

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

FOURTH Amendment

This AMENDMENT (this "Amendment") is made as of **December 1, 2015**, in San Francisco, California, by and between **San Francisco AIDS Foundation** ("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 contract term up to 06/30/2018 and increase compensation amount;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract Number 2007-07/08, on July 7, 2008;

NOW THEREFORE, Contractor and the City agree as follows:

1. Definitions. The following definitions shall apply to this Amendment:

a. Agreement. The term "Agreement" shall mean the Agreement dated September 01, 2011, (BPHC12000088 and DPHC12000598/DPHC13000261/DPHC14000562/DPHC15000435/DPHC16000284), between Contractor and City as amended by the
First Amendment dated December 1, 2012, (BPHC12000088), and
Second Amendment dated November 1, 2013, (BPHC12000088) and
Third Amendment dated March 1, 2014, (BPHC12000088).

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 1 Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation, is amended to this Agreement its entirety as follows:

1. Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation. This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance

authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

b. Section 2 Term of the Agreement currently reads as follows:

2. Term of the Agreement. Subject to Section 1, the term of this Agreement shall be from September 1, 2011 to June 30, 2016.

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

Option 1:	07/01/13 -06/30/14	Exercised
Option 2:	07/01/14 -06/30/15	Exercised
Option 3:	07/01/15 -06/30/16	Exercised
Option 4:	07/01/16 -06/30/17	
Option 5:	07/01/17 -06/30/18	
Option 6:	07/01/18 -06/30/19	
Option 7:	07/01/19 -06/30/20	
Option 8:	07/01/20 -06/30/21	

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 September 1, 2011 to June 30, 2018.

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

Option 1:	07/01/13 -06/30/14	Exercised
Option 2:	07/01/14 -06/30/15	Exercised
Option 3:	07/01/15 -06/30/16	Exercised
Option 4:	07/01/16 -06/30/17	Exercised
Option 5:	07/01/17 -06/30/18	Exercised
Option 6:	07/01/18 -06/30/19	
Option 7:	07/01/19 -06/30/20	
Option 8:	07/01/20 -06/30/21	

c. Section 4 Services Contractor Agrees to Perform, is amended to this Agreement its entirety as follows:

4. Services Contractor Agrees to Perform. The Contractor agrees to perform the services provided for in Appendix A, "Services to be provided by Contractor," attached hereto and incorporated by reference as though fully set forth herein.

d. Section 5 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 **Fourteen Million Six Hundred Fifty-Seven Thousand Five Hundred and Seven-Seven DOLLARS (\$14,657,577)**. 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 Million Two Hundred Eighty-Two Thousand Five Hundred Twenty-Five DOLLARS (\$20,282,525)**. 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.

e. Section 8 Submitting False Claims; Monetary Penalties, is amended to this Agreement its entirety as follows:

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

f. Section 14 Independent contractor; Payment of Taxes and Other Expenses, is amended to this Agreement its entirety as follows:

14. Independent Contractor; Payment of Taxes and Other Expenses

a. Independent Contractor. Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents.

Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

b. **Payment of Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorney's fees, arising from this section.

g. **Section 15 Insurance, is amended to this Agreement its entirety 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.

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.

i. Notwithstanding the foregoing, the following insurance requirements are waived or modified in accordance with the terms and conditions stated in Appendix C. Insurance.

h. Section 16 Indemnification, is amended to this Agreement its entirety as follows:

16. Indemnification

Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of Contractor or loss of or damage to property, arising directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the

negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City. In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter. Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement. Contractor shall also indemnify, defend and hold harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City.

i. Section 18 Liability of City, is amended to this Agreement its entirety as follows:

18. Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 (COMPENSATION) OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

j. Section 20 Default; Remedies, is amended to this Agreement its entirety as follows:

20. Default; Remedies

a. Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

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

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|---|--|
| 8. Submitting False Claims; Monetary Penalties. | 37. Drug-free workplace policy, |
| 10. Taxes | 53. Compliance with laws |
| 15. Insurance | 55. Supervision of minors |
| 24. Proprietary or confidential information of City | 57. Protection of private information |
| 30. Assignment | And, item 1 of Appendix D attached to this Agreement |

63. Protected Health Information

(2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.

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

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

b. On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement or any other agreement.

c. All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

k. Section 22 Rights and Duties upon Termination or Expiration, is amended to this Agreement its entirety as follows:

22. Rights and Duties upon Termination or Expiration. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement:

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|---|---|
| 8. Submitting false claims | 26. Ownership of Results |
| 9. Disallowance | 27. Works for Hire |
| 10. Taxes | 28. Audit and Inspection of Records |
| 11. Payment does not imply acceptance of work | 48. Modification of Agreement. |
| 13. Responsibility for equipment | 49. Administrative Remedy for Agreement Interpretation. |
| 14. Independent Contractor; Payment of Taxes and Other Expenses | 50. Agreement Made in California; Venue |
| 15. Insurance | 51. Construction |
| 16. Indemnification | 52. Entire Agreement |
| 17. Incidental and Consequential Damages | 56. Severability |
| 18. Liability of City | 57. Protection of private information |
| 24. Proprietary or confidential information of City | And, item 1 of Appendix D attached to this Agreement. |
| | 63. Protected Health Information |

Subject to the immediately preceding subsection sentence, upon termination of this Agreement prior to expiration of the term specified in Section 2, this Agreement shall terminate and be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other

materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

1. Section 32 Consideration of Criminal History in Hiring and Employment Decisions, is amended to this Agreement its entirety as follows:

32. Consideration of Criminal History in Hiring and Employment Decisions.

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

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

c. Contractor shall incorporate by reference in all subcontracts the provisions of Chapter 12T, and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant's or potential applicant for employment's, or employee's: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

e. Contractor or Subcontractor shall not inquire about or require applicants, potential applicants for employment, or employees to disclose on any employment application the facts or details of any conviction history, unresolved arrest, or any matter identified in subsection, above. Contractor or Subcontractor shall not require such disclosure or make such inquiry until either after the first live interview with the person, or after a conditional offer of employment.

f. Contractor or Subcontractor shall state in all solicitations or advertisements for employees that are reasonably likely to reach persons who are reasonably likely to seek employment to be performed under this Agreement, that the Contractor or Subcontractor will consider for employment qualified applicants with criminal histories in a manner consistent with the requirements of Chapter 12T.

g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every

workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement. The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

h. Contractor understands and agrees that if it fails to comply with the requirements of Chapter 12T, the City shall have the right to pursue any rights or remedies available under Chapter 12T, including but not limited to, a penalty of \$50 for a second violation and \$100 for a subsequent violation for each employee, applicant or other person as to whom a violation occurred or continued, termination or suspension in whole or in part of this Agreement.

m. **Section 49 Administrative Remedy for Agreement Interpretation, is amended to this Agreement its entirety as follows:**

49. Administrative Remedy for Agreement Interpretation

a. **Negotiation; Alternative Dispute Resolution.** The parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement by negotiation. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. If agreed by both parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. Neither party will be entitled to legal fees or costs for matters resolved under this section.

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

n. **Section 55 Supervision of Minors, is amended to this Agreement its entirety 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 Section 5164. 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.

o. **Section 58 Reserved/Not Used, is amended to this Agreement its entirety as follows:**

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

p. **Section 63 Additional Terms, is amended to this Agreement its entirety as follows:**

63. Protected Health Information. Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private

rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

q. Section 64 Additional Terms, is added to this Agreement its entirety as follows:

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

The Appendices listed below are Amended as follows:

- r. Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated: Amendment 12/01/2015.**
- s. Delete Appendix A-2, and replace in its entirety with Appendix A-2 to Agreement as amended. Dated: Amendment 12/01/2015.**
- t. Delete Appendix A-3, and replace in its entirety with Appendix A-3 to Agreement as amended. Dated: Amendment 12/01/2015.**
- u. Delete Appendix A-4, and replace in its entirety with Appendix A-4 to Agreement as amended. Dated: Amendment 12/01/2015.**
- v. Delete Appendix A-5, and replace in its entirety with Appendix A-5 to Agreement as amended. Dated: Amendment 12/01/2015.**
- w. Add Appendix A-7 to Agreement as amended. Dated: Amendment 12/01/2015.**
- x. Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: Amendment 12/01/2015.**
- y. Delete Appendix B-2e, and replace in its entirety with Appendix B-2e to Agreement as amended. Dated: Amendment 12/01/2015.**
- z. Add Appendix B-2f to Agreement as amended. Dated: Amendment 12/01/2015.**
- aa. Add Appendix B-2g to Agreement as amended. Dated: Amendment 12/01/2015.**
- bb. Delete Appendix B-3d, and replace in its entirety with Appendix B-3d to Agreement as amended. Dated: Amendment 12/01/2015.**
- cc. Add Appendix B-3e to Agreement as amended. Dated: Amendment 12/01/2015.**
- dd. Add Appendix B-3f to Agreement as amended. Dated: Amendment 12/01/2015.**
- ee. Delete Appendix B-4e, and replace in its entirety with Appendix B-4e to Agreement as amended. Dated: Amendment 12/01/2015.**
- ff. Add Appendix B-4f to Agreement as amended. Dated: Amendment 12/01/2015.**
- gg. Add Appendix B-4g to Agreement as amended. Dated: Amendment 12/01/2015.**
- hh. Delete Appendix B-5d, and replace in its entirety with Appendix B-5d to Agreement as amended. Dated: Amendment 12/01/2015.**
- ii. Add Appendix B-5e to Agreement as amended. Dated: Amendment 12/01/2015.**
- jj. Add Appendix B-5f to Agreement as amended. Dated: Amendment 12/01/2015.**
- kk. Add Appendix B-7 to Agreement as amended. Dated: Amendment 12/01/2015.**
- ll. Delete Appendix C, and replace in its entirety with Appendix C to Agreement as amended. Dated: Amendment 12/01/2015.**

- mm. Delete Appendix D, and replace in its entirety with Appendix D to Agreement as amended. Dated: Amendment 12/01/2015.
- nn. Delete Appendix E, and replace in its entirety with Appendix E (BAA-version 10/29/15) to Agreement as amended. Dated: (BAA-version 10/29/15).
- oo. Delete Appendix F-2e, and replace in its entirety with Appendix F-2e to Agreement as amended. Dated: Amendment 12/01/2015.
- pp. Add Appendix F-2f to Agreement as amended. Dated: Amendment 12/01/2015.
- qq. Add Appendix F-2g to Agreement as amended. Dated: Amendment 12/01/2015.
- rr. Delete Appendix F-3d, and replace in its entirety with Appendix F-3d to Agreement as amended. Dated: Amendment 12/01/2015.
- ss. Add Appendix F-3e to Agreement as amended. Dated: Amendment 12/01/2015.
- tt. Add Appendix F-3f to Agreement as amended. Dated: Amendment 12/01/2015.
- uu. Delete Appendix F-4e, and replace in its entirety with Appendix F-4e to Agreement as amended. Dated: Amendment 12/01/2015.
- vv. Add Appendix F-4f to Agreement as amended. Dated: Amendment 12/01/2015.
- ww. Add Appendix F-4g to Agreement as amended. Dated: Amendment 12/01/2015.
- xx. Delete Appendix F-5d, and replace in its entirety with Appendix F-5d to Agreement as amended. Dated: Amendment 12/01/2015.
- yy. Add Appendix F-5e to Agreement as amended. Dated: Amendment 12/01/2015.
- zz. Add Appendix F-5f to Agreement as amended. Dated: Amendment 12/01/2015.

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.

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

CITY

CONTRACTOR

Recommended by:

SAN FRANCISCO AIDS FOUNDATION



BARBARA A. GARCIA, M.P.A.
Director of Health

12/7/15
/ Date

Approved as to Form:

Dennis J. Herrera
City Attorney

By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

I have read and understood paragraph 35, the City's statement urging companies doing 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:

Deputy City Attorney

12/11/15
/ Date

Approved:



Neil Giuliano
Chief Executive Officer
P. O. Box 426182
San Francisco, CA 94142-6182

12/4/15
/ Date

City vendor number: 16252

Jaci Fong
Director
Office of Contract
Administration and Purchaser

Date

Appendix A
Services to be provided by Contractor

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Tomas Aragon, M.D., 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.

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. Under-Utilization Reports:

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

Contractor: San Francisco AIDS Foundation
 Fiscal Year: 2011-2012
 2012-2013
 2013-2014
 2014-2015
 2015-2016
 2016-2017
 2017-2018

Appendix A
 Contract Term: 09.01.11 through 06.30.18
 Funding Sources: CDC and General Fund

SUMMARY

Service Provider(s): San Francisco AIDS Foundation
 Fiscal Agency: San Francisco AIDS Foundation
 Total Contract Amount: \$19,644,490
 System of Care: HIV Prevention Section (HPS)
 Provider Address: 1035 Market Street, Suite 400, San Francisco, CA 94103
 Provider Phone: 415-487-3000 Provider Fax: 415-487-3094
 Contact Person: Richard Hill, Director, Government Contracts
 Direct Phone #: 415- 487-8042 email: rhill@sfaf.org

Program Name: Appendix A-1
 HIV Testing – STOP Study
 System of Care: HPS
 Program Code: N/A

Year One
 Amount: \$26,583 (App. B-1) Funding Source: Center for Disease Control
 Term: 9.01.11 – 6.14.12
 Definition and # of UOS: A Unit of Service (UOS) is equivalent to 1 month of Support Activities

Modality	Number of UOS	Number of UDC/NOC
STOP Study Support Activities	10	N/A

Year Two
 Amount: \$50,000 (App.B-1a) Funding Source: Center for Disease Control
 Term: 6.15.12 - 6.14.13
 Definition and # of UOS: A Unit of Service (UOS) is equivalent to 1 month of Support Activities

Modality	Number of UOS	Number of UDC/NOC
STOP Study Support Activities	12	N/A

Year Three
 Amount: \$16,500 (App. B-1b) Funding Source: Center for Disease Control
 Term: 6.15.13 – 6.14.14
 Definition and # of UOS: A Unit of Service (UOS) is equivalent to 1 month of Support Activities

Modality	Number of UOS	Number of UDC/NOC
STOP Study Support Activities	4	N/A

Target Population: There is no target population; the study will use specimens collected from clients who already presents for testing at the four sites who have agreed to participate.

Description of Service: To support the "Screening Targeted Populations to Interrupt On-going Chains of Transmission with Enhanced Partner Notification" (STOP) Study evaluates the yield, cost-effectiveness, and feasibility of screening for Acute HIV Infection (AHI) with a fourth-generation enzyme immunoassay (EIA) in high-risk/high-incidence settings compared to pooled Nucleic Acid Amplification Test (NAAT). Also, evaluates the yield, cost-effectiveness, and feasibility of enhanced partner notification/contact tracing techniques linked to AHI screening.

Contractor: San Francisco AIDS Foundation
 Fiscal Year: 2011-2012
 2012-2013
 2013-2014
 2014-2015
 2015-2016
 2016-2017
 2017-2018

Appendix A
 Contract Term: 09.01.11 through 06.30.18
 Funding Sources: CDC and General Fund

Program Name:	Appendix A-2		
System of Care:	Community- Based HIV Testing		
Program Code:	HPS		
	N/A		
Year One			
Amount:	\$ 290,298 (App.B-2)	Funding Source: Center for Disease Control	
Term:	9.01.11 – 12.31.11		
Definition and # of UOS:	A Unit of Service (UOS) is equivalent to 1 test for 1 client		
	<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
	Number of test during this period	2,587	2,587
Year Two			
Amount:	\$870,894 (App.B-2a)	Funding Source: Center for Disease Control	
Term:	1.01.12 - 12.31.12		
Definition and # of UOS:	A Unit of Service (UOS) is equivalent to 1 test for 1 client		
	<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
	Number of test during this period	8,406	8,406
Year Three			
Amount:	\$435,447 (App.B-2b)	Funding Source: General Fund	
Term:	1.01.13 – 6.30.13		
Definition and # of UOS:	A Unit of Service (UOS) is equivalent to 1 test for 1 client		
	<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
	Number of test during this period	4,850	4,850
Year Four			
Amount:	\$931,457 (App.B-2c)	Funding Source: General Fund	
Term:	7.01.13-6.30.14		
Definition and # of UOS:	A Unit of Service (UOS) is equivalent to 1 test for 1 client		
	<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
	Number of test during this period	10,180	10,180
Year Five			
Amount:	\$998,781	Funding Source: General Fund	
Term:	7.01.14-6.30.15 (App.B-2d)		
Definition and # of UOS:	A Unit of Service (UOS) is equivalent to 1 test for 1 client		
	<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
	Number of test during this period	10,750	10,750
Year Six			
Amount:	\$1,007,925 (App.B-2e)	Funding Source: General Fund	
Term:	7.01.15-6.30.16		

Contractor: San Francisco AIDS Foundation
 Fiscal Year: 2011-2012
 2012-2013
 2013-2014
 2014-2015
 2015-2016
 2016-2017
 2017-2018

Appendix A
 Contract Term: 09.01.11 through 06.30.18
 Funding Sources: CDC and General Fund

Definition and # of UOS: A Unit of Service (UOS) is equivalent to 1 test for 1 client

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
Number of test during this period	10,750	10,750

Amount: \$1,032,509 (App.B-2f) **Funding Source:** General Fund
Term: 7.01.16-6.30.17

Definition and # of UOS: A Unit of Service (UOS) is equivalent to 1 test for 1 client

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
Number of test during this period	10,750	10,750

Amount: \$1,032,509 (App.B-2g) **Funding Source:** General Fund
Term: 7.01.17-6.30.18

Definition and # of UOS: A Unit of Service (UOS) is equivalent to 1 test for 1 client

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
Number of test during this period	10,750	10,750

Target Population: Gay men and other MSM, IDUs, and TFSM in the Castro and Tenderloin.
Description of Service: The program supports SFAF's HIV testing services for a wide range of gay men and other MSM, IDUs and TFSM in the Castro and Tenderloin, to ensure that HIV testing and linkage to care are readily accessible for the largest number of people at high risk. Additional testing is done at a variety of venues that are frequented by the hardest-to-reach MSM, IDUs, and TFSM.

Program Name: Appendix A-3
System of Care: The Stonewall Project
Program Code: HPS
 N/A

Amount: \$294,639 (App. B-3) **Funding Source:** General Fund
Term: 9.01.11 – 6.30.12

Definition and # of UOS: A Unit of Service (UOS) is equivalent to 1 of Condom distribution, 1 Event, and 1 Group Hr. 1 month of Social Marketing or 1 Hr. of Risk Reduction Counseling, Prevention CM, and Training.

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
Recruitment & Linkages	480	1,920
Events	23	1,265
Groups:	276	920
Individual R.R. Counseling	160	320
Prevention Case Management	240	288
Social Marketing	8	N/A
Condom Distribution	8	N/A
Training	16	80

Contractor: San Francisco AIDS Foundation
 Fiscal Year: 2011-2012
 2012-2013
 2013-2014
 2014-2015
 2015-2016
 2016-2017
 2017-2018

Appendix A
 Contract Term: 09.01.11 through 06.30.18
 Funding Sources: CDC and General Fund

Amount:	Year Two		
Term:	\$360,320 (App. B-3a)	Funding Source:	General Fund
Definition and # of UOS:	7.01.12-6.30.13	A Unit of Service (UOS) is equivalent to 1 of Condom distribution, 1 Event, 1 Group Hr. 1 month of Social Marketing or 1 Hr. of Risk Reduction Counseling, Prevention CM, and Training.	
	<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
	Recruitment & Linkages	696	2,784
	Events	33	1,815
	Groups	400	1,334
	Individual R.R Counseling	232	464
	Prevention Case Management	348	418
	Social Marketing	12	N/A
	Condom Distribution	12	N/A
	Training	23	116
Amount:	Year Three		
Term:	\$366,048 (App. B-3b)	Funding Source:	General Fund
Definition and # of UOS:	7.01.13 – 6.30.14	A Unit of Service (UOS) is equivalent to 1 of Condom distribution, 1 Event, 1 Group Hr. 1 month of Social Marketing or 1 Hr. of Risk Reduction Counseling, Prevention 1 month of Social Marketing or 1 Hr. of Risk Reduction Counseling, Prevention CM and Training.	
	<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
	Recruitment & Linkages	720	2,880
	Events	34	1,496
	Groups	414	1,380
	Individual R.R. Counseling	240	255
	Prevention Case Management	359	374
	Social Marketing	12	N/A
	Condom Distribution	12	N/A
	Training	24	120
Amount:	Year Four		
Term:	\$371,539 (App. B-3c)	Funding Source:	General Fund
Definition and # of UOS:	7.01.14-6.30.15	A Unit of Service (UOS) is equivalent to 1 of Condom distribution, 1 Event, 1 Group Hr. 1 month of Social Marketing or 1 Hr. of Risk Reduction Counseling, Prevention CM, and Training	
	<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
	Recruitment & Linkages	720	2,880
	Events	34	1,496
	Groups	414	1,380
	Individual R. R. Counseling	240	255
	Prevention Case Management	359	374
	Social Marketing	12	N/A
	Condom Distribution	12	N/A
	Training	24	120

Fiscal Year: 2011-2012

Contract Term: 09.01.11 through 06.30.18

2012-2013

Funding Sources: CDC and General Fund

2013-2014

2014-2015

2015-2016

2016-2017

2017-2018

Amount:

Year Five

Term:

\$371,539 (App. B-3d)

Funding Source: General Fund

Definition and # of UOS:

7.01.15-6.30.16

A Unit of Service (UOS) is equivalent to 1 of Condom distribution, 1 Event, 1 Group Hr.
1 month of Social Marketing or 1 Hr. of Risk Reduction Counseling, Prevention CM, and Training.

ModalityNumber of UOSNumber of UDC/NOC

Recruitment & Linkages

720

2,880

Events

34

1,496

Groups

414

1,380

Individual R.R. Counseling

240

255

Prevention Case Management

359

374

Social Marketing

12

N/A

Condom Distribution

12

N/A

Training

24

120

Amount:

Year Six

Term:

\$371,539 (App. B-3e)

Funding Source: General Fund

Definition and # of UOS:

7.01.16-6.30.17

A Unit of Service (UOS) is equivalent to 1 of Condom distribution, 1 Event, 1 Group Hr.
1 month of Social Marketing or 1 Hr. of Risk Reduction Counseling, Prevention CM, and Training.

ModalityNumber of UOSNumber of UDC/NOC

Recruitment & Linkages

720

2,880

Events

34

1,496

Groups

414

1,380

Individual R.R. Counseling

240

255

Prevention Case Management

359

374

Social Marketing

12

N/A

Condom Distribution

12

N/A

Training

24

120

Amount:

Year Seven

Term:

\$371,539 (App. B-3f)

Funding Source: General Fund

Definition and # of UOS:

7.01.17-6.30.18

A Unit of Service (UOS) is equivalent to 1 of Condom distribution, 1 Event, 1 Group Hr.
1 month of Social Marketing or 1 Hr. of Risk Reduction Counseling, Prevention CM, and Training.

ModalityNumber of UOSNumber of UDC/NOC

Recruitment & Linkages

720

2,880

Events

34

1,496

Groups

414

1,380

Individual R.R. Counseling

240

255

Prevention Case Management

359

374

Social Marketing

12

N/A

Condom Distribution

12

N/A

Training

24

120

Contractor: San Francisco AIDS Foundation
 Fiscal Year: 2011-2012
 2012-2013
 2013-2014
 2014-2015
 2015-2016
 2016-2017
 2017-2018

Appendix A
 Contract Term: 09.01.11 through 06.30.18
 Funding Sources: CDC and General Fund

Target Population: Gay men and other MSM (G/MSM) who reside in San Francisco and use methamphetamine and other substances.

Description of Service: Stonewall's substance abuse services for MSM and MSM-IDU, focus on increasing status awareness, increasing viral load suppression, maintaining or increasing levels of protected sex, and increasing access to safer injection supplies. Services are delivered in the Castro, Mission, Tenderloin, and SOMA neighborhoods.

Program Name: Appendix A-4
System of Care: African American Prevention Initiative
Program Code: HPS
 N/A

Amount: \$166,339 (App. B-4) **Funding Source:** Center for Disease Control
Term: 9.01.11 – 12.31.11

Definition and # of UOS: A Unit of Service (UOS) is equivalent to 1 HIV test per 1 client, 1 Event, 1 Group Hr. 1 Hr. of Individual Risk Reduction Counseling or 1 linkage to PHAST Program.

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
Events	7	287
Groups	223	1,198
HIV Testing	160	160
Individual R.R. Counseling	128	128
Linkages	20	20

Amount: \$499,017 (App. B-4a) **Funding Source:** Center for Disease Control & GF
Term: 1.01.12-12.31.12

Definition and # of UOS: A Unit of Service (UOS) is equivalent to 1 HIV test per 1 client, 1 Event, 1 Group Hr. 1 Hr. of Individual Risk Reduction Counseling or 1 linkage to PHAST Program.

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
Events	20	820
Groups	503	4,272
HIV Testing	433	433
Individual R.R. Counseling	589	589
Linkages	65	65

Amount: \$249,508 (App. B-4b) **Funding Source:** General Fund
Term: 1.01.13 – 6.30.13

Definition and # of UOS: A Unit of Service (UOS) is equivalent to 1 HIV test per 1 client, 1 Event, 1 Group Hr. 1 Hr. of Individual Risk Reduction Counseling or 1 linkage to PHAST Program.

<u>Number of UOS</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
Events	12	492
Groups	290	2,465
HIV Testing	250	250

Fiscal Year: 2011-2012

Contract Term: 09.01.11 through 06.30.18

2012-2013

Funding Sources: CDC and General Fund

2013-2014

2014-2015

2015-2016

2016-2017

2017-2018

Individual R.R. Counseling	340	340
Linkages	38	38

Year Four**Amount:** \$538,192 (App. B-4c)**Funding Source:** General Fund**Term:** 7.01.13 – 6.30.14**Definition and # of UOS:** A Unit of Service (UOS) is equivalent to 1 HIV test per 1 client, 1 Event, 1 Group Hr. 1 Hr. of Individual risk Reduction Counseling or 1 linkage to PHAST Program.

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
Events	24	984
Groups	580	3,320
HIV Testing	500	500
Individual R.R. Counseling	262	792
Prevention C. Management	200	200

Year Five**Amount:** \$546,265 (App. B-4d)**Funding Source:** General Fund**Term:** 7.01.14-6.30.15**Definition and # of UOS:** A Unit of Service (UOS) is equivalent to 1 HIV test per 1 client, 1 Event, 1 Group Hr. 1 Hr. of Individual Risk Reduction Counseling or 1 Linkage to PHAST Program.

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
Events	24	984
Groups	580	3,320
HIV Testing	500	500
Individual R.R. Counseling	262	792
Prevention C. Management	200	200

Year Six**Amount:** \$559,922 (App. B-4e)**Funding Source:** General Fund**Term:** 7.01.15 - 6.30.16**Definition and # of UOS:** A Unit of Service (UOS) is equivalent to 1 HIV test per 1 client, 1 Event, 1 Group Hr. 1 Hr. of Individual Risk Reduction Counseling or 1 Linkage to PHAST Program.

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
Events	24	984
Groups	580	3,320
HIV Testing	500	500
Individual R.R. Counseling	262	792
Prevention C. Management	200	200

Year Seven**Amount:** \$573,579 (App. B-4f)**Funding Source:** General Fund**Term:** 7.01.16-6.30.17**Definition and # of UOS:** A Unit of Service (UOS) is equivalent to 1 HIV test per 1 client, 1 Event, 1 Group Hr. 1 Hr. of Individual Risk Reduction Counseling or 1 Linkage to PHAST Program.

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
Events	24	984

Contractor: San Francisco AIDS Foundation
Fiscal Year: 2011-2012
2012-2013
2013-2014
2014-2015
2015-2016
2016-2017
2017-2018

Appendix A
Contract Term: 09.01.11 through 06.30.18
Funding Sources: CDC and General Fund

Groups	580	3,320
HIV Testing	500	500
Individual R.R. Counseling	262	792
Prevention C. Management	200	200

Year Eight

Amount:

\$573,579 (App. B-4g)

Funding Source: General Fund

Term:

7.01.17-6.30.18

Definition and # of UOS:

A Unit of Service (UOS) is equivalent to 1 HIV test per 1 client, 1 Event, 1 Group Hr. 1 Hr. of Individual Risk Reduction Counseling or 1 Linkage to PHAST Program.

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
Events	24	984
Groups	580	3,320
HIV Testing	500	500
Individual R.R. Counseling	262	792
Prevention C. Management	200	200

Target Population:

African-American gay men and other MSM (G/MSM) who reside in San Francisco, with a focus on the Tenderloin and Castro neighborhoods.

Description of Service:

This Initiative delivers a comprehensive set of HIV prevention services to African American G/MSM with diverse backgrounds and prevention needs.
This effort builds on the strengths of SFAF's BBE and STOP AIDS Project's DREAM programs designed specifically to serve African American G/MSM in San Francisco.

Program Name:

Appendix A-5

Stonewall Castro/LIFE Program

System of Care:

HPS

Program Code:

N/A

Year One

Amount:

\$520,385 (App. B-5)

Funding Source: General Fund

Term:

9.01.11 – 6.30.12

Definition and # of UOS:

A Unit of Service (UOS) is equivalent to 1 HIV test per 1 client, 1 Group Hr. 1 Hr. of Individual Risk Reduction Counseling, Prevention Case Management, or 1 Hr. of Recruitment and Linkage.

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
HIV Testing	400	400
Individual Risk Reduction Counseling	96	192
Prevention Case Management	320	320
Groups	207	690
Shanti LIFE Program - Individual R. R. Counseling	107	107
Shanti LIFE Program - Prevention C. Management	800	640
Shanti LIFE Program – Group	403	1,423
Shanti LIFE Program – Recruitment & Linkage	200	400

Year Two

Contractor: San Francisco AIDS Foundation
 Fiscal Year: 2011-2012
 2012-2013
 2013-2014
 2014-2015
 2015-2016
 2016-2017
 2017-2018

Appendix A
 Contract Term: 09.01.11 through 06.30.18
 Funding Sources: CDC and General Fund

Amount: \$592,976 (App. B-5a) **Funding Source:** General Fund
Term: 7.01.12 - 6.30.13
Definition and # of UOS: A Unit of Service (UOS) is equivalent to 1 HIV test per 1 client, 1 Group Hr.
 1 Hr. of Individual Risk Reduction Counseling, Prevention Case Management, or
 1Hr. of Recruitment and Linkage.

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
HIV Testing	580	580
Individual Risk Reduction Counseling	139	278
Prevention Case Management	464	464
Groups	300	1,000
Shanti LIFE Program - Individual R. R. Counseling	155	155
Shanti LIFE Program - Prevention C. Management	1,160	928
Shanti LIFE Program - Groups	584	2,062
Shanti LIFE Program - Recruitment & Linkage	290	580

Amount: \$638,849 (App. B-5b) **Funding Source:** General Fund
Term: 7.01.13 - 6.30.14
Definition and # of UOS: A Unit of Service (UOS) is equivalent to 1 HIV test per 1 client, 1 Group Hr.
 1 Hr. of Individual Risk Reduction Counseling, Prevention C. Management, or
 1 Hr. of Recruitment and Linkage.

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
HIV Testing	600	600
Individual Risk Reduction Counseling	145	159
Prevention Case Management	480	480
Groups	311	1,035
Shanti LIFE Program - Individual R. R. Counseling	144	144
Shanti LIFE Program - Prevention C. Management	1,080	864
Shanti LIFE Program - Group	604	2,134
Shanti LIFE Program - Recruitment & Linkage	375	750

Amount: \$648,432 (App. B-5c) **Funding Source:** General Fund
Term: 7.01.14 - 6.30.15
Definition and # of UOS: A Unit of Service (UOS) is equivalent to 1 HIV test per 1 client, 1 Group Hr.
 1 Hr. of Individual Risk Reduction Counseling, Prevention C. Management, or
 1 Hr. of Recruitment and Linkage.

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
HIV Testing	600	600
Individual Risk Reduction Counseling	145	159
Prevention Case Management Groups	480	480
Groups	311	1,035
Shanti LIFE Program - Individual R. R. Counseling	144	144
Shanti LIFE Program - Prevention C. Management	1,080	864
Shanti LIFE Program - Group	604	2,134

Contractor: San Francisco AIDS Foundation
 Fiscal Year: 2011-2012
 2012-2013
 2013-2014
 2014-2015
 2015-2016
 2016-2017
 2017-2018

Appendix A
 Contract Term: 09.01.11 through 06.30.18
 Funding Sources: CDC and General Fund

	Shanti LIFE Program – Recruitment & Linkage	375	750
Amount:	Year Five		
Term:	\$664,643 (App. B-5d)		
Definition and # of UOS:	Funding Source: General Fund		
	7.01.15 – 6.30.16		
	A Unit of Service (UOS) is equivalent to 1 HIV test per 1 client, 1 Group Hr.		
	1 Hr. of Individual Risk Reduction Counseling, Prevention C. Management, or		
	1 Hr. of Recruitment and Linkage.		
	<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
	HIV Testing	600	600
	Individual Risk Reduction Counseling	145	159
	Prevention Case Management Groups	480	480
	Groups	311	1,035
	Shanti LIFE Program - Individual R. R. Counseling	144	144
	Shanti LIFE Program - Prevention C. Management	1,080	864
	Shanti LIFE Program – Group	604	2,134
	Shanti LIFE Program – Recruitment & Linkage	375	750
Amount	Year Six		
Term:	\$680,854 (App. B-5e)		
Definition and # of UOS:	Funding Source: General Fund		
	7.01.16-6.30.17		
	A Unit of Service (UOS) is equivalent to 1 HIV test per 1 client, 1 Group Hr.		
	1 Hr. of Individual Risk Reduction Counseling, Prevention C. Management, or		
	1 Hr. of Recruitment and Linkage		
	<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NC</u>
	HIV Testing	600	600
	Individual Risk Reduction Counseling	145	159
	Prevention Case Management Groups	480	480
	Groups	311	1,035
	Shanti LIFE Program - Individual R. R. Counseling	144	144
	Shanti LIFE Program - Prevention C. Management	1,080	864
	Shanti LIFE Program – Group	604	2,134
	Shanti LIFE Program – Recruitment & Linkage	375	750
Amount:	Year Seven		
Term:	\$680,854 (App. B-5f)		
Definition and # of UOS:	Funding Source: General Fund		
	7.01.17-6.30.18		
	A Unit of Service (UOS) is equivalent to 1 HIV test per 1 client, 1 Group Hr.		
	1 Hr. of Individual Risk Reduction Counseling, Prevention C. Management, or		
	1 Hr. of Recruitment and Linkage		
	<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/N</u>
	HIV Testing	600	600
	Individual Risk Reduction Counseling	145	159
	Prevention Case Management Groups	480	480
	Groups	311	1,035

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 09/01/11 – 06/30/18 may be found in the following Appendixes:

Appendix A	Program Summary
Appendix A-1	HIV Testing – STOP Study
Appendix A-2	Community Based HIV Testing
Appendix A-3	The Stonewall Project
Appendix A-4	African American Prevention Initiative
Appendix A-5	Stonewall Castro/ LIFE Program
Appendix A-6	Syringe Access Services
Appendix A-7	Glide – Hepatitis C Services

Contractor: San Francisco AIDS Foundation
 Fiscal Year: 2011-2012
 2012-2013
 2013-2014
 2014-2015
 2015-2016
 2016-2017
 2017-2018

Appendix A
 Contract Term: 09.01.11 through 06.30.18
 Funding Sources: CDC and General Fund

Shanti LIFE Program - Individual R. R. Counseling	144	144
Shanti LIFE Program - Prevention Case Management	1,080	864
Shanti LIFE Program - Group	604	2,134
Shanti LIFE Program - Recruitment & Linkage	375	750

Target Population:

Gay men and other MSM (G/MSM) who reside in San Francisco and use methamphetamine and other substances.

Description of Service:

Stonewall's Substance Abuse counseling services for G/MSM are available at a new site in the Castro, in close coordination with the HIV testing and gay men's health services available at Magnet located a half block away; and to support Shanti's LIFE Program, a health-enhancement and wellness counseling program for people living with HIV.

Program Name:

Appendix A-6
 Syringe Access Services

System of Care:

HPS

Program Code:

N/A

Funding Source: General Fund

Year One

Amount:

\$1,061,764 (App. B-6, B-6a; B-6b; B-6c)

Term:

9.01.11 - 6.30.12

Definition and # of UOS:

A Unit of Service (UOS) is equivalent to 1 hour of service or 1 month of Program Coordination

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
Syringe Access Services	2,083	20,000
Program Coordination	8	N/A

Year Two

Amount:

\$1,220,765 (App. B-6d; B-6e; B-6f; B-6g)

Term:

7.01.12-6.30.13

Definition and # of UOS:

A Unit of Service (UOS) is equivalent to 1 hour of service or 1 month of Program Coordination

<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
Syringe Access Services	3,020	29,000
Program Coordination	12	N/A

Target Population:

Intravenous drug users (IDUs) throughout San Francisco.

Description of Service:

Provides access to sterile syringes and safer injection supplies thus ensuring IDUs have clean syringes, and reducing the likelihood of syringe sharing and the risk of HIV transmission among the target population. SFAF will serve as the lead agency for all syringe access and disposal services in the city, with partners St. James Infirmary, Glide, the Asian & Pacific Islander Wellness Center, and Homeless Youth Alliance.

Program Name:

Appendix A-7
 Glide-Hepatitis C Services

System of Care:

HPS

Program Code:

N/A

Funding Source: General Fund

Amount:

28,500 (App. B-7)

Term:

07.01.15-6.30.16

Definition and # of UOS:	A Unit of Service (UOS) is equivalent to 1 month of Program Coordination		
	<u>Modality</u>	<u>Number of UOS</u>	<u>Number of UDC/NOC</u>
	Program Coordination	6	750
Target Population:	Residents of the Tenderloin impacted by HIV, HCV and accidental drug overdose.		
Description of Services:	<u>Glide Hepatitis C Outreach, Education, and Testing Services</u> This is one-time funding for which the San Francisco AIDS Foundation will serve as the prime contractor, and Glide will serve as a subcontractor. With this funding, Glide will increase HCV and HIV testing in high risk communities, and focus on further integrating their HIV and HCV prevention services by utilizing the knowledge of peers and community gatekeepers around effective messaging for HCV prevention, screening, and treatment. Activities will include: <ul style="list-style-type: none">• Increased HIV and HCV screening services for high risk individuals (PWID, HIV+ MSM or MSM of unknown status, people who smoke crack),• Focus group to assess HCV knowledge and attitudes,• The creation and implementation of a Popular Opinion peer educator-modeled intervention,• The generation of culturally appropriate HCV educational materials.		
Amount:	-\$76,988 per Board of Supervisor Resolution		

Contractor: San Francisco AIDS Foundation
Program: Community-Based HIV Testing

Appendix A-2
Contract Term: 09/01/11 through 06/30/18
Funding Source: General Fund

1. Identifiers:

Program Name: Community-Based HIV Testing
Program Address: 1035 Market Street, Suite 400
City, State, Zip Code: San Francisco, CA 94103
Telephone/FAX: (415) 487-3000 – (415) 487-3094
Website Address:

Person Completing this Narrative: Richard Hill, Director, Government Contracts
Telephone: (415) 487-8042
Email Address: rhill@sfaf.org

2. Nature of Document (check one)

☐ New ☐ Renewal ☒ Modification

3. Goal Statement

Goal: To reduce new HIV infections by 50% by 2017.

4. Target Population

SFAF will provide HIV testing services for a wide range of gay men and other MSM, IDUs, and TFMSM through our HIV testing sites strategically located in the city's two primary HIV epicenters, the Castro and Tenderloin.

5. Modality(ies)/Interventions

09/01/2011 – 12/31/2011

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HIV Testing 1 UOS = 1 test for 1 client 9,700 tests annually for 4 months x 80% = 2,587 tests. 2,587 tests = 2,587 UOS and 2,587 contacts	2,587	2,587

01/01/2012 – 12/31/2012

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HIV Testing 1 UOS = 1 test for 1 client 9,700 tests annually for 8 months x 80% = 5,173 tests. 9,700 tests annually for 4 months x 100% = 3,233 tests. 5,173 + 3,233 = 8,406 tests = 8,406 UOS and 8,406 contacts	8,406	8,406

01/01/2013 – 6/30/2013

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HIV Testing 1 UOS = 1 test for 1 client 9,700 tests annually for 6 months x 100% = 4,850 tests. 4,850 tests = 4,850 UOS and 4,850 contacts	4,850	4,850

07/01/2013 – 06/30/2014

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HIV Testing 1 UOS = 1 test for 1 client 9,700 tests annually for 12 months x 100% = 9,700 tests. 9,700 tests = 9,700 UOS and 9,700 contacts	9,700	9,700
HIV Mobile Testing 1 UOS = 1 test for 1 client 480 tests annually for 12 months x 100% = 480 tests. 480 tests = 480 UOS and 480 contacts	480	480
TOTAL:	10,180	10,180

07/01/2014 – 06/30/2015

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HIV Testing 1 UOS = 1 test for 1 client 9,790 tests annually for 12 months x 100% = 9,790 tests. 9,790 tests = 9,790 UOS and 9,790 contacts	9,790	9,790
HIV Mobile Testing 1 UOS = 1 test for 1 client 960 tests annually for 12 months x 100% = 960 tests. 960 tests = 960 UOS and 960 contacts	960	960
TOTAL:	10,750	10,750

07/01/2015 – 06/30/2016

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HIV Testing 1 UOS = 1 test for 1 client 9,790 tests annually for 12 months x 100% = 9,790 tests. 9,790 tests = 9,790 UOS and 9,790 contacts	9,790	9,790
HIV Mobile Testing 1 UOS = 1 test for 1 client 960 tests annually for 12 months x 100% = 960 tests. 960 tests = 960 UOS and 960 contacts	960	960
TOTAL:	10,750	10,750

07/01/2016 – 06/30/2017

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HIV Testing 1 UOS = 1 test for 1 client 9,790 tests annually for 12 months x 100% = 9,790 tests. 9,790 tests = 9,790 UOS and 9,790 contacts	9,790	9,790
HIV Mobile Testing 1 UOS = 1 test for 1 client 960 tests annually for 12 months x 100% = 960 tests. 960 tests = 960 UOS and 960 contacts	960	960
TOTAL:	10,750	10,750

07/01/2017 – 06/30/2018

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HIV Testing 1 UOS = 1 test for 1 client 9,790 tests annually for 12 months x 100% = 9,790 tests. 9,790 tests = 9,790 UOS and 9,790 contacts	9,790	9,790
HIV Mobile Testing 1 UOS = 1 test for 1 client 960 tests annually for 12 months x 100% = 960 tests. 960 tests = 960 UOS and 960 contacts	960	960
TOTAL:	10,750	10,750

6. Methodology

The San Francisco AIDS Foundation will develop a Program Plan with the HIV Prevention Section which will reflect program requirements of RFP 21-2010 and community planning priorities. This Plan will provide a justification for the UOS and NOC in the grid above, will be reviewed with the HIV Prevention Section and changes to it will be allowed if it is agreed that clients will be more appropriately served and priorities continue to be addressed.

7. Objectives and Measurements

A. Required Objectives

The San Francisco AIDS Foundation agrees to collect data in the San Francisco data collection system as required and be prepared to report on evaluation, data collection and findings in cooperation with the HIV Prevention Section.

The San Francisco AIDS Foundation will work with the HIV Prevention Section to measure some or all of the following outcomes as appropriate for the service category and data collection system maturity.

Community-Based HIV Testing	
Citywide Goal	System of Prevention Objective
Increase status awareness	<ul style="list-style-type: none">• By 06/30/2016, the SFAF community-based testing program, (Magnet, St James and Glide) will achieve a 1.3% positivity rate as measured by EvaluationWeb and HPS acute infection data.• By 06/30/2016, 90% of people testing HIV-positive at SFAF's community-based testing program will be offered partner services as measured by EvaluationWeb.*
Increase viral load suppression	<ul style="list-style-type: none">• By 06/30/2016, 90% of HIV-positive clients in SFAF's community-based testing program testing positive will be offered linkage to care as measured or documented by EvaluationWeb.*
Maintain or increase levels of protected sex	<ul style="list-style-type: none">• By 06/30/2016, SFAF's community-based testing program will distribute at least 200,000 condoms (including FC2 condoms) annually as measured by invoices and/or inventory logs managed by the Data Manager.

*Programs are not directly responsible for offering linkage to care or partner services. Programs are responsible and should develop objectives for linking HIV-positive clients to the Citywide LINC'S Program.

8. Continuous Quality Improvement

The San Francisco AIDS Foundation agrees to adhere to the following:

- a. Current HIV Prevention Section, HIV Testing Policies and Procedures which include CDC and State Guidelines,
- b. Any relevant guidelines in the 2010 San Francisco HIV Prevention Plan,
- c. Any and all guidelines developed by the HIV Prevention Section required to implement services to meet the objectives in San Francisco's new System of Prevention.

Contractor: San Francisco AIDS Foundation
Program: The Stonewall Project

Appendix A-3
Contract Term: 09/01/11 through 06/30/18
Funding Source: General Fund

1. Identifiers:

Program Name: The Stonewall Project
Program Address: 1035 Market Street, Suite 400
City, State, Zip Code: San Francisco, CA 94103
Telephone/FAX: (415) 487-3000 – (415) 487-3094
Website Address:

Person Completing this Narrative: Richard Hill, Director, Government Contracts
Telephone: (415) 487-8042
Email Address: rhill@sfaa.org

2. Nature of Document (check one)

☐ New ☐ Renewal ☒ Modification

3. Goal Statement

Goal: To reduce new HIV infections by 50% by 2017.

4. Target Population

The target population of this project is gay men and other MSM (G/MSM) who reside in San Francisco and use methamphetamine and other substances. This includes all G/MSM who are residents of San Francisco regardless of age, race, ethnicity, sexual orientation, gender identity, religion and spirituality, socioeconomic class, partner status, physical and mental ability, or HIV serostatus.

5. Modality(ies)/Interventions

09/01/2011 – 06/30/2012

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Recruitment & Linkages 1 UOS = 1 hour 720 hours annually for 10 months x 80% = 480 UOS. 4 contacts/hour x 720 hours annually for 10 months x 80% = 1,920 NOC.	480	1,920
Events 1 UOS = 1 event 34 events annually for 10 months x 80% = 23 UOS. Average of 55 contacts/event = 1,568 NOC.	23	1,265
Groups 1 UOS = 1 hour 276 groups annually for 10 months x 1.5 hour/group x 80% = 276 UOS. 276 groups annually for 10 months x 5 clients/group x 80% =	276	920

920 NOC.		
Individual Risk Reduction Counseling 1 UOS = 1 hour 480 sessions annually for 10 months x 0.5 hour/session x 80% = 160 UOS. 480 sessions annually for 10 months x 1 client/session x 80% = 320 NOC.	160	320
Prevention Case Management 1 UOS = 1 hour 432 sessions annually for 10 months x 0.83 hour/session x 80% = 240 UOS. 432 sessions annually for 10 months x 1 client/session x 80% = 288 NOC.	240	288
Social Marketing 1 UOS = 1 month 10 months of social marketing x 80% = 8 UOS.	8	n/a
Condom Distribution 1 UOS = 1 month 10 months of condom & lube distribution x 80% = 8 UOS.	8	n/a
Training 1 UOS = 1 hour 1 training/month x 10 months x 2 hours each x 80% = 16 UOS. 1 training/month x 10 months x 10 attendees/training x 80% = 80 NOC.	16	80

07/01/2012 – 06/30/2013

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Recruitment & Linkages 1 UOS = 1 hour 720 hours annually for 2 months x 80% = 96 UOS. 720 hours annually for 10 months x 100% = 600 UOS. 4 contacts/hour x 720 hours annually for 2 months x 80% = 384 NOC. 4 contacts/hour x 720 hours annually for 10 months x 100% = 2,400 NOC.	696	2,784
Events 1 UOS = 1 event 34 events annually for 2 months x 80% = 5 UOS. 34 events annually for 10 months x 100% = 28 UOS. Average of 55 contacts/event = 1,815 NOC.	33	1,815
Groups 1 UOS = 1 hour 276 groups annually for 2 months x 1.5 hour/group x 80% = 55 UOS. 276 groups annually for 10 months x 1.5 hour/group x 100% =	400	1,334

345 UOS. 276 groups annually for 2 months x 5 clients/group x 80% = 184 NOC. 276 groups annually for 10 months x 5 clients/group x 100% = 1,150 NOC.		
Individual Risk Reduction Counseling 1 UOS = 1 hour 480 sessions annually for 2 months x 0.5 hour/session x 80% = 32 UOS. 480 sessions annually for 10 months x 0.5 hour/session x 100% = 200 UOS. 480 sessions annually for 2 months x 1 client/session x 80% = 64 NOC. 480 sessions annually for 10 months x 1 client/session x 100% = 400 NOC.	232	464
Prevention Case Management 1 UOS = 1 hour 432 sessions annually for 2 months x 0.83 hour/session x 80% = 48 UOS. 432 sessions annually for 10 months x 0.83 hour/session x 100% = 300 UOS. 432 sessions annually for 2 months x 1 client/session x 80% = 58 NOC. 432 sessions annually for 10 months x 1 client/session x 100% = 360 NOC.	348	418
Social Marketing 1 UOS = 1 month 2 months of social marketing x 80% = 2 UOS. 10 months of social marketing x 100% = 10 UOS.	12	n/a
Condom Distribution 1 UOS = 1 month 2 months of condom & lube distribution x 80% = 2 UOS. 10 months of condom & lube distribution x 100% = 10 UOS.	12	n/a
Training 1 UOS = 1 hour 1 training/month x 2 months x 2 hours each x 80% = 3 UOS. 1 training/month x 10 months x 2 hours each x 100% = 20 UOS. 1 training/month x 2 months x 10 attendees/training x 80% = 16 NOC. 1 training/month x 10 months x 10 attendees/training x 100% = 100 NOC.	23	116

07/01/2013 – 06/30/2014

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Condom Distribution	12	n/a

1 UOS = 1 month 12 months of condom & lube distribution x 100% = 12 UOS.		
Events 1 UOS = 1 event 34 events annually for 12 months x 100% = 34 UOS. Average of 44 contacts/event = 1,496 NOC.	34	1,496
Groups 1 UOS = 1 hour 276 groups annually for 12 months x 1.5 hour/group x 100% = 414 UOS. 276 groups annually for 12 months x 5 clients/group x 100% = 1,380 NOC.	414	1,380
Individual Risk Reduction Counseling 1 UOS = 1 hour 255 sessions annually for 12 months x 0.94 hour/session x 100% = 240 UOS. 255 sessions annually for 12 months x 1 client/session x 100% = 255 NOC.	240	255
Prevention Case Management 1 UOS = 1 hour 374 sessions annually for 12 months x 0.96 hour/session x 100% = 359 UOS. 374 sessions annually for 12 months x 1 client/session x 100% = 374 NOC.	359	374
Recruitment & Linkages 1 UOS = 1 hour 720 hours annually for 12 months x 100% = 720 UOS. 4 contacts/hour x 720 hours annually for 12 months x 100% = 2,880 NOC.	720	2,880
Training 1 UOS = 1 hour 1 training/month x 12 months x 2 hours each x 100% = 24 UOS. 1 training/month x 12 months x 10 attendees/training x 100% = 120 NOC.	24	120
Social Marketing 1 UOS = 1 month 12 months of social marketing x 100% = 10 UOS.	12	n/a

07/01/2014 – 06/30/2015

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Recruitment & Linkages 1 UOS = 1 hour 720 hours annually for 12 months x 100% = 720 UOS. 4 contacts/hour x 720 hours annually for 12 months x 100% = 2,880 NOC.	720	2,880
Events	34	1,496

1 UOS = 1 event 34 events annually for 12 months x 100% = 34 UOS. Average of 44 contacts/event = 1,496 NOC.		
Groups 1 UOS = 1 hour 276 groups annually for 12 months x 1.5 hour/group x 100% = 414 UOS. 276 groups annually for 12 months x 5 clients/group x 100% = 1,380 NOC.	414	1,380
Individual Risk Reduction Counseling 1 UOS = 1 hour 255 sessions annually for 12 months x 0.94 hour/session x 100% = 240 UOS. 255 sessions annually for 12 months x 1 client/session x 100% = 255 NOC.	240	255
Prevention Case Management 1 UOS = 1 hour 374 sessions annually for 12 months x 0.96 hour/session x 100% = 359 UOS. 374 sessions annually for 12 months x 1 client/session x 100% = 374 NOC.	359	374
Social Marketing 1 UOS = 1 month 12 months of social marketing x 100% = 10 UOS.	12	n/a
Condom Distribution 1 UOS = 1 month 12 months of condom & lube distribution x 100% = 12 UOS.	12	n/a
Training 1 UOS = 1 hour 1 training/month x 12 months x 2 hours each x 100% = 24 UOS. 1 training/month x 12 months x 10 attendees/training x 100% = 120 NOC.	24	120
TOTAL:	1,815	6,505

07/01/2015 – 06/30/2016

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Recruitment & Linkages 1 UOS = 1 hour 720 hours annually for 12 months x 100% = 720 UOS. 4 contacts/hour x 720 hours annually for 12 months x 100% = 2,880 NOC.	720	2,880
Events 1 UOS = 1 event 34 events annually for 12 months x 100% = 34 UOS. Average of 44 contacts/event = 1,496 NOC.	34	1,496
Groups	414	1,380

1 UOS = 1 hour 276 groups annually for 12 months x 1.5 hour/group x 100% = 414 UOS. 276 groups annually for 12 months x 5 clients/group x 100% = 1,380 NOC.		
Individual Risk Reduction Counseling 1 UOS = 1 hour 255 sessions annually for 12 months x 0.94 hour/session x 100% = 240 UOS. 255 sessions annually for 12 months x 1 client/session x 100% = 255 NOC.	240	255
Prevention Case Management 1 UOS = 1 hour 374 sessions annually for 12 months x 0.96 hour/session x 100% = 359 UOS. 374 sessions annually for 12 months x 1 client/session x 100% = 374 NOC.	359	374
Social Marketing 1 UOS = 1 month 12 months of social marketing x 100% = 10 UOS.	12	n/a
Condom Distribution 1 UOS = 1 month 12 months of condom & lube distribution x 100% = 12 UOS.	12	n/a
Training 1 UOS = 1 hour 1 training/month x 12 months x 2 hours each x 100% = 24 UOS. 1 training/month x 12 months x 10 attendees/training x 100% = 120 NOC.	24	120
TOTAL:	1,815	6,505

07/01/2016 – 06/30/2017

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Recruitment & Linkages 1 UOS = 1 hour 720 hours annually for 12 months x 100% = 720 UOS. 4 contacts/hour x 720 hours annually for 12 months x 100% = 2,880 NOC.	720	2,880
Events 1 UOS = 1 event 34 events annually for 12 months x 100% = 34 UOS. Average of 44 contacts/event = 1,496 NOC.	34	1,496
Groups 1 UOS = 1 hour 276 groups annually for 12 months x 1.5 hour/group x 100% = 414 UOS. 276 groups annually for 12 months x 5 clients/group x 100% =	414	1,380

1,380 NOC.		
Individual Risk Reduction Counseling 1 UOS = 1 hour 255 sessions annually for 12 months x 0.94 hour/session x 100% = 240 UOS. 255 sessions annually for 12 months x 1 client/session x 100% = 255 NOC.	240	255
Prevention Case Management 1 UOS = 1 hour 374 sessions annually for 12 months x 0.96 hour/session x 100% = 359 UOS. 374 sessions annually for 12 months x 1 client/session x 100% = 374 NOC.	359	374
Social Marketing 1 UOS = 1 month 12 months of social marketing x 100% = 10 UOS.	12	n/a
Condom Distribution 1 UOS = 1 month 12 months of condom & lube distribution x 100% = 12 UOS.	12	n/a
Training 1 UOS = 1 hour 1 training/month x 12 months x 2 hours each x 100% = 24 UOS. 1 training/month x 12 months x 10 attendees/training x 100% = 120 NOC.	24	120
TOTAL:	1,815	6,505

07/01/2017 – 06/30/2018

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Recruitment & Linkages 1 UOS = 1 hour 720 hours annually for 12 months x 100% = 720 UOS. 4 contacts/hour x 720 hours annually for 12 months x 100% = 2,880 NOC.	720	2,880
Events 1 UOS = 1 event 34 events annually for 12 months x 100% = 34 UOS. Average of 44 contacts/event = 1,496 NOC.	34	1,496
Groups 1 UOS = 1 hour 276 groups annually for 12 months x 1.5 hour/group x 100% = 414 UOS. 276 groups annually for 12 months x 5 clients/group x 100% = 1,380 NOC.	414	1,380
Individual Risk Reduction Counseling 1 UOS = 1 hour 255 sessions annually for 12 months x 0.94 hour/session x 100%	240	255

= 240 UOS. 255 sessions annually for 12 months x 1 client/session x 100% = 255 NOC.		
Prevention Case Management 1 UOS = 1 hour 374 sessions annually for 12 months x 0.96 hour/session x 100% = 359 UOS. 374 sessions annually for 12 months x 1 client/session x 100% = 374 NOC.	359	374
Social Marketing 1 UOS = 1 month 12 months of social marketing x 100% = 10 UOS.	12	n/a
Condom Distribution 1 UOS = 1 month 12 months of condom & lube distribution x 100% = 12 UOS.	12	n/a
Training 1 UOS = 1 hour 1 training/month x 12 months x 2 hours each x 100% = 24 UOS. 1 training/month x 12 months x 10 attendees/training x 100% = 120 NOC.	24	120
TOTAL:	1,815	6,505

6. Methodology

Please see Appendix A-2, Section 6.

7. Objectives and Measurements

A. Required Objectives

The San Francisco AIDS Foundation agrees to collect data in the San Francisco data collection system as required and be prepared to report on evaluation, data collection and findings in cooperation with the HIV Prevention Section.

The San Francisco AIDS Foundation will work with the HIV Prevention Section to measure some or all of the following outcomes as appropriate for the service category and data collection system maturity.

HERR to Address Drivers	
Citywide Goal	System of Prevention Objective
Increase status awareness	<ul style="list-style-type: none"> By 06/30/2016, 90% of males who have sex with males of HIV-negative and unknown status of the SFAF-Stonewall Project will be offered at least one HIV test annually, as measured by client treatment plan and progress notes. By 06/30/2016, 60% of HIV-negative/unknown status MSM clients of

HERR to Address Drivers	
Citywide Goal	System of Prevention Objective
	The Stonewall Project will report having had an HIV test in the prior 6 months, as measured or documented by self-report, EvaluationWeb and/or client treatment plans.
Increase viral load suppression	<ul style="list-style-type: none">By 06/30/2016, 80% of HIV-positive clients in the SFAF Stonewall Project either testing positive or who have not seen an HIV primary care provider in the prior 6 months will be offered linkage to care as measured or documented by client treatment plans.*
Maintain or increase levels of protected sex	<ul style="list-style-type: none">By 06/30/2016, the SFAF Stonewall Project will distribute at least 50,000 condoms annually as measured by invoices and programs records.

*Programs are not directly responsible for offering linkage to care or partner services. Programs are responsible and should develop objectives for linking HIV-positive clients to the Citywide LINCIS Program.

8. Continuous Quality Improvement

Please see Appendix A-2, Section 8.

1. Identifiers:

Program Name: African American Prevention Initiative
Program Address: 1035 Market Street, Suite 400
City, State, Zip Code: San Francisco, CA 94103
Telephone/FAX: (415) 487-3000 – (415) 487-3094
Website Address:

Person Completing this Narrative: Richard Hill, Director, Government Contracts
Telephone: (415) 487-8042
Email Address: rhill@sfaf.org

2. Nature of Document (check one)

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

Goal: To reduce new HIV infections by 50% by 2017.

4. Target Population

The target population of this project is African-American gay men and other MSM (G/MSM) who reside in San Francisco, with a focus on the Tenderloin and Castro neighborhoods.

5. Modality(ies)/Interventions

09/01/2011 – 12/31/2011

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Events 1 UOS = 1 event 27 events annually for 4 months x 80% = 7 UOS. Average 41 contacts/event x 7 events = 287 NOC.	7	287
Groups 1 UOS = 1 hour 279 groups annually for 4 months x 3 hour/group x 80% = 223 UOS. 279 groups annually for 4 months x average of 16.1 clients/group x 80% = 1,198 NOC.	223	1,198
HIV Testing 1 UOS = 1 test for 1 client. 600 tests annually for 4 months x 80% = 160 tests. 160 tests = 160 UOS and 160 contacts.	160	160
Individual Risk Reduction Counseling	128	128

1 UOS = 1 hour. 480 sessions annually for 4 months x 1 hour/session x 80% = 128 UOS. 480 sessions annually for 4 months x 1 client/session x 80% = 128 NOC.		
Linkage 1 UOS = 1 linkage to LINC'S Program 75 linkages annually for 4 months x 80% = 20 linkages. 20 linkages = 20 UOS and 20 NOC.	20	20

01/01/2012 – 12/31/2012

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Events 1 UOS = 1 event 23 events annually for 8 months x 80% = 12 UOS. 23 events annually for 4 months x 100% = 8 UOS. Average 41 contacts/event x 20 events = 943 NOC.	20	820
Groups 1 UOS = 1 hour 318 groups annually for 8 months x average 1.82 hour/group x 80% = 309 UOS. 318 groups annually for 4 months x average 1.82 hour/group x 100% = 194 UOS. 318 groups annually for 8 months x average of 15.5 clients/group x 80% = 2,629 NOC. 318 groups annually for 4 months x average of 15.5 clients/group x 100% = 1,643 NOC.	503	4,272
HIV Testing 1 UOS = 1 test for 1 client. 500 tests annually for 8 months x 80% = 267 tests. 500 tests annually for 4 months x 100% = 167 tests. 433 tests = 433 UOS and 433 contacts.	433	433
Individual Risk Reduction Counseling 1 UOS = 1 hour. 680 sessions annually for 8 months x 1 hour/session x 80% = 363 UOS. 680 sessions annually for 4 months x 1 hour/session x 100% = 226 UOS. 680 sessions annually for 8 months x 1 client/session x 80% = 363 NOC. 680 sessions annually for 4 months x 1 client/session x 100% = 226 NOC.	589	589
Linkage 1 UOS = 1 linkage to LINC'S Program 75 linkages annually for 8 months x 80% = 40 linkages. 75 linkages annually for 4 months x 100% = 25 linkages.	65	65

65 linkages = 65 UOS and 65 NOC.

01/01/2013 – 6/30/2013

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Events 1 UOS = 1 event 23 events annually for 6 months x 100% = 12 UOS. Average 41 contacts/event x 12 events = 492 NOC.	12	492 492 (7.10.13)
Groups 1 UOS = 1 hour 318 groups annually for 6 months x average 1.82 hour/group x 100% = 290 UOS. 318 groups annually for 6 months x average of 15.5 clients/group x 100% = 2,465 NOC.	290	2,465
HIV Testing 1 UOS = 1 test for 1 client. 500 tests annually for 6 months x 100% = 250 tests. 250 tests = 250 UOS and 250 contacts.	250	250
Individual Risk Reduction Counseling 1 UOS = 1 hour. 680 sessions annually for 6 months x 1 hour/session x 100% = 340 UOS. 680 sessions annually for 6 months x 1 client/session x 100% = 340 NOC.	340	340
Linkage 1 UOS = 1 linkage to LINC'S Program 75 linkages annually for 6 months x 100% = 38 linkages. 38 linkages = 38 UOS and 38 NOC.	38	38

07/01/2013 – 06/30/2014

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Events 1 UOS = 1 event 24 events annually for 12 months x 100% = 24 UOS. Average 41 contacts/event x 24 events = 984 NOC.	24	984
Groups 1 UOS = 1 hour 193 groups annually for 12 months x average of 3 hours/group x 100% = 580 UOS. 193 groups annually for 12 months x average of 17.2 clients/group x 100% = 3,320 NOC.	580	3,320
HIV Testing 1 UOS = 1 test for 1 client. 500 tests annually for 12 months x 100% = 500 tests.	500	500

500 tests = 500 UOS and 500 contacts.		
Individual Risk Reduction Counseling 1 UOS = 1 hour. 792 sessions annually for 12 months x .33 hour/session x 100% = 262 UOS. 792 sessions annually for 12 months x 1 client/session x 100% = 792 NOC.	262	792
Prevention Case Management 1 UOS = 1 hour. 200 sessions annually for 12 months x 1 hour/session x 100% = 200 UOS. 200 sessions annually for 12 months x 1 client/session x 100% = 200 NOC.	200	200

07/01/2014 – 06/30/2015

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Events 1 UOS = 1 event 24 events annually for 12 months x 100% = 24 UOS. Average 41 contacts/event x 24 events = 984 NOC.	24	984
Groups 1 UOS = 1 hour 193 groups annually for 12 months x average of 3 hours/group x 100% = 580 UOS. 193 groups annually for 12 months x average of 17.2 clients/group x 100% = 3,320 NOC.	580	3,320
HIV Testing 1 UOS = 1 test for 1 client. 500 tests annually for 12 months x 100% = 500 tests. 500 tests = 500 UOS and 500 contacts.	500	500
Individual Risk Reduction Counseling 1 UOS = 1 hour. 792 sessions annually for 12 months x .33 hour/session x 100% = 262 UOS. 792 sessions annually for 12 months x 1 client/session x 100% = 792 NOC.	262	792
Prevention Case Management 1 UOS = 1 hour. 200 sessions annually for 12 months x 1 hour/session x 100% = 200 UOS. 200 sessions annually for 12 months x 1 client/session x 100% = 200 NOC.	200	200
TOTAL:	1,566	5,796

07/01/2015 – 06/30/2016

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Events 1 UOS = 1 event 24 events annually for 12 months x 100% = 24 UOS. Average 41 contacts/event x 24 events = 984 NOC.	24	984
Groups 1 UOS = 1 hour 193 groups annually for 12 months x average of 3 hours/group x 100% = 580 UOS. 193 groups annually for 12 months x average of 17.2 clients/group x 100% = 3,320 NOC.	580	3,320
HIV Testing 1 UOS = 1 test for 1 client. 500 tests annually for 12 months x 100% = 500 tests. 500 tests = 500 UOS and 500 contacts.	500	500
Individual Risk Reduction Counseling 1 UOS = 1 hour. 792 sessions annually for 12 months x .33 hour/session x 100% = 262 UOS. 792 sessions annually for 12 months x 1 client/session x 100% = 792 NOC.	262	792
Prevention Case Management 1 UOS = 1 hour. 200 sessions annually for 12 months x 1 hour/session x 100% = 200 UOS. 200 sessions annually for 12 months x 1 client/session x 100% = 200 NOC.	200	200
TOTAL:	1,566	5,796

07/01/2016 – 06/30/2017

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Events 1 UOS = 1 event 24 events annually for 12 months x 100% = 24 UOS. Average 41 contacts/event x 24 events = 984 NOC.	24	984
Groups 1 UOS = 1 hour 193 groups annually for 12 months x average of 3 hours/group x 100% = 580 UOS. 193 groups annually for 12 months x average of 17.2 clients/group x 100% = 3,320 NOC.	580	3,320
HIV Testing 1 UOS = 1 test for 1 client. 500 tests annually for 12 months x 100% = 500 tests.	500	500

500 tests = 500 UOS and 500 contacts.		
Individual Risk Reduction Counseling 1 UOS = 1 hour. 792 sessions annually for 12 months x .33 hour/session x 100% = 262 UOS. 792 sessions annually for 12 months x 1 client/session x 100% = 792 NOC.	262	792
Prevention Case Management 1 UOS = 1 hour. 200 sessions annually for 12 months x 1 hour/session x 100% = 200 UOS. 200 sessions annually for 12 months x 1 client/session x 100% = 200 NOC.	200	200
TOTAL:	1,566	5,796

07/01/2017 – 06/30/2018

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Events 1 UOS = 1 event 24 events annually for 12 months x 100% = 24 UOS. Average 41 contacts/event x 24 events = 984 NOC.	24	984
Groups 1 UOS = 1 hour 193 groups annually for 12 months x average of 3 hours/group x 100% = 580 UOS. 193 groups annually for 12 months x average of 17.2 clients/group x 100% = 3,320 NOC.	580	3,320
HIV Testing 1 UOS = 1 test for 1 client. 500 tests annually for 12 months x 100% = 500 tests. 500 tests = 500 UOS and 500 contacts.	500	500
Individual Risk Reduction Counseling 1 UOS = 1 hour. 792 sessions annually for 12 months x .33 hour/session x 100% = 262 UOS. 792 sessions annually for 12 months x 1 client/session x 100% = 792 NOC.	262	792
Prevention Case Management 1 UOS = 1 hour. 200 sessions annually for 12 months x 1 hour/session x 100% = 200 UOS. 200 sessions annually for 12 months x 1 client/session x 100% = 200 NOC.	200	200
TOTAL:	1,566	5,796

6. Methodology

Please see Appendix A-2, Section 6.

7. Objectives and Measurements

A. Required Objectives

The San Francisco AIDS Foundation agrees to collect data in the San Francisco data collection system as required and be prepared to report on evaluation, data collection and findings in cooperation with the HIV Prevention Section.

The San Francisco AIDS Foundation will work with the HIV Prevention Section to measure some or all of the following outcomes as appropriate for the service category and data collection system maturity.

Community-Based HIV Testing	
Citywide Goal	System of Prevention Objective
Increase status awareness	<ul style="list-style-type: none"> By 06/30/2016, SFAF African American Special Project will achieve a 1.3% positivity rate as measured by Evaluation Web and HIV acute infection data. By 06/30/2016, 65% of HIV negative/unknown status African American males who have sex with males of the African American Special Project will report having had an HIV test in the prior 6 months, as measured or documented by self-report, EvaluationWeb. By 06/30/2016, 90% of people testing HIV-positive at the SFAF African American Special Project will be offered partner services as measured by EvaluationWeb.*
Increase viral load suppression	<ul style="list-style-type: none"> By 06/30/2016, 90% of HIV-positive clients in the SFAF African American Special Project either testing positive or who have not seen an HIV primary care provider in the prior 6 months will be offered linkage to care as measured or documented by EvaluationWeb and or administrative data.*
Maintain or increase levels of protected sex	<ul style="list-style-type: none"> By 06/30/2016, the SFAF African American Special Project will distribute at least 80,000 condoms annually as measured by invoices.

HERR to Address Drivers	
Citywide Goal	System of Prevention Objective
Increase status awareness	<ul style="list-style-type: none"> By 06/30/2016, 90% of HIV-negative/unknown status African American males who have sex with males of the African American Special Project will be offered at least one HIV test annually as measured by administrative

HERR to Address Drivers	
Citywide Goal	System of Prevention Objective
	<p>data.</p> <ul style="list-style-type: none">• By 06/30/2016, 65% of HIV negative/unknown status African American males who have sex with males of the African American Special Project will report having had an HIV test in the prior 6 months, as measured or documented by self-report, EvaluationWeb.
Increase viral load suppression	<ul style="list-style-type: none">• By 06/30/2016, 90% of HIV-positive clients in the SFAF African American Special Project either testing positive or who have not seen an HIV primary care provider in the prior 6 months will be offered linkage to care as measured or documented by EvaluationWeb and or administrative data.*
Maintain or increase levels of protected sex	<ul style="list-style-type: none">• By 06/30/2016, the SFAF African American Special Project will distribute at least 80,000 condoms annually as measured by invoices.

*Programs are not directly responsible for offering linkage to care or partner services. Programs are responsible and should develop objectives for linking HIV-positive clients to the Citywide LINCIS Program.

8. Continuous Quality Improvement

Please see Appendix A-2, Section 8.

1. Identifiers:

Program Name: Stonewall Castro/LIFE Program
Program Address: 1035 Market Street, Suite 400
City, State, Zip Code: San Francisco, CA 94103
Telephone/FAX: (415) 487-3000 – (415) 487-3094
Website Address:

Person Completing this Narrative: Richard Hill, Director, Government Contracts
Telephone: (415) 487-8042
Email Address: rhill@sfaf.org

2. Nature of Document (check one)

☐ New ☐ Renewal ☒ Modification

3. Goal Statement

Goal: To reduce new HIV infections by 50% by 2017.

4. Target Population

The target population of this project is gay men and other MSM (G/MSM) who reside in San Francisco and use methamphetamine and other substances. This includes all G/MSM who are residents of San Francisco regardless of age, race, ethnicity, sexual orientation, gender identity, religion and spirituality, socioeconomic class, partner status, physical and mental ability, or HIV serostatus.

5. Modality(ies)/Interventions

09/01/2011 – 06/30/2012

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HIV Testing 1 UOS = 1 test for 1 client 600 tests annually for 10 months x 80% = 400 tests. 400 tests = 400 UOS and 400 contacts	400	400
Individual Risk Reduction Counseling 1 UOS = 1 hour 288 sessions annually for 10 mos. x 0.5 hr./session x 80% = 96 UOS. 288 sessions annually for 10 mos. x 1 client/session x 80% = 192 NOC.	96	192
Prevention Case Management 1 UOS = 1 hour 480 sessions annually for 10 mos. x 1 hr./session x 80% = 320 UOS.	320	320

480 sessions annually for 10 mos. x 1 client/session x 80% = 320 NOC.		
Groups 1 UOS = 1 hour 207 groups annually for 10 mos. x 1.5 hr./group x 80% = 207 UOS. 207 groups annually for 10 mos. x 5 clients/group x 80% = 690 NOC.	207	690
Shanti L.I.F.E. Program – Individual Risk Reduction Counseling 1 UOS = 1 hour 160 sessions annually for 10 mos. x 1 hr./session x 80% = 107 UOS. 160 sessions annually for 10 mos. x 1 client/session x 80% = 107 NOC.	107	107
Shanti L.I.F.E. Program – Prevention Case Management 1 UOS = 1 hour 960 sessions annually for 10 mos. x 1.25 hr./session x 80% = 800 UOS. 960 sessions annually for 10 mos. x 1 client/session x 80% = 640 NOC.	800	640
Shanti L.I.F.E. Program – Groups 1 UOS = 1 hour 45 groups annually for 10 mos. x 4 hrs./group x 80% = 120 UOS. 5 groups annually for 10 mos. x 8 hrs./group x 80% = 27 UOS. 48 groups annually for 10 mos. x 3.5 hrs./group x 80% = 112 UOS 48 groups annually for 10 mos. x 2 hrs./group x 80% = 64 UOS 48 groups annually for 10 mos. x 2.5 hrs./group x 80% = 80 UOS 194 groups annually for 10 mos. x avg. 11 clients/group x 80% = 1,423 NOC.	403	1,423
Shanti L.I.F.E. Program – Recruitment and Linkage 1 UOS = 1 hour 600 sessions annually for 10 mos. x .5 hr./session x 80% = 200 UOS. 600 sessions annually for 10 mos. x 1 client/session x 80% = 400 NOC.	200	400

07/01/2012 – 06/30/2013

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HIV Testing 1 UOS = 1 test for 1 client 600 tests annually for 2 mos. x 80% = 80 tests. 80 tests = 80 UOS and 80 contacts 600 tests annually for 10 mos. x 100% = 500 tests.	580	580

500 tests = 500 UOS and 500 contacts		
Individual Risk Reduction Counseling 1 UOS = 1 hour 288 sessions annually for 2 mos. x 0.5 hr./session x 80% = 19 UOS. 288 sessions annually for 10 mos. x 0.5 hr./session x 100% = 120 UOS. 288 sessions annually for 2 mos. x 1 client/session x 80% = 38 NOC. 288 sessions annually for 10 mos. x 1 client/session x 100% = 240 NOC.	139	278
Prevention Case Management 1 UOS = 1 hour 480 sessions annually for 2 mos. x 1 hr./session x 80% = 64 UOS. 480 sessions annually for 10 mos. x 1 hr./session x 100% = 400 UOS. 480 sessions annually for 2 mos. x 1 client/session x 80% = 64 NOC. 480 sessions annually for 10 mos. x 1 client/session x 100% = 400 NOC.	464	464
Groups 1 UOS = 1 hour 207 groups annually for 2 mos. x 1.5 hr./group x 80% = 41 UOS. 207 groups annually for 10 mos. x 1.5 hr./group x 100% = 259 UOS. 207 groups annually for 2 mos. x 5 clients/group x 80% = 138 NOC. 207 groups annually for 10 mos. x 5 clients/group x 100% = 862 NOC.	300	1,000
Shanti L.I.F.E. Program – Individual Risk Reduction Counseling 1 UOS = 1 hour 160 sessions annually for 2 mos. x 1 hr./session x 80% = 21 UOS. 160 sessions annually for 10 mos. x 1 hr./session x 100% = 133 UOS. 160 sessions annually for 2 mos. x 1 client/session x 80% = 21 NOC. 160 sessions annually for 10 mos. x 1 client/session x 100% = 133 NOC.	155	155
Shanti L.I.F.E. Program – Prevention Case Management 1 UOS = 1 hour 960 sessions annually for 2 mos. x 1.25 hr./session x 80% = 160 UOS. 960 sessions annually for 10 mos. x 1.25 hr./session x 100% = 1000 UOS. 960 sessions annually for 2 mos. x 1 client/session x 80% = 128	1160	928

NOC. 960 sessions annually for 10 mos. x 1 client/session x 100% = 800 NOC.		
Shanti L.I.F.E. Program – Groups 1 UOS = 1 hour 45 groups annually for 2 mos. x 4 hrs./group x 80% = 24 UOS. 45 groups annually for 10 mos. x 4 hrs./group x 100% = 150 UOS. 5 groups annually for 2 mos. x 8 hrs./group x 80% = 5 UOS. 5 groups annually for 10 mos. x 8 hrs./group x 100% = 33 UOS. 48 groups annually for 2 mos. x 3.5 hrs./group x 80% = 22 UOS. 48 groups annually for 10 mos. x 3.5 hrs./group x 100% = 140 UOS 48 groups annually for 2 mos. x 2 hrs./group x 80% = 13 UOS. 48 groups annually for 10 mos. x 2 hrs./group x 100% = 80 UOS 48 groups annually for 2 mos. x 2.5 hrs./group x 80% = 16 UOS. 48 groups annually for 10 mos. x 2.5 hrs./group x 100% = 100 UOS 194 groups annually for 2 mos. x avg. 11 clients/group x 80% = 284 NOC. 194 groups annually for 10 mos. x avg. 11 clients/group x 100% = 1,778 NOC.	584	2,062
Shanti L.I.F.E. Program – Recruitment and Linkage 1 UOS = 1 hour 600 sessions annually for 2 mos. x .5 hr./session x 80% = 40 UOS. 600 sessions annually for 10 mos. x .5 hr./session x 100% = 250 UOS. 600 sessions annually for 2 mos. x 1 client/session x 80% = 80 NOC. 600 sessions annually for 10 mos. x 1 client/session x 100% = 500 NOC.	290	580

07/01/2013 – 06/30/2014

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HIV Testing 1 UOS = 1 test for 1 client 600 tests annually for 12 mos. x 100% = 600 tests. 600 tests = 600 UOS and 600 contacts	600	600
Individual Risk Reduction Counseling 1 UOS = 1 hour 159 sessions annually for 12 mos. x 0.91 hr./session x 100% = 145 UOS. 159 sessions annually for 12 mos. x 1 client/session x 100% =	145	159

159 NOC.		
Prevention Case Management 1 UOS = 1 hour 480 sessions annually for 12 mos. x 1 hr./session x 100% = 480 UOS. 480 sessions annually for 12 mos. x 1 client/session x 100% = 480 NOC.	480	480
Groups 1 UOS = 1 hour 207 groups annually for 12 mos. x 1.5 hr./group x 100% = 311 UOS. 207 groups annually for 12 mos. x 5 clients/group x 100% = 1,035 NOC.	311	1,035
Shanti L.L.F.E. Program – Individual Risk Reduction Counseling 1 UOS = 1 hour 144 sessions annually for 12 mos. x 1 hr./session x 100% = 144 UOS. 144 sessions annually for 12 mos. x 1 client/session x 100% = 144 NOC.	144	144
Shanti L.L.F.E. Program – Prevention Case Management 1 UOS = 1 hour 864 sessions annually for 12 mos. x 1.25 hr./session x 100% = 1080 UOS. 864 sessions annually for 12 mos. x 1 client/session x 100% = 864 NOC.	1080	864
Shanti L.L.F.E. Program – Groups 1 UOS = 1 hour 45 groups annually for 12 mos. x 4 hrs./group x 100% = 180 UOS. 5 groups annually for 12 mos. x 8 hrs./group x 100% = 40 UOS. 48 groups annually for 12 mos. x 3.5 hrs./group x 100% = 168 UOS 48 groups annually for 12 mos. x 2 hrs./group x 100% = 96 UOS 48 groups annually for 12 mos. x 2.5 hrs./group x 100% = 120 UOS 194 groups annually for 12 mos. x avg. 11 clients/group x 100% = 2,134 NOC.	604	2,134
Shanti L.L.F.E. Program – Recruitment and Linkage 1 UOS = 1 hour 750 sessions annually for 12 mos. x .5 hr./session x 100% = 375 UOS. 750 sessions annually for 12 mos. x 1 client/session x 100% = 750 NOC.	375	750

07/01/2014 – 06/30/2015

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HIV Testing 1 UOS = 1 test for 1 client 600 tests annually for 12 mos. x 100% = 600 tests. 600 tests = 600 UOS and 600 contacts	600	600
Individual Risk Reduction Counseling 1 UOS = 1 hour 159 sessions annually for 12 mos. x 0.91 hr./session x 100% = 145 UOS. 159 sessions annually for 12 mos. x 1 client/session x 100% = 159 NOC.	145	159
Prevention Case Management 1 UOS = 1 hour 480 sessions annually for 12 mos. x 1 hr./session x 100% = 480 UOS. 480 sessions annually for 12 mos. x 1 client/session x 100% = 480 NOC.	480	480
Groups 1 UOS = 1 hour 207 groups annually for 12 mos. x 1.5 hr./group x 100% = 311 UOS. 207 groups annually for 12 mos. x 5 clients/group x 100% = 1,035 NOC.	311	1,035
Shanti L.I.F.E. Program – Individual Risk Reduction Counseling 1 UOS = 1 hour 144 sessions annually for 12 mos. x 1 hr./session x 100% = 144 UOS. 144 sessions annually for 12 mos. x 1 client/session x 100% = 144 NOC.	144	144
Shanti L.I.F.E. Program – Prevention Case Management 1 UOS = 1 hour 864 sessions annually for 12 mos. x 1.25 hr./session x 100% = 1080 UOS. 864 sessions annually for 12 mos. x 1 client/session x 100% = 864 NOC.	1,080	864
Shanti L.I.F.E. Program – Groups 1 UOS = 1 hour 45 groups annually for 12 mos. x 4 hrs./group x 100% = 180 UOS. 5 groups annually for 12 mos. x 8 hrs./group x 100% = 40 UOS. 48 groups annually for 12 mos. x 3.5 hrs./group x 100% = 168 UOS 48 groups annually for 12 mos. x 2 hrs./group x 100% = 96 UOS 48 groups annually for 12 mos. x 2.5 hrs./group x 100% = 120	604	2,134

UOS		
194 groups annually for 12 mos. x avg. 11 clients/group x 100% = 2,134 NOC.		
Shanti L.I.F.E. Program – Recruitment and Linkage 1 UOS = 1 hour 750 sessions annually for 12 mos. x .5 hr./session x 100% = 375 UOS. 750 sessions annually for 12 mos. x 1 client/session x 100% = 750 NOC.	375	750
TOTAL:	3,739	6,166

07/01/2015 – 06/30/2016

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HIV Testing 1 UOS = 1 test for 1 client 600 tests annually for 12 mos. x 100% = 600 tests. 600 tests = 600 UOS and 600 contacts	600	600
Individual Risk Reduction Counseling 1 UOS = 1 hour 159 sessions annually for 12 mos. x 0.91 hr./session x 100% = 145 UOS. 159 sessions annually for 12 mos. x 1 client/session x 100% = 159 NOC.	145	159
Prevention Case Management 1 UOS = 1 hour 480 sessions annually for 12 mos. x 1 hr./session x 100% = 480 UOS. 480 sessions annually for 12 mos. x 1 client/session x 100% = 480 NOC.	480	480
Groups 1 UOS = 1 hour 207 groups annually for 12 mos. x 1.5 hr./group x 100% = 311 UOS. 207 groups annually for 12 mos. x 5 clients/group x 100% = 1,035 NOC.	311	1,035
Shanti L.I.F.E. Program – Individual Risk Reduction Counseling 1 UOS = 1 hour 144 sessions annually for 12 mos. x 1 hr./session x 100% = 144 UOS. 144 sessions annually for 12 mos. x 1 client/session x 100% = 144 NOC.	144	144
Shanti L.I.F.E. Program – Prevention Case Management 1 UOS = 1 hour 864 sessions annually for 12 mos. x 1.25 hr./session x 100% =	1,080	864

1080 UOS. 864 sessions annually for 12 mos. x 1 client/session x 100% = 864 NOC.		
Shanti L.I.F.E. Program – Groups 1 UOS = 1 hour 45 groups annually for 12 mos. x 4 hrs./group x 100% = 180 UOS. 5 groups annually for 12 mos. x 8 hrs./group x 100% = 40 UOS. 48 groups annually for 12 mos. x 3.5 hrs./group x 100% = 168 UOS 48 groups annually for 12 mos. x 2 hrs./group x 100% = 96 UOS 48 groups annually for 12 mos. x 2.5 hrs./group x 100% = 120 UOS 194 groups annually for 12 mos. x avg. 11 clients/group x 100% = 2,134 NOC.	604	2,134
Shanti L.I.F.E. Program – Recruitment and Linkage 1 UOS = 1 hour 750 sessions annually for 12 mos. x .5 hr./session x 100% = 375 UOS. 750 sessions annually for 12 mos. x 1 client/session x 100% = 750 NOC.	375	750
TOTAL:	3,739	6,166

07/01/2016 – 06/30/2017

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HIV Testing 1 UOS = 1 test for 1 client 600 tests annually for 12 mos. x 100% = 600 tests. 600 tests = 600 UOS and 600 contacts	600	600
Individual Risk Reduction Counseling 1 UOS = 1 hour 159 sessions annually for 12 mos. x 0.91 hr./session x 100% = 145 UOS. 159 sessions annually for 12 mos. x 1 client/session x 100% = 159 NOC.	145	159
Prevention Case Management 1 UOS = 1 hour 480 sessions annually for 12 mos. x 1 hr./session x 100% = 480 UOS. 480 sessions annually for 12 mos. x 1 client/session x 100% = 480 NOC.	480	480
Groups 1 UOS = 1 hour 207 groups annually for 12 mos. x 1.5 hr./group x 100% = 311 UOS. 207 groups annually for 12 mos. x 5 clients/group x 100% =	311	1,035

1,035 NOC.		
Shanti L.I.F.E. Program – Individual Risk Reduction Counseling 1 UOS = 1 hour 144 sessions annually for 12 mos. x 1 hr./session x 100% = 144 UOS. 144 sessions annually for 12 mos. x 1 client/session x 100% = 144 NOC.	144	144
Shanti L.I.F.E. Program – Prevention Case Management 1 UOS = 1 hour 864 sessions annually for 12 mos. x 1.25 hr./session x 100% = 1080 UOS. 864 sessions annually for 12 mos. x 1 client/session x 100% = 864 NOC.	1,080	864
Shanti L.I.F.E. Program – Groups 1 UOS = 1 hour 45 groups annually for 12 mos. x 4 hrs./group x 100% = 180 UOS. 5 groups annually for 12 mos. x 8 hrs./group x 100% = 40 UOS. 48 groups annually for 12 mos. x 3.5 hrs./group x 100% = 168 UOS 48 groups annually for 12 mos. x 2 hrs./group x 100% = 96 UOS 48 groups annually for 12 mos. x 2.5 hrs./group x 100% = 120 UOS 194 groups annually for 12 mos. x avg. 11 clients/group x 100% = 2,134 NOC.	604	2,134
Shanti L.I.F.E. Program – Recruitment and Linkage 1 UOS = 1 hour 750 sessions annually for 12 mos. x .5 hr./session x 100% = 375 UOS. 750 sessions annually for 12 mos. x 1 client/session x 100% = 750 NOC.	375	750
TOTAL:	3,739	6,166

07/01/2017 – 06/30/2018

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HIV Testing 1 UOS = 1 test for 1 client 600 tests annually for 12 mos. x 100% = 600 tests. 600 tests = 600 UOS and 600 contacts	600	600
Individual Risk Reduction Counseling 1 UOS = 1 hour 159 sessions annually for 12 mos. x 0.91 hr./session x 100% = 145 UOS. 159 sessions annually for 12 mos. x 1 client/session x 100% =	145	159

159 NOC.		
Prevention Case Management 1 UOS = 1 hour 480 sessions annually for 12 mos. x 1 hr./session x 100% = 480 UOS. 480 sessions annually for 12 mos. x 1 client/session x 100% = 480 NOC.	480	480
Groups 1 UOS = 1 hour 207 groups annually for 12 mos. x 1.5 hr./group x 100% = 311 UOS. 207 groups annually for 12 mos. x 5 clients/group x 100% = 1,035 NOC.	311	1,035
Shanti L.I.F.E. Program – Individual Risk Reduction Counseling 1 UOS = 1 hour 144 sessions annually for 12 mos. x 1 hr./session x 100% = 144 UOS. 144 sessions annually for 12 mos. x 1 client/session x 100% = 144 NOC.	144	144
Shanti L.I.F.E. Program – Prevention Case Management 1 UOS = 1 hour 864 sessions annually for 12 mos. x 1.25 hr./session x 100% = 1080 UOS. 864 sessions annually for 12 mos. x 1 client/session x 100% = 864 NOC.	1,080	864
Shanti L.I.F.E. Program – Groups 1 UOS = 1 hour 45 groups annually for 12 mos. x 4 hrs./group x 100% = 180 UOS. 5 groups annually for 12 mos. x 8 hrs./group x 100% = 40 UOS. 48 groups annually for 12 mos. x 3.5 hrs./group x 100% = 168 UOS 48 groups annually for 12 mos. x 2 hrs./group x 100% = 96 UOS 48 groups annually for 12 mos. x 2.5 hrs./group x 100% = 120 UOS 194 groups annually for 12 mos. x avg. 11 clients/group x 100% = 2,134 NOC.	604	2,134
Shanti L.I.F.E. Program – Recruitment and Linkage 1 UOS = 1 hour 750 sessions annually for 12 mos. x .5 hr./session x 100% = 375 UOS. 750 sessions annually for 12 mos. x 1 client/session x 100% = 750 NOC.	375	750
TOTAL:	3,739	6,166

6. Methodology

Please see Appendix A-2, Section 6.

7. Objectives and Measurements

A. Required Objectives

The San Francisco AIDS Foundation agrees to collect data in the San Francisco data collection system as required and be prepared to report on evaluation, data collection and findings in cooperation with the HIV Prevention Section.

The San Francisco AIDS Foundation will work with the HIV Prevention Section to measure some or all of the following outcomes as appropriate for the service category and data collection system maturity.

Community-Based HIV Testing	
Citywide Goal	System of Prevention Objective
Increase status awareness	<ul style="list-style-type: none"> By 06/30/2016, SFAF-Stonewall will achieve a 1.3% positivity rate measured by EvaluationWeb and HPS acute infection data. By 06/30/2016, 60% of HIV-negative/unknown status MSM clients of the The Stonewall Project will report having had an HIV test in the prior 6 months, as measured or documented by self-report, EvaluationWeb and/or Client Treatment plans. By 06/30/2016, 90% of people testing HIV-positive at SFAF will be offered partner services as measured by EvaluationWeb.*
Increase viral load suppression	<ul style="list-style-type: none"> By 06/30/2016, 80% of HIV-positive clients in The Stonewall Project either testing positive or who have not seen an HIV primary care provider in the prior 6 months will be offered linkage to care as measured or documented by self report or client record.*
Maintain or increase levels of protected sex	<ul style="list-style-type: none"> By 06/30/2016, the SFAF Stonewall Project will distribute at least 50,000 condoms annually as measured by invoices and/or programs records.

HERR to Address Drivers	
Citywide Goal	System of Prevention Objective
Increase status awareness	<ul style="list-style-type: none"> By 06/30/2016, 90% of males who have sex with males of SFAF-Stonewall will be offered at least one HIV test annually, as measured by client treatment plans and progress note.
Increase viral load suppression	<ul style="list-style-type: none"> By 06/30/2016, 80% of HIV-positive clients in The Stonewall Project

HERR to Address Drivers	
Citywide Goal	System of Prevention Objective
	either testing positive or who have not seen an HIV primary care provider in the prior 6 months will be offered linkage to care as measured or documented by self report or client record.*
Maintain or increase levels of protected sex	<ul style="list-style-type: none">• By 06/30/2016, the SFAF Stonewall Project will distribute at least 50,000 condoms annually as measured by invoices and/or programs records.

*Programs are not directly responsible for offering linkage to care or partner services. Programs are responsible and should develop objectives for linking HIV-positive clients to the Citywide LINC'S Program.

8. Continuous Quality Improvement

Please see Appendix A-2, Section 8.

1. Identifiers:

Program Name: Glide Hepatitis C Services
Program Address: 1035 Market Street, Suite 400
City, State, Zip Code: San Francisco, CA 94103
Telephone/FAX: (415) 487-3000 – (415) 487-3094
Website Address:

Person Completing this Narrative: Richard Hill, Director, Government Contracts
Telephone: (415) 487-8042
Email Address: rhill@sfaf.org

2. Nature of Document (check one)

☐ New ☐ Renewal ☒ Modification

3. Goal Statement

To reduce transmission of HIV and Hepatitis C among high-risk individuals in San Francisco's Tenderloin neighborhood.

4. Target Population

The primary target population for these services are residents of the Tenderloin, a neighborhood highly impacted by HIV, HCV, and accidental drug overdose. This population includes: gay men and other men who have sex with men (G/MSM) who use methamphetamine and other substances; injection drug users (IDU); and transgender females who have sex with males (TFSM) who have sex with males. The G/MSM population includes both men who identify as gay or bisexual and those men who have sex with other men but do not necessarily identify as gay or bisexual. This project also serves the targeted populations and their sexual and/or needle sharing partners of all ages, races, ethnicities, sexual and gender identities, religions or spiritualities, socioeconomic classes, partner statuses, and physical and mental disabilities. Many participants are of low or fixed income and are uninsured or underinsured. Many of the target population are dually and triply diagnosed with concomitant mental and physical health problems in addition to their difficulties with addictive behaviors. Many are homeless or only marginally housed.

5. Modality(ies)/Interventions

07/01/2015 – 06/30/2016

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Glide Hepatitis C Services 1 UOS = 1 month of Hepatitis C services	6	750
TOTAL:	6	750

6. Methodology

Glide Hepatitis C Outreach, Education, and Testing Services

This is one-time funding for which the San Francisco AIDS Foundation will serve as the prime contractor, and Glide will serve as a subcontractor. With this funding, Glide will increase HCV and HIV testing in high risk communities, and focus on further integrating their HIV and HCV prevention services by utilizing the knowledge of peers and community gatekeepers around effective messaging for HCV prevention, screening, and treatment. Activities will include:

- Increased HIV and HCV screening services for high risk individuals (PWID, HIV+ MSM or MSM of unknown status, people who smoke crack),
- Focus group to assess HCV knowledge and attitudes,
- The creation and implementation of a Popular Opinion peer educator-modeled intervention,
- The generation of culturally appropriate HCV educational materials.

7. Objectives and Measurements

A. Required Objectives

The San Francisco AIDS Foundation agrees to collect data in the San Francisco data collection system as required and be prepared to report on evaluation, data collection and findings in cooperation with the HIV Prevention Section.

The San Francisco AIDS Foundation will work with the HIV Prevention Section to measure some or all of the following outcomes as appropriate for the service category and data collection system maturity.

8. Continuous Quality Improvement

Please see Appendix A-2, Section 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 09/01/2011 – 06/30/2018 may be found in the following Appendixes:

Appendix B	Budget Summary
Appendix B-1, 1a, 1b	HIV Testing – STOP Study
Appendix B-2, 2a, 2b, 2c 2d, 2e	Community Based HIV Testing
Appendix B-3, 3a, 3b, 3c, 3d	The Stonewall Project
Appendix B-4, 4a, 4b, 4c, 4d, 4e	African American Prevention Initiative
Appendix B-5, 5a, 5b, 5c, 5d	Stonewall Castro/ LIFE Program
Appendix B-6, 6a, 6b, 6c, 6d, 6e, 6f, 6g	Syringe Access Services
Appendix B-7	Glide-Hepatitis C Services

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$319,018 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	Federal CDC	\$53,166	09/01/11-06/14/12
Original Agreement	Federal CDC	\$1,826,548	09/01/11-12/31/12
Original Agreement	CCSF General Fund	\$3,619,919	09/01/11-06/30/13
Original Agreement	CCSF General Children Fund	\$326,659	09/01/11-06/30/13
Internal Contract Revision #1	CCSF General Fund	\$63,525	09/01/11-06/30/12
Amendment #1	Federal CDC	\$23,417	06/15/12-06/14/13
Amendment #1	Federal CDC	-\$648,595	01/01/12-12/31/12
Amendment #1	CCSF General Fund	\$1,370,894	01/01/12-06/30/13
Amendment #1	CCSF General Children Fund	\$3,403	07/01/12-06/30/13
Amendment #2	Federal CDC	\$16,500	06/15/13-06/14/14
Amendment #2	CCSF General Fund	\$2,474,546	07/01/13-06/30/14
Amendment #3	CCSF General Fund	\$5,004,092	07/01/14-06/30/16
Internal Contract Revision #2	CCSF General Fund	\$62,971	07/01/14-06/30/15
Internal Contract Revision #2	CCSF General Fund	\$47,531	07/01/15-06/30/16
Amendment #4	CCSF General Fund	\$5,399,914	07/01/15-06/30/18
		\$19,644,490	
	Contingency	\$638,035	
		\$20,282,525	

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

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

**Department of Public Health Contract Budget Summary by Program
(HUH, HPS, HHS, CHPP AND MCAH)**

	A	B	C	D	E	F	G	H	I	J	K	
1	Check one:							Appendix B Page 3				
2	<input type="checkbox"/> New		<input type="checkbox"/> Renewal		<input checked="" type="checkbox"/> Modification		Appendix Term: 9/1/11 - 6/30/18					
3	If modification, Effective Date of Mod. 7.01.15				No. of Mod.?							
4	FISCAL YEAR: 2015-2016										DPH1	
5	LEGAL ENTITY/ ORGANIZATION NAME: San Francisco AIDS Foundation							VENDOR ID (DPH USE ONLY):				
6	LEGAL ENTITY CODE: (CBHS Only)											
7	CONTRACTOR/ PROVIDER NAME: San Francisco AIDS Foundation											
8	PROGRAM/ PROVIDER NAME: San Francisco AIDS Foundation											
9												
10	APPENDIX NUMBER (Narrative/Budget)					A-1/B-1	A-1/B-1a	A-2/B-2	A-2/B-2a	A-2/B-2b		
11	APPENDIX TERM:					9/1/11-6/30/12	6/15/12-6/30/13	9/1/11-12/31/11	1/1/12-12/31/12	1/1/13-6/30/13	PAGE 3 TOTALS	
12	EXPENSES:											
13	SALARIES & EMPLOYEE BENEFITS					21,274	41,879	169,097	507,289	253,644	993,183	
14	OPERATING EXPENSE \$					2,892	3,576	94,610	284,433	142,218	527,929	
15	CAPITAL OUTLAY (COST \$5,000 AND OVER)					0	0	0	0	0	0	
16	SUBTOTAL DIRECT COSTS					24,166	45,455	263,907	791,722	395,862	1,521,112	
17	INDIRECT COST AMOUNT:					2,417	4,545	26,391	79,172	39,585	152,110	
18	INDIRECT RATE :					10.0%	10.0%	10.0%	10.0%	10.0%		
19	TOTAL EXPENSES:					26,583	50,000	290,298	870,894	435,447	1,673,222	
20												
21	REVENUES:											
22												
23												
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29												
30												
31												
32												
33												
34												
35	HIV PREVENTION SECTION (HPS) FUNDING SOURCES:											
36	CDC Grant (HIV Prevention Project)					26,583	50,000	290,298	479,451		846,332	
37	General Fund								391,443	435,447	826,890	
38	Other Funding Source (Identify by name)										0	
39	Children General Fund										0	
40	TOTAL HIV PREVENTION SECTION FUNDING SOURCES					26,583	50,000	290,298	870,894	435,447	1,673,222	
41												
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51												
52	CHPP FUNDING SOURCES:											
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63	MCAH FUNDING SOURCES:											
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78												
79												
80												
81												
82	TOTAL DPH REVENUES					26,583	50,000	290,298	870,894	435,447	1,673,222	
83	TOTAL OTHER/ NON-DPH REVENUE											
84												
85												
86												
87												
88												
89												
90												
91	TOTAL REVENUES (DPH AND NON-DPH)					26,583	50,000	290,298	870,894	435,447	1,673,222	
92	Prepared by/Phone # Larry Zapalka / 415-487-3055											

**Department of Public Health Contract Budget Summary by Program
(HUH, HPS, HHS, CHPP AND MCAH)**

1	Check one:					Appendix B Page 4					
2	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification					Appendix Term: 9/1/11 - 6/30/18					
3	If modification, Effective Date of Mod. 7.01.15 No. of Mod.?										
4	FISCAL YEAR: 2015-2016					DPH1					
5	LEGAL ENTITY/ ORGANIZATION NAME: San Francisco AIDS Foundation					VENDOR ID (DPH USE ONLY)					
6	LEGAL ENTITY CODE: (CBHS Only)										
7	CONTRACTOR/ PROVIDER NAME: San Francisco AIDS Foundation										
8	PROGRAM/ PROVIDER NAME: San Francisco AIDS Foundation										
9											
10	APPENDIX NUMBER (Name and Budget)					A-3/B-3	A-3/B-3a	A-4/B-4	A-4/B-4a	A-4/B-4b	
11	APPENDIX TERM					9/1/11-6/30/12	7/1/12-6/30/13	9/1/14-12/31/14	1/1/12-12/31/12	1/1/13-6/30/13	PAGE 3-4
12	EXPENSES:										
13	SALARIES & EMPLOYEE BENEFITS					207,512	249,014	72,707	218,123	164,319	1,904,858
14	OPERATING EXPENSE					60,342	78,549	\$ 78,510	235,529	62,506	1,043,365
15	CAPITAL OUTLAY (COST \$5,000 AND OVER)					0	0	0	0	0	0
16	SUBTOTAL DIRECT COSTS					267,854	327,563	151,217	453,652	226,825	2,948,223
17	INDIRECT COST AMOUNT:					26,785	32,757	15,123	45,365	22,682	294,823
18	INDIRECT RATE :					10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
19	TOTAL EXPENSES:					294,639	360,320	166,340	499,017	249,508	3,243,046
20											
21	REVENUES:										
22											
23											
33											
34											
35	HIV PREVENTION SECTION (HPS) FUNDING SOURCES:										
36	CDC Grant (HIV Prevention Project)							166,340	241,864	0	1,254,536
37	General Fund					294,639	360,320		257,153	249,508	1,988,510
38	Other Funding Source (Identify by name)										0
39	Children General Fund										0
40	TOTAL HIV PREVENTION SECTION FUNDING SOURCES					294,639	360,320	166,340	499,017	249,508	3,243,046
41											
42											
49											
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51											
52	CHPP FUNDING SOURCES:										
61	TOTAL CHPP FUNDING SOURCES										
62											
63	MCAH FUNDING SOURCES:										
80	TOTAL MCAH FUNDING SOURCES										
81											
82	TOTAL DPH REVENUES					294,639	360,320	166,340	499,017	249,508	3,243,046
89	TOTAL OTHER/ NON-DPH REVENUE										
90											
91	TOTAL REVENUES (DPH AND NON-DPH)					294,639	360,320	166,340	499,017	249,508	3,243,046
92	Prepared by/Phone # Larry Zapatka / 415-487-3055										

**Department of Public Health Contract Budget Summary by Program
(HUH, HPS, HHS, CHPP AND MCAH)**

	A	B	C	D	E	F	G	H	I	J	K	
1	Check one:							Appendix B Page 5				
2	<input type="checkbox"/> New		<input type="checkbox"/> Renewal		<input checked="" type="checkbox"/> Modification		Appendix Term: 9/1/11 - 6/30/18					
3	If modification, Effective Date of Mod. 7.01.15				No. of Mod.?							
4	FISCAL YEAR: 2015-2016										DPH1	
5	LEGAL ENTITY/ ORGANIZATION NAME: San Francisco AIDS Foundation							VENDOR ID (DPH USE ONLY)				
6	LEGAL ENTITY CODE: (CBHS Only)											
7	CONTRACTOR/ PROVIDER NAME: San Francisco AIDS Foundation											
8	PROGRAM/ PROVIDER NAME: San Francisco AIDS Foundation											
9												
10	APPENDIX NUMBER (Narrative/ Budget)				A-5/B-5	A-5/B-5a	A-6/B-6	A-6/B-6a	A-6/B-6b	PAGE 3-5		
11	APPENDIX TERM:				9/1/11-6/30/12	7/1/12-6/30/13	9/1/11-6/30/12	9/1/11-6/30/12	9/1/11-6/30/12	TOTALS		
12	EXPENSES:											
13	SALARIES & EMPLOYEE BENEFITS				120,563	144,675	208,074	0	0	2,378,170		
14	OPERATING EXPENSE				338,335	378,769	\$ 622,182	68,665	60,407	2,511,723		
15	CAPITAL OUTLAY (COST \$5,000 AND OVER)				0	0	0	0	0	0		
16	SUBTOTAL DIRECT COSTS				458,898	523,444	830,256	68,665	60,407	4,889,893		
17	INDIRECT COST AMOUNT:				61,487	69,532	83,026	6,866	6,041	521,775		
18	INDIRECT RATE :				13.4%	13.3%	10.0%	10.0%	10.0%			
19	TOTAL EXPENSES:				520,385	592,976	913,282	75,531	66,448	5,411,668		
20												
21	REVENUES:											
22												
23	TOTAL DEPARTMENTAL HEALTH DEPT. FUNDING SOURCES											
24												
25	TOTAL DEPARTMENTAL HEALTH DEPT. FUNDING SOURCES											
26												
27	HIV PREVENTION SECTION (HPS) FUNDING SOURCES:											
28												
29	CDC Grant (HIV Prevention Project)											
30					520,385	592,976	913,282			1,254,536		
31	General Fund									4,015,153		
32	Other Funding Source (Identify by name)									0		
33	Children General Fund							75,531	66,448	141,979		
34	TOTAL HIV PREVENTION SECTION FUNDING SOURCES				520,385	592,976	913,282	75,531	66,448	5,411,668		
35												
36	HEALTH SERVICES (HHS) FUNDING SOURCES:											
37												
38												
39	TOTAL HIV HEALTH SERVICES FUNDING SOURCES											
40												
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42	CHPP FUNDING SOURCES:											
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44	TOTAL CHPP FUNDING SOURCES											
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46	MCAH FUNDING SOURCES:											
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**Department of Public Health Contract Budget Summary by Program
(HUH, HPS, HHS, CHPP AND MCAH)**

1	Check one:				Appendix B Page 6					
2	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification				Appendix Term: 9/1/11 - 6/30/18					
3	If modification, Effective Date of Mod. 7.01.15				No. of Mod.?					
4	FISCAL YEAR: 2015-2016								DPH1	
5	LEGAL ENTITY/ ORGANIZATION NAME: San Francisco AIDS Foundation				VENDOR ID (DPH USE ONLY)					
6	LEGAL ENTITY CODE: (CBHS Only)									
7	CONTRACTOR/ PROVIDER NAME: San Francisco AIDS Foundation									
8	PROGRAM/ PROVIDER NAME: San Francisco AIDS Foundation									
9										
10	APPENDIX NUMBER (Narrative/Budget)				A-6/B-6c	A-6/B-6d	A-6/B-6e	A-6/B-6f	A-6/B-6g	
11	APPENDIX TERM:				9/1/11-6/30/12	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	PAGE 3-6 TOTALS
12	EXPENSES:									
13	SALARIES & EMPLOYEE BENEFITS				0	249,690	0	0	0	2,627,860
14	OPERATING EXPENSE				5,912	695,024	83,972	73,874	7,230	3,377,735
15	CAPITAL OUTLAY (COST \$5,000 AND OVER)				0	0	0	0	0	0
16	SUBTOTAL DIRECT COSTS				5,912	944,714	83,972	73,874	7,230	6,005,595
17	INDIRECT COST AMOUNT:				591	94,471	8,396	7,386	722	633,341
18	INDIRECT RATE :				10.0%	10.0%	10.0%	10.0%	10.0%	10.5%
19	TOTAL EXPENSES:				6,503	1,039,185	92,368	81,260	7,952	6,638,936
20										
21	REVENUES:									
22										
23	HIV PREVENTION SECTION (HPS) FUNDING SOURCES:									
33	TOTAL HIV PREVENTION SECTION FUNDING SOURCES									
34										
35	HIV PREVENTION SECTION (HPS) FUNDING SOURCES:									
36	CDC Grant (HIV Prevention Project)								1,254,536	
37	General Fund				1,039,185				5,054,338	
38	Other Funding Source (Identify by name)								0	
39	Children General Fund				6,503		92,368	81,260	7,952	330,062
40	TOTAL HIV PREVENTION SECTION FUNDING SOURCES				6,503	1,039,185	92,368	81,260	7,952	
41										
42	HIV PREVENTION SECTION (HPS) FUNDING SOURCES:									
49										
50	HIV PREVENTION SECTION (HPS) FUNDING SOURCES:									
51										
52	CHPP FUNDING SOURCES:									
61	TOTAL CHPP FUNDING SOURCES									
62										
63	MCAH FUNDING SOURCES:									
80	TOTAL MCAH FUNDING SOURCES									
81										
82	TOTAL DPH REVENUES				6,503	1,039,185	92,368	81,260	7,952	6,638,936
89	TOTAL OTHER/ NON-DPH REVENUE									
90										
91	TOTAL REVENUES (DPH AND NON-DPH)				6,503	1,039,185	92,368	81,260	7,952	6,638,936
92	Prepared by/Phone # Larry Zapatka / 415-487-3055									

**Department of Public Health Contract Budget Summary by Program
(HUH, HPS, HHS, CHPP and MCAH)**

	A	B	C	D	E	F	G	H	I	J	K	
1	Check one:						Appendix B Page 7					
2	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification						Appendix Term: 9/1/11 - 6/30/18					
3	If modification, Effective Date of Mod. 7.01.15 No. of Mod.?											
4	FISCAL YEAR: 2015-2016						DPH1					
5	LEGAL ENTITY/ ORGANIZATION NAME: San Francisco AIDS Foundation						VENDOR ID (DPH USE ONLY):					
6	LEGAL ENTITY CODE: (CBHS Only)											
7	CONTRACTOR/ PROVIDER NAME: San Francisco AIDS Foundation											
8	PROGRAM/ PROVIDER NAME: San Francisco AIDS Foundation											
9												
10	APPENDIX NUMBER (Identify Budget)						A-1/B-1b	A-2/B-2c	A-3/B-3b	A-4/B-4c	A-5/B-5b	
11	APPENDIX TERM:						7/1/13 - 6/30/14	7/1/13 - 6/30/14	7/1/13 - 6/30/14	7/1/13 - 6/30/14	7/1/13 - 6/30/14	PAGE 3-7 TOTALS
12	EXPENSES:											
13	SALARIES & EMPLOYEE BENEFITS						13,206	556,284	277,534	381,888	178,880	4,035,658
14	OPERATING EXPENSE						1,795	290,494	55,237	107,380	386,024	4,218,665
15	CAPITAL OUTLAY (COST \$5,000 AND OVER)						0	0	0	0	0	0
16	SUBTOTAL DIRECT COSTS						15,000	846,778	332,771	489,268	564,913	8,254,323
17	INDIRECT COST AMOUNT:						1,500	84,878	33,277	48,928	73,936	875,658
18	INDIRECT RATE :						10.0%	10.0%	10.0%	10.0%	13.1%	10.6%
19	TOTAL EXPENSES:						16,500	931,456	366,048	538,192	638,849	9,129,981
20												
21	REVENUES:											
22												
23												
24	TOTAL HIV PREVENTION SECTION FUNDING SOURCES:											
25												
26	HIV PREVENTION SECTION (HPS) FUNDING SOURCES:											
27	CDC Grant (HIV Prevention Project)						16,500					1,271,036
28	General Fund							931,457	366,048	538,192	638,849	7,528,884
29	Other Funding Source (Identify by name)											0
30	Children General Fund											330,062
31	TOTAL HIV PREVENTION SECTION FUNDING SOURCES						16,500	931,457	366,048	538,192	638,849	9,129,982
32												
33	HIV HEALTH SERVICES (HHS) FUNDING SOURCES:											
34												
35												
36	TOTAL HIV HEALTH SERVICES FUNDING SOURCES											
37												
38												
39	CHPP FUNDING SOURCES:											
40	TOTAL CHPP FUNDING SOURCES											
41												
42												
43	MCAH FUNDING SOURCES:											
44	TOTAL MCAH FUNDING SOURCES											
45												
46												
47	TOTAL DPH REVENUES						500	931,457	366,048	538,192	638,849	9,129,982
48	TOTAL OTHER/ NON-DPH REVENUE											
49												
50	TOTAL REVENUES (DPH AND NON-DPH)						16,500	931,457	366,048	538,192	638,849	9,129,981
51												
52	Prepared by/Phone # Larry Zaparka / 415-487-3055											

**Department of Public Health Contract Budget Summary by Program
(HUH, HPS, HHS, CHPP and MCAH)**

Check one: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification		Appendix B Page 8 Appendix Term: 9/1/11 - 6/30/18				
If modification, Effective Date of Mod. 7.01.15 No. of Mod.?						
FISCAL YEAR: 2015-2016		DPH1				
LEGAL ENTITY/ ORGANIZATION NAME: San Francisco AIDS Foundation		VENDOR ID (DPH USE ONLY)				
LEGAL ENTITY CODE: (CBHS Only)						
CONTRACTOR/ PROVIDER NAME: San Francisco AIDS Foundation						
PROGRAM/ PROVIDER NAME: San Francisco AIDS Foundation						

APPENDIX NUMBER (Narrative/Budget)	A-2/B-2d	A-3/B-3c	A-4/B-4d	A-5/B-5c	PAGE 3-B TOTALS
APPENDIX TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	
EXPENSES:					
SALARIES & EMPLOYEE BENEFITS	591,616	282,526	389,226	182,128	5,481,154
OPERATING EXPENSE	316,367	55,237	107,379	391,258	5,088,906
CAPITAL OUTLAY (COST \$5,000 AND OVER)	0	0	0	0	0
SUBTOTAL DIRECT COSTS	907,983	337,763	496,604	573,386	10,570,060
INDIRECT COST AMOUNT:	90,798	33,776	49,660	75,046	1,124,938
INDIRECT RATE :	10.0%	10.0%	10.0%	13.1%	10.6%
TOTAL EXPENSES:	998,781	371,539	546,265	648,432	11,694,999
REVENUES:					
TOTAL REVENUES (DPH AND NON-DPH)					
HIV PREVENTION SECTION (HPS) FUNDING SOURCES:					
CDC Grant (HIV Prevention Project)					1,271,036
General Fund	998,781	371,539	546,265	648,432	10,093,901
Other Funding Source (Identify by name)					0
Children General Fund					330,062
TOTAL HIV PREVENTION SECTION FUNDING SOURCES	998,781	371,539	546,265	648,432	11,694,999
HV HEALTH SERVICES FUNDING SOURCES:					
TOTAL HV HEALTH SERVICES FUNDING SOURCES					
CHPP FUNDING SOURCES:					
TOTAL CHPP FUNDING SOURCES					
MCAH FUNDING SOURCES:					
TOTAL MCAH FUNDING SOURCES					
TOTAL DPH REVENUE	998,781	371,539	546,265	648,432	11,694,999
TOTAL OTHER/ NON-DPH REVENUE					
TOTAL REVENUES (DPH AND NON-DPH)	998,781	371,539	546,265	648,432	11,694,999

Prepared by/Phone # Larry Zaparka / 415-487-3055

**Department of Public Health Contract Budget Summary by Program
(HUH, HPS, HHS, CHPP, and MCAH)**

Check one: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification		Appendix B Page 9				
If modification, Effective Date of Mod. 7.01.15 No. of Mod.?		Appendix Term: 9/1/11 - 6/30/18				
FISCAL YEAR: 2016-2016		DPH1				
LEGAL ENTITY/ ORGANIZATION NAME: San Francisco AIDS Foundation		VENDOR ID (DPH USE ONLY):				
LEGAL ENTITY CODE: (CBHS Only)						
CONTRACTOR/ PROVIDER NAME: San Francisco AIDS Foundation						
PROGRAM/ PROVIDER NAME: San Francisco AIDS Foundation						

APPENDIX 3B-3C: (Narrative/ Budget)	2/B-2c	A-3/B-3d	A-4/B-4e	A-5/B-5f	A-7/B-7g	PAGE 3-9 TOTALS
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	
EXPENSES:						
SALARIES & EMPLOYEE BENEFITS	610,611	282,526	398,780	182,128	0	6,956,389
OPERATING EXPENSE	305,484	55,237	110,241	405,593	28,500	5,993,981
CAPITAL OUTLAY (COST \$5,000 AND OVER)	0	0	0	0	0	0
SUBTOTAL DIRECT COSTS	916,295	337,763	509,021	587,721	28,500	12,949,360
INDIRECT COST AMOUNT:	91,630	33,778	50,901	76,822	0	1,378,167
INDIRECT RATE:	10.0%	10.0%	10.0%	13.1%	0.0%	10.6%
TOTAL EXPENSES:	1,007,925	371,539	559,922	664,543	28,500	14,327,528
REVENUES:						
HOUSING & URBAN HEALTH (HUH) FUNDING SOURCES:						
TOTAL HOUSING & URBAN HEALTH FUNDING SOURCES						
HIV PREVENTION SECTION (HPS) FUNDING SOURCES:						
CDC Grant (HIV Prevention Project)						1,271,036
General Fund	1,007,925	371,539	559,922	664,543	28,500	12,726,430
Other Funding Source (Identify by name)						0
Children General Fund						330,062
TOTAL HIV PREVENTION SECTION FUNDING SOURCES	1,007,925	371,539	559,922	664,543	28,500	14,327,528
HIV HEALTH SERVICES (HHS) FUNDING SOURCES:						
TOTAL HIV HEALTH SERVICES FUNDING SOURCES						
CHPP FUNDING SOURCES:						
TOTAL CHPP FUNDING SOURCES						
MCAH FUNDING SOURCES:						
TOTAL MCAH FUNDING SOURCES						
TOTAL DPH REVENUES	1,007,925	371,539	559,922	664,543	28,500	14,327,528
TOTAL OTHER NON-DPH						
TOTAL REVENUES	1,007,925	371,539	559,922	664,543	28,500	14,327,528
Prepared by/Phone # Larry Zapetka / 415-487-3055	New per FN#21		New per FN#21	New per FN#21	New per FN#21	

Department of Public Health Contract Budget Summary by Program
(HUH, HPS, HHS, CHPP and MCAH)

Check one: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification		Appendix B Page 10 Appendix Term: 9/1/11 - 6/30/18			
If modification, Effective Date of Mod. 7.01.15 No. of Mod.?					
FISCAL YEAR: 2015-2016		DPH1			
LEGAL ENTITY/ ORGANIZATION NAME: San Francisco AIDS Foundation		(Vendor ID: DPH11SP-00110)			
LEGAL ENTITY CODE: (CBHS Only)					
CONTRACTOR/ PROVIDER NAME: San Francisco AIDS Foundation					
PROGRAM/ PROVIDER NAME: San Francisco AIDS Foundation					

APPENDIX NUMBER (Narrative/Budget)	A-2/B-2f	A-3/B-3e	A-4/B-4f	A-5/B-5e		PAGE 3-10 TOTALS
APPENDIX TERM:	7/1/16 - 6/30/17	7/1/16 - 6/30/17	7/1/16 - 6/30/17	7/1/16 - 6/30/17		
EXPENSES:						
SALARIES & EMPLOYEE BENEFITS	610,811	282,526	410,030	185,883		8,444,849
OPERATING EXPENSE	327,834	55,237	111,405	416,575		6,905,012
CAPITAL OUTLAY (COST \$5,000 AND OVER)	0	0	0	0		0
SUBTOTAL DIRECT COSTS	938,645	337,763	521,435	602,458		15,349,661
INDIRECT COST AMOUNT:	93,864	33,776	52,144	78,396		1,636,347
INDIRECT RATE :	10.0%	10.0%	10.0%	13.0%		10.7%
TOTAL EXPENSES:	1,032,509	371,539	573,579	680,854		16,986,009
REVENUES:						
HOUSING & URBAN HEALTH FUNDING SOURCES:						
TOTAL HOUSING & URBAN HEALTH FUNDING SOURCES:						
HIV PREVENTION SECTION (HPS) FUNDING SOURCES:						
CDC Grant (HIV Prevention Project)						1,271,036
General Fund	1,032,509	371,539	573,579	680,854		15,384,911
Other Funding Source (Identify by name)						0
Children General Fund						330,062
TOTAL HIV PREVENTION SECTION FUNDING SOURCES	1,032,509	371,539	573,579	680,854		16,986,009
HIV HEALTH SERVICES (HHS) FUNDING SOURCES:						
TOTAL HIV HEALTH SERVICES FUNDING SOURCES:						
CHPP FUNDING SOURCES:						
TOTAL CHPP FUNDING SOURCES:						
MCAH FUNDING SOURCES:						
TOTAL MCAH FUNDING SOURCES:						
TOTAL DPH REVENUES	1,032,509	371,539	573,579	680,854	0	16,986,009
TOTAL OTHER/NON-DPH REVENUE						
TOTAL REVENUES (DPH AND NON-DPH)	1,032,509	371,539	573,579	680,854	0	16,986,009
Prepared by/Phone # Larry Zaparka / 415-487-3055	New per FN#21	New per FN#21	New per FN#21	New per FN#21		

**Department of Public Health Contract Budget Summary by Program
(HUH, HPS, HHS, CHPP and MCAH)**

Check one:		Appendix B	Page 11
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Appendix Term: 9/1/11 - 6/30/18	
<input checked="" type="checkbox"/> Modification			
If modification, Effective Date of Mod. 7.01.15		No. of Mod.?	

FISCAL YEAR: 2015-2016	DPH1
LEGAL ENTITY/ ORGANIZATION NAME: San Francisco AIDS Foundation	
LEGAL ENTITY CODE: (CBHS Only)	
CONTRACTOR/ PROVIDER NAME: San Francisco AIDS Foundation	
PROGRAM/ PROVIDER NAME: San Francisco AIDS Foundation	

APPENDIX NUMBER (Modification Budget)	A-2/B-2	A-3/B-3	A-4/B-4	A-5/B-5		PAGE 3-11 TOTALS
APPENDIX TERM:	7/1/17 - 6/30/18	7/1/17 - 6/30/18	7/1/17 - 6/30/18	7/1/17 - 6/30/18		
EXPENSES:						
SALARIES & EMPLOYEE BENEFITS	610,811	282,626	410,030	185,883		9,933,899
OPERATING EXPENSE	327,834	55,237	111,405	416,575		7,816,063
CAPITAL OUTLAY (COST \$5,000 AND OVER)	0	0	0	0		0
SUBTOTAL DIRECT COSTS	938,645	337,863	521,435	602,458		17,749,962
INDIRECT COST AMOUNT:	93,864	33,776	52,144	78,396		1,894,527
INDIRECT RATE:	10.0%	10.0%	10.0%	13.0%		10.7%
TOTAL EXPENSES:	1,032,509	371,539	573,579	680,854		19,644,490
REVENUES:						
HOUSING & URBAN HEALTH (HUH) FUNDING SOURCES:						
TOTAL HOUSING & URBAN HEALTH FUNDING SOURCES:						
HIV PREVENTION SECTION (HPS) FUNDING SOURCES:						
CDC Grant (HIV Prevention Project)						1,271,036
General Fund	1,032,509	371,539	573,579	680,854		18,043,392
Other Funding Source (Identify by name)						0
Children General Fund						330,062
TOTAL HIV PREVENTION SECTION FUNDING SOURCES	1,032,509	371,539	573,579	680,854		19,644,490
HIV HEALTH SERVICES (HHS) FUNDING SOURCES:						
TOTAL HIV HEALTH SERVICES FUNDING SOURCES:						
CHPP FUNDING SOURCES:						
TOTAL CHPP FUNDING SOURCES:						
MCAH FUNDING SOURCES:						
TOTAL MCAH FUNDING SOURCES:						
TOTAL DPH REVENUES	1,032,509	371,539	573,579	680,854	0	19,644,490
TOTAL OTHER/ NON-DPH REVENUE						
TOTAL REVENUES (DPH AND NON-DPH)	1,032,509	371,539	573,579	680,854	0	19,644,490
Prepared by/Phone # Larry Zapata / 415-487-3055	New per FN#21	New per FN#21	New per FN#21	New per FN#21		

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-2e		Page 1
2	Contract Term: 9/1/2011-6/30/18						Appendix Term: 7/1/2015-6/30/2016		
3	Funding Source: General Fund								
4									
5									
6	SFPDPH AIDS OFFICE CONTRACT								
7	UOS COST ALLOCATION BY SERVICE MODE								
8									
9	Personnel Expenses		SERVICE MODES						
10	Position Titles	FTE	Testing		Mobile Testing				Contract Totals
11	Magnet Director	0.10	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
12	Director of Government Contracts	0.05	8,300	83%	1,700	17%			10,000
13	Evaluation Associate	0.10	4,600	100%					4,600
14	HIV CLT Services Manager	0.60	6,000	100%					6,000
15	HIV Coordinator	0.60	47,400	100%					47,400
16	HIV Coordinator	0.80	37,400	85%	6,600	15%			44,000
17	Receptionist	1.80	77,679	100%					77,679
18	Phlebotomist	3.75	176,250	100%					176,250
19	Data Manager	0.80	35,200	100%					35,200
20	HIV Counselor	0.40	18,800	100%					18,800
21	Volunteer Coordinator	0.80	37,920	100%					37,920
22	Network Coordinator	0.30			13,200	100%			13,200
23	Testing Counselor	0.40			17,600	100%			17,600
24	Total FTE & Total Salaries	9.90	449,549	92%	39,100	8%			488,649
25	Fringe Benefits	25%	112,387	92%	9,775	8%			122,162
26	Total Personnel Expenses		561,936	92%	48,875	8%			610,811
27	Operating Expenses		Expenditure	%	Expenditure	%			Contract Total
28	Total Occupancy		103,096	100%					103,096
29	Total Materials and Supplies		42,812	92%	3,656	8%			46,468
30	Total General Operating		19,632	100%					19,632
31	Total Staff Travel		5,040	72%	2,002	28%			7,042
32	Consultants/Subcontractor:		129,246	100%					129,246
33									
34	Other:								
35									
36									
37									
38									
39									
40									
41									
42	Total Operating Expenses		\$ 299,826	98%	\$ 5,658	2%			\$ 305,484
43									
44	Total Direct Expenses		861,762	94%	54,533	6%			916,295
45	Indirect Expenses	10%	86,177	94%	5,453	6%			91,630
46	TOTAL EXPENSES		\$ 947,939	94%	\$ 59,986	6%			\$1,007,925
47									
48	Number of Units of Service (UOS) per Service Mode		9,790		960				10,750
49	Cost Per Unit of Service by Service Mode		\$96.83		\$62.49				
50	Number of Contacts (NOC) per Service Mode		9,790		960				
51									
52	DPH #1A(1)								
	Rev. 05/2010								

Rev. 05/2010

BUDGET JUSTIFICATION

Community-Based HIV Testing

Salaries and Benefits

Magnet Director

Responsible for staff recruitment and supervision. Oversees day-to-day management of

Minimum Qualifications: Bachelor's degree with five years HIV and STD experience.

Annual Salary \$ 100,000 x 0.10 FTE = \$ 10,000

Director of Government Contracts

Responsible for all data management and contract related activities. Maintains

Minimum Qualifications: Bachelor's degree and at least two years demonstrated

Annual Salary \$ 92,000 x 0.05 FTE = \$ 4,600

Evaluation Associate

Responsible for data collection, quality assurance, reporting and summaries to ensure

Minimum Qualifications: Bachelor's degree and 2 years experience managing and

Annual Salary \$ 60,000 x 0.10 FTE = \$ 6,000

HIV CTL Services Manager

Manages clinic staff and oversees phlebotomy services for confirmatory HIV antibody

Minimum Qualifications: Bachelor's Degree, certified HIV test counselor and State

Annual Salary \$ 79,000 x 0.60 FTE = \$ 47,400

HIV Coordinator

Coordinates and provides phlebotomy services for confirmatory HIV antibody testing and

Minimum Qualifications: Bachelor's Degree, certified HIV test counselor and State

Annual Salary \$ 55,000 x 0.80 FTE = \$ 44,000

Receptionist

Greets clients and provides an overview of services. Conducts data entry.

Minimum Qualifications: High school diploma or equivalency and one year of customer

Annual Salary \$ 43,155 x 1.80 FTE = \$ 77,679

Phlebotomist

Performs phlebotomy services for confirmatory HIV antibody testing and RNA testing.

Minimum Qualifications: State certified phlebotomist.

Annual Salary \$ 47,000 x 3.75 FTE = \$ 176,250

Data Manager

Manages data collection activities at all sites. Ensures the completeness, accuracy and

Minimum Qualifications: Bachelor's degree and at least two years demonstrated

Annual Salary \$ 44,000 x 0.80 FTE = \$ 35,200

HIV Counselor

Provides individual and/or group counseling to clients on issues related to HIV/STD

Minimum Qualifications: Bachelor's Degree and certified HIV test counselor with at least

Annual Salary \$ 47,000 x 0.40 FTE = \$ 18,800

Volunteer Coordinator

Responsible for recruiting, training, and supervising volunteers.

Minimum Qualifications: High school diploma or equivalency and one year of experience

Annual Salary \$ 47,400 x 0.80 FTE = \$ 37,920

Network Coordinator

Network Coordinator: Supports all components of RV and venue-based

Minimum qualifications: Bachelor's degree and 2 years experience in a public health

Annual Salary \$ 44,000 x 0.30 FTE mo = \$ 13,200

Testing Counselor:

Provides informed consent, HIV/RNA counseling and test disclosure

Minimum qualifications: State of California Test counselor certification is required.

Annual Salary \$ 44,000 x 0.40 FTE = \$ 17,600

Total Salaries \$ 488,649

Total Benefits 25% of \$488,649 total salaries = \$ 122,162

Social Security, Worker's Compensation, Health Benefits, Unemployment, State and

TOTAL SALARIES & BENEFITS \$ 610,811

Operating Expenses

Occupancy:

Rent:

SFAF is requesting reimbursement for rent expense at various locations

\$769 per month x 9.90 FTE x 12 mo = \$ 91,357

Building Maintenance:

Janitorial services

\$250 per month x 12 mo = \$ 3,000

Utilities:

Telephone expense based on SFAF's experience rate of \$73.57 per FTE per

\$73.56 per month x 9.90 FTE x 12 months = \$ 8,739

Total Occupancy: \$ 103,096

Materials and Supplies:

Office Supplies/Postage:

Office supplies/postage expense based on SFAF's experience rate of \$35.00 per

\$35 per month x 9.90 FTE x 12 months = \$ 4,158

Program/Medical Supplies:

Program materials needed to carry out day to day operations. Materials include \$ 42,310

Total Materials and Supplies: \$ 46,468

General Operating:

Insurance:

Occupancy insurance expense based on SFAF's experience rate of \$60.00 per

\$60 per month x 9.90 FTE x 12 months = \$ 7,128

Outside Storage:

Storage expense based on SFAF's experience rate of \$4.25 per FTE per month.

\$4.25 per month x 9.90 FTE x 12 months = \$ 505

Rental/Maintenance of Equipment:

Equipment rental expense based on SFAF's experience rate of \$59.00 per FTE

Rental - \$59 per month x 9.90 FTE x 12 months = \$ 7,009
 Maintenance - \$42 per month x 9.90 FTE x 12 months = \$ 4,990

Total General Operating: \$ 19,632

Staff Travel (Local & Out of Town):

7 monthly Clipper Cards for staff to travel to multiple testing locations.

7 monthly passes x \$60 per pass x 12 months = \$ 5,040

R.V Expense to include fuel 7 maintenance

\$166.83/mo x 12 mo \$ 2,002

Total Staff Travel: \$ 7,042

Consultants/Subcontractors:

St. James Infirmary

Provide venue-based testing and counseling services for marginalized MSM, IDUs

HIV Services Manager: Coordinates all venue-based HIV Counseling & Testing activities; coordinates quality assurance activities, prepares annual monitoring reports, monthly invoices, quarterly evaluations and maintains communications with all collaborative partners. **Minimum Qualifications:** Experience coordinating Harm Reduction services and supervising staff. Knowledge of the sex industry and occupational health and safety issues affecting sex workers. Experience working with people who use substances, including injections drugs, Experience with people living with HIV/AIDS.

0.30 FTE x \$46,667 per year = \$ 14,000

Phlebotomist: Certified for specimen collection

.25 FTE x \$47,840 per year = \$ 11,960

Total Salaries \$ 25,960

Benefits: Social Security, Worker's Compensation, Health Benefits,

20% of \$ 25,960 total salaries = \$ 5,192

total Salaries & Benefits \$ 31,152

Payroll & Accounting Services: Agency expense budgeted at \$30,000 per

approx. 7.8% of annual \$30,000 cost = \$ 2,333

Rent & facilities: Prorated cost of rent and facilities expense.

\$ 8,133

St. James Infirmary Total \$ 41,618

Glide

HIV Services Program Manager: Oversees all HIV Prevention Programs and activities under the direct supervision of the Glide Health Services Medical Director. Coordinates quality assurance activities, oversees all evaluation activities, prepares monthly invoices, annual agency reports, and maintains communications with all collaborative partners. **Minimum Qualifications:** Master's degree in Social Work, Public Health, or other related fields, or equivalent work experience.

0.12FTE x \$74,233 per year = \$ 8,908

Administrative Assistant: Responsible for assisting with all administrative tasks, including: answering phones during business hours, checking phone messages and calling back individuals who request general information (Glide hours, services, location