\$14,842				\$14,842.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$207,135				\$207,135.00
Indirect Expenses	\$18,642				\$18,642.00
TOTAL EXPENSES	\$225,777				\$225,777.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____ (DPH Authorized Signatory)	Date: _____
ATTN: Accounts Payable		

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

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

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

Telephone: 415-552-1013
Fax:

Program Name: Center of Excellence - IFR

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.11	\$11,901				\$11,901.00
Clinical Supervisor Psychologist	0.09	\$8,571				\$8,571.00
Mental Health Specialist, LCSW	0.67	\$54,909				\$54,909.00
Substance Abuse Specialist	1.00	\$61,788				\$61,788.00
Clinic and Program Assistant	0.22	\$10,754				\$10,754.00
TOTAL SALARIES	2.08	\$147,923				\$147,923.00

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

Certified By: _____ Date: _____
 Title: _____

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

APPENDIX F-5
03/01/2024 - 02/28/2025
PAGE A

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

Invoice Number
A-1MAR24

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



Contract Purchase Order No: _____

Funding Source: **RWPA**

Program Name: **Center of Excellence**

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: **03/1/24 - 03/31/24**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
outpatient ambulatory health serv	1,195	325							1,195	325
nursing treatment adherence	1,000	325							1,000	325
medical case management	1,170	80							1,170	80

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Fringe Benefits	\$111,620				\$111,620.00
Total Personnel Expenses	\$486,186				\$486,186.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$23,141				\$23,141.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,000				\$4,000.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$29,530				\$29,530.00
Staff Travel - (e.g., Local & Out of Town)	\$1,500				\$1,500.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$35,695				\$35,695.00
Total Operating Expenses	\$93,866				\$93,866.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$580,052				\$580,052.00
Indirect Expenses	\$52,205				\$52,205.00
TOTAL EXPENSES	\$632,257				\$632,257.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

APPENDIX F-5
03/01/2024 - 02/28/2025
PAGE B

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

Telephone: 415-552-1013
 Fax:

Program Name: Center of Excellence

ACE Control #:

Invoice Number:

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Physician.	0.30	\$51,201				\$51,201.00
Registered Nurse.	0.90	\$76,866				\$76,866.00
Medical Assistant.	0.90	\$45,471				\$45,471.00
Phlebotomist.	0.50	\$20,800				\$20,800.00
Patient Services Specilaist.	1.00	\$41,642				\$41,642.00
Phlebotomist Lead.	0.20	\$11,648				\$11,648.00
Clinic Assistant.	0.60	\$29,952				\$29,952.00
Recruitment/Retention Coordinator.	0.67	\$37,500				\$37,500.00
Director of Programs and HIV Service	0.30	\$30,600				\$30,600.00
Program Assistant.	0.55	\$28,886				\$28,886.00
TOTAL SALARIES	5.92	\$374,566				\$374,566.00

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

Certified By: _____ Date: _____
 Title: _____

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

APPENDIX F-5a
03/01/2024 - 02/28/2025
PAGE A

Contractor: Mission Neighborhood Health Center Address: 240 Shotwell Street San Francisco, CA 94110 Telephone: 415-552-1013 Fax:	Contract ID # 1000017218	Invoice Number A-1MAR24 Contract Purchase Order No.: _____ Funding Source: RWPA MAI Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 03/1/24 - 03/31/24 FINAL Invoice <input type="checkbox"/> (check if Yes)
Program Name: Center of Excellence ACE Control #: _____		



DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
medical case management	1,660	325							1,660	325
treatment adherence individual	515	100							515	100
treatment adherence group	90	40							90	40

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$164,184				\$164,184.00
Fringe Benefits	\$48,927				\$48,927.00
Total Personnel Expenses	\$213,111				\$213,111.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$9,643				\$9,643.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,682				\$2,682.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$12,325				\$12,325.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$225,436				\$225,436.00
Indirect Expenses	\$20,290				\$20,290.00
TOTAL EXPENSES	\$245,726				\$245,726.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org ATTN: Accounts Payable	By: _____ (DPH Authorized Signatory)
Date: _____	

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

APPENDIX F-5a
03/01/2024 - 02/28/2025
PAGE B

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

Telephone: 415-552-1013
Fax:

Program Name: Center of Excellence

ACE Control #:

Invoice Number:

Contract Purchase Order No.:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Social Services Supervisor	0.80	\$52,800				\$52,800.00
Medical Case Manager	1.00	\$60,341				\$60,341.00
Treatment Adherence Health Educator	0.59	\$30,643				\$30,643.00
Program Assistant						
Director of Programs and HIV Services	0.20	\$20,400				\$20,400.00
TOTAL SALARIES	2.59	\$164,184				\$164,184.00

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

Certified By: _____
Title: _____

Date: _____

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

APPENDIX F-5b
03/01/2024 - 02/28/2025
PAGE A

Contractor: Mission Neighborhood Health Center Address: 240 Shotwell Street San Francisco, CA 94110 Telephone: 415-552-1013 Fax:	Contract ID # 1000017218	Invoice Number A-1MAR24	
Program Name: Center of Excellence - IFR ACE Control #:		Contract Purchase Order No.:	Funding Source: RWPA MAI
		Department ID-Authority ID:	Project ID-Activity ID:
		Invoice Period: 03/1/24 - 03/31/24	FINAL Invoice <input type="checkbox"/> (check if Yes)



DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
mental health outpatient	966	70							966	70
outpatient sub abuse serv individual	975	45							975	45
outpatient sub abuse serv group	81	10							81	10

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		115			115

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$147,923				\$147,923.00
Fringe Benefits	\$44,370				\$44,370.00
Total Personnel Expenses	\$192,293				\$192,293.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$7,113				\$7,113.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,803				\$2,803.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,626				\$2,626.00
Staff Travel - (e.g., Local & Out of Town)	\$50				\$50.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,250				\$2,250.00
Total Operating Expenses	\$14,842				\$14,842.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$207,135				\$207,135.00
Indirect Expenses	\$18,642				\$18,642.00
TOTAL EXPENSES	\$225,777				\$225,777.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____ (DPH Authorized Signatory)	Date: _____
ATTN: Accounts Payable		

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

APPENDIX F-5b
03/01/2024 - 02/28/2025
PAGE B

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

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

Program Name: **Center of Excellence - IFR**

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.11	\$11,901				\$11,901.00
Clinical Supervisor Psychologist	0.09	\$8,571				\$8,571.00
Mental Health Specialist, LCSW	0.67	\$54,909				\$54,909.00
Substance Abuse Specialist	1.00	\$61,788				\$61,788.00
Clinic and Program Assistant	0.22	\$10,754				\$10,754.00
TOTAL SALARIES	2.08	\$147,923				\$147,923.00

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

Certified By: _____ Date: _____
Title: _____

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

APPENDIX F-6
03/01/2025 - 02/28/2026
PAGE A

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

Invoice Number
A-1MAR25

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



Contract Purchase Order No: _____

Funding Source: **RWPA**

Program Name: **Center of Excellence**

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: **03/1/25 - 03/31/25**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
outpatient ambulatory health serv	1,195	325							1,195	325
nursing treatment adherence	1,000	325							1,000	325
medical case management	1,170	80							1,170	80

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Fringe Benefits	\$111,620				\$111,620.00
Total Personnel Expenses	\$486,186				\$486,186.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$23,141				\$23,141.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,000				\$4,000.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$29,530				\$29,530.00
Staff Travel - (e.g., Local & Out of Town)	\$1,500				\$1,500.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$35,695				\$35,695.00
Total Operating Expenses	\$93,866				\$93,866.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$580,052				\$580,052.00
Indirect Expenses	\$52,205				\$52,205.00
TOTAL EXPENSES	\$632,257				\$632,257.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

APPENDIX F-6
03/01/2025 - 02/28/2026
PAGE B

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

Telephone: 415-552-1013
Fax:

Program Name: Center of Excellence

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Physician.	0.30	\$51,201				\$51,201.00
Registered Nurse.	0.90	\$76,866				\$76,866.00
Medical Assistant.	0.90	\$45,471				\$45,471.00
Phlebotomist.	0.50	\$20,800				\$20,800.00
Patient Services Specilaist.	1.00	\$41,642				\$41,642.00
Phlebotomist Lead.	0.20	\$11,648				\$11,648.00
Clinic Assistant.	0.60	\$29,952				\$29,952.00
Recruitment/Retention Coordinator.	0.67	\$37,500				\$37,500.00
Director of Programs and HIV Service	0.30	\$30,600				\$30,600.00
Program Assistant.	0.55	\$28,886				\$28,886.00
TOTAL SALARIES	5.92	\$374,566				\$374,566.00

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

Certified By: _____
 Title: _____

Date: _____

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

APPENDIX F-6a
03/01/2025 - 02/28/2026
PAGE A

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

Invoice Number
A-1MAR25

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



Contract Purchase Order No: _____

Funding Source: **RWPA MAI**

Program Name: **Center of Excellence**

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: **03/1/25 - 03/31/25**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
medical case management	1,660	325							1,660	325
treatment adherence individual	515	100							515	100
treatment adherence group	90	40							90	40

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Fringe Benefits	\$48,927				\$48,927.00
Total Personnel Expenses	\$213,111				\$213,111.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$9,643				\$9,643.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,682				\$2,682.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$12,325				\$12,325.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$225,436				\$225,436.00
Indirect Expenses	\$20,290				\$20,290.00
TOTAL EXPENSES	\$245,726				\$245,726.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

APPENDIX F-6a
03/01/2025 - 02/28/2026
PAGE B

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

Telephone: 415-552-1013
Fax:

Program Name: Center of Excellence

ACE Control #:

Invoice Number

A-1MAR25

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Social Services Supervisor	0.80	\$52,800				\$52,800.00
Medical Case Manager	1.00	\$60,341				\$60,341.00
Treatment Adherence Health Educator	0.59	\$30,643				\$30,643.00
Program Assistant						
Director of Programs and HIV Services	0.20	\$20,400				\$20,400.00
TOTAL SALARIES	2.59	\$164,184				\$164,184.00

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

Certified By: _____
 Title: _____

Date: _____

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

APPENDIX F-6b
03/01/2025 - 02/28/2026
PAGE A

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

Invoice Number
A-1MAR25

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



Contract Purchase Order No: _____

Funding Source: **RWPA MAI**

Program Name: **Center of Excellence - IFR**

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: **03/1/25 - 03/31/25**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
mental health outpatient	966	70							966	70
outpatient sub abuse serv individual	975	45							975	45
outpatient sub abuse serv group	81	10							81	10

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		115			115

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$147,923				\$147,923.00
Fringe Benefits	\$44,370				\$44,370.00
Total Personnel Expenses	\$192,293				\$192,293.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$7,113				\$7,113.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,803				\$2,803.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,626				\$2,626.00
Staff Travel - (e.g., Local & Out of Town)	\$50				\$50.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,250				\$2,250.00
Total Operating Expenses	\$14,842				\$14,842.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$207,135				\$207,135.00
Indirect Expenses	\$18,642				\$18,642.00
TOTAL EXPENSES	\$225,777				\$225,777.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

APPENDIX F-6b
03/01/2025 - 02/28/2026
PAGE B

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

Telephone: 415-552-1013
Fax:

Program Name: Center of Excellence - IFR

ACE Control #:

Invoice Number
A-1MAR25

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.11	\$11,901				\$11,901.00
Clinical Supervisor Psychologist	0.09	\$8,571				\$8,571.00
Mental Health Specialist, LCSW	0.67	\$54,909				\$54,909.00
Substance Abuse Specialist	1.00	\$61,788				\$61,788.00
Clinic and Program Assistant	0.22	\$10,754				\$10,754.00
TOTAL SALARIES	2.08	\$147,923				\$147,923.00

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

Certified By: _____ Date: _____

Title: _____

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

APPENDIX F-7
03/01/2026 - 02/28/2027
PAGE A

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

Invoice Number
A-1MAR26

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



Contract Purchase Order No: _____

Funding Source: **RWPA**

Program Name: **Center of Excellence**

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: **03/1/26 - 03/31/26**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
outpatient ambulatory health serv	1,195	325							1,195	325
nursing treatment adherence	1,000	325							1,000	325
medical case management	1,170	80							1,170	80

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$374,566				\$374,566.00
Fringe Benefits	\$111,620				\$111,620.00
Total Personnel Expenses	\$486,186				\$486,186.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$23,141				\$23,141.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,000				\$4,000.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$29,530				\$29,530.00
Staff Travel - (e.g., Local & Out of Town)	\$1,500				\$1,500.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$35,695				\$35,695.00
Total Operating Expenses	\$93,866				\$93,866.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$580,052				\$580,052.00
Indirect Expenses	\$52,205				\$52,205.00
TOTAL EXPENSES	\$632,257				\$632,257.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

APPENDIX F-7a
03/01/2026 - 02/28/2027
PAGE A

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

Invoice Number
A-1MAR26

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



Contract Purchase Order No: _____

Funding Source: **RWPA MAI**

Program Name: **Center of Excellence**

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: **03/1/26 - 03/31/26**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
medical case management	1,660	325							1,660	325
treatment adherence individual	515	100							515	100
treatment adherence group	90	40							90	40

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Fringe Benefits	\$48,927				\$48,927.00
Total Personnel Expenses	\$213,111				\$213,111.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$9,643				\$9,643.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,682				\$2,682.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$12,325				\$12,325.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$225,436				\$225,436.00
Indirect Expenses	\$20,290				\$20,290.00
TOTAL EXPENSES	\$245,726				\$245,726.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

APPENDIX F-7a
03/01/2026 - 02/28/2027
PAGE B

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

Telephone: 415-552-1013
 Fax:

Program Name: **Center of Excellence**

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Social Services Supervisor	0.80	\$52,800				\$52,800.00
Medical Case Manager	1.00	\$60,341				\$60,341.00
Treatment Adherence Health Educator	0.59	\$30,643				\$30,643.00
Program Assistant						
Director of Programs and HIV Services	0.20	\$20,400				\$20,400.00
TOTAL SALARIES	2.59	\$164,184				\$164,184.00

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

Certified By: _____ Date: _____
 Title: _____

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

APPENDIX F-7b
03/01/2026 - 02/28/2027
PAGE A

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

Invoice Number
A-1MAR26

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



Contract Purchase Order No: _____

Funding Source: **RWPA MAI**

Program Name: **Center of Excellence - IFR**

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: **03/1/26 - 03/31/26**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
mental health outpatient	966	70							966	70
outpatient sub abuse serv individual	975	45							975	45
outpatient sub abuse serv group	81	10							81	10

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		115			115

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$147,923				\$147,923.00
Fringe Benefits	\$44,370				\$44,370.00
Total Personnel Expenses	\$192,293				\$192,293.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$7,113				\$7,113.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,803				\$2,803.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,626				\$2,626.00
Staff Travel - (e.g., Local & Out of Town)	\$50				\$50.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,250				\$2,250.00
Total Operating Expenses	\$14,842				\$14,842.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$207,135				\$207,135.00
Indirect Expenses	\$18,642				\$18,642.00
TOTAL EXPENSES	\$225,777				\$225,777.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

APPENDIX F-7b
03/01/2026 - 02/28/2027
PAGE B

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

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

Program Name: **Center of Excellence - IFR**

ACE Control #:

Invoice Number:

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.11	\$11,901				\$11,901.00
Clinical Supervisor Psychologist	0.09	\$8,571				\$8,571.00
Mental Health Specialist, LCSW	0.67	\$54,909				\$54,909.00
Substance Abuse Specialist	1.00	\$61,788				\$61,788.00
Clinic and Program Assistant	0.22	\$10,754				\$10,754.00
TOTAL SALARIES	2.08	\$147,923				\$147,923.00

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

Certified By: _____ Date: _____
 Title: _____

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

APPENDIX F-8
03/01/2027 - 02/29/2028
PAGE A

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

Invoice Number
A-1MAR27

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



Contract Purchase Order No: _____

Funding Source: **RWPA**

Program Name: **Center of Excellence**

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: **03/1/27 - 03/31/27**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
outpatient ambulatory health serv	1,195	325							1,195	325
nursing treatment adherence	1,000	325							1,000	325
medical case management	1,170	80							1,170	80

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Fringe Benefits	\$111,620				\$111,620.00
Total Personnel Expenses	\$486,186				\$486,186.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$23,141				\$23,141.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,000				\$4,000.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$29,530				\$29,530.00
Staff Travel - (e.g., Local & Out of Town)	\$1,500				\$1,500.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$35,695				\$35,695.00
Total Operating Expenses	\$93,866				\$93,866.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$580,052				\$580,052.00
Indirect Expenses	\$52,205				\$52,205.00
TOTAL EXPENSES	\$632,257				\$632,257.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

APPENDIX F-8
03/01/2027 - 02/29/2028
PAGE B

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

Telephone: 415-552-1013
 Fax:

Program Name: **Center of Excellence**

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Physician.	0.30	\$51,201				\$51,201.00
Registered Nurse.	0.90	\$76,866				\$76,866.00
Medical Assistant.	0.90	\$45,471				\$45,471.00
Phlebotomist.	0.50	\$20,800				\$20,800.00
Patient Services Specilaist.	1.00	\$41,642				\$41,642.00
Phlebotomist Lead.	0.20	\$11,648				\$11,648.00
Clinic Assistant.	0.60	\$29,952				\$29,952.00
Recruitment/Retention Coordinator.	0.67	\$37,500				\$37,500.00
Director of Programs and HIV Service	0.30	\$30,600				\$30,600.00
Program Assistant.	0.55	\$28,886				\$28,886.00
TOTAL SALARIES	5.92	\$374,566				\$374,566.00

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

Certified By: _____
 Title: _____

Date: _____

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

APPENDIX F-8a
03/01/2027 - 02/29/2028
PAGE A

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

Invoice Number
A-1MAR27

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



Contract Purchase Order No: _____

Funding Source: **RWPA MAI**

Program Name: **Center of Excellence**

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: **03/1/27 - 03/31/27**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
medical case management	1,660	325							1,660	325
treatment adherence individual	515	100							515	100
treatment adherence group	90	40							90	40

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$164,184				\$164,184.00
Fringe Benefits	\$48,927				\$48,927.00
Total Personnel Expenses	\$213,111				\$213,111.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$9,643				\$9,643.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,682				\$2,682.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$12,325				\$12,325.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$225,436				\$225,436.00
Indirect Expenses	\$20,290				\$20,290.00
TOTAL EXPENSES	\$245,726				\$245,726.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

APPENDIX F-8a
03/01/2027 - 02/29/2028
PAGE B

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

Telephone: 415-552-1013
 Fax:

Program Name: **Center of Excellence**

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Social Services Supervisor	0.80	\$52,800				\$52,800.00
Medical Case Manager	1.00	\$60,341				\$60,341.00
Treatment Adherence Health Educator	0.59	\$30,643				\$30,643.00
Program Assistant						
Director of Programs and HIV Services	0.20	\$20,400				\$20,400.00
TOTAL SALARIES	2.59	\$164,184				\$164,184.00

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

Certified By: _____ Date: _____
 Title: _____

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

APPENDIX F-8b
03/01/2027 - 02/29/2028
PAGE A

Contractor: Mission Neighborhood Health Center Address: 240 Shotwell Street San Francisco, CA 94110 Telephone: 415-552-1013 Fax:	Contract ID # 1000017218	Invoice Number A-1MAR27	
Program Name: Center of Excellence - IFR ACE Control #:	<div style="border: 1px solid black; padding: 10px; width: 60px; margin: 0 auto;"> HHS </div>	Contract Purchase Order No.:	Funding Source: RWPA MAI
		Department ID-Authority ID:	Project ID-Activity ID:
		Invoice Period: 03/1/27 - 03/31/27	FINAL Invoice <input type="checkbox"/> (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
mental health outpatient	966	70							966	70
outpatient sub abuse serv individual	975	45							975	45
outpatient sub abuse serv group	81	10							81	10

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		115			115

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$147,923				\$147,923.00
Fringe Benefits	\$44,370				\$44,370.00
Total Personnel Expenses	\$192,293				\$192,293.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$7,113				\$7,113.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,803				\$2,803.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,626				\$2,626.00
Staff Travel - (e.g., Local & Out of Town)	\$50				\$50.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,250				\$2,250.00
Total Operating Expenses	\$14,842				\$14,842.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$207,135				\$207,135.00
Indirect Expenses	\$18,642				\$18,642.00
TOTAL EXPENSES	\$225,777				\$225,777.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____ (DPH Authorized Signatory)	Date: _____
ATTN: Accounts Payable		

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

APPENDIX F-8b
03/01/2027 - 02/29/2028
PAGE B

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

Telephone: 415-552-1013
 Fax:

Program Name: Center of Excellence - IFR

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.11	\$11,901				\$11,901.00
Clinical Supervisor Psychologist	0.09	\$8,571				\$8,571.00
Mental Health Specialist, LCSW	0.67	\$54,909				\$54,909.00
Substance Abuse Specialist	1.00	\$61,788				\$61,788.00
Clinic and Program Assistant	0.22	\$10,754				\$10,754.00
TOTAL SALARIES	2.08	\$147,923				\$147,923.00

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

Certified By: _____ Date: _____
 Title: _____

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

APPENDIX F-9
03/01/2028 - 02/28/2029
PAGE A

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

Invoice Number
A-1MAR28

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



Contract Purchase Order No: _____

Funding Source: **RWPA**

Program Name: **Center of Excellence**

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: **03/1/28 - 03/31/28**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
outpatient ambulatory health serv	1,195	325							1,195	325
nursing treatment adherence	1,000	325							1,000	325
medical case management	1,170	80							1,170	80

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Fringe Benefits	\$111,620				\$111,620.00
Total Personnel Expenses	\$486,186				\$486,186.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$23,141				\$23,141.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,000				\$4,000.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$29,530				\$29,530.00
Staff Travel - (e.g., Local & Out of Town)	\$1,500				\$1,500.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$35,695				\$35,695.00
Total Operating Expenses	\$93,866				\$93,866.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$580,052				\$580,052.00
Indirect Expenses	\$52,205				\$52,205.00
TOTAL EXPENSES	\$632,257				\$632,257.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

APPENDIX F-9
03/01/2028 - 02/28/2029
PAGE B

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

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

Program Name: **Center of Excellence**

ACE Control #: _____

Invoice Number
A-1MAR28

Contract Purchase Order No: _____

Fund Source: **RWPA**

Department ID-Authority ID: _____

Project ID-Activity ID: _____

Invoice Period: **03/1/28 - 03/31/28**

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Physician.	0.30	\$51,201				\$51,201.00
Registered Nurse.	0.90	\$76,866				\$76,866.00
Medical Assistant.	0.90	\$45,471				\$45,471.00
Phlebotomist.	0.50	\$20,800				\$20,800.00
Patient Services Specilaist.	1.00	\$41,642				\$41,642.00
Phlebotomist Lead.	0.20	\$11,648				\$11,648.00
Clinic Assistant.	0.60	\$29,952				\$29,952.00
Recruitment/Retention Coordinator.	0.67	\$37,500				\$37,500.00
Director of Programs and HIV Service	0.30	\$30,600				\$30,600.00
Program Assistant.	0.55	\$28,886				\$28,886.00
TOTAL SALARIES	5.92	\$374,566				\$374,566.00

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

Certified By: _____ Date: _____
Title: _____

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

APPENDIX F-9a
03/01/2028 - 02/28/2029
PAGE A

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

Invoice Number
A-1MAR28

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



Contract Purchase Order No: _____

Funding Source: **RWPA MAI**

Program Name: **Center of Excellence**

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: **03/1/28 - 03/31/28**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
medical case management	1,660	325							1,660	325
treatment adherence individual	515	100							515	100
treatment adherence group	90	40							90	40

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Fringe Benefits	\$48,927				\$48,927.00
Total Personnel Expenses	\$213,111				\$213,111.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$9,643				\$9,643.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,682				\$2,682.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$12,325				\$12,325.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$225,436				\$225,436.00
Indirect Expenses	\$20,290				\$20,290.00
TOTAL EXPENSES	\$245,726				\$245,726.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

APPENDIX F-9a
03/01/2028 - 02/28/2029
PAGE B

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

Telephone: 415-552-1013
Fax: _____

Program Name: Center of Excellence

ACE Control #: _____

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Social Services Supervisor	0.80	\$52,800				\$52,800.00
Medical Case Manager	1.00	\$60,341				\$60,341.00
Treatment Adherence Health Educator	0.59	\$30,643				\$30,643.00
Program Assistant						
Director of Programs and HIV Services	0.20	\$20,400				\$20,400.00
TOTAL SALARIES	2.59	\$164,184				\$164,184.00

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

Certified By: _____ Date: _____
 Title: _____

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

APPENDIX F-9b
03/01/2028 - 02/28/2029
PAGE A

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

Invoice Number
A-1MAR28

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



Contract Purchase Order No: _____

Funding Source: **RWPA MAI**

Program Name: **Center of Excellence - IFR**

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: **03/1/28 - 03/31/28**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
mental health outpatient	966	70							966	70
outpatient sub abuse serv individual	975	45							975	45
outpatient sub abuse serv group	81	10							81	10

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		115			115

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$147,923				\$147,923.00
Fringe Benefits	\$44,370				\$44,370.00
Total Personnel Expenses	\$192,293				\$192,293.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$7,113				\$7,113.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,803				\$2,803.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,626				\$2,626.00
Staff Travel - (e.g., Local & Out of Town)	\$50				\$50.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,250				\$2,250.00
Total Operating Expenses	\$14,842				\$14,842.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$207,135				\$207,135.00
Indirect Expenses	\$18,642				\$18,642.00
TOTAL EXPENSES	\$225,777				\$225,777.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

APPENDIX F-9b
03/01/2028 - 02/28/2029
PAGE B

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

Telephone: 415-552-1013
Fax:

Program Name: Center of Excellence - IFR

ACE Control #:

Invoice Number	<input type="text" value="A-1MAR28"/>
Contract Purchase Order No:	<input type="text"/>
Fund Source:	<input type="text" value="RWPA MAI"/>
Department ID-Authority ID:	<input type="text"/>
Project ID-Activity ID:	<input type="text"/>
Invoice Period:	<input type="text" value="03/1/28 - 03/31/28"/>
FINAL Invoice	<input type="checkbox"/> (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.11	\$11,901				\$11,901.00
Clinical Supervisor Psychologist	0.09	\$8,571				\$8,571.00
Mental Health Specialist, LCSW	0.67	\$54,909				\$54,909.00
Substance Abuse Specialist	1.00	\$61,788				\$61,788.00
Clinic and Program Assistant	0.22	\$10,754				\$10,754.00
TOTAL SALARIES	2.08	\$147,923				\$147,923.00

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

Certified By: _____ Date: _____
Title: _____

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

APPENDIX F-10
03/01/2029 - 02/28/2030
PAGE A

Contractor: Mission Neighborhood Health Center Address: 240 Shotwell Street San Francisco, CA 94110 Telephone: 415-552-1013 Fax:	Contract ID # 1000017218	Invoice Number A-1MAR29	Contract Purchase Order No:
Program Name: Center of Excellence ACE Control #:	<div style="border: 1px solid black; padding: 10px; width: 60px; margin: 0 auto;"> HHS </div>	Funding Source: RWPA	Department ID-Authority ID:
		Project ID-Activity ID:	Invoice Period: 03/1/29 - 03/31/29
		FINAL Invoice <input type="checkbox"/> (check if Yes)	

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
outpatient ambulatory health serv	1,195	325							1,195	325
nursing treatment adherence	1,000	325							1,000	325
medical case management	1,170	80							1,170	80

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$374,566				\$374,566.00
Fringe Benefits	\$111,620				\$111,620.00
Total Personnel Expenses	\$486,186				\$486,186.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$23,141				\$23,141.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,000				\$4,000.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$29,530				\$29,530.00
Staff Travel - (e.g., Local & Out of Town)	\$1,500				\$1,500.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$35,695				\$35,695.00
Total Operating Expenses	\$93,866				\$93,866.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$580,052				\$580,052.00
Indirect Expenses	\$52,205				\$52,205.00
TOTAL EXPENSES	\$632,257				\$632,257.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____ (DPH Authorized Signatory)	Date: _____
ATTN: Accounts Payable		

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

APPENDIX F-10
03/01/2029 - 02/28/2030
PAGE B

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

Telephone: 415-552-1013
Fax:

Program Name: Center of Excellence

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Physician.	0.30	\$51,201				\$51,201.00
Registered Nurse.	0.90	\$76,866				\$76,866.00
Medical Assistant.	0.90	\$45,471				\$45,471.00
Phlebotomist.	0.50	\$20,800				\$20,800.00
Patient Services Specilaist.	1.00	\$41,642				\$41,642.00
Phlebotomist Lead.	0.20	\$11,648				\$11,648.00
Clinic Assistant.	0.60	\$29,952				\$29,952.00
Recruitment/Retention Coordinator.	0.67	\$37,500				\$37,500.00
Director of Programs and HIV Service	0.30	\$30,600				\$30,600.00
Program Assistant.	0.55	\$28,886				\$28,886.00
TOTAL SALARIES	5.92	\$374,566				\$374,566.00

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

Certified By: _____ Date: _____
Title: _____

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

APPENDIX F-10a
03/01/2029 - 02/28/2030
PAGE A

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

Invoice Number
A-1MAR29

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



Contract Purchase Order No: _____

Funding Source: **RWPA MAI**

Program Name: **Center of Excellence**

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: **03/1/29 - 03/31/29**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
medical case management	1,660	325							1,660	325
treatment adherence individual	515	100							515	100
treatment adherence group	90	40							90	40

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		325			325

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$164,184				\$164,184.00
Fringe Benefits	\$48,927				\$48,927.00
Total Personnel Expenses	\$213,111				\$213,111.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$9,643				\$9,643.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,682				\$2,682.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$12,325				\$12,325.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$225,436				\$225,436.00
Indirect Expenses	\$20,290				\$20,290.00
TOTAL EXPENSES	\$245,726				\$245,726.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

APPENDIX F-10a
03/01/2029 - 02/28/2030
PAGE B

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

Telephone: 415-552-1013
Fax:

Program Name: Center of Excellence

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Social Services Supervisor	0.80	\$52,800				\$52,800.00
Medical Case Manager	1.00	\$60,341				\$60,341.00
Treatment Adherence Health Education Specialist	0.59	\$30,643				\$30,643.00
Program Assistant						
Director of Programs and HIV Services	0.20	\$20,400				\$20,400.00
TOTAL SALARIES	2.59	\$164,184				\$164,184.00

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

Certified By: _____

Date: _____

Title: _____

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

APPENDIX F-10b
03/01/2029 - 02/28/2030
PAGE A

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

Invoice Number
A-1MAR29

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



Contract Purchase Order No: _____

Funding Source: **RWPA MAI**

Program Name: **Center of Excellence - IFR**

Department ID-Authority ID: _____

ACE Control #: _____

Project ID-Activity ID: _____

Invoice Period: **03/1/29 - 03/31/29**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
mental health outpatient	966	70							966	70
outpatient sub abuse serv individual	975	45							975	45
outpatient sub abuse serv group	81	10							81	10

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		115			115

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$147,923				\$147,923.00
Fringe Benefits	\$44,370				\$44,370.00
Total Personnel Expenses	\$192,293				\$192,293.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$7,113				\$7,113.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,803				\$2,803.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,626				\$2,626.00
Staff Travel - (e.g., Local & Out of Town)	\$50				\$50.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,250				\$2,250.00
Total Operating Expenses	\$14,842				\$14,842.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$207,135				\$207,135.00
Indirect Expenses	\$18,642				\$18,642.00
TOTAL EXPENSES	\$225,777				\$225,777.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
ATTN: Accounts Payable	(DPH Authorized Signatory)	

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

APPENDIX F-10b
03/01/2029 - 02/28/2030
PAGE B

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

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

Program Name: **Center of Excellence - IFR**

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.11	\$11,901				\$11,901.00
Clinical Supervisor Psychologist	0.09	\$8,571				\$8,571.00
Mental Health Specialist, LCSW	0.67	\$54,909				\$54,909.00
Substance Abuse Specialist	1.00	\$61,788				\$61,788.00
Clinic and Program Assistant	0.22	\$10,754				\$10,754.00
TOTAL SALARIES	2.08	\$147,923				\$147,923.00

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

Certified By: _____ Date: _____
Title: _____

Appendix D--Interests In Other City Contracts

City Department or Commission	Date of Contract	Amount of Contract
Department of Public Health	07/01/2017 – 02/28/2025	\$1,640,886
Department of Public Health	03/01/2017 – 02/28/2027	\$2,953,518
Department of Public Health	01/01/2020 – 06/30/2028	\$8,363,665



San Francisco Department of Public Health
Business Associate Agreement

This Business Associate Agreement (“BAA”) supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity (“CE”), and Contractor, the Business Associate (“BA”) (the “Agreement”). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

RECITALS

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

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

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

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

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

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

1. Definitions.

a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.



San Francisco Department of Public Health
Business Associate Agreement

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



San Francisco Department of Public Health
Business Associate Agreement

with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

l. Protected Information shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.

m. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.

n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

o. Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

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

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



San Francisco Department of Public Health
Business Associate Agreement

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



San Francisco Department of Public Health
Business Associate Agreement

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 seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.



San Francisco Department of Public Health
Business Associate Agreement

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. 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)]



San Francisco Department of Public Health
Business Associate Agreement

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).]

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. Per the Secretary's guidance, the City will accept destruction of electronic PHI in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Media Sanitization. The City will accept destruction of PHI contained in paper records by shredding, burning, pulping, or pulverizing the records so that the PHI is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

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 of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).



San Francisco Department of Public Health
Business Associate Agreement

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 does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Email: compliance.privacy@sfdph.org
Hotline (Toll-Free): 1-855-729-6040

Contractor Name:		Contractor City Vendor ID	
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PRIVACY ATTESTATION

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

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

I. All Contractors.

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

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

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

III. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)		Signature		Date	
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IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Contractor Name:		Contractor City Vendor ID	
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DATA SECURITY ATTESTATION

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

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

I. All Contractors.

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

II. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature		Date	
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III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

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

Data Access and Sharing Terms

Article 1 Access

1.1 Revision to Scope of Access (RSA):

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

1.2 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;

1.2.2 Communicating with the SFDPH IT Service Desk;

1.2.3 Providing Agency Data User(s) details to the City;

1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;

1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and

1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

1.3 SFDPH IT Service Desk.

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

1.4 Deprovisioning Schedule.

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

1.5 Active Directory.

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

1.6 Role Based Access.

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

1.7 Training Requirements.

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

1.8 Agency Data User Confidentiality Agreement.

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

1.9 Corrective Action.

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

1.10 User ID and Password.

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

1.11 Notification of Compromised Password.

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

1.12 Multi Factor Authentication.

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

1.13 Qualified Personnel.

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

1.14 Workstation/Laptop encryption.

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

1.15 Server Security.

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

1.16 Removable media devices.

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

1.17 Antivirus software.

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

1.18 Patch Management.

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

1.19 System Timeout.

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

1.20 Warning Banners.

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

1.21 Transmission encryption.

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

1.23 Intrusion Detection.

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

of the City.

1.24 Security of PHI.

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

1.25 Data Security and City Data

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

1.26 Data Privacy and Information Security Program.

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

1.27 Disaster Recovery.

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

1.28 Supervision of Data.

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

1.29 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

1.30 No Technical or Administrative Support.

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

1.31 City Audit of Agency and Agency Data Users.

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

1.32 Minimum Necessary.

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

1.33 No Re-Disclosure or Reporting.

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

1.34 Health Information Exchange.

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

1.35 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data

breach in the same manner in which Agency would be so obligated, (2) provide cyber with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 2 Indemnity

2.1 Medical Malpractice Indemnification.

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

- (a) Read information displayed or transmitted by the System accurately and completely;
- (b) Ensure that Agency Data Users are trained on the use of the System;
- (c) Be responsible for decisions made based on the use of the System;
- (d) Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;
- (e) Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;
- (f) Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;
- (g) Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

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

3.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and

- ii. any action pertaining to a breach required by applicable federal and state laws.

3.2.1 Investigation of Breach and Security Incidents: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

- i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
- iii. a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. a description of the probable and proximate causes of the breach or security incident; and
- v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

3.2.2 Written Report: Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3.2.3 Notification to Individuals: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
- ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

3.2.4 Sample Notification to Individuals: If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
- ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

3.3 **Media Communications**

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

**Attachment 1 to Appendix K
System Specific Requirements**

I. For Access to SFDPH Epic through Care Link the following terms shall apply:

A. SFDPH Care Link Requirements:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website galaxy.epic.com. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Compliance with Epic Terms and Conditions.

- a) Agency will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the SFDPH Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing SFDPH Care Link:

3. Epic-Provided Terms and Conditions

- a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
- b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Application For Access and Compliance with Epic Terms and Conditions.

- a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: <https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:

A. SFDPH myAvatar via WebConnect and VDI:

1. Connectivity.

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

- a. Agency must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: <https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- d. Applicants must complete the credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.

Attachment 2 to Appendix K

**Protected Information Destruction Order
Purge Certification - Contract ID # 1000017218**

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated March 1st, 2020 (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

Electronic Data: Per the Secretary’s guidance, the City will accept destruction of electronic Protected Information in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Data Sanitization (“NIST”).

Hard-Copy Data: Per the Secretary’s guidance, the City will accept destruction of Protected Information contained in paper records by shredding, burning, pulping, or pulverizing the records so that the Protected Information is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

Contractor hereby certifies that Contractor has destroyed all Protected Information as directed by the City in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

So Certified

Anna Robert

Title: Chief Executive Officer

Date: