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

FIRST Amendment

This AMENDMENT (this "Amendment") is made as of March 1, 2015, in San Francisco, California, by and between PUBLIC HEALTH FOUNDATION ENTERPRISES, INC. ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

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

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

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract Number 2000-03/04, on January 7, 2013;

NOW THEREFORE, Contractor and the City agree as follows:

- 1. **Definitions.** The following definitions shall apply to this Amendment:
- 1a. Agreement. The term "Agreement" shall mean the Original Agreement dated August 1, 2014, (BPHC15000042/DPHC15000444), between Contractor and City
- 1b. Contract Monitoring Division. Contract Monitoring Division. Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

1c.Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

- 2. Modifications to the Agreement. The Agreement is hereby modified as follows:
- a. Section 02. Section 02 Term of the Agreement, of the Agreement currently reads as follows:
- 2. Term of the Agreement. Subject to Section 1, the term of this Agreement shall be from August 1, 2014 to June 30, 2015.

The City shall have the sole discretion to exercise the following options to extend the Agreement term:

Option 1: 07/01/2015 - 06/30/2016 Option 2: 07/01/2016 - 06/30/2017 Option 3: 07/01/2017 - 06/30/2018 Option 4: 07/01/2018 - 06/30/2019 Option 5: 07/01/2019 - 06/30/2020 Option 6: 07/01/2020 - 06/30/2021 Option 7: 07/01/2021 - 06/30/2022 Option 8: 07/01/2022 - 06/30/2023 Option 9: 07/01/2023 - 06/30/2024

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

2. Term of the Agreement. Subject to Section 1, the term of this Agreement shall be from August 1, 2014 to June 30, 2018.

The City shall have the sole discretion to exercise the following options to extend the Agreement term:

Option 1: 07/01/2015 - 06/30/2016 Exercised Exercised Option 2: 07/01/2016 - 06/30/2017 Option 3: Exercised 07/01/2017 - 06/30/2018 Option 4: 07/01/2018 - 06/30/2019 Option 5: 07/01/2019 - 06/30/2020 Option 6: 07/01/2020 - 06/30/2021 Option 7: 07/01/2021 - 06/30/2022 Option 8: 07/01/2022 - 06/30/2023 Option 9: 07/01/2023 - 06/30/2024

b. Section 05. Section 05 Compensation, of the Agreement currently reads as follows:

5. Compensation. Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed Six Million One Hundred Fifty-Two Thousand and Thirty-Nine DOLLARS (\$6,152,039). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

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

5. Compensation. Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed Twenty-Five Million Two Hundred Thirty-Nine Thousand Five Hundred Eighty DOLLARS (\$25,239,580). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

c. Section 15. Insurance, is hereby amended in their entirety to read as follows:

15. Insurance

- a. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:
- 1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- 2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- 3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- 4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.
- b. Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:
- 1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- 2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.
- c. All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in the Section entitled "Notices to the Parties."
- d. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.
- e. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.
- f. Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

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- g. The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.
- h. If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

d. Section 55. Supervision of Minors, is hereby amended in their entirety to read as follows:

55. Supervision of Minors. In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors. Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for positions involving the supervision of minors. In the event of a conflict between this section and Section 32, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control.

The Appendices listed below are Amended as follows:

- e. Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated: Amendment 03/01/2015.
- f. **Delete** Appendix A-1, **and replace in its entirety with** Appendix A-1 to Agreement as amended. Dated: Amendment 03/01/2015.
- g. **Delete** Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: Amendment 03/01/2015.
- h. Add Appendix B-1a to Agreement as amended. Dated: Amendment 03/01/2015.
- i. Add Appendix B-1b to Agreement as amended. Dated: Amendment 03/01/2015.
- j. Add Appendix B-1c to Agreement as amended. Dated: Amendment 03/01/2015.
- k. Add Appendix F-1a (GF-SA) to Agreement as amended. Dated: Amendment 03/01/2015.
- 1. Add Appendix F-1a (GF-WO) to Agreement as amended. Dated: Amendment 03/01/2015.
- m. Add Appendix F-1b (GF-SA) to Agreement as amended. Dated: Amendment 03/01/2015.
- n. Add Appendix F-1b (GF-WO) to Agreement as amended. Dated: Amendment 03/01/2015.
- o. Add Appendix F-1c (GF-SA) to Agreement as amended. Dated: Amendment 03/01/2015.
- p. Add Appendix F-1c (GF-WO) to Agreement as amended. Dated: Amendment 03/01/2015.
- 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 Agreement shall remain unchanged and in full force and effect.

above. CITY CONTRACTOR Recommended by: PUBLIC HEALTH FOUNDATION ENTERPRISES, INC. By signing this Agreement, I certify that I comply with the requirements of the Minimum Director of Health Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated Approved as to Form: time off. Dennis J. Herrera I have read and understood paragraph 35, the City's statement urging companies doing City Attorney business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles. By: Aleeta Van Runkle Deputy City Attorney Peter D. Dale Director, Contract and Grant Management 12801 Crossroads Parkway South, Suite 200 Approved: City of Industry, CA 91746 City vendor number: 48661 Jaci Fong Date

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

Director

Office of Contract

Administration and Purchaser

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Appendix A Services to be provided by Contractor

1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City. The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

Contractor warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the City to provide the Services. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

E. Adequate Resources:

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

Amendment: 03/01/2015

I. Infection Control, Health and Safety:

- (1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (http://www.dir.ca.gov/title8/5193.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.
- (2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.
- (3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.
- (4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.
- (5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.
- (6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.
- (8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Acknowledgment of Funding:

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

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

L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. <u>Under-Utilization Reports</u>:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service, and for HIV Prevention Services contracts the number of clients (NOC), for any mode of service hereunder, except for taxi scrip, bus tokens, clothing vouchers, and household goods vouchers, which may be

distributed on an as-needed basis, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

N. Quality Assurance:

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

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

O. Compliance With Grant Award Notices:

If any portion of funding for this Agreement is provided to the City through federal, state or private foundation awards, Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

P. Aerosol Transmissible Disease Program, Health and Safety:

- (1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (http://www.dir.ca.gov/Title8/5199.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.
- (2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.
- (3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

Q. Research Study Records:

To facilitate the exchange of research study records, should this Appendix A include the use of human study subjects, Contractor will include the City in all study subject consent forms reviewed and approved by Contractor's IRB.

2. Description of Services

Detailed descriptions of services supporting the period 08/01/14-06/30/18 may be found in the following Appendixes:

Appendix A, 08/01/14-06/30/18 Appendix A-1, 08/01/14-06/30/18

Program Summary
SF Homeless Outreach Team

Amendment: 03/01/2015

Contractor: Public Health Foundation Enterprises Program: San Francisco Homeless Outreach Team Funding: General Fund

Appendix A Term: 08/1/14-6/30/18

SUMMARY

Service Providers:	San Francisco Department of Public Health						
Fiscal Agent:	Public Health Foundation Enterprises						
Total Contract Amount:	\$23,085,240						
Program Name:	San Francisco Homeless Outre	each Team	1				
	SFHOT 50 Ivy Street (Lech Walesa) San Francisco, CA 94102 Mission Mental Health Clinic 2712 Mission Street San Francisco, CA 94110 SF Sobering Center for EST activities 1171 Mission Street San Francisco, CA 94103					T	
Program Address:							
Program Contact:	Brenda Meskan						
Amount:	Appendix A-1 / Appendix B-1 \$5,132,409			Appendix A-1 / Appendix B-1a \$ 5,984,277			
Term:	08/01/14-6/30/15	UOS	UDC	07/01/15-6/30/16	J	UOS	UDC
Definition of UOS:	SA County- Staff Hours	80,387	550	SA County- Staff	Hours	93,681	825
	SA Work Order- Staff Hours	5,025	20	SA Work Order- S	Staff Hours	5,964	30
Total UOS / UDC:	Totals	85,412	570		Totals	99,645	855
Amount:	Appendix A -1/ Appendix B-1b \$ 5,984,277	-Palaine action II a, das epitalis familie America pilatika (PP) !	Company Communication (Communication Communication Communi	Appendix A-1 / A \$ 5,984,277	ppendix B-1c	Contract to State Committee State Committee State Committee State Committee State Committee State Committee St	and appears for consider
Term:	07/01/16-6/30/17	UO.S	UDC	07/01/17-6/30/18		UOS	UDC
Definition of UOS:	SA County- Staff Hours	93,681	825	SA County- Staff	Hours	93,681	825
	SA Work Order- Staff Hours	5,964	30	SA Work Order- S	Staff Hours	5,964	30
Total UOS / UDC:	Totals	99,645	855	<u> </u>	Totals	99,645	855

Target Population:	No direct services are provided to clients. Human resources and fiscal management services are provided to support staff that conduct program management, data, fiscal management and quality improvement activities
Description of Service:	Public Health Foundation Enterprises, Inc. will be responsible for providing human resources and fiscal management for this project and for compliance and adherence with the City and County of San Francisco fund management policies to ensure project success. Staff will to provide human resources management, technical assistance, training and fiscal management services to manage the SFHOT program.

Amendment: 03/01/2015

Public Health Foundation Enterprises, Inc. (PHFE) San Francisco Homeless Outreach Team City Fiscal Year: FY15-16 CMS # 7492

Appendix A-1 Contract Term: 8/1/14 - 6/30/18 Funding Source: General Fund

1. Vendor and Program Name:

Public Health Foundation Enterprises, Inc (PHFE) San Francisco Homeless Outreach Team (SFHOT)

SFHOT Staff Located at:

SFHOT 50 Ivy Street (Lech Walesa) San Francisco, CA 94102 Tele: (415) 415-355-7555 FAX: (415) 415-355-7404

SF Sobering Center for EST activities 1171 Mission Street San Francisco, CA 94103 Tele: (415)734-4233

Fax: (415) 735-4223

Mission Mental Health Clinic 2712 Mission Street San Francisco, CA 94110 Tele:(415) 401-2660 FAX: (415) 401-2671

2. Nature of Document

☐ New ☐ Renewal ☐ Amendment ☐ Modification

3. Goal Statement

The goal, in collaboration with the San Francisco Department of Public Health, is to provide Fiscal and Human Resource Management services in support of the San Francisco Homeless Outreach Team (SFHOT) program.

4. Target Population

Target population is the San Francisco Department of Public Health's San Francisco Homeless Outreach Team (SF HOT) program. This multidisciplinary team serves individuals living on the street who are severely disabled. Staff members consist of employees of the Department of Public Health, the Human Services Agency, and community-based organization staff (PHFE). SFHOT uses a client-centered "whatever it takes" approach, and employs comprehensive wrap-around services to meet client needs. The program promotes harm reduction and strength-based recovery philosophies through its daily functioning, and utilizes acuity-based, data-driven, and outcomes-oriented processes to meet its goals. The program also assesses medical and behavioral crises, and refers clients to emergency care as appropriate.

Amendment: 03/01/2015

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Public Health Foundation Enterprises, Inc. (PHFE) San Francisco Homeless Outreach Team City Fiscal Year: FY15-16 CMS # 7492 Appendix A-1 Contract Term: 8/1/14 - 6/30/18 Funding Source: General Fund

SFHOT provides the following lines of service:

Stabilization Case Management

This service line provides short-term stabilization care management for 480 high risk homeless individuals (homeless more than three years, experiencing complex medical, psychiatric, and substance abuse tri-morbidity, using a high number of urgent/emergent care services, and not able to navigate health and human services system on their own). Case Management accepts referrals from SFHOT Street Outreach and high user treatment programs. Within six to twelve months, the goals are to: (1) Stabilize individuals from the street into shelter/SRO, (2) Remove personal barriers to attaining permanent housing; e.g., attain benefits, primary care linkage, behavioral health care linkage, IDs, legal aid, etc., (3) Secure and place into permanent housing, (4) Assess and serve as care coordinators for SF Health Network members who are high risk / high cost individuals and are unable to engage into the system.

Street Outreach Team

This service line provides outreach, engagement and warm-handoffs from the street to (or between) urgent/ emergent institutions. The Engagement Specialist Team (EST) operate 24/7 and responds to requests from 311, Care Coordinators, Police, Fire, and Urgent/Emergent facilities (hospitals, SF Sobering Center, Psych Emergency Services, and Dore Psych Urgent Care) for street outreach/intervention and therapeutic transports. The goals are to, within two hours, respond and determine if the individual can be cleared for transport and provide warm-handoff to and/or from urgent/emergent facilities. In addition, the EST provides targeted search and outreach of HUMS (High Users of Multiple Systems) and other high-risk homeless individuals as identified by 311 (citizens) and health care coordinators and once found, performs wellness checks and attempts to engage individuals into services and other resources as identified by community care plans.

Medical Team

The medical team uses the model "Homeless to Primary Care Medical Home" and provides transitional primary health care to address barriers to primary care in the appropriate setting for each patient. Barriers that will be addressed may be related to patient issues such as: medical, mental health and substance use disorders; lack of benefits; competing priorities such as lack of food, shelter, or clothing. Barriers may also be related to systems issues such as: Enrollment and insurance requirements that are difficult for homeless individuals to obtain, inconvenient hours or locations of services; discrimination against homeless individuals in services; or services that have not created adaptations and accommodations for the needs of homeless people.

San Francisco Public Library Team

This service line is situated at the Civic Center Main Branch with staff who conduct outreach and offers referrals to homeless, marginally housed and/or mentally ill patrons of the library. Staff also facilitate education sessions in group or individual settings for library staff, in order to improve understanding of behaviorally vulnerable patrons of the library. Staff's goal is to help library staff serve this group of patrons according to their needs, while helping to decrease the number and severity of incidents that require

Amendment: 03/01/2015

Appendix A-1 Contract Term: 8/1/14 - 6/30/18 Funding Source: General Fund

intervention from Library security staff. Staff also train Health and Safety Associates (HaSAs) who are selected from a group of homeless library patrons being served by SF HOT's case management function. These HaSAs assist the team by using their life experiences and learned engagement skills to reach out to other homeless patrons, in order to persuade them to accept case management and other services. In the process, HaSAs gain employment and job-seeking skills.

5. Unit of Service / Modalities

GF: SFHOT and San Francisco Public Library Work Order 8/1/14 – 6/30/15 (B-1)

Unit of Service Description	Units of Service (UOS)	Number of Clients (NOC)
DPH Units of Service- SA County General Fund Unit Type: Staff Hour	80,387	N/A
DPH Units of Service- SA Work Order- Public Library SFHOT Unit Type: Staff Hour	5,025	N/A
Total UOS	85,412	
Total NOC		N/A

GF: SFHOT and San Francisco Public Library Work Order 7/1/15 – 6/30/16 (B-1a)

Unit of Service Description	Units of Service (UOS)	Number of Clients (NOC)
DPH Units of Service- SA County General Fund Unit Type: Staff Hour	86,193	N/A
DPH Units of Service- SA Work Order- Public Library SFHOT Unit Type: Staff Hour	5,025	N/A
Total UOS	91,218	
Total NOC		N/A

Amendment: 03/01/2015

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City Fiscal Year: FY15-16

CMS # 7492

Appendix A-1 Contract Term: 8/1/14 - 6/30/18 Funding Source: General Fund

GF: SFHOT and San Francisco Public Library Work Order 7/1/16 – 6/30/17 (B-1b)

Unit of Service Description	Units of Service (UOS)	Number of Clients (NOC)
DPH Units of Service- SA County General Fund Unit Type: Staff Hour	93,681	N/A
DPH Units of Service- SA Work Order- Public Library SFHOT Unit Type: Staff Hour	5,964	N/A
Total UOS	99,645	
Total NOC		N/A

GF: SFHOT and San Francisco Public Library Work Order 7/1/17 – 6/30/18 (B-1c)

Unit of Service Description	Units of Service (UOS)	Number of Clients (NOC)
DPH Units of Service- SA County General Fund Unit Type: Staff Hour	93,681	N/A
DPH Units of Service- SA Work Order- Public Library SFHOT Unit Type: Staff Hour	5,964	N/A
Total UOS	99,645	
Total NOC		N/A

6. Methodology

This contract will facilitate the fiscal and human resource management services that support the SFHOT contracted staff. PHFE will provide Fiscal Intermediary administrative services to support the San Francisco Homeless Outreach Team program. This will be a collaborative project with close coordination with the San Francisco Department of Public Health (DPH) SFHOT Program Administrator.

Fiscal Management for this program consists of developing and monitoring the budget; managing employee payroll and benefits; dispersing programmatic expenditures such as client funds, peer stipends, training, supplies, equipment, and leases according to budget plan; and maintaining all program documentation as related to this contract.

Staff Management for this program consists of primary Human Resource management processes and will be coordinated with the SFHOT DPH Program Administrator. It will include recruiting, hiring, and orienting new staff; managing employee benefits; monitoring employee training, skill development, and performance evaluations on regular basis, and implementing employee discipline when necessary.

Amendment: 03/01/2015

Public Health Foundation Enterprises, Inc. (PHFE) San Francisco Homeless Outreach Team City Fiscal Year: FY15-16 CMS # 7492 Appendix A-1 Contract Term: 8/1/14 - 6/30/18 Funding Source: General Fund

A. Fiscal Management

Contractor will utilize established fiscal management policies and procedures and employee training materials that assure the ability to meet all fiscal management responsibilities of this project. The policies address the following internal controls: safeguarding assets, transaction authorizations, timely reconciliation of accounting records; financial reporting; accounts payable; accounts receivable; petty cash; and, payroll.

Fiscal management team assigned to SFHOT program will include support from a Contracts and Grants Manager, a Budget Analyst, and an Accounts Payable Specialist. These staff will work closely with the SFDPH Program Administrator and CBA Program Director. The PHFE Contracts and Grants Manager, in collaboration with the SFDPH Program Administrator, will serve as the lead team member assigned to the contract and will oversee all fiscal management activities. In addition the contracts and grants manager will issues and monitor all subcontracts, lease, and consultant agreements. The Budget Analyst (BA), working closely with the Accounts Payable Specialist and the SFDPH Program Administrator, will be responsible for monthly expenses and annual cost reporting, including the tracking of all costs against each cost center's budget, generating invoices on a monthly basis to SFDPH, and providing oversight and assurance that all expenses are charged and invoiced appropriately. The BA will also provide a monthly statement of activities, assistance with budget modifications, and be responsible for final financial reconciliation and reporting. In addition the BA and Accounts Payable Specialist are responsible for vendor management, including ensuring vendors are set up correctly with required documentation.

PHFE will work within SFDPH approved budgets to reimburse program expenses directly to vendors and partners or directly to employees that have made authorized program purchases. This includes but not limited to: (1) pay invoices on a predetermined schedule, (2) ensure the accuracy and authenticity of invoice processed, (3) process accounts payable paperwork timely, and (4) maintain support documentation.

As part of the contract, PHFE will purchase up to four vehicles for SFHOT to use in outreach activities. Authorized SFHOT staff members will utilize the vans for program purposes only including but not limited to therapeutic transport, and client meetings and appointments. The vans will be registered to PHFE, and be serviced by a SFHOT recommended maintenance provider. Vehicles will be stored in the Delta Parking Lot, 1127 Mission St, San Francisco, CA 94103, or the Civic Center Parking Lot, 355 McAllister Street, San Francisco, CA 94102, when not in use. Vehicle purchases, related services and expenses will be approved by the SFHOT Director or designee. Documentation will be kept on file at PHFE headquarters and will be available upon request.

Amendment: 03/01/2015

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Public Health Foundation Enterprises, Inc. (PHFE) San Francisco Homeless Outreach Team City Fiscal Year: FY15-16 CMS # 7492

Appendix A-1 Contract Term: 8/1/14 - 6/30/18 Funding Source: General Fund

B. Human Resource Management:

Human Resources management team assigned to SFHOT program will include support from a Contract and Grant Manager, the Human Resources Generalist, and the Human Resource Generalist Assistant. The HR Generalist will work closely with the SFDPH SFHOT supervisors and staff to oversee staff hired and assigned to the program. They will also provide hands on, comprehensive training to all employee supervisors so they are familiar with HR policies and procedures in order to provide comprehensive supervision to contracted employees.

Human Resources Generalist will also provide full training to SFHOT employees and supervisors on PHFE's time collection system. The HR Generalist will work closely with the Contract Manager and Budget Analyst to assure that payroll costs are correctly allocated and align with the approved position/line item budget as outlined in the SFDPH contract for SFHOT. The HR Generalist will also maintain confidentiality among SFHOT employees related to salary rates, reimbursements, and the SFHOT budget.

PHFE will utilize current HR policies and procedures to include employee handbook. This will provide the HR Generalist a systematic process to address issues of discipline, investigations, hiring and terminations consistently and remain in compliance with federal and state labor laws. Existing policies and procedures along with PHFE's Employee handbook are reviewed periodically to stay current and updated on any new laws and regulations. Tracking and monitoring of successfully completed trainings by staff is entered into the HRIS for recordkeeping and reporting purposes.

Staff management/HR management will include the complete hiring process from recruitment, employee selection, background/reference checks to new hire orientation. Employee relations, benefit management, leave management, workforce development, employee performance/reviews, personnel records, complaints, and any disciplinary action will also be managed.

7. Objectives and Measurements

Indicator	Data Source / Compliance
P.1 Fiscal Intermediary contractors will pay	Measured and documented by check dates;
95-100% of vendor and subcontractor	contractor prepares Annual Summary Report
invoices within 30 days from the date of	documenting achievement of objective; to
submission by SFDPH or vendor/	Director OFGM, PHD and BOCC within 60
subcontractor.	days of the fiscal year end.

Amendment: 03/01/2015

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Public Health Foundation Enterprises, Inc. (PHFE) San Francisco Homeless Outreach Team

City Fiscal Year: FY15-16

CMS # 7492

Appendix A-1 Contract Term: 8/1/14 - 6/30/18 Funding Source: General Fund

Indicator Data Source / Compliance P.2 Effective Fiscal Management: Agency A. Within 30 days of month's end and if will meet 95% (correctable to 100%) of requested, Agency provides a running Salary & Benefit budgeted obligations during expense report addressed to Program the contract period. This includes accurate Director. and on-time payment of salaries, overtime, B. Within in 45 days of DPH quarter's end, accrued benefits, and taxes and optimal record Agency self reports this objective for time keeping. period and year-to-date in report addressed to Director OFGM, PHD. C. Contractor prepares Annual Summary Report documenting achievement of objective; to Director OFGM, PHD and BOCC within 60 days of the fiscal year end; reports of achievement must be consistent with findings of external Annual Audit P.3 Effective Fiscal Management: Agency A. Within 30 days of month's end and if will meet 100% of Operating Expense requested, Agency provides a running obligations during the contract period. This expense report addressed to Program includes paying vendor invoices within Director. vendor payment schedule and avoiding late B. Within in 45 days of DPH quarter's end, Agency self reports this objective for time fees (usually 30 days from the date of submission by vendor or Program). period and year-to-date in report addressed to Director OFGM, PHD. C. Contractor prepares Annual Summary Report documenting achievement of objective; to Director OFGM, PHD and BOCC within 60 days of the fiscal year end; reports of achievement must be consistent with findings of external Annual Audit P.4 Effective Human Resources A. Within 30 days of month's end and if Management: Agency will have 90% of requested, Agency provides a running personnel files complete, up-to-date, and in personnel report of these items addressed to terminology consistent with HR best Program Director. practices, during the contract period. This B. Within in 45 days of DPH quarter's end, includes: 1) signed job descriptions, 2) Agency self reports this objective for time qualifications statement (resume), 3) period and year-to-date in report addressed reference verification, 4) benefits orientation, to Director OFGM, PHD. 5) program orientation, 6) proof of annual C. Contractor prepares Annual Summary certification/training in HIPAA Privacy and Report documenting achievement of DPH Compliance, 7) signed "User objective; to Director OFGM, PHD and Confidentiality, Security and Electronic BOCC within 60 days of the fiscal year Signature Agreement" form, 8) signed code of end; reports of achievement must be conduct forms, 9) skill development/training consistent with findings of spot checks by plans, 10) on-time performance evaluations, DPH.

Amendment: 03/01/2015

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Public Health Foundation Enterprises, Inc. (PHFE) San Francisco Homeless Outreach Team City Fiscal Year: FY15-16 CMS # 7492

Appendix A-1 Contract Term: 8/1/14 - 6/30/18 Funding Source: General Fund

Indicator	Data Source / Compliance
and 11) remedial skill development plans as	
needed.	
P.5 Effective Human Resources	A. Within 30 days of month's end and if
Management: Agency will help programs	requested, Agency provides a running
operate at or near full staff capacity by filling	Position Control report of these items
90% of vacant positions within 3 months of	addressed to Program Director.
posting date, during the contract period. This	B. Within in 45 days of DPH quarter's end,
includes Position Control Reports reflecting	Agency self reports this objective for time
in aggregate and by service line all positions	period and year-to-date in report addressed
and their status, including date of vacancy or	to Director OFGM, PHD.
leave, date of job posting, number of	C. Contractor prepares Annual Summary
applications, number of qualified candidates,	Report documenting achievement of
date interviews began, and date position	objective; to Director OFGM, PHD and
filled.	BOCC within 60 days of the fiscal year
	end; reports of achievement must be
	consistent with findings of spot checks by
	DPH

8.

Continuous Quality Assurance and Improvement
PHFE will develop a program specific quality assurance plan agreed upon by both SFDPH and PHFE.

Amendment: 03/01/2015

Page 8 of 8

Appendix B Calculation of Charges

1. Method of Payment

Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately preceding month. All costs associated with the Services shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after Services have been rendered and in no case in advance of such Services.

2. Program Budgets and Final Invoice

A. Program Budgets supporting the period 08/01/14-06/30/18 may be found in the following Appendixes:

Appendix B, 08/01/14-06/30/18	Budget Summary
Appendix B-1, 08/01/14-06/30/15	FIS – SF Homeless Outreach Team
Appendix B-1a, 07/01/15-06/30/16	FIS-SF Homeless Outreach Team
Appendix B-1b, 07/01/16-06/30/17	FIS - SF Homeless Outreach Team
Appendix B-1c, 07/01/17-06/30/18	FIS – SF Homeless Outreach Team

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$2,154,340 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

The maximum dollar for each funding source shall be as follows:

Original Agreement	County SA General Fund	\$5,350,888	08/01/14-06/30/15	Appendix B-1
Original Agreement	County Public Library Work Order	\$142,004	08/01/14-06/30/15	Appendix B-1
1st Internal Contract Revision	County SA General Fund	\$0 (No-Cost-Mod)	08/01/14-06/30/15	Appendix B-1
1st Internal Contract Revision	County Public Library Work Order	\$0 (No-Cost-Mod)	08/01/14-06/30/15	Appendix B-1
2 nd Internal Contract Revision	County SA General Fund	(\$360,483)	08/01/14-06/30/15	Appendix B-1
First Amendment	County SA General Fund	\$5,815,728	07/01/15-06/30/16	Appendix B-1a
First Amendment	County Public Library Work Order	\$168,549	07/01/15-06/30/16	Appendix B-1a
First Amendment	County SA General Fund	\$5,815,728	07/01/16-06/30/17	Appendix B-1b
First Amendment	County Public Library Work Order	\$168,549	07/01/16-06/30/17	Appendix B-1b
First Amendment	County SA General Fund	\$5,815,728	07/01/17-06/30/18	Appendix B-1c
First Amendment	County Public Library Work Order	\$168,549	07/01/17-06/30/18	Appendix B-1c
		\$23,085,240	•	
	Contingency	\$2,154,340		
		\$25,239,580	•	

- C. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, CITY agrees to make an initial payment to the CONTRACTOR of Nine Hundred Ninety-Eight Thousand Seven Hundred and Eight Dollars (\$998,708). CONTRACTOR agrees that a reduction shall be made from monthly payments to CONTRACTOR equal to one ninth (1/9) of the initial payment for the period August 1, 2014 through April 30, 2015. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the advance being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.
- D. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

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

DPH 1: Department of Public Health Contract Budget Summary

			ith Contract Bu				
DHCS Legal Entity Number:				Prepared By: Ju		Appendix #: 1	
	Public Health Foundation Enterprises, Inc.			Document Date: 2/26/15		Page #: 3	
Contract CMS #:	7492					Fiscal Year:	2015-16
Contract Appendix Number:	B-1	B-1a	B-1b	B-1c			
Appendix A/Provider Name:	SFHOT	SFHOT	SFHOT	SFHOT			
Provider Number:	383800	383800	383800	383800			
Program Code:	N/A	N/A	N/A	N/A			
Funding Term:	8/1/14-6/30/15	07/01/15-06/30/16	07/01/16-06/30/17	07/01/17-06/30/18			TOTAL
ECHOPAGES AND							
Salaries & Employee Benefits:	3,711,851	4,542,168	4,560,009	4,560,009			17,374,037
Operating Expenses:	682,657	800,937	783,095	783,095			3,049,784
Capital Expenses:	\$188,000	\$0	\$0	\$0			188,000
Subtotal Direct Expenses:	4,582,508	5,343,105	5,343,104	5,343,104			20,611,821
Indirect Expenses:	549,901	641,172	641,173	641,173			2,473,420
Indirect %:	12.00%	12.00%	12.00%	12.00%			12.00%
TOTAL FUNDING USES	5,132,409	5,984,277	5,984,277	5,984,277	-	-	23,085,241
			2000年1月2日日		Employe	e Fringe Benefits %:	36.989
THE THE PARTY OF T				C. C. St. St. St. St. St. St. St. St. St. St			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	7-	-	
Design Company Live Design Company							
SA COUNTY - General Fund	4,990,405	5,815,728	5,815,728	5,815,728			22,437,589
SA WORK ORDER - Public Library SFHOT	142,004	168,549	168,549	168,549			647,651
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	5,132,409	5,984,277	5,984,277	5,984,277	8	-	23,085,240
A Company of the Comp							
TOTAL OTHER DPH FUNDING SOURCES	-		-	-		-	
TOTAL DPH FUNDING SOURCES	5,132,409	5,984,277	5,984,277	5,984,277	-	-	23,085,240
FUNDING SOURCES	BUTTE TO WELL						
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	5,132,409	5,984,277	5,984,277	5,984,277	· ·	-	23,085,240

DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

	Contractor Name: Provider Name:	Public Health Fo	oundation Enterpris			Appendix: Page #: Document Date:	1 2/26/15
	Provider Number:					Fiscal Year:	2015-16
	Program Name:		SFHOT				
	Program Code:		N/A				
	l) or Modality (SA):		SecPrev-19				
S	ervice Description:		SA-Sec Prev Outreach				TOTAL
		07/01/15-06/30/16					
	Employee Benefits:	4,391,678	150,490				4,542,168
O _I	perating Expenses:	800,937					800,937
Capital Expenses (gr							-
	al Direct Expenses:		150,490				5,343,105
TATAL	Indirect Expenses:		18,059				641,172
TOTAL	FUNDING USES:	5,815,728	168,549	Vicinity in the second			5,984,277
				-			-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		_		·			
				The second section with the second			
	HMHSCCRES227	5,815,728			P. Daniel St. Branch L.	to do	5,815,728
SA WORK ORDER - Public Library SFHOT	HMHSHOMELSWO	0,010,720	168,549				168,549
OK WORK ONDER - Fubilio Elbrary Of 1101	THE TOTAL CONTRACTOR		100,040				-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		5,815,728	168,549				5,984,277
	2 3 3 3 7 7						
	A Company of the Comp			* Landard Market Committee		The same of the sa	-
TOTAL OTHER DPH FUNDING SOURCES		-	-				
TOTAL DPH FUNDING SOURCES		5,815,728	168,549				5,984,277
CONTRACTOR SOURCES							A 2 m
	لعداست أمحت التلك ووسادروا	A STATE OF THE PARTY OF THE PAR	Share of the Control	hard a facility of the same of			_
- , , -		-					
TOTAL NON-DPH FUNDING SOURCES		-	-	-		-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		5,815,728	168,549				5,984,277
	and the same	0,010,120					
Number of Beds Purcha	sed (if applicable)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Continue Same	The state of the s	
SA Only - Non-Res 33 - ODF # of Group 9					F	·	
SA Only - Licensed Capacity for Medi-Cal Provider with Na	ercotic Tx Program:						
Cost Reimbursement (CR) or Fee	For-Service (FFS):	CR	CR				
	H Units of Service:	93,681	5,964				
	Unit Type:	Staff Hour	Staff Hour			1	
Cost Per Unit - DPH Rate (DPH Fund	ling Sources Only):	62.08	28.26				X X X X X X X X X X X X X X X X X X X
Cost Per Unit - Contract Rate (DPH & Non-DPH	Funding Sources):	62.08	28.26				
Published Rate (Medi-C							Total UDC:
Unduplica	ated Clients (UDC):	825	30				85

DPH 3: Salaries & Benefits Detail

Program Code: N/A

Program Name:	SFHOT										Page #:	2
Document Date:	2/26/15											
		TOTAL		General Fund HSCCRES227		ibrary Workorder SHOMELSWO						
	Term:	07/01/15-06/30/16	Term:	07/01/15-06/30/16	Term:	07/01/15-06/30/16	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Administrative Coordinator	1.00	50,000	1.00	50,000								
Community Liaison	1.00	55,000	1.00	55,000								
Business Analyst Transitions Division	1.00	68,000	1.00	68,000								
Administrative Assistant	1.00	40,000	1.00	40,000								
Social Workers	3.00	222,000	3.00	222,000								
Housing Specialist	1.00	55,000	1.00	55,000								
Program Coordinator EST	1.00	68,000	1.00	68,000								
SFHOT Specialist I (34 pos)	32.60	1,496,959	32.60	1,496,959								
SFHOT Specialist II (21 pos)	20.00	1,100,000	20.00	1,100,000								
SFHOT Specialist I - Library (1 pos)	0.50	22,960			0.50	22,960						
SFHOT Specialist II - Library (1 pos)	0.58	31,889			0.58	31,889					\perp	
Health & Safety Associates (6 pos)	2.63	65,520			2.63	65,520						
Interns (8 pos)	2.63	60,333	2.63	60,333								
							2000.000					
	-	-1						3-				
Totals:	67.93	3,335,661	64.23	3,215,292	3.70	120,369						
Employee Fringe Benefits:	36.17%	1,206,507	36.59%	1,176,386	25.02%	30,121						
TOTAL SALARIES & BENEFITS		4,542,168		4,391,678		150,490						

Appendix #: B-1a

DPH 4: Operating Expenses Detail

Program Code:	N/A	
Program Name:	SFHOT	
Document Date:	2/26/15	

800,937

TOTAL OPERATING EXPENSE

Appendix #: B-1a Page # 3

Expenditure Categories & Line Items	TOTAL	SA General Fund HMHSCCRES227	Public Library Workorder HMHSHOMELSWO			
	Term:07/01/15-06/30/16	Term: 7/01/15-6/30/16	Term:7/01/15-6/30/16	Term:	Term:	Term:
Occupancy:						
Rent	\$ 72,000	\$ 72,000				
Utilities(telephone, electricity, water, gas)	\$ 12,000	\$ 12,000				
Building Repair/Maintenance		\$ 6,000				
Mobile Phones		\$ 46,200				
Materials & Supplies:						
Office Supplies	\$ 12,060	\$ 12,060				
Program Supplies	\$ 30,000	\$ 30,000				
Handheld Computers and Application	\$ 50,000	\$ 50,000				
Computer hardware/software	\$ 5,000	\$ 5,000				
General Operating:	\$ -					1
Training/Staff Development	\$ 18,000	\$ 18,000				
Insurance		\$ -				
Equipment Lease & Maintenance		\$ 2,400				
Offsite Storage						
Audit & Accounting		\$ 10,000				
Staff Travel:	\$ -	· · · · · · · · · · · · · · · · · · ·				ì
Local Travel	· -	s -				
Out-of-Town Travel		\$ 10,000				
Field Expenses		Ψ 10,000				
	\$ -					
Consultant/Subcontractor: Professional Services to Rep Payee TBD		\$ 75,000	,			
RTZ software consultation and development	\$ 88.000					
Professional Registry TBD Other Professional Consultants TBD	\$ 240,000					
		\$ 7,365				
Other:	\$					
Client Related Supplies & Expenses						
Van Parking	\$ 14,400	\$ 14,400				
Vehicle Maintenance						
Vehicle Expenses	\$ 3,600	\$ 3,600				
Van Lease	\$ 16,800	\$ 16,800				
Moving Costs		\$ 10,000				

800,937

DPH 5: Capital Expenses Detail

Program	m Code: <u>N/A</u>	_	Appendix: B-1a				
Program	n Name: SFHOT			Page#:	4		
Docume	nt Date: 2/26/15	_					
1. Equipment							
Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost		
Total Equipment Cost	<u> </u>				\$0		
2. Remodeling							
Description					Total Cost		
Total Remodeling Cost					\$0		
Total Capital Expenditure					\$0		
(Equipment plus Remodeling Cost)				Amen	dment: 03/01/2015		

Appendix #: B-1a

Public Health Foundation Enterprises, Inc.

Contractor Name:

Program	Manage		Public Health Found		_	. 41	pendix #: IS-1a		
			SFHOT		_		Page#: 5		
Funding	rem:		7/01/15-6/30/16		_				
1\ SAI	ARIES & BENEFITS:								
I) SAL	ARIES & BEREITIO.	1/24/							
	Stoff Dog	ition 1.	Administrative Co	andinatan			part of the same o		
					a appretions in	cluding facilities, equipme	ant inventor	ranaira eta	
					s operations, inc	cluding facilities, equipme	ent, inventory	, repairs, etc	
	Minimum quaimo	auons:	Experience or Ba	chelor's degree					
						Appropriate of the land the	40		
	A O -		, jedge je	Maadha aa-Waas		Annualized (if less that	an 12	T-4-1	
	Annual Salary:		x FTE:	x Months per Year:		months):		Total	
5	50,0	00.00	1.00	12			1.00 \$	50,	,000
	Staff Pos	sition 2:	Community Liaiso	n					
	Brief description of job	duties:	Interface with con	nmunity departments a	nd special projec	cts planning			
	Minimum qualific	ations:	Experience with p	opulation and commun	nity. Bachelor's d	legree preferred			
						Annualized (if less that	an 12		
	Annual Salary:		x FTE:	x Months per Year:		months):		Total	
5	55,0	00.00	1.00	12	1		\$	55,	,000
								· × · · ·	_
	Staff Pos	ition 3.	Business Analyst	Transitions Division	****				
_					ing computer ac	cess, generate data repo	rte nlan data	needs	
	Bilet description of jeb	duties.	respond to comm	totilly providers regard	ing compater ac	ocss, generate data repe	nto, plan date	110000	
	Minimum qualific	ations:	Bachelor's degree	in a Health Science	Evnerience anal	ysis large datasets and in	nteracting wit	h community	
	Millimum qualine	auons.	bachelor's degree	ill a Health Science.	Expenence anal	ysis large datasets and it	Relacting wit	ir community.	_
						Annualized (if less tha	an 12		
	Annual Calang		v ETE:	x Months per Year:		months):	311 12	Total	
	Annual Salary:	200.00	x FTE:			months):	4.00 6	Total	-000
	68,0	00.00	1.00	12	1		1.00 \$	68,	,000
					39.00				
	Staff Pos								
-			Administrative As				1. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
	Brief description of job				on				
	Brief description of job	duties: I	Manage, mail, sup	oplies, office organizat		with vulnerable populatio	ns		
	Brief description of job	duties: I	Manage, mail, sup	oplies, office organizat					
	Brief description of job	duties: I	Manage, mail, sup	oplies, office organizat		with vulnerable populatio			
	Brief description of job	duties: I	Manage, mail, sup	oplies, office organizat				Total	
	Brief description of job Minimum qualific Annual Salary:	duties: I	Manage, mail, sur Associates degree	oplies, office organizat e preferred. Experienc		Annualized (if less tha			,000
	Brief description of job Minimum qualific Annual Salary:	duties: I	Manage, mail, sup Associates degree x FTE:	oplies, office organizati e preferred. Experienc x Months per Year:		Annualized (if less tha	an 12		,000
	Brief description of job Minimum qualific Annual Salary: 40,0	duties: lations: A	Manage, mail, sup Associates degree x FTE: 1.00	oplies, office organizati e preferred. Experienc x Months per Year:		Annualized (if less tha	an 12		,000
	Brief description of job Minimum qualific Annual Salary: 40,0	duties: lations: A	Manage, mail, sup Associates degree x FTE: 1.00	oplies, office organizati e preferred. Experienc x Months per Year: 12	e in busy office	Annualized (if less tha	an 12		,000
	Brief description of job Minimum qualific Annual Salary: 40,0	duties: 1	Manage, mail, sup Associates degree x FTE: 1.00 Social Worker Supervise Special	oplies, office organization preferred. Experience x Months per Year: 12	e in busy office	Annualized (if less that months):	an 12	40,	
	Annual Salary: Staff Pos Brief description of job	duties: 1	Manage, mail, sup Associates degree x FTE: 1.00 Social Worker Supervise Special Master's degree in	oplies, office organization preferred. Experience x Months per Year: 12	e in busy office	Annualized (if less tha	an 12	40,	
	Brief description of job Minimum qualific Annual Salary: 40,0	duties: 1	Manage, mail, sup Associates degree x FTE: 1.00 Social Worker Supervise Special Master's degree in	oplies, office organization preferred. Experience x Months per Year: 12	e in busy office	Annualized (if less that months):	an 12	40,	
	Annual Salary: Staff Pos Brief description of job	duties: 1	Manage, mail, sup Associates degree x FTE: 1.00 Social Worker Supervise Special Master's degree in	oplies, office organization preferred. Experience x Months per Year: 12	e in busy office	Annualized (if less the months):	1.00 \$ Experience	40,	
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	Annual Salary: Minimum qualific Annual Salary: 40,0 Staff Pos Brief description of job Minimum qualific Annual Salary:	duties: 1	Manage, mail, sup Associates degree x FTE: 1.00 Social Worker Supervise Special Master's degree in population.	polies, office organizate preferred. Experience x Months per Year: 12 list I and II in daily work n Social Work or Marri	e in busy office	Annualized (if less the months): rapy. License preferred. Annualized (if less the	1.00 \$ Experience	40, with homeless	s
	Brief description of job Minimum qualific Annual Salary: 40,0 Staff Pos Brief description of job Minimum qualific Annual Salary: 74,0	duties: / cations: /	Manage, mail, sup Associates degree x FTE: 1.00 Social Worker Supervise Special Master's degree in population. x FTE: 3.00	polies, office organizate preferred. Experience x Months per Year: 12 list I and II in daily work n Social Work or Marri x Months per Year: 12	e in busy office	Annualized (if less the months): rapy. License preferred. Annualized (if less the	1.00 \$ Experience	40, with homeless	s
	Brief description of job Minimum qualific Annual Salary: 40,0 Staff Pos Brief description of job Minimum qualific Annual Salary: 74,0	duties: / cations: /	Manage, mail, sup Associates degree x FTE: 1.00 Social Worker Supervise Special Master's degree in population. x FTE: 3.00	polies, office organizate preferred. Experience x Months per Year: 12 list I and II in daily work n Social Work or Marri x Months per Year: 12	e in busy office	Annualized (if less the months): rapy. License preferred. Annualized (if less the	1.00 \$ Experience	40, with homeless	s
	Brief description of job Minimum qualific Annual Salary: 40,0 Staff Pos Brief description of job Minimum qualific Annual Salary: 74,0	duties: / cations: / 000.00 cition 5: stations: / cations: /	Manage, mail, sup Associates degree x FTE: 1.00 Social Worker Supervise Special Master's degree in population. x FTE: 3.00 Housing Specialis	polies, office organizate preferred. Experience x Months per Year: 12 list I and II in daily work n Social Work or Marri x Months per Year: 12	e in busy office	Annualized (if less the months): rapy. License preferred. Annualized (if less the months):	1.00 \$ Experience	40, with homeless	s
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	Brief description of job Minimum qualific Annual Salary: 40,0 Staff Pos Brief description of job Minimum qualific Annual Salary: 74,0 Staff Pos Brief description of job Minimum qualific Annual Salary: 55,0 Staff Pos	duties: cations: / cations: / cations: / cations: / cations: c	Manage, mail, sup Associates degree x FTE: 1.00 Social Worker Supervise Special Master's degree in population. x FTE: 3.00 Housing Specialis Manage the daily Bachelors degree x FTE: 1.00	x Months per Year: 12 list I and II in daily word n Social Work or Marri x Months per Year: 12 tt Stabilization Room res Computer skills and of x Months per Year: 12 tt 12 tt 13 x Months per Year: 14 x Months per Year: 15 x Months per Year: 16 x Months per Year: 17 x Months per Year: 18 x Months per Year: 19 x Months per Year: 19 x Months per Year: 10 x Months per Year: 11	e in busy office of the interval of the interv	Annualized (if less the months): rapy. License preferred. Annualized (if less the months): ctivity. Prepare reports. ement. Experience with Annualized (if less the months):	1.00 \$ Experience van 12 1.00 \$ homeless poor an 12 1.00 \$	with homeless Total 222, pulation.	s,,000
	Brief description of job Minimum qualific Annual Salary: 40,0 Staff Pos Brief description of job Minimum qualific Annual Salary: 74,0 Staff Pos Brief description of job Minimum qualific Annual Salary: 55,0 Staff Pos	duties: cations: / cations: / cations: / cations: / cations: c	Manage, mail, sup Associates degree x FTE: 1.00 Social Worker Supervise Special Master's degree in population. x FTE: 3.00 Housing Specialis Manage the daily Bachelors degree x FTE: 1.00	x Months per Year: 12 list I and II in daily word n Social Work or Marri x Months per Year: 12 tt Stabilization Room res Computer skills and of x Months per Year: 12 tt 12 tt 13 x Months per Year: 14 x Months per Year: 15 x Months per Year: 16 x Months per Year: 17 x Months per Year: 18 x Months per Year: 19 x Months per Year: 19 x Months per Year: 10 x Months per Year: 11	e in busy office of the interval of the interv	Annualized (if less the months): rapy. License preferred. Annualized (if less the months): ctivity. Prepare reports. ement. Experience with Annualized (if less the months):	1.00 \$ Experience van 12 1.00 \$ homeless poor an 12 1.00 \$	with homeless Total 222, pulation.	s,,000
	Brief description of job Minimum qualific Annual Salary: 40,0 Staff Pos Brief description of job Minimum qualific Annual Salary: 74,0 Staff Pos Brief description of job Minimum qualific Annual Salary: 55,0 Staff Pos	duties: cations: / cations: / cations: / cations: / cations: c	Manage, mail, sup Associates degree x FTE: 1.00 Social Worker Supervise Special Master's degree in population. x FTE: 3.00 Housing Specialis Manage the daily Bachelors degree x FTE: 1.00	x Months per Year: 12 list I and II in daily word n Social Work or Marri x Months per Year: 12 tt Stabilization Room res Computer skills and of x Months per Year: 12 tt 12 tt 13 x Months per Year: 14 x Months per Year: 15 x Months per Year: 16 x Months per Year: 17 x Months per Year: 18 x Months per Year: 19 x Months per Year: 19 x Months per Year: 10 x Months per Year: 11	e in busy office of the interval of the interv	Annualized (if less the months): rapy. License preferred. Annualized (if less the months): ctivity. Prepare reports. ement. Experience with Annualized (if less the months):	1.00 \$ Experience van 12 1.00 \$ homeless poor an 12 1.00 \$	with homeless Total 222, pulation.	s,,000
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	Brief description of job Minimum qualific Annual Salary: 40,0 Staff Pos Brief description of Job Minimum qualific Annual Salary: 74,0 Staff Pos Brief description of job Minimum qualific Annual Salary: 55,0 Staff Pos Brief description of Job	duties:	Manage, mail, sup Associates degree x FTE: 1.00 Social Worker Supervise Special Master's degree in population. x FTE: 3.00 Housing Specialis Manage the daily: Bachelors degree. x FTE: 1.00 Program Coordina Manage schedules	e preferred. Experience x Months per Year: 12 list I and II in daily word n Social Work or Marri x Months per Year: 12 tt Stabilization Room res Computer skills and of x Months per Year: 12 ator for Engagement S s, manage team opers	e in busy office of the interval of the interv	Annualized (if less the months): rapy. License preferred. Annualized (if less the months): ctivity. Prepare reports. ement. Experience with Annualized (if less the months): Team ogress, relate to communing a team, knowledge of	Experience of the population o	Total 222, pulation. Total 55,	s,,000
	Brief description of job Minimum qualific Annual Salary: 40,0 Staff Pos Brief description of job Minimum qualific Annual Salary: 74,0 Staff Pos Brief description of job Minimum qualific Annual Salary: 55,0 Staff Pos Brief description of job Minimum qualific Minimum qualific	duties:	Manage, mail, sup Associates degree x FTE: 1.00 Social Worker Supervise Special Master's degree in population. x FTE: 3.00 Housing Specialis Manage the daily: Bachelors degree x FTE: 1.00 Program Coordina Manage schedules	polies, office organizate preferred. Experience x Months per Year: 12 list I and II in daily work or Marri x Months per Year: 12 tt Stabilization Room res Computer skills and of the computer skills and	e in busy office of the interval of the interv	Annualized (if less the months): rapy. License preferred. Annualized (if less the months): ctivity. Prepare reports. ement. Experience with Annualized (if less the months): Team ogress, relate to communing a team, knowledge of Annualized (if less the months):	Experience of the population o	Total 222, pulation. Total 55,	s,,000
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Appendix #: B-1a

Public Health Foundation Enterprises, Inc.

Contractor Name:

Program Na		SFHOT	mation Enterprises, mo.	-	74	Page #:		
Funding Te		7/01/15-6/30/16		_		r ago		
				_				
	Staff Position 8	SFHOT Speciali	st i	5-10		10704 X		- 26 - 16 - 10 - 10 - 10 - 10 - 10 - 10 - 1
				upport for home	less clients in benefits, h	nousina, t	reatment li	nkages.
					ment. Help program par			
E	Brief description of job duties:							
	Minimum qualifications	Associates degree	ee and experience with I	nomeless and tri	-morbid populations			
					Annualized (if less th	an 12	_	
	Annual Salary:	x FTE:	x Months per Year:		months):	100		otal
\$	45,919.00	32.60	12	<u> </u>		1.00	\$	1,496,95
	Stoff Position 9	: SFHOT Speciali	et II			_		
	Stall F Caltion 3.							
					in benefits, housing, tre			
	Dalas da acadesta e est la bedesta e			agement. Help	program participants en	gage or re	e-engage v	vith
	Brief description of job duties: Minimum qualifications:			lamas vidda hamas	lane and fel manhild man	Jaffana		
	Minimum qualingations:	Dachelor's or Ma	ister's degree and exper	ience with nome	ness and tri-morbid pop	ulations		
					Annualized (if less th	an 12		
	Annual Salary:	x FTE:	x Months per Year:		months):		Te	otal
\$	55,000.00	20.00 [12	1		1.00		1,100,00
-	30,000						·	-,,
	Staff Position 10:	SFHOT Specialis	st I Library Position					
E	Brief description of job duties:			ahborhood locat	ions			
-	Minimum qualifications:							
					Annualized (if less th	an 12		
	Annual Salary:	x FTE:	x Months per Year:		months):		To	otal
\$	45,919.00	0.50	12			1.00	\$	22,96
			7.40					
			st II Library Position					
Е	Brief description of job duties:							
	Minimum qualifications:	Bachelor's or Ma	ster's degree and exper	ience w/ homele	ss and tri-morbid popula	ations		
					Annualized (if less th	an 12		
	Annual Salary:	x FTE:	x Months per Year:		months):	aii 12	T	otal
€	55,000.00	0.58	12		monais).	1.00		31,88
Ψ	00,000.00	0.50	12			1.00	4	31,00
	Stoff Position 12:	Health & Safety	Associatos	· · · · · · · · · · · · · · · · · · ·				
	Stall Fosition 12.			fot: Accordatos	identify health & safety	concorno	at the libr	any and
В	Brief description of job duties:							ary, and
	sher description of job dudes.							
	Minimum qualifications				e of the client population		WOLK MIT	a diverse
	Minimum qualifications:	Start & Chentele,	able to speak, write and	read English, al	nd ability to use the inter	net	-	
					Annualized (if less th	an 12		
	Annual Salary:	x FTE:	x Months per Year:		months):	un IZ	Tr	otal
	e minimum weather y a	75 F C Com-	es investigate pour a well a					A 400 A 1
\$	24,960,00	2.63	12	1	,	1.00	E	65,52

Contractor Name: Program Name:	Publi	The state of the s	dation Enterprises, inc.	_	Appendix #: Page #:		
Funding Term:		15-6/30/16		-	rage #.		
				-			
Stoff Dog	ition 13: Inter						
Starr Pos			terns interact and practi	ce effective out	reach techniques with homeless	populations	. Part-
Brief description of jol							
					e of the client population, ability	to work with	a diverse
Minimum qualif	ications: staff	& clientele, a	able to speak, write and	read English, a	and ability to use the internet		
					Annualized (If less than 12		
Annual Salary:		x FTE:	x Months per Year:		months):		tal
\$ 22	,984.00	2.63	12		1.00	\$	60,333
To	tal FTE:	68.93			Total Salaries:	S	3,335,661
			Fringe Benefit %:		36.17%		1,206,507
							7 - 72 - 72
				TC	TAL SALARIES & BENEFITS:	\$	4,542,168
) OPERATING EXPENSES:							
Occupancy:					Rent:	s	72,000
Brief description of e	xpense: \$600	0/mo * 12 m	onths			-	, = 1000
						_	
Brief description of e	vnanca: \$100	10/ma * 12 m	onthe		Utilities:	\$	12,000
bilei description of e	Aperise. \$100	0/110 12 111	Officials				
					Building Maintenance:	\$	6,000
Brief description of e	xpense: \$500	<u>/mo * 12 mo</u>	nths				
					Mobile Phones	S	46,200
Brief description of e	xpense: \$55/i	mo * 70 mob	lle phones * 12 months				
		- XX			T. (10		400.000
					Total Occupancy:	\$	136,200
Materials & Supplies:							
District to the state of	0451			0	Office Supplies:	\$	12,060
Brief description of e	xpense: \$15/6	employee/mo	onth x 67 employees x 1	2 months			
					Program Supplies:	\$	30,000
	\$250	0/mo * 12 m	o, including, but not limi	ted to employe	e uniforms, medical supplies (glo	ves, hand s	anitizer,
			and tick treatments, etc.), containers, a	nd vehicle supplies (wipes, disinf	ectant spray	/, air
Brief description of e	xpense: Tresn	iener, etc.).					
				Handhe	eld Computers and Applications	\$	50,000
	Eve	ansion of sta	ff nacappitates 25 hand		linking to medical databases. C		
Brief description of e			including applications	noid doinputers	mining to medical databases. C	ost ostiiiidte	w at
					Computer Hardware/Software	\$	5,000
	Stoff	f evnancion :	equires new computer	aquinment and	IT mandated replacement of old	ones coete	estimated
Brief description of e			er x 5 computers that ha			U1163, UU318	Commated

Total Materials & Supplies: \$ 97,060

Contractor Name:	Public Health Foundation Enterprises, Inc.	Appendix #:		
rogram Name: unding Term:	7/01/15-6/30/16	Page #:	8	
Giorg Term.	710110-drow1d			
Seneral Operating:				
		Training/Staff Development		
Brief description of expens	\$1550/mo * 12 months for trainings for the SFH0 e: fees, specialized homeless and trauma experts	OT team, including but not limited to CP	R, First Ai	d, Course
		Equipment Lease and Maintenance:		2,40
Brief description of expens	Equipment Leases & Maintenance to support the e: \$200/mo * 12 months	SFHOT operations Including but not lir	nited to Co	opier lease a
Brief description of expens	e: storage at \$176/mo * 12 months	Offsite Storage:	\$	2,11
Ruef description of expens	e: Annual audit expense \$10,000	Audit & Accounting:	\$	10,000
sales decempant of experie	or runnian addit appriles to to to	Total General Operating:		20.74
		Total General Sperating.	ð	32,31
staff Travel:				32,51
	e:	Local Travel		32,51
Brief description of expens	e: e: \$2000 * 5 staff for Healthcare for Homeless and	Local Travel Out-of-Town Travel		
Brief description of expens		Local Travel Out-of-Town Travel	\$	10,00
Brief description of expens		Local Travel Out-of-Town Travel Street Medicine conferences	\$	10,00
Brief description of expens Brief description of expens consultants/Subcontractors:		Local Travel Out-of-Town Travel Street Medicine conferences Total Staff Travel: Consultants/Subcontractors:	\$	10,00
Brief description of expens Brief description of expens consultants/Subcontractors: Brief description of expens	e: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare	Consultants/Subcontractors: Consultants/Subcontractors:	\$ \$	10,00 10,00 75,00
Brief description of expens Brief description of expens consultants/Subcontractors: Brief description of expens	e: \$2000 * 5 staff for Healthcare for Homeless and	Consultants/Subcontractors: Consultants/Subcontractors:	\$ \$	10,00 10,00 75,00
Brief description of expens Brief description of expens Consultants/Subcontractors: Brief description of expens Brief description of expens	e: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare for Homeless and see: \$2000 * 5 staff for Healthcare	Consultants/Subcontractors: r building electronic med record for hom Consultants/Subcontractors:	\$ \$ \$ seless sen	10,000 10,000 75,000 88,000 vices
Brief description of expens Brief description of expens Consultants/Subcontractors: Brief description of expens Brief description of expens Brief description of expens	e: \$2000 * 5 staff for Healthcare for Homeless and see: \$75,000 annually for Representative Payee Service: \$125,000 to vendor RTZ at direction of IT dept for	Consultants/Subcontractors: r building electronic med record for hom Consultants/Subcontractors: con-call medical and driver services dur	\$ \$ seless sen	240,000

Contractor Name:	Public Health Foundation Enterprises, Inc.	Appendix #:		*
Program Name:	SFHOT	Page #:	9	
Funding Term:	7/01/15-6/30/16			
Other:				b. more constant
		Client Related Supplies & Expenses:		60,000
	\$5000/mo for 12 months for client related supplies			
Brief description of expense	include, but not limited to obtaining IDs, documents clothing, bedding, hygiene supplies, moving costs			cards, tood,
brief description of expense	. Gottling, bedding, nyglene supplies, moving costs	transporting client related supplies	, etc.	
		Other Vehicle parking:	\$	14,400
Brief description of expense	\$300 per vehicle x 4 vehicles x 12 months			
		00		40.000
	Description of a selection of the second of	Other Vehicle Maintenance:		10,000
Brief description of expense	Required maintenance on vehicles, including but n	ot limited to oil changes, tires mainter	ance,	and damage
brief description of expense	. Герап	44.45.45.4		
		Other- Vehicle Expenses	\$	3,600
		TORRESTAND DESCRIPTION PRODUCT AND PROPERTY		
	\$300 per month for 12 months. Vehicle expenses i			
	program directors, related to SFHOT Vehicles, including monthly charges), radios, and other supplies and e			
Brief description of expense		quipment needed for the safety and if	IOIIIIOI	ing of the St Flori
2.10. 0.20.1,5.5.1 0. 0.15.1100		· · · · · · · · · · · · · · · · · · ·		
		Other van leasing:	\$	16,800
Brief description of expense	\$700/mo * 2 vans * 12 months			
			~	
Delet description of sympass	Maying peets sensilated with maying to a new alternation	Other Moving Costs	\$	10,000
brief description of expense	Moving costs associated with moving to a new site	nocation.		
		Total Other:	S	114,800
		TOTAL OPERATING EXPENSES:	\$	800,937
3) CAPITAL EXPENDITURES:				
(If needed. A unit valued at \$5,000 or	more)			
Drief description of surrous		Capital Expenditure 1:		
Brief description of expense				
		Capital Expenditure 2:		
Brief description of expense:				
		Capital Expenditure 3:		
Brief description of expense:	-			
		TOTAL CAPITAL EXPENDITURES:	ę	-
		TOTAL DAI TIAL DAI ENDITOREO.		
		TOTAL DIRECT COSTS:	\$	5,343,105
4) INDIRECT COSTS				
Bulet description of Indicast Cost Ev				American
Brief description of Indirect Cost Ex	esources management staff and systems costs.		\$	Amount 641,172
Costs calculated at 12% of total costs.	esources management stan and systems costs.		Ψ	041,172
An allocation of administrative & suppo	ort staff salary and related fringe benefits and genera	al		
overhead expenses related to the cont	ract. Rate is 12% of Direct Cost.			
		TATAL III III III III III III III III III I		
		TOTAL INDIRECT COSTS:	ş	641,172
		TOTAL EXPENSES:	-	5 094 277
		IVIAL EXPENSES:	<u> </u>	5,984,277

DPH 7: Contract-Wide Indirect Detail

Contractor Name:	Public Health Foundation Enterprises, Inc.	Appendix#: B-1a	
Program Name:	SFHOT	Page #: 10	
Document Date:	2/26/15		
Fiscal Year:	2016-2017		

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Benefits Coordinator	0.10	7,491
Workers Comp & Safety Administrator	0.20	10,920
LOA Coordinator	0.20	13,655
HR Assistant	1.00	42,000
HR Generalist - San Francisco	1.00	78,750
HR Manager	0.08	14,981
Contract & Grant Manager	0.65	54,600
Sr Admin Analyst - San Francisco	1.00	84,000
Sr. Budget Analyst	0.40	32,977
Accounts Payable Specialist	0.30	16,715
Payroll Specialist	0.20	9,964
Director, Contract and Grant Management	0.15	23,625
Controller	0.05	6,300
CFO	0.05	10,000
CEO	0.07	22,050
SUBTOTAL SALARIES		428,028
EMPLOYEE FRINGE BENEFITS	30%	129,397
TOTAL SALARIES & BENEFITS		557,425

2. OPERATING COSTS

Expense line item:	Amount
Occupational Inoculations	3,050
Employee Background Checks	5,080
Job Posting/Recruitment	1,200
HR Materials (policy procedure manuals, training manuals)	3,000
Staff Travel	37,417
Physical Check	12,000
Check Delivery	2,000
Liability Insurance	5,000
Staff Travel/SFHOT EE Mileage	15,000
TOTAL OPERATING COSTS	83,747

TOTAL INDIRECT COSTS (Salarles & Benefits + Operating Costs)

641,172

DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DF112. Departine	nt of Public Heath Co	ost Reporting/Date	a Collection (Cr	(DC)	Appendix:	D 1h
Contractor	Name: Public Health F	oundation Enteroris	ses Inc		Page #:	
Provider	Document Date: 2/26/15					
	mber: 383800		Fiscal Year:	2016-2017		
Program		SFHOT		ri e		
Program		N/A				
Mode/SFC (MH) or Modality		SecPrev-19				
Service Descr	ription: SA-Sec Prev Outreach	SA-Sec Prev Outreach	-			TOTAL
	Term: 07/01/16-06/30/17					-
FUNDING USES		EMILO MATERIA		STEEL STATE	F (1990) 2 CODY (#1)	
Salaries & Employee Be	enefits: 4,409,519	150.490			To make the Tong of the Control of the	4,560,009
Operating Exp	enses: 783,095	-				783,095
Capital Expenses (greater than \$8	5,000): -		and the second			
Subtotal Direct Exp		150,490				5,343,104
Indirect Exp		18,059				641,173
TOTAL FUNDING		168,549				5,984,277
						-
						T-
TOTAL DUO MENTAL LIE AL ELIMBRIO COLIDORO						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		•				-
SA COUNTY - General Fund HMHSCCRI		100 710				5,815,728
SA WORK ORDER - Public Library SFHOT HMHSHOME	LSWO	168,549				168,549
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	5,815,728	168,549				5,984,277
OTHER DPH PENDING SQURGES		100,543				J,304,271
	al a sich et d'a	through the should be	1. 1	a second		
						-
TOTAL OTHER DPH FUNDING SOURCES					-	
TOTAL OTHER DEN FORDING SOURCES TOTAL DPH FUNDING SOURCES	5,815,728	168,549				5,984,277
IGITAL DEN FONDING SOURCES						
	-					
TOTAL NON-DPH FUNDING SOURCES						
ALL STREET, PROJECT STREET, ST	5.045.700	400 540	-			5,984,277
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	5,815,728	168,549				5,964,277
					Marie Total	
Number of Beds Purchased (if appli						
SA Only - Non-Res 33 - ODF # of Group Sessions (class SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx P					-	
Cost Reimbursement (CR) or Fee-For-Service		CR			-	
Cost Reimbursement (CR) or Fee-For-Service DPH Units of S		5.964	-			
	t Type: Staff Hour	Staff Hour				
Cost Per Unit - DPH Rate (DPH Funding Sources	Only): 62.08	28.26		-		
Cost Per Unit - Contract Rate (DPH & Non-DPH Funding Societies	urces): 62.08	28.26			1	Section 1
Published Rate (Medi-Cal Providers						Total UDC:
Unduplicated Clients		30			 	85

DPH 3: Salaries & Benefits Detail

Program Code: N/A

Program Name:	SFHOT										Page #:	2
Document Date:	2/26/15		*									
	TOTAL		TOTAL SA General Fund HMHSCCRES227		Public Library Workorder HMHSHOMELSWO							· · · · · · · · · · · · · · · · · · ·
	Term:	07/01/16-06/30/17	Term:	07/01/16-06/30/17	Term:	07/01/16-06/30/17	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salarles	FTE	Salaries	FTE	Salaries
Administrative Coordinator	1.00	50,000	1.00	50,000		<u> </u>						
Community Liaison	1.00	55,000	1.00	55,000								
susiness Analyst Transitions Division	1.00	68,000	1.00	68,000								
dministrative Assistant	1.00	40,000	1.00	40,000				131				
Social Workers	3.00	222,000	3.00	222,000								
lousing Specialist	1.00	55,000	1.00	55,000								
Program Coordinator EST	1.00	68,000	1.00	68,000								
SFHOT Specialist I (34 pos)	32.60	1,496,959	32.60	1,496,959		1						
SFHOT Specialist II (21 pos)	20.00	1,100,000	20.00	1,100,000								
SFHOT Specialist I - Library (1 pos)	0.50	22,960			0.50	22,960						
SFHOT Specialist II - Library (1 pos)	0.58	31,889			0.58	31,889						
Health & Safety Associates (6 pos)	2.63	65,520			2.63	65,520						
nterns (10 pos)	3.30	75,847	3.30	75,847						XX-39-411		
			00 00 00 00 00 00 00 00 00 00 00 00 00			1						
	-	-										
Totals:	68.60	3,351,175	64.90	3,230,806	3.70	120,369						,
						-						
Employee Fringe Benefits:	36.07%	1,208,834	36.48%	1,178,713	25.02%	30,121						
TOTAL SALARIES & BENEFITS		4,560,009		4,409,519	1 1	150,490	Г		7 [ו ר	
		3,323,000		.,,	,			10,000,000,000	- L		_ '	•

Appendix #: B-1b

DPH 4: Operating Expenses Detail

Program Code: N/A	Appendix #: B-1b
Program Name: SFHOT	Page # 3
Document Date: 2/26/15	

Expenditure Categories & Line Items	TOTAL	SA General Fund HMHSCCRES227	Public Library Workorder HMHSHOMELSWO		i	
	Term:07/01/16-06/30/17	Term: 07/01/16-06/30/17	Term:07/01/16-06/30/17	Term:	Term:	Term:
Occupancy:						
Rent	\$ 72,000	\$ 72,000				
Utilities(telephone, electricity, water, gas)	\$ 12,000	\$ 12,000				
Building Repair/Maintenance	\$ 6,000	\$ 6,000				
Mobile Phones			altano anale s			
Materials & Supplies:						
Office Supplies	\$ 12,600	\$ 12,600				
Program Supplies	\$ 36,000	\$ 36,000				
Handheld Computers and Application	\$ -	\$ -				
Computer hardware/software	\$ -	\$				
General Operating:	\$ -		200			
Training/Staff Development	\$ 28,000	\$ 28,000				
Insurance		\$ -				
Equipment Lease & Maintenance	\$ 2,400	\$ 2,400				
Offsite Storage		\$ 2,112			8	
Audit & Accounting						
Staff Travel:	\$ -	-				
Local Travel	s -	s -				
Out-of-Town Travel		\$ 10,000				
Field Expenses						
	\$ -					
Professional Services to Rep Payee TBD	\$ 75,000					
RTZ software consultation and development	\$ 36,000					
Professional Registry TBD Other Professional Consultants TBD	\$ 290,000 \$ 15,983				<u> </u>	
Other:	\$ -	10,300				+
		\$ 84,000			 	
Client Related Supplies & Expenses					 	
Van Parking		\$ 14,400			+	1
Vehicle Maintenance						-
Vehicle Expenses		\$ 3,600				+
Van Lease	\$ 16,800	\$ 16,800			 	
			1	<u> </u>	1	1

DPH 5: Capital Expenses Detail

Page#	: 4
rant Purchase Cost	1
rant Purchase Cost	1
rant Purchase Cost	
	Total Cost
	<u> </u>
	\$
	Ψ
	Total Cost
	<u> </u>
	
	\$
	\$
Am	endment: 03/01/201
	rant ork Each t.)]

Appendix #: B-1b

Public Health Foundation Enterprises, inc.

Contractor Name:

SFHOT Program Name: Page #: 5 7/01/16-06/30/17 Funding Tem: 1) SALARIES & BENEFITS: Staff Position 1: Administrative Coordinator Brief description of job duties: Manages SFHOT offices and coordinates operations, including facilities, equipment, inventory, repairs, etc Minimum qualifications: Experience or Bachelor's degree Annualized (if less than 12 Annual Salary: x FTE: x Months per Year: months): Total 50,000.00 50,000 1.00 1.00 \$ Staff Position 2: Community Liaison Brief description of job duties: Interface with community departments and special projects planning Minimum qualifications: Experience with population and community. Bachelor's degree preferred Annualized (If less than 12 Annual Salary: x FTE: x Months per Year: months): **Total** 55,000 55,000.00 1.00 | \$ 1.00 12 Staff Position 3: Business Analyst Transitions Division Brief description of job duties: Respond to community providers regarding computer access, generate data reports, plan data needs Minimum qualifications: Bachelor's degree in a Health Science. Experience analysis large datasets and interacting with community. Annualized (if less than 12 months): Annual Salary: x FTE: x Months per Year: Total 68,000 68,000.00 1.00 12 1.00 | \$ Staff Position 4: Administrative Assistant Brief description of job duties: Manage, mail, supplies, office organization Minimum qualifications: Associates degree preferred. Experience in busy office with vulnerable populations Annualized (if less than 12 Annual Salary: x FTE: x Months per Year: months): 40,000.00 40,000 1.00 1.00 \$ 12 Staff Position 5: Social Worker Brief description of job duties: Supervise Specialist I and II in daily work Master's degree in Social Work or Marriage, Family Therapy. License preferred. Experience with homeless Minimum qualifications: population. Annualized (if less than 12 Annual Salary: x Months per Year: months): **Total** 222,000 74,000.00 3.00 1.00 | \$ Staff Position 6: Housing Specialist Brief description of job duties: Manage the daily Stabilization Room reservations and activity. Prepare reports. Minimum qualifications: Bachelors degree. Computer skills and database management. Experience with homeless population. Annualized (if less than 12 months): Annual Salary: x FTE: x Months per Year: **Total** 55,000.00 1.00 1.00 | \$ 55,000 Staff Position 7: Program Coordinator for Engagement Specialist Mobile Team Brief description of job duties: Manage schedules, manage team operation, analyze progress, relate to community Master's degree in a Health Science, experience managing a team, knowledge of the population, computer Minimum qualifications: skills Annualized (if less than 12 x Months per Year: months): Total Annual Salary: 68,000 68,000.00 1.00 12 1.00 | \$

Staff Position 8: If description of job duties: Minimum qualifications: Annual Salary: 45,919.00 Staff Position 9:	therapeutic tran engage with cor	of SW or MFT provide sport, street outreach, a nmunity resources include and experience with	and case manag iding jobs.		reatment linkages
Staff Position 8: If description of job duties: Minimum qualifications: Annual Salary: 45,919.00	SFHOT Special Under direction therapeutic tran engage with cor Associates degr	of SW or MFT provide sport, street outreach, a nmunity resources include and experience with	and case manag iding jobs.	ement. Help program participants	
of description of job duties: Minimum qualifications: Annual Salary: 45,919.00	Under direction therapeutic tran engage with cor Associates degree x FTE:	of SW or MFT provide sport, street outreach, a nmunity resources include and experience with	and case manag iding jobs.	ement. Help program participants	
of description of job duties: Minimum qualifications: Annual Salary: 45,919.00	Under direction therapeutic tran engage with cor Associates degree x FTE:	of SW or MFT provide sport, street outreach, a nmunity resources include and experience with	and case manag iding jobs.	ement. Help program participants	
Minimum qualifications: Annual Salary: 45,919.00	therapeutic tran engage with cor Associates degree x FTE:	sport, street outreach, a nmunity resources inclu ree and experience with	and case manag iding jobs.	ement. Help program participants	
Minimum qualifications: Annual Salary: 45,919.00	engage with cor Associates degree x FTE:	nmunity resources inclu ree and experience with	iding jobs.	ri-morbid populations	
Annual Salary: 45,919.00	x FTE:		homeless and t		
45,919.00		Marila M			
45,919.00				Annualized //filese then 40	
45,919.00		w Mandan man Vann		Annualized (if less than 12 months):	Total
	32.00	x Months per Year:			
Staff Position 9:		12		1.00	1,496,95
Clair i Collon C.	SEHOT Special	et []			
				to be benefited because the terror and it	alaman Abananau
				ts in benefits, housing, treatment li	
of description of job duties:			magement neib	program participants engage or i	s-engage with
			rience with hom	neless and tri-morbid populations	
THIN TO THE GOLD TO THE STATE OF THE STATE O	- Duditolot D di IVI	actor o degree and exp	THOUSE WAS THOU	iores aria ar irrorata populationi	2 (921)
				Annualized (if less than 12	
Annual Salary:	x FTE:	x Months per Year:		months):	Total
55,000.00	20.00	12		1.00	1,100,00
		- 60%			
Minimum qualifications:	Associates degi	ee and experience with	homeless and t	ri-morbid populations	
				Appualized (if loss than 12	
Annual Colony	₩ ETE:	v Months nor Voor			Total
			1		
45,919.00	0.30	12		1.00) 22,50
Staff Position 11:	SEHOT Speciali	et II Library Position			
f description of job duties:	SFHOT Special	st II for Public Library n	eighborhood loc	ations	
				•	
					Total
55,000.00	0.58	12		1.00	31,88
			200		
Staff Position 12:			N f - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	the sign has been determined	44 - 19
r description of job duties:					
Minimum qualifications:	diverse staff & c	lientele, able to speak,	write and read E	nglish, and ability to use the inter	net
				Annualized (if loss than 12	
Annual Calone	v ETE∙	v Monthe per Vest			Total
	A FIE	12		monda).	65,52
	Annual Salary: 55,000.00 Staff Position 10: f description of job duties: Minimum qualifications: Annual Salary: 45,919.00 Staff Position 11: f description of job duties: Minimum qualifications: Annual Salary: 55,000.00 Staff Position 12: f description of job duties:	f description of job duties: community reso Minimum qualifications: Bachelor's or Mi Annual Salary: x FTE: 55,000.00 20.00 Staff Position 10: SFHOT Special f description of job duties: SFHOT Special Minimum qualifications: Associates degr Annual Salary: x FTE: 45,919.00 0.50 Staff Position 11: SFHOT Special f description of job duties: SFHOT Special Minimum qualifications: Bachelor's or Mi Annual Salary: x FTE: 55,000.00 0.58 Staff Position 12: Health & Safety San Francisco F f description of job duties: Interact and prac Prior personal ed Minimum qualifications: diverse staff & c	Minimum qualifications: Bachelor's or Master's degree and expension of job duties: community resources including jobs Minimum qualifications: Bachelor's or Master's degree and expensions and expensions are supported by the proof of the pro	Minimum qualifications: Bachelor's or Master's degree and experience with home and salary: X FTE: X Months per Year:	Annual Salary: x FTE: x Months per Year: months): Staff Position 10: SFHOT Specialist I Library Position Annual Salary: x FTE: x Months per Year: months): Staff Position 10: SFHOT Specialist I Library Position I description of job duties: SFHOT Specialist I For Public Library neighborhood locations Minimum qualifications: Associates degree and experience with homeless and tri-morbid populations Annual Salary: x FTE: x Months per Year: months): Annual Salary: x FTE: x Months per Year: months): Staff Position 11: SFHOT Specialist II Library Position I description of job duties: SFHOT Specialist II Library Position I description of job duties: SFHOT Specialist II Library Position Minimum qualifications: Bachelor's or Master's degree and experience w/ homeless and tri-morbid populations Annual Salary: x FTE: x Months per Year: months): Annual Salary: x FTE: x Months per Year: months): Staff Position 12: Health & Safety Associates San Francisco Public Library Health & Safety Associates identify health & safety concerns of description of job duties: interact and practice effective outreach techniques with homeless populations. Part-time is Prior personal experience with homelessness, knowledge of the client population, ability to Minimum qualifications: diverse staff & clientele, able to speak, write and read English, and ability to use the Internation of the staff

ntractor Name:		Public Health Foundation Enterprises, Inc. SFHOT		Appendix #: B-1b			
ogram Name: nding Term:		01/16-06/30/17		_	Page #:	4	
nuing rem.	11	01/10-00/30/17					
Staff F	osition 13: In						
Date of the autoble of		_		tice effective o	outreach techniques with homeles	s populations.	
Brief description of					des of the allest seem detice while	. 4	
Minimum qua					dge of the client population, abilit English, and ability to use the int		
					Annualized (if less than 12		
Annual Salary:		x FTE:	x Months per Year:		months):	Total	
	22,984.00	3.30	12	T	1.00		
		,					
	T_4_1 ETE-	00.00			Total Calastan	e 225	
	Total FTE:	69.60	Fringe Benefit %	•	Total Salaries: 36.07%		
			rillige belieft /		30.07 %	9 1,20	
				Т	OTAL SALARIES & BENEFITS:	\$ 4,56	
OPERATING EXPENSE	S:						
cupancy:							
Brief description of	f evnense: \$6	3000/mo * 12 m	aonthe		Rent:	\$ 72	
Bhei description o	техрепас. ф	3000/1110 12 11	ionura				
					Utilities:	\$ 1:	
Brief description of	f expense: \$	1000/mo * 12 m	nonths				
					Building Maintenance:	\$	
Brief description o	f expense: \$8	500/mo * 12 mo	onths		· · · · · · · · · · · · · · · · · · ·		
					Mobile Phones	\$ 4	
Brief description of	f expense: \$8	55/mo * 70 mob	oile phones * 12 month	s			
					Total Occupancy:	\$ 13	
terials & Supplies:							
					Office Supplies:	\$ 1:	
Brief description o	f expense: \$1	15/employee/m	onth x 70 employees x	12 months			
					Program Supplies:	\$ 30	
	\$3	3000/mo * 12 m	no, including, but not lir	nited to employ	vee uniforms, medical supplies (g		
					and vehicle supplies (wipes, disi		
	m		and tick treatments, et	o.), comaniers,	and venicle supplies (wipes, dis	illectarit spray,	
Brief description o	m	asks, lice, flea eshener, etc.).	and tick treatments, et	o.), comaniers,	and venicle supplies (wipes, dist	illectant spray,	

48,600

Total Materials & Supplies: \$

Contractor Name:	Public Health Foundation Enterprises, Inc. Appendix #				
Program Name:	SFHOT	Page #:	8		
Funding Term:	7/01/16-06/30/17				
General Operating:					
		Training/Staff Development	\$	28,000	
Brief description of expense:	\$2,334/mo * 12 months for trainings for the fees, specialized homeless and trauma expe		PR, First	Aid, Course	
		Equipment Lease and Maintenance:	s	2,400	
Brief description of expense:	Equipment Leases & Maintenance to suppo at \$200/mo * 12 months	• • •			
Brief description of expense:	Storage at \$176/mo * 12 months	Offsite Storage:	\$	2,112	
		4 /// 6 4		40.000	
Brief description of expense:	Annual expense \$10,000	Audit & Accounting:	\$	10,000	
		Total General Operating:	s	42,512	
			-		
Staff Travel:		Local Travel			
Brief description of expense:					
Brief description of expense:	\$2000 * 5 staff for Healthcare for Homeless a	Out-of-Town Travel	\$	10,000	
Diet description or orportos.	Washington and American		_	40.000	
		Total Staff Travel:	\$	10,000	
Consultants/Subcontractors:					
		Consultants/Subcontractors:	\$	75,000	
Brief description of expense:	\$75,000 annually for Representative Payee \$	Services			
		Consultants/Subcontractors:	\$	36,000	
Brief description of expense:	\$3000 per month x 12 months for software uprecord for homeless services	pdates for RTZ at direction of IT dept for be	uilding ele	ctronic med	
Date de andellem of	enon ann te annie al ancietic de la	Consultants/Subcontractors:		290,000	
bner description of expense:	\$290,000 to professional registries for bringing	ig in on-call medical and driver services du	iring staff	sпотаде	
Brief description of expense:	Homeless best practice consultants to align v	Consultants/Subcontractors: with nation-wide initiatives	\$	15,983	
		Total Consultants/Subcontractors:	\$	416,983	

Contractor Name:	Public Health Foundation Enterprises, Inc.	Appendix #: B-	
Program Name:	SFHOT	Page #: 9	
Funding Term:	7/01/16-06/30/17		
Other:			
	Other 0	Client Related Supplies & Expenses: \$	84,000
	\$7000/mo for 12 months for client related supplies		
	include, but not limited to obtaining IDs, documents		
Brief description of expense:	clothing, bedding, hygiene supplies, moving costs f	for transporting client related supplies,	etc.
		Other Making madding.	14.400
Brief description of expense:	300 per vehicle x 4 vehicles x 12 months	Other Vehicle parking: _\$	14,400
Brief description of expense.	1000 per verildie X + verildies X 12 months	•	
61		Other Vehicle Maintenance: \$	10,000
	Required maintenance on vehicles, including but no	ot limited to oil changes, tires maintena	ance, and damage
Brief description of expense:	repair	·	
		Other- Vehicle Expenses _\$	3,600
	\$300 per month for 12 months. Vehicle expenses in	ncludes installation and interest expens	ses, as approved by
	program directors, related to SFHOT Vehicles, incli		
	monthly charges), radios, and other supplies and e	quipment needed for the safety and mo	onitoring of the
Brief description of expense:	SFHOT fleet.		
		Other van leasing: \$	16,800
Brief description of expense:	\$700/mo * 2 vans * 12 months	Other van leasing.	10,000
		·	
		Total Other: \$	128,800
*			
		TOTAL OPERATING EXPENSES: \$	783,095
2) CARITAL PURPURITURES.			
(If needed. A unit valued at \$5,000 or			
(is needed. A unit valued at \$5,000 or	more)	Capital Expenditure 1:	
Brief description of expense:			
		Capital Expenditure 2:	
Brief description of expense:			
		Control Famou dia un Co	
Brief description of expense:		Capital Expenditure 3:	
blief description of expense.			
	Т	OTAL CAPITAL EXPENDITURES: \$	•
		TOTAL DIRECT COSTS: \$	5,343,104
		1017125111201 000101 7	0,040,104
4) INDIRECT COSTS			
Brief description of Indirect Cost Ex	kpenses:		Amount
	resources management staff and systems costs.	\$	641,173
Costs calculated at 12% of total costs	•		
		-	
An allocation of administrative & supp	ort staff salary and related fringe benefits and gener	al	
overhead expenses related to the con		Tan Y	
		TOTAL INDIRECT COSTS: \$	641,173
		TOTAL EXPENSES: \$	5,984,277

DPH 7: Contract-Wide Indirect Detail

Contractor Name:	Public Health Foundation Enterprises, Inc.	Appendix#: B-1b
Program Name:	SFHOT	Page #: 10
Document Date:	2/26/15	
Fiscal Year:	2016-2017	

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Benefits Coordinator	0.10	7,491
Workers Comp & Safety Administrator	0.20	10,920
LOA Coordinator	0.20	13,655
HR Assistant	1.00	42,000
HR Generalist - San Francisco	1.00	78,750
HR Manager	0.08	14,981
Contract & Grant Manager	0.65	54,600
Sr Admin Analyst - San Francisco	1.00	84,000
Sr. Budget Analyst	0.40	32,977
Accounts Payable Specialist	0.30	16,715
Payroll Specialist	0.20	9,964
Director, Contract and Grant Management	0.15	23,625
Controller	0.05	6,300
CFO	0.05	10,000
CEO	0.07	22,050
SUBTOTAL SALARIES		428,028
EMPLOYEE FRINGE BENEFITS	30%	129,398
TOTAL SALARIES & BENEFITS		557,426

2. OPERATING COSTS

Expense line item:	Amount
Occupational Inoculations	3,050
Employee Background Checks	5,080
Job Posting/Recruitment	1,200
HR Materials (policy procedure manuals, training manuals)	3,000
Staff Travel	37,417
Physical Check	12,000
Check Delivery	2,000
Liability Insurance	5,000
Staff Travel/SFHOT EE Mileage	15,000
TOTAL OPERATING COSTS	83,747

TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)

641,173

DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

Co		Public Health Fo	oundation Enterpri	- 15 A 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Appendix: Page #: Document Date: Fiscal Year:	2/26/15
	Program Name:		SFHOT	T		Piscai real.	2017-2010
	Program Code:	N/A	N/A				
Mode/SFC (MH) o			SecPrev-19				
Mode/SFC (MH) 0	ice Description:	SA-Sec Prev Outreach	SA-Sec Prev Outreach				TOTAL
		07/01/17-06/30/18	The state of the s			-	TOTAL
FUNDING USES	runding remi.	07/01/17-00/30/18	07/01/17-00/30/18		No table of the last of the la		
						and the same of th	4 500 000
	oloyee Benefits: ating Expenses:	4,409,519 783,095	150,490				4,560,009 783,095
Capital Expenses (greate		763,095	-				783,095
	irect Expenses:	5,192,614	150,490				5,343,104
	irect Expenses:	623,114	18,059				641,173
TOTAL FI	INDING USES:	5,815,728	168,549				5,984,277
BHS MENTAL HEALTH (SUNDING SOURCES)		5,615,726		P40 (1 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1			
prio interest includes a continue of the conti							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES							
		A TOTAL PROPERTY.			And the second of the second		
	HSCCRES227			the state of the state of			5,815,728
	HSHOMELSWO	0,010,720	168.549				168.549
	. IOI IOIIILLO II O		100,010				100,010
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		5,815,728	168,549				5,984,277
OTTER BEH FUNDING SOURGES							
TOTAL OTHER DPH FUNDING SOURCES		-					
TOTAL DPH FUNDING SOURCES	*** **	5,815,728	168,549			 	5,984,277
NON-DPH EUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES		_					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		5,815,728	168,549				5,984,277
							3,304,211
			Participants of the second	W. Art. In St. or	Court se IVI in	Transition of the	
Number of Beds Purchased							
SA Only - Non-Res 33 - ODF # of Group Ses SA Only - Licensed Capacity for Medi-Cal Provider with Narco	SIONS (CIASSES):					ļ	e aristala
SA Only - Licensed Capacity for Medi-Cai Provider with Narco Cost Reimbursement (CR) or Fee-Foi	Service (EES):	CR	CR				
Cost Kallibulsenialit (CK) of Fee-Fol	Inits of Service:	93,681	5,964				
DELL	Unit Type:	Staff Hour	Staff Hour			_	
Cost Per Unit - DPH Rate (DPH Funding		62.08	28.26				The state of the s
Cost Per Unit - Contract Rate (DPH & Non-DPH Ful			28.26				
Published Rate (Medi-Cal I		52.00	20,20				Total UDC:
	Clients (UDC):	825	30				85

DPH 3: Salaries & Benefits Detail

Program Code:	N/A									Aŗ	pendix #:	B-1c
Program Name:	SFHOT										Page #:	
Document Date:	Program Name: SFHOT Document Date: 2/26/15											
		TOTAL		eneral Fund		ibrary Workorder						
			HMH	SCCRES227	HWIH	SHOMELSWO						
							_		-		 	
Position Title		07/01/17-06/30/18	200 D	07/01/17-06/30/18		07/01/17-06/30/18	Term:	Orledon	Term:	0-11	Term:	0.1-1-1
***	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Administrative Coordinator	1.00	50,000	1.00	50,000							+ +	
Community Liaison	1.00	55,000	1.00	55,000							+	
Business Analyst Transitions Division	1.00	68,000	1.00	68,000							+	
Administrative Assistant	1,00	40,000	1.00	40,000							+	
Social Workers	3.00	222,000	3.00	222,000							++	
lousing Specialist	1.00	55,000	1.00	55,000						0 0 53		
Program Coordinator EST	1.00	68,000	1.00	68,000							+	
SFHOT Specialist I (34 pos)	32.60	1,496,959	32.60	1,496,959							\bot	
SFHOT Specialist II (21 pos)	20.00	1,100,000	20.00	1,100,000							1	
SFHOT Specialist I - Library (1 pos)	0.50	22,960			0.50	22,960						
SFHOT Specialist II - Library (1 pos)	0.58	31,889			0.58	31,889						
SFHOT Specialist I - Transporters (4 pos)	-	-	-	0								
lealth & Safety Associates (6 pos)	2.63	65,520	_		2.63	65,520						
nterns (10 pos)	3.30	75,847	3.30	75,847								
						1						
	-	-						3-27				
Totals:	68.60	3,351,175	64.90	3,230,806	3.70	120,369						
Employee Fringe Benefits:	36.07%	1,208,834	36.48%	1,178,713	25.02%	30,121			T		\top	
employee :ga bellette.	00.01 70	1,200,007		,,,,,,,,,	:	40,161						-
TOTAL SALARIES & BENEFITS		4,560,009		4,409,519		150,490	ſ		7 [ן ו	
I O I AL ONEMILLO & DENEI II O		7,000,000		1110001010		100,100			_	- Participant of	5	· · · · · · · · · · · · · · · · · · ·

DPH 4: Operating Expenses Detail

Program Code: N/A	Appendix #: B-1c
Program Name: SFHOT	Page # 3
Document Date: 2/26/15	

Expenditure Categories & Line Items	TOTAL	SA General Fund HMHSCCRES227	Public Library Workorder HMHSHOMELSWO			
	Term:07/01/17-06/30/18	Term: 07/01/17-06/30/18	Term:07/01/17-06/30/18	Term:	Term:	Term:
Occupancy:						
Rent	\$ 72,000	\$ 72,000				
Utilities(telephone, electricity, water, gas)	\$ 12,000	\$ 12,000				1
Building Repair/Maintenance	\$ 6,000	\$ 6,000				
Mobile Phones	\$ 46,200	\$ 46,200	760-			
Materials & Supplies:						
Office Supplies	\$ 12,600	\$ 12,600				
Program Supplies	\$ 36,000	\$ 36,000				
Handheld Computers and Application		\$		SEP .		
Computer hardware/software		\$ -				
General Operating:	\$ -					
Training/Staff Development	\$ 28,000	\$ 28,000				
Insurance	\$ -	\$ -				
Equipment Lease & Maintenance	\$ 2,400	\$ 2,400				
Offsite Storage	\$ 2,112	\$ 2,112				
Audit & Accounting		\$ 10,000				
Staff Travel:	\$ -		-			
Local Travel	\$ -	\$ -				
Out-of-Town Travel	\$ 10,000	\$ 10,000	70			
Field Expenses						
Consultant/Subcontractor:	\$ -					
Professional Services to Rep Pavee TBD	\$ 75,000					
RTZ software consultation and development	\$ 36,000					
Professional Registry TBD Other Professional Consultants TBD	\$ 290,000 \$ 15,983					
Other:	\$ -					
Client Related Supplies & Expenses	·	\$ 84,000				
Van Parking						
Van Parking Vehicle Maintenance						
Vehicle Expenses				 		
Van Lease	\$ 16,800	\$ 16,800			 	

 TOTAL OPERATING EXPENSE
 783,095
 783,095

DPH 5: Capital Expenses Detail

Prog	ram Code: N/A		Appendix: B-1c Page#: 4				
Prog	ram Name: SFHOT						
Docu	ment Date: 2/26/15	_					
1. Equipment							
Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost		
Total Equipment Cost					\$0		
2. Remodeling							
Description					Total Cost		
				·	**		
· · · · · · · · · · · · · · · · · · ·		1					
Total Remodeling Cost					\$0		
			ik .				
Total Capital Expenditure					\$(
(Equipment plus Remodeling Cost)	20			Amen	dment: 03/01/201		

Appendix #: B-1c

Public Health Foundation Enterprises, Inc.

Contractor Name:

Program Name: SFHOT Page #: 5 07/01/17-06/30/18 Funding Term: 1) SALARIES & BENEFITS: Staff Position 1: Administrative Coordinator Brief description of job duties: Manages SFHOT offices and coordinates operations, including facilities, equipment, inventory, repairs, etc Minimum qualifications: Experience or Bachelor's degree Annualized (if less than 12 Annual Salary: x FTE: x Months per Year: months): **Total** 50,000.00 1.00 | \$ 50,000 Staff Position 2: Community Liaison Brief description of job duties: Interface with community departments and special projects planning Minimum qualifications: Experience with population and community. Bachelor's degree preferred Annualized (if less than 12 Annual Salary: x FTE: x Months per Year: months): Total 55,000.00 1.00 \$ 55,000 Staff Position 3: Business Analyst Transitions Division Brief description of job duties: Respond to community providers regarding computer access, generate data reports, plan data needs Minimum qualifications: Bachelor's degree in a Health Science. Experience analysis large datasets and interacting with community. Annualized (if less than 12 Annual Salary: months): x FTE: x Months per Year: 68,000 68,000.00 1.00 12 1.00 \$ Staff Position 4: Administrative Assistant Brief description of job duties: Manage, mail, supplies, office organization Minimum qualifications: Associates degree preferred. Experience in busy office with vulnerable populations Annualized (if less than 12 Annual Salary: x Months per Year: months): **Total** 40,000 40,000.00 1.00 | \$ Staff Position 5: Social Worker Brief description of job duties: Supervise Specialist I and II in daily work Master's degree in Social Work or Marriage, Family Therapy. License preferred. Experience with homeless Minimum qualifications: population. Annualized (if less than 12 x Months per Year: months): Total 74,000.00 1.00 | \$ 222,000 3.00 12 Staff Position 6: Housing Specialist Brief description of job duties: Manage the daily Stabilization Room reservations and activity. Prepare reports. Minimum qualifications: Bachelors degree. Computer skills and database management. Experience with homeless population. Annualized (if less than 12 Annual Salary: x FTE: x Months per Year: months): Total 55,000 55,000.00 1.00 12 1.00 \$ Staff Position 7: Program Coordinator for Engagement Specialist Mobile Team Brief description of job duties: Manage schedules, manage team operation, analyze progress, relate to community Minimum qualifications: Master's degree in a Health Science, experience managing a team, knowledge of the population, computer skills Annualized (if less than 12 Annual Salary: x Months per Year: months): 68,000 68,000.00 1.00 12 1.00 \$

Contractor Name:			dation Enterprises, Inc.	_	Appendix #: B-1c						
Program Name:		SFHOT	77.7	-		Page#: 💪					
unding Term:		07/01/17-06/30/18	-	_							
Str	off Position 8:	SFHOT Specialis	et I				 ,				
				upport for homel	ess clients in benefits, ho	using treatm	ent linkages				
					nent. Help program partic						
Brief description		and the contraction of the contr	esources including jobs		The state of the s	- parities or igna	,				
			ee and experience with I		-morbid populations						
					Annualized (if less than	n 12					
Annual Salar		x FTE:	x Months per Year:		months):	20	Total				
\$	45,919.00	32.60	12			1.00 \$	1,496,95				
											
Sta	ff Position 9: 3	SFHOT Specialis	st II								
		Under direction of	of SW or MFT provide s	upport for clients	in benefits, housing, trea	tment linkage	es, therapeutic				
				agement. Help p	rogram participants enga	ige or re-eng	age with				
			rces including jobs								
Minimum o	ualifications: I	Bachelor's or Ma	ster's degree and exper	ience with home	less and tri-morbid popul	ations					
1					Annualized /if less than	. 10					
Annual Salan	, .	x FTE:	x Months per Year:		Annualized (if less than months):	1 12	Total				
\$	55.000.00	20.00	12	T	monus).	1.00 \$	1,100,00				
4	33,000.00	20.00	1Z			1.00 \$	1,100,00				
Stof	Donition 10: 9	SEHOT Specialis	st I Library Position				5-00 HE				
			st I for Public Library nei	abborhood locat	one						
			e and experience with h								
	MANITOM CO. 10. 7	tooodates dogs	o ana espendito wan	iorrioroo aria ar	morata populationio						
					Annualized (if less than	112					
Annual Salary	r.	x FTE:	x Months per Year:		months):		Total				
\$	45,919.00	0.50	12			1.00 \$	22,96				
			t II Library Position								
			t II for Public Library ne								
Minimum o	ualifications: E	Bachelor's or Ma	ster's degree and exper	ience w/ homele	ss and tri-morbid populati	ons					
					A 15 1 797 1 41-	40					
			v Mantha and Vene		Annualized (if less than	112	7-4-1				
Annual Calan		CTC.					Total				
Annual Salary		x FTE:	x Months per Year:		months):	4.00 6	04.00				
	55,000.00	x FTE: 0.58	12		months):	1.00 \$	31,88				
\$	55,000.00	0.58	12		montris):	1.00 \$	31,88				
\$	55,000.00 Position 12: H	0.58 Health & Safety A	12 Associates								
\$ Staff	55,000.00 Position 12: F	0.58 Health & Safety A	12 Associates Jublic Library Health & Sa		identify health & safety co	oncerns at the	e library, and				
\$ Staff	55,000.00 Position 12: For job duties: in	0.58 Health & Safety A Ban Francisco Po Interact and prace	12 Associates ublic Library Health & Sa tice effective outreach to	chniques with h	identify health & safety community health & safety healt	oncerns at the	e library, and				
\$ Staff Brief description	Position 12: For job duties: In	0.58 Health & Safety A San Francisco Ponteract and prace Prior personal ex	12 Associates Jublic Library Health & Salice effective outreach to perience with homeless	echniques with h	identify health & safety or omeless populations. Par of the client population,	oncerns at the	e library, and				
\$ Staff Brief description	Position 12: For job duties: In	0.58 Health & Safety A San Francisco Ponteract and prace Prior personal ex	12 Associates Jublic Library Health & Salice effective outreach to perience with homeless	echniques with h	identify health & safety community health & safety healt	oncerns at the	e library, and				
\$ Staff Brief description	Position 12: For job duties: In	0.58 Health & Safety A San Francisco Ponteract and prace Prior personal ex	12 Associates Jublic Library Health & Salice effective outreach to perience with homeless	echniques with h	identify health & safety or omeless populations. Par of the client population, d ability to use the internal	oncerns at the t-time position ability to work	e library, and				
\$ Staff Brief description Minimum q	55,000.00 Position 12: If the second	0.58 Health & Safety / San Francisco Po Interact and prace Prior personal ex Staff & clientele, a	12 Associates Jublic Library Health & Saitice effective outreach to perience with homeless able to speak, write and	echniques with h	identify health & safety or omeless populations. Par of the client population, id ability to use the interne Annualized (if less thar	oncerns at the t-time position ability to work	e library, and ns. k with a diverse				
\$ Staff Brief description	55,000.00 Position 12: If the second	0.58 Health & Safety A San Francisco Ponteract and prace Prior personal ex	12 Associates Jublic Library Health & Salice effective outreach to perience with homeless	echniques with h	identify health & safety or omeless populations. Par of the client population, d ability to use the internal	oncerns at the t-time position ability to work	e library, and				

Public Health Foundation Enterprises, Inc.

3.30

Contractor Name:

Annual Salary:

22,984.00

Program Name:	SFHOT	Page #: *1					
Funding Term:	07/01/17-06/30/18						
Staff	Position 13: Interns						
Brief description of	Client Training Interns interact and practice effective o f job duties: time positions	outreach techniques with homeless populations. Part-					
Minimum qu	Prior personal experience with homelessness, knowler allifications: staff & clientele, able to speak, write and read English,	dge of the client population, ability to work with a diverse, and ability to use the internet					
		Annualized (if less than 12					

x Months per Year:

12

Total FTE: **Total Salaries: \$** 69.60 3,351,175 Fringe Benefit %: 36.07% \$ 1,208,834 **TOTAL SALARIES & BENEFITS: \$** 4,560,009

2) OPERATING EXPENSES: Occupancy: Rent: \$ 72,000 Brief description of expense: \$6000/mo * 12 months Utilities: \$ 12,000 Brief description of expense: \$1000/mo * 12 months Building Maintenance: \$ 6,000 Brief description of expense: \$500/mo * 12 months Mobile Phones \$ 46,200 Brief description of expense: \$55/mo * 70 mobile phones * 12 months Total Occupancy: \$ 136,200 Materials & Supplies: Office Supplies: \$ 12,600 Brief description of expense: \$15/employee/month x 70 employees x 12 months Program Supplies: \$ 36,000 \$3000/mo * 12 mo, including, but not limited to employee uniforms, medical supplies (gloves, hand sanitizer, masks, lice, flea and tick treatments, etc.), containers, and vehicle supplies (wipes, disinfectant spray, air Brief description of expense: freshener, etc.).

> Total Materials & Supplies: \$ 48,600

Appendix #: B-1c

months):

1.00 \$

Total

75,847

Appendix #: B-1c

Public Health Foundation Enterprises, Inc.

Contractor Name:

Program Name:	SFHOT Page #	: 8	
Funding Term:	07/01/17-06/30/18		
General Operating:			
	Training/Staff Development	\$_	28,000
Brief description of expense	\$2,334/mo * 12 months for trainings for the SFHOT team, including but not limited to Cl e: fees, specialized homeless and trauma experts	?R, F	irst Aid, Course
	Equipment Lease and Maintenance:	\$	2,400
Brief description of expense	Equipment Leases & Maintenance to support the SFHOT operations including but not li		
Brief description of expense	Offsite Storage:	\$	2,112
Dife description of expense	5. Storage at \$17 Onto 12 months		
Drief description of supers	Audit & Accounting:	\$	10,000
Bher description of expense	e: Annual expense \$10,000		
	Total General Operating:	\$	42,512
Staff Travel:			
Brief description of expense		_	
	Out-of-Town Travel	\$	10,000
Brief description of expense	s: \$2000 * 5 staff for Healthcare for Homeless and Street Medicine conferences		
	Total Staff Travel:	\$	10,000
Consultants/Subcontractors:			
	Consultants/Subcontractors:	\$	75,000
Brief description of expense	s: \$75,000 annually for Representative Payee Services		
	Consultants/Subcontractors:	\$	36,000
Brief description of expense	\$3000 per month x 12 months for software updates for RTZ at direction of IT dept for but record for homeless services	ilding	electronic med
	Consultants/Subcontractors:	\$	290,000
Brief description of expense	e: \$290,000 to professional registries for bringing in on-call medical and driver services du		
Brief description of avacana	Consultants/Subcontractors: : Homeless best practice consultants to align with nation-wide initiatives	\$	15,983
bilet description of expense		_	
	Total Concultante/Subcontractors	- SE	446 002

Contractor Name:	Public Health Foundation Enterprises, Inc.	Appendix #:	B-1c
Program Name:	SFHOT	Page #:	9
Funding Term:	07/01/17-06/30/18		
Other:			
	Other	Client Related Supplies & Expenses:	\$ 84,000
Brief description of expense:	\$7000/mo for 12 months for client related supplies a include, but not limited to obtaining IDs, documents, clothing, bedding, hygiene supplies, moving costs for	engagement incentives and supplies	s, gift cards, food,
		Other Vehicle parking:	\$ 14,400
Brief description of expense:	300 per vehicle x 4 vehicles x 12 months	Outer Verlicie parking.	Ψ 14,400
		Other Vehicle Maintenance:	\$ 10,000
Brief description of expense:	Required maintenance on vehicles, including but no repair		
		Other- Vehicle Expenses	\$ 3,600
Brief description of expense:	\$300 per month for 12 months. Vehicle expenses in program directors, related to SFHOT Vehicles, inclumonthly charges), radios, and other supplies and enfleet.	ding but not limited to the installation	of GPS (including
Brief description of expense:	\$700/mo * 2 vans * 12 months	Other van leasing:	\$ 16,800
		Total Other:	\$ 128,800
		TOTAL OPERATING EXPENSES:	\$ 783,095
3) CAPITAL EXPENDITURES:			
(If needed. A unit valued at \$5,000 or	more)		
		Capital Expenditure 1:	
		Capital Expenditure 2:	
Brief description of expense:			
Brief description of expense:		Capital Expenditure 3:	·
	1	OTAL CAPITAL EXPENDITURES:	\$ -
		TOTAL DIRECT COSTS:	\$ 5,343,104
4) INDIRECT COSTS			
Brief description of Indirect Cost Ex			Amount
	esources management staff and systems costs.		\$ 641,173
Costs calculated at 12% of total costs.			
An allocation of advisors to the	et at off colonia and and the second		
An allocation of administrative & suppo overhead expenses related to the contr	ort staff salary and related fringe benefits and general ract. Rate is 12% of Direct Cost.		
		TOTAL INDIRECT COSTS:	\$ 641,173
		TOTAL EXPENSES:	\$ 5,984,277

DPH 7: Contract-Wide Indirect Detail

Contractor Name:	Public Health Foundation Enterprises, Inc.	Appendix#: B-1c
Program Name:	SFHOT	Page #: 10
Document Date:	2/26/15	
Fiscal Year:	2017-2018	

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Benefits Coordinator	0.10	7,491
Workers Comp & Safety Administrator	0.20	10,920
LOA Coordinator	0.20	13,655
HR Assistant	1.00	42,000
HR Generalist - San Francisco	1.00	78,750
HR Manager	0.08	14,981
Contract & Grant Manager	0.65	54,600
Sr Admin Analyst - San Francisco	1.00	84,000
Sr. Budget Analyst	0.40	32,977
Accounts Payable Specialist	0.30	16,715
Payroll Specialist	0.20	9,964
Director, Contract and Grant Management	0.15	23,625
Controller	0.05	6,300
CFO	0.05	10,000
CEO	0.07	22,050
SUBTOTAL SALARIES		428,028
EMPLOYEE FRINGE BENEFITS	30%	129,398
TOTAL SALARIES & BENEFITS	A Comment	557,426

2. OPERATING COSTS

Expense line item:	Amount
Occupational Inoculations	3,050
Employee Background Checks	5,080
Job Posting/Recruitment	1,200
HR Materials (policy procedure manuals, training manuals)	3,000
Staff Travel	37,417
Physical Check	12,000
Check Delivery	2,000
Liability Insurance	5,000
Staff Travel/SFHOT EE Mileage	15,000
TOTAL OPERATING COSTS	83,747

TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)

641,173

Appendix F-1a (GF-SA) PAGE A

			Contro	Number									
		L				1	INVOICE N	UMBER:	S01	JL	15		
Contractor: Public Health Foundation i	Enternrises	Inc						No.: BPHM	TBD			,	
Contractor. Public Realth Foundation	Elitei hi ises	, 1116.					CL DIAIRE	IAO., DETIIVI	TOD		i	User Cd	
Address: 12801 Crossroads Parkway	South, Su	ite 200, C	ity of Ind	ustry, CA 9	1746		Ct. PO No.:	POHM	TBD				
Tel. No.: (562) 699-7320				2110	1		Fund Source	e:	General Fund				
Fax No.:			CI	3HS	l		Invoice Per	ind:	July 20	15			
					ı		III VOICE I' GI	iou.	July 20	10	-		
Funding Term: 07/01/2015 - 06/30/201	16						Final Invoic	e:			(Check i	f Yes)	
PHP Division: Community Behavioral	Health Sen	vices					ACE Contro	of Number:	NEW B	Section .	F 37 150		
	DEL	MERED	DELI	/ERED	9	6 OF	REMA	NING		% OF			
	CONTR			PERIOD		DATE	T	OTAL	DELIVER	RABLES		TOTAL	
Program/Exhibit	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	
B-1a SFHOT	00.004	825					00/	0%	93,681	825	100%	100%	
SecPrev-19 SA-Sec Prev Outreach	93,681	820			_	_	.0%	076	93,001	623	100%	100%	
Unduplicated Counts for AIDS Use Only.				, , , , , , , , , , , , , , , , , , ,						- 1 - 24			
Charles Country to March Country.					EVDE	NSES	EVE	PENSES	1 % ()E	DE	MAINING	
Description			BU	DGET		PERIOD		DATE	BUD			ALANCE	
Total Salaries				15,292.00	\$	-	\$			0.00%	\$	3,215,292.00	
Fringe Benefits				76,386.00		-	\$ -		0.00%				
Total Personnel Expenses	_		\$ 4,3	91,678.00	\$	-	\$	-		0.00%	\$	4,391,678.00	
Operating Expenses:							T						
Occupancy	_		\$ 1	36,200.00	\$	_	\$	-		0.00%	\$	136,200.00	
Materials and Supplies				97,060.00		-	\$	-		0.00%	\$	97,060.00	
General Operating				32,512.00		-	\$	-		0.00%		32,512.00	
Staff Travel				10,000.00		-	\$			0.00%		10,000.00	
Consultant/ Subcontractor				10,365.00		-	\$	_		0.00%		410,365.00	
Other: Client Related Supplies 8	Expenses			14,800.00		-	\$	_		0.00%	\$	114,800.00	
Car Parking, Van Parking, Veh			\$	-	\$	-	\$	-		0.00%		-	
Vehicle Expenses, Van Leas			\$	-	\$	-	\$			0.00%	\$		
Total Operating Evanges			\$ 8	00,937.00	¢	-	\$			0.00%	•	800,937.00	
Total Operating Expenses Capital Expenditures			\$		\$		\$			0.00%		000,937.00	
TOTAL DIRECT EXPENSES				92,615.00			\$			0.00%		5,192,615.00	
Indirect Expenses				23,113.00			\$			0.00%		623,113.00	
F.				15,728.00		_	\$			0.00%		5,815,728.00	
Less: Initial Payment Recovery			Ψ 0,0	10,720.00	- V		NOTES:	<u> </u>		0,00,0	<u> </u>	0,010,720,00	
Other Adjustments (DPH use only)							NOTES.						
Other Adjustments (DFH use only)							-						
REIMBURSEMENT					\$		1						
I certify that the information provided above accordance with the contract approved for claims are maintained in our office at the a	services pro	ovided unde	nowledge er the pro	e, complete a vision of the	and accur t contract	ate; the a	mount reque tification and	sted for reimbu backup record	rsement is s for those	in			
Signature:					ı		Date:					1000	
Printed Name:	200				,								
Title:					0		Phone:						
Send to:						- Million	DPH	Authorization fo	or Payment				
Community Programs Budget/ Invoice Ana	hvet			l									
1380 Howard St., 4th Floor	iyot												
San Francisco, CA 94103						46 a al	Classi				n-4		
					AL	u lonzed	Signatory				Dat	0	

Appendix F-1a (GF-SA) PAGE B

			Control I	Number	_	_	Invoice Number			
]		S01 JL	15		
								-	User Cd	
Contractor: Public Health Foundation Enterprises,	Ino:					CT PO No.				
Contractor: Public realth Foundation Enterprises,	inc.									
Tel. No.:										
DETAIL PERSONNEL EXPENDITURES										
DETAIL PERSONNEL EXPENDITORES										
		П	BUDGETED	EXPENSES		EXPENSES	% OF		REMAINING	
NAME & TITLE	FTE		SALARY	THIS PERIOD		TO DATE	BUDGET		BALANCE	
	4.00		E0 000 00				0.000/		50,000,00	
Administrative Coordinator	1.00	\$	50,000.00		\$		0.00%		50,000.00 55,000.00	
Community Liason Business Analyst Transitions Division	1.00	\$	55,000.00 68,000.00		\$		0.00% 0.00%		68,000.00	
Administrative Assistant	1.00	\$	40,000.00		\$		0.00%		40.000.00	
Social Workers	3.00	\$	222,000.00		\$,	0.00%	_	222,000.00	
Housing Specialist	1.00	\$	55,000.00		\$		0.00%		55,000.00	
Program Coordinator EST	1.00	\$	68,000.00		\$	-	0.00%		68,000,00	
SFHOT Specialist I (34 pos)	32.60	\$	1,496,959.00		\$		0.00%		1,496,959.00	
SFHOT Specialist II (21 pos)	20.00	\$	1,100,000.00		\$		0.00%	_	1,100,000.00	
Intems (8 pos)	2.63	\$	60,333.00		\$		0.00%		60,333.00	
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	N N	\vdash			-					
TOTAL SALARIES	64 23	S	3,215,292.00	\$ -	\$		0.00%	S	3,215,292.00	
TO THE GREATER	07.20		0,210,202.00				0.0070	Ψ	O,E TO,EOETOO	
I certify that the information provided above is, to accordance with the contract approved for services provided above.	the best o	of m	y knowledge, com	plete and accurate	; the a	amount requested for re	imbursement in			
are maintained in our office at the address indicated.			provident of the							
Signature:						Date:				
				•						
Printed Name:										
Title:					Ph	one:				

Appendix F-1a (GF-WO)

			Contro	l Number		_					I	PAGE À
					1.25	1	INVOICE N	UMBER:	\$02	JL	15	
Contractor: Public Health Foundation I	Enterprises	, Inc.					Ct. Blanket	No.: BPHM	TBD			
Address: 12801 Crossroads Parkway So	uth, Suite 20	00, City of	Industry, (CA 91746			Ct. PO No.:	РОНМ	TBD			User Cd
Tel. No.: (562) 699-7320			C	BHS	1		Fund Source	e:	SA Work	Order-Pu	ublic Libra	ary SFHOT
Fax No.:			CE	опо			Invoice Per	iod:	July 201	15		
Funding Term: 07/01/2015 - 06/30/2016							Final Invoic	e:			(Check	f Yes)
PHP Division: Community Behavioral Hea	Ith Services						ACE Contro	ol Number:			12	
	TOT CONTR			VERED PERIOD		ERED DATE		6 OF OTAL	REMA! DELIVER			% OF TOTAL
Program/Exhibit	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1a SFHOT - HMHSHOMELSWO												
SecPrev-19 SA-Sec Prev Outreach	5,964	30			-	-	0%	0%	5,964	30	100%	100%
Unduplicated Counts for AIDS Use Only.												
					EVDE	NSES	T EVE	ENSES	% ()E	DE	MAINING
Description				DGET	THIS PERIOD		TO DATE		BUD		BALANCE	
Total Salaries				20,369.00	\$	-	\$	-		0.00%	\$	120,369.00
Fringe Benefits			\$	30,121.00	\$		\$	-		0.00%	\$	30,121.00
Total Personnel Expenses			\$ 1	50,490.00	\$	-	\$	-		0.00%	\$	150,490.00
Operating Expenses:												
Occupancy			\$	-	\$, - , i	\$	-		0.00%	\$	-
Materials and Supplies			\$	-	\$	-	\$	-		0.00%	\$	-
General Operating	-		\$	-	\$	-	\$	-		0.00%	\$	
Staff Travel			\$	-	\$		\$	-		0.00%	\$	-
Consultant/ Subcontractor			\$	-	\$		\$	-		0.00%	\$	-
Other:			\$	-	\$	-	\$	-		0.00%	\$	-
			\$	-	\$	-	\$	-		0.00%		-
		·	\$	-	\$	-	\$	-		0.00%	\$	
Total Operating Expenses	* * *		\$		\$	_	\$			0.00%	\$	
Capital Expenditures			\$		\$	-	\$			0.00%		
TOTAL DIRECT EXPENSES				50,490.00	\$	-	\$	-		0.00%		150,490.00
Indirect Expenses					\$	-	\$	_		0.00%		18,059.00
5		- ALAMES		68,549.00		_	\$			0.00%		168,549.00
Less: Initial Payment Recovery			-				NOTES:				T	
Other Adjustments (DPH use only)]					- 1
PENDUDARIENT												- 1
REIMBURSEMENT					\$							
I certify that the information provided above accordance with the contract approved for claims are maintained in our office at the ac	services pro	vided und								ın		
Signature:							Date:				<u></u>	
Printed Name:												
Title:		AR-170					Phone:					
Send to:							DPH	Authorization fo	r Payment			
Community Programs Budget/ Invoice Anal 1380 Howard St., 4th Floor San Francisco, CA 94103	lyst				Āı	thorized!	Signatory				Dat	e

Appendix F-1a (GF-WO) PAGE B

	Control Number						Invoice Number				
								S02 JL	15		
							07.00.11		<u> </u>	User Cd	
Contractor: Public Health Foundation Enterpri-	!						CT PO No.				
Contractor: Public resitn Foundation Enterpri	ses, inc.										
Tel. No.:											
DETAIL PERSONNEL EXPENDITURES											
			BUDGETED		VDENICEC		EXPENSES	% OF	REMAINING		
NAME & TITLE	FTE	<u>'</u>	SALARY	EXPENSES THIS PERIOD			TO DATE	BUDGET		BALANCE	
TW Wilder Will III Indian	1.12	-	OFFICE	111	IO I LINIOD		TODAIL	DODGET		BALAROL	
SFHOT Specialist I - Library (1 pos)	0.50	\$	22,960.00	\$	-	\$	-	0.00%	\$	22,960.00	
SFHOT Specialist II - Library (1 pos)	0.58		31,889.00	\$	_	\$		0.00%		31,889.00	
Health & Safety Associates (6 pos)	2.63	\$	65,520.00	\$		\$	-	0.00%		65,520.00	
riodial & outory resources (o post)	2.00	*	00,020.00	Ψ		-	-	0.0070		00,020.00	
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2											
TOTAL SALARIES	3.71	\$	120,369.00	\$	1-	\$	-	0.00%	\$	120,369.00	
I certify that the information provided above is accordance with the contract approved for service are maintained in our office at the address indicate	s provided und	of my der th	knowledge, com le provision of th	plete at con	and accurate; tract. Full jus	the a	amount requested for rein tion and backup records f	nbursement in for those claims			
Signature:						D	Date:				
D. Leave I. N. Constant											
Printed Name:	-										

Phone:

Appendix F-1b (GF-SA)

			_									PAGE A
			Contro	Number		1						
		L	-			,	INVOICE N	UMBER:	S01	JL	16	
Contractor: Public Health Foundation I	Enterprises	, Inc.					Ct. Blanket	No.: BPHM	TBD			User Cd
Address: 12801 Crossroads Parkway	y South, Su	ite 200, C	ity of Ind	ustry, CA 9	1746		Ct. PO No.:	РОНМ	TBD		· · · · · ·	Jael Od
Tel. No.: (562) 699-7320			C	DUC	1		Fund Source	e:	General F	und		
Fax No.:			C	BHS			Invoice Peri	iod:	July 20	16		
Funding Term: 07/01/2016 - 06/30/201	17						Final Invoice	e:			(Check i	f Yes)
PHP Division: Community Behavioral	Health Sen	/ices					ACE Contro	Number:		1851 T	17766	
	TO			VERED		/ERED		6 OF	REMA			% OF
Program/Exhibit	UOS	UDC	UOS	PERIOD	UOS	UDC	UOS	UDC	DELIVER	UDC	uos	TOTAL UDC
B-1b SFHOT	000		000	050	- 000	000	- 500	000	000	- ODO	000	000
SecPrev-19 SA-Sec Prev Outreach	93,681	825			-	-	0%	0%	93,681	825	100%	100%
				-			-					
Unduplicated Counts for AIDS Use Only.			l									
Daniel de la constant						NSES		ENSES	%(MAINING
Description Total Salaries	BUDGET \$ 3,230,806			30,806.00		PERIOD	\$	DATE	BUD	0.00%		3,230,806.00
Fringe Benefits			\$ 1,178,713.00			-	\$	-	-	0.00%		1,178,713.00
Total Personnel Expenses				09,519.00		- -	\$			0.00%		4,409,519.00
Operating Expenses:		-i 	Ψ -7,-1	00,010.00	<u> </u>		1			0.0070	Ψ	4,400,010.00
Occupancy			\$ 1	36,200.00	\$	-	\$			0.00%	S	136,200.00
Materials and Supplies				48.600.00		_	\$	-		0.00%		48,600.00
General Operating				42,512.00		-	\$	_		0.00%		42,512.00
Staff Travel				10,000.00		-	\$	1-0		0.00%		10,000.00
Consultant/ Subcontractor				16,983.00			\$	-		0.00%		416,983.00
Other: Client Related Supplies &		1		28,800.00	\$	-	\$			0.00%		128,800.00
Van Parking, Vehicle Maint			\$		\$	-	\$			0.00%		_
Vehicle Expenses, Van Lea	ise		\$	-	\$	-	\$		-	0.00%	\$	-
Total Operating Expenses			\$ 7	83,095.00	\$	pa (1994)	\$			0.00%	\$	783,095.00
Capital Expenditures			S	-	\$		\$			0.00%		- 100,000.00
TOTAL DIRECT EXPENSES		, ,	1 7	92,614.00			\$			0.00%		5,192,614.00
Indirect Expenses				23,114.00		1-1	\$	-		0.00%		623,114.00
5				15,728.00		-	\$	-		0.00%		5,815,728.00
Less: Initial Payment Recovery							NOTES:			10 (40-4-5		
Other Adjustments (DPH use only)												
REIMBURSEMENT					\$	-	-					
I certify that the information provided above	is, to the h	est of mv k	nowledge	. complete :	and accur	ate: the a	mount reque	sted for reimbu	rsement is	in		
accordance with the contract approved for claims are maintained in our office at the ac	services pro	vided und										
Signature:							Date:					
Printed Name:			•						,			
Title:							Phone:			100		
Send to:						7	DPH /	Authorization fo	or Payment			
Community Programs Budget/ Invoice Anal 1380 Howard St., 4th Floor	lyst											
San Francisco, CA 94103												
I					Δı	thorized	Signatory		-		Dat	9

Control Number

Appendix F-1b (GF-SA) PAGE B

Invoice Number

Contractor: Public Health Foundation Enterp	rises. Inc.			CT PO No.		USEI CQ
el. No.:	11000, 11101					
DETAIL PERSONNEL EXPENDITURES						
NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Administrative Coordinator	1.00	\$ 50,000.00	\$ -	\$ -	0.00%	\$ 50,000.0
Community Liason	1.00	\$ 55,000.00		\$ -	0.00%	
Business Analyst Transitions Division	1.00	\$ 68,000.00		\$ -	0.00%	
Administrative Assistant	1.00	\$ 40,000.00		\$ -	0.00%	
Social Workers	3.00	\$ 222,000.00		\$ -	0.00%	
lousing Specialist	1.00			\$ -	0.00%	
Program Coordinator EST	1.00			\$ -	0.00%	
SFHOT Specialist I (34 pos)	32.60	\$ 1,496,959.00		\$ -	0.00%	
SFHOT Specialist II (21 pos)	20.00	\$ 1,100,000.00		\$ -	0.00%	
nterns (8 pos)	3.30			\$ -	0.00%	
9						
			4000			

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

64.90 \$ 3,230,806.00 \$

TOTAL SALARIES

Signature:	Date:	
Printed Name:		
Title:	Phone:	

3,230,806.00

Appendix F-1b (GF-WO)
PAGE A

			Contro	Number								
						1	INVOICE N	UMBER:	S02	JL	16	
Contractor: Public Health Foundation E	nterprises	, Inc.					Ct. Blanket	No.: BPHM	TBD			
Address: 12801 Crossroads Parkway So	uth, Suite 20	00, City of	Industry, (CA 91746			Ct. PO No.:	РОНМ	TBD			User Cd
Tel. No.: (562) 699-7320					1		F		CA West	Orden D	delle Liber	CEHOT
Fax No.: (502) 699-7320			CE	BHS			Fund Source	:0:	SA WORK	Order-Pi	JDNC LIDE	ary SFHOT
							Invoice Per	iod:	July 20	16		
Funding Term: 07/01/2016 - 06/30/2017							Final Invoic	e:			(Check i	if Yes)
PHP Division: Community Behavioral Heal	th Services						ACE Contro	ol Number:		HEAT IN		
	TO		2 m 15 m 15 m 15 m	VERED		/ERED		6 OF	REMA			% OF
Dragom/Exhibit	CONTR			PERIOD		DATE		DTAL	DELIVER			TOTAL
Program/Exhibit B-1b SFHOT - HMHSHOMELSWO	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDÇ	UOS	UDC
SecPrev-19 SA-Sec Prev Outreach	5,964	30			-	-	0%	0%	5,964	30	100%	100%
Unduplicated Counts for AIDS Use Only.					<u> </u>	i			1			
Description			RU	DGET		NSES		ENSES DATE	% (EMAINING ALANCE
Total Salaries				20,369.00		-	\$	-	505	0.00%		120,369.00
Fringe Benefits				30,121.00		-	\$	-		0.00%		30,121.00
Total Personnel Expenses				50,490.00		-	\$			0.00%		150,490.00
Operating Expenses:							1					
Occupancy			\$	-	\$	-	\$	-		0.00%	\$	-
Materials and Supplies			\$		\$	-	\$	-		0.00%	\$	-
General Operating			\$	-	\$	-	\$	-		0.00%	\$	-
Staff Travel			\$	-	\$	-	\$	-		0.00%	\$	-
Consultant/ Subcontractor			\$		\$	-	\$			0.00%		
Other:			\$	-	\$	-	\$			0.00%		-
			\$		\$		\$.			0.00%		-
			\$		\$	-	\$	-		0.00%	\$	
Total Operating Expenses			\$	-	\$	_	\$			0.00%	\$	
Capital Expenditures		· · · · · · · · · · · · · · · · · · ·	\$	-	\$		\$	-		0.00%		-
TOTAL DIRECT EXPENSES				50,490.00	\$	_	\$	-		0.00%		150,490.00
Indirect Expenses				18,059.00		-	\$	-		0.00%		18,059.00
5			\$ 10	38,549.00	\$	_	\$	-		0.00%		168,549.00
Less: Initial Payment Recovery							NOTES:					
Other Adjustments (DPH use only)]					
REIMBURSEMENT					\$							
I certify that the information provided above accordance with the contract approved for sclaims are maintained in our office at the ad-	services pro	vided und	nowledge er the pro	, complete a vision of tha	and accurate contract	ate; the ar . Full just	mount reque	sted for reimbu backup record	rsement is s for those	in		
Signature:							Date:		-			
Printed Name:												
Title:							Phone:			- AGI - M		
Send to:					-		DPH /	Authorization fo	or Payment			
Community Programs Budget/ Invoice Analy	vet											- 1
1380 Howard St., 4th Floor	yət											l
San Francisco, CA 94103						- 0						
					Au	thorized S	Signatory		- "		Dat	е

Control Number

Appendix F-1b (GF-WO) PAGE B

Invoice Number

						L	S02 JL	16	1104
						CT PO No.			User Cd
Contractor: Public Health Foundation Enterpr	ises Inc					CI PO No. L			
Contractor. I apric Health I contaction Enterpr	iaca, nic.								
- 7 14									
Tel. No.:									
DETAIL PERSONNEL EXPENDITURES									
			BUDGETED	EXPENSES		EXPENSES	% OF		REMAINING
NAME & TITLE	FTE		SALARY	THIS PERIOD	-	TO DATE	BUDGET		BALANCE
OFLIGT Considerable Library (4 and)	0.50	•	20,000,00	Ф.	-		0.000/		22 060 00
SFHOT Specialist I - Library (1 pos) SFHOT Specialist II - Library (1 pos)	0.50	\$	22,960.00 31,889.00	\$ - \$ -	\$		0.00%		22,960.00 31,889.00
Health & Safety Associates (6 pos)	2.63		65,520.00		\$		0.00%		65,520.00
nealth & Salety Associates (0 pos)	2.00	4	03,320.00	Ψ -	-		0.0078	Ψ	00,020.00
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					_				
	1	_							
TOTAL SALARIES	3.71	\$	120,369.00	\$ -	\$		0.00%	\$	120,369.00
I certify that the information provided above accordance with the contract approved for service are maintained in our office at the address indicate.	es provided und	of my der th	knowledge, come provision of the	nplete and accum at contract. Full	ate; the a justificat	amount requested for retition and backup records	olmbursement in s for those claims		
Signature:					0	Date:			
Polate d Names									

Phone:

Title:

Appendix F-1c (GF-SA)

	1		Co	entrol Number			,					,	PAGE A
							j	INVOICE N	UMBER:	S01	JL	17	
Contractor: Public Health Foundation E	nterprises	, Inc.						Ct. Blanket	No.: BPHM	TBD			
Address: 12801 Crossroads Parkway	South, Su	ite 200, C	ity of	Industry, CA	91740	6		Ct. PO No.:	РОНМ	TBD			Jser Cd
Tel. No.: (562) 699-7320			CBHS				Fund Source	e:	General Fund				
Fax No.:								Invoice Period:		July 20	17		
Funding Term: 07/01/2017 - 06/30/201	8				_			Final Invoic	e:			(Check i	f Yes)
PHP Division: Community Behavioral H	lealth Serv	rices						ACE Contro	ol Number:	NEWS DY	a see that		
	TO	TAL	1	DELIVERED		ELIV	/ERED	9	6 OF	REMA	INING		% OF
Dungung and /Fach their	CONTR		_	HIS PERIOD	_		DATE		OTAL	DELIVER			TOTAL
Program/Exhibit B-1c SFHOT	UOS	UDC	UC	DS UDC	U	os	UDC	UOS	UDC	UOS	UDC	UOS	UDC
SecPrev-19 SA-Sec Prev Outreach	93,681	825				-	-	0%	0%	93,681	825	100%	100%
					-				-				
Unduplicated Counts for AIDS Use Only.													
					T	XPE	NSES	FXP	ENSES	% ()F	RF	MAINING
Description				BUDGET			PERIOD		DATE	BUD			ALANCE
Total Salaries				3,230,806.00			-	\$			0.00%		3,230,806.00
Fringe Benefits				1,178,713.00			-	\$			0.00%		1,178,713.00
Total Personnel Expenses			\$	4,409,519.00	\$		-	\$			0.00%	\$	4,409,519.00
Operating Expenses:				400 000 00							0.000/		100 000 00
Occupancy Materials and Supplies			\$	136,200.00	_		_	\$			0.00%		136,200.00
Materials and Supplies			\$	48,600.00				\$			0.00%		48,600.00
General Operating Staff Travel			\$	42,512.00 10,000.00		_	-	\$	-		0.00%		42,512.00 10,000.00
Consultant/ Subcontractor			\$	416,983.00	\$		-	\$			0.00%		416,983.00
Other: Client Related Supplies &	Fynenses		\$	128,800.00	\$			\$	_		0.00%		128,800.00
Van Parking, Vehicle Mainte			\$	-	\$			\$	-		0.00%		-
Vehicle Expenses, Van Lea			\$		\$		-	\$	-		0.00%		-
							-						
Total Operating Expenses			\$	783,095.00	\$		-	\$	-		0.00%	\$	783,095.00
Capital Expenditures			\$	-	\$		no	\$	-		0.00%	\$	-
TOTAL DIRECT EXPENSES		•	\$	5,192,614.00	\$		-	\$	-		0.00%	\$	5,192,614.00
Indirect Expenses			\$	623,114.00	\$		-	\$	-		0.00%		623,114.00
5			\$	5,815,728.00	\$			\$	-		0.00%	\$	5,815,728.00
Less: Initial Payment Recovery								NOTES:					
Other Adjustments (DPH use only)								ļ					- 1
REIMBURSEMENT					\$			1					
I certify that the information provided above	is, to the be	est of my k	nowle	edge, complete	and a	ccur	ate; the a	nount reque	sted for reimbu	rsement is	in		
accordance with the contract approved for			er the	provision of the	at con	tract	. Full just	ification and	backup record	s for those			
claims are maintained in our office at the ad	iaress indici	ated.											
Signature:		-						Date:	· · · · · · · · · · · · · · · · · · ·	_			
Printed Name:													
Title:								Phone:					
Send to:								DPH /	Authorization fo	r Payment			
Community Programs Budget/ Invoice Analy	vst												
1380 Howard St., 4th Floor													I
San Francisco, CA 94103						A.	thorizod 5	Signatory				Dat	
L						nu	IN IONIZOU S	Jigi ia Oi y				Udl	0

Appendix F-1c (GF-SA) PAGE B

			Control I	Number			Invo	ice N	umber
]		S01 JL	17	
									User Cd
Contractor: Public Health Foundation Enterpr	ieee Inc					CT PO No.			
oontiactor. Table Hould Foundation Enterpr	iooo, iiio.								
Tal No.									
Tel. No.:									
DETAIL PERSONNEL EXPENDITURES									
			BUDGETED	EXPENSES		EXPENSES	% OF		REMAINING
NAME & TITLE	FTE		SALARY	THIS PERIOD		TO DATE	BUDGET		BALANCE
Administrative Coordinator	1.00	\$	50,000.00	\$ -	\$	-	0.00%		50,000.00
Community Liason	1.00	\$	55,000.00	\$ -	\$	-	0.00%	\$	55,000.00
Business Analyst Transitions Division	1.00	\$	68,000.00	\$ -	\$	-	0.00%	\$	68,000.00
Administrative Assistant	1.00	\$		\$ -	\$	-	0.00%	_	40,000.00
Social Workers	3.00	\$	222,000.00	\$ -	\$		0.00%	_	222,000.00
Housing Specialist	1.00	\$	55,000.00	\$ -	\$	-	0.00%		55,000.00
Program Coordinator EST	1.00	\$	68,000.00	\$ -	\$		0.00%	-	68,000.00
SFHOT Specialist I (34 pos)	32.60	\$	1,496,959.00	\$ -	\$	-	0.00%		1,496,959.00
SFHOT Specialist II (21 pos)	20.00	\$	1,100,000.00	\$ -	\$	-	0.00%		1,100,000.00
nterns (8 pos)	3.30	\$	75,847.00	\$ -	\$	-	0.00%	\$	75,847.00
									- 1900
			18.						

TOTAL SALARIES	64.90	\$	3,230,806.00	\$ -	\$		0.00%	\$	3,230,806.00
I certify that the information provided above accordance with the contract approved for servicare maintained in our office at the address indicate	is, to the best o	of m	y knowledge, com	plete and accurate	stificat	ion and backup records	mbursement in		
Signature:						Date:			
Printed Name:				i					

Appendix F-1c (GF-WO) PAGE A

			Contro	Number								
	ļ					J	INVOICE N	UMBER:	S02	JL	17	
Contractor: Public Health Foundation E	Enterprises.	Inc.					Ct. Blanket	No.: BPHM	TBD			
				04740			OL DO No.	DOLUM.	TDD		ι	Jser Cd
Address: 12801 Crossroads Parkway So	utn, Suite 20	U, City of I	naustry, C	JA 91746	_		Ct. PO No.:	POHM	TBD			
Tel. No.: (562) 699-7320 Fax No.:			CF	BHS			Fund Source	ė:	SA Work	Order-Pr	ublic Libra	ry SFHOT
Tax 110		9		J110			Invoice Peri	iod:	July 20	17		
Funding Term: 07/01/2017 - 06/30/2018							Final Invoic	e:			(Check if	Yes)
PHP Division: Community Behavioral Heal	Ith Services						ACE Contro	ol Number:	STOR III			
	тот	AL	DELI	VERED	DELIV	ÆRED	9,	6 OF	REMA	NING		% OF
	CONTR			PERIOD		DATE		DTAL	DELIVER			TOTAL
Program/Exhibit	UOS	UDC	UOS	UDC	uos	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1c SFHOT - HMHSHOMELSWO SecPrev-19 SA-Sec Prev Outreach	5,964	30					0%	0%	5,964	30	100%	100%
deci fev-19 divided Flev Odireach	0,004						0,0	070	0,004		10070	10070
Unduplicated Counts for AIDS Use Only.					<u> </u>		J		<u> </u>			
					EXPE	NSES	EXP	ENSES	% ()F	RE	MAINING
Description				DGET		ERIOD	The second name of the second	DATE	BUD	TO BE SEEDING	To the same of the	ALANCE
Total Salaries				20,369.00		-	\$	-	-	0.00%		120,369.00
Fringe Benefits				30,121.00			\$			0.00%		30,121.00
Total Personnel Expenses Operating Expenses:			\$ 1	50,490.00) D	-	1 2		<u> </u>	0.00%	à	150,490.00
			•		•				ļ	0.000/		
Occupancy			\$		\$		\$		ļ	0.00%		
Materials and Supplies			\$	-	\$	-	\$	=====		0.00%		
General Operating			\$		\$		\$			0.00%		
Staff Travel			\$		\$	-	\$	-	ļ	0.00%		
Consultant/ Subcontractor			\$		\$		\$		-	0.00%		
Other:			\$		\$	-	\$	-	-	0.00%		
			\$	-	\$		\$			0.00%		
			\$		\$	-	\$	-		0.00%	Þ	
Total Operating Expenses	0.00	in the second	\$		\$	-	\$			0.00%	\$	-
Capital Expenditures		1	\$	-	\$	-	\$			0.00%		-
TOTAL DIRECT EXPENSES			\$ 18	50,490.00	\$	-	\$	-	<u> </u>	0.00%	\$	150,490.00
Indirect Expenses				18,059.00	\$	-	\$	-		0.00%	\$	18,059.00
5			\$ 16	38,549.00	\$	-	\$	(=)		0.00%	\$	168,549.00
Less: Initial Payment Recovery							NOTES:					
Other Adjustments (DPH use only)				A A A A A A A A A A A A A A A A A A A]					- 1
]					
REIMBURSEMENT					\$	-	!		# 53			
I certify that the information provided above accordance with the contract approved for claims are maintained in our office at the ac	services pro	vided unde								in		
Signature:					e		Date:					
Printed Name:												
Title:		×	51 - 51 - 51 - 51 - 51 - 51 - 51 - 51 -		e.		Phone:					
Send to:							DPH /	Authorization fo	or Payment			
Community Programs Budget/ Invoice Analy	yst											
1380 Howard St., 4th Floor San Francisco, CA 94103												
					Au	thorized S	Signatory		•		Date	

Appendix F-1c (GF-WO) PAGE B

			Control i	Number	_		Invo	ice Nurr	ber
							S02 JL	17	
						OT BO No. [User Cd
Contractor: Public Health Foundation Enterprise	s, Inc.					CT PO No.			· · ·
Tel. No.:									
DETAIL PERSONNEL EXPENDITURES									
NAME & TITLE	FTE		SALARY	EXPENSES THIS PERIOD		XPENSES TO DATE	% OF BUDGET		REMAINING BALANCE
SFHOT Specialist I - Library (1 pos)	0.50	\$	22,960.00	\$ -	\$		0.00%	\$	22,960.00
SFHOT Specialist II - Library (1 pos)	0.58	\$	31,889.00	\$ -	\$	-	0.00%	\$	31,889.00
Health & Safety Associates (6 pos)	2.63	\$	65,520.00	\$ -	\$	-	0.00%	\$	65,520.00
					-				
		-			1				
							444		
					-				
TOTAL SALARIES	3.71	\$	120,369.00	\$ -	\$	-	0.00%	\$	120,369.00
I certify that the information provided above is, accordance with the contract approved for services pare maintained in our office at the address indicated.	to the best o	of my der th	knowledge, com e provision of th	nplete and accurate at contract. Full ju	e; the amoustification	unt requested for re and backup records	Imbursement in for those claims		
Signature:					Date	:			
Printed Name:									
Title:					Phone	:			



CERTIFICATE OF LIABILITY INSURANCE

9/10/2014

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

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

CONTACT NAME:	
PHONE (A/C, No, Ext): (818) 539-2300 FAX (A/C, No): (818)	539-2301
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Landmark American Insurance Company	33138
INSURER B: Philadelphia Indemnity Insurance Company	18058
INSURER C: RSUI Indemnity Company	22314
INSURER D : Starr Indemnity & Liability Company	38318
INSURER E: Berkley Regional Insurance Company	29580
INSURER F:	
	NAMÉ: PHONE (A/C, No, Ext): (818) 539-2300 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Landmark American Insurance Company INSURER B: Philadelphia Indemnity Insurance Company INSURER C: RSUI Indemnity Company INSURER D: Starr Indemnity & Liability Company INSURER E: Berkley Regional Insurance Company

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

		DSIONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A		COMMERCIAL GENERAL LIABILITY				1		EACH OCCURRENCE	\$	5,000,000
		CLAIMS-MADE X OCCUR	X		LHC824736	09/05/2014	09/05/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	X	Prof Liab \$5mm/\$5mm						MED EXP (Any one person)	\$	5,000
	X	Abuse Liab \$1mm/\$1mm						PERSONAL & ADV INJURY	\$	5,000,000
	GE	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	6,000,000
		POLICY PRO- JECT LOC				,		PRODUCTS - COMP/OP AGG	\$	5,000,000
		OTHER:							\$	
	AU1	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	X	ANY AUTO	X		PHPK1227045	09/05/2014	09/05/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS							\$	
	X	HIRED AUTOS X NON-OWNED AUTOS		ĺ		ļ		PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	4,000,000
C	X	EXCESS LIAB CLAIMS-MADE			NHA236307	09/05/2014	09/05/2015	AGGREGATE	\$	4,000,000
		DED RETENTION\$						Over WC & Auto	\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY				100.00.00.00.00.00.00.00.00.00.00.00.00.		PER OTH- STATUTE ER		
D	ANY	PROPRIETOR/PARTNER/EXECUTIVE	NIA	X	1000001023	06/01/2014	06/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
E	Fide	elity Coverage			BCR7100095914	09/05/2014	09/05/2015	Blanket Limit		2,000,000
Ē										
	and the second	The second secon	· -		50 0000 000 000 000 000 000 000 000 000	A		k-		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City and County of San Francisco, Department of Public Health, its officers, agents, employees and members of Boards & Commission are named additional insured with respect to the General Liability and Auto Liability policy of the named insured per the attached Al endorsement. Workers Compensation Blanket Waiver of Subrogation Endorsement Applies - Endorsement to follow.

CERTIFICATE HOLDER	CANCELLATION
City and County of San Francisco 25 Van Ness Avenue, Suite 750 San Francisco, CA 94102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
1	Naturality

This Endorsement Changes The Policy. Please Read It Carefully.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM - CLAIMS MADE

SCHEDULE

Name Of Additional Insured Pe The City and County of San Fra employees and members of Bo	incisco, Department of Put		
Re: Approved Vendor List.			
1			
Information required to complete	this Schedule, if not shown a	above, will be shown in the Declar	ations.

Section II – Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations, or
- B. In connection with your premises owned by or rented to you.

All other terms and conditions of this policy remain unchanged.

This endorsement effective 9/5/2014 forms part of Policy Number: LHC824736

issued to PUBLIC HEALTH FOUNDATION ENTERPRISES INC

by Landmark American Insurance Company

Endorsement No.: 1

COMMERCIAL AUTO POLICY NUMBER: PHPK1227045 CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 09/05/2014	Countersigned By:
Named Insured: PUBLIC HEALTH FOUNDATION ENTERPRISE	(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s):

The City and County of San Francisco, Department of Public Health, its offices, agents, and employees

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

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

(Ed. 04-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

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

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

The additional premium for this endorsement shall be ____2 % of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

Any person or organization to whom you become obligated to waive your rights of recovery against, under any contract or agreement you enter into prior to the occurrence of loss. Where required by contract.

County of Los Angeles Dept. of Public Health Contracts & Grants Division 313 N Figueroa St 6 Flr West Los Angeles, CA 90012

L & O Aliso Viejo, LLC dba: Renaissance ClubSport Aliso Viejo 50 Enterprise Drive Aliso Viejo, CA 92656

The City and County of San Francisco Department of Public Health 25 Van Ness Avenue, #500 San Francisco, CA 94102

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 6/1/2014

Policy No.:1000001023

Endorsement No.:

meson

Insured: Public Health Foundation

Premium:

Enterprises, Inc.

Insurance Company:

Countersigned by: _

WC 04 03 06 (Ed. 04-84)

Page 1 of 1

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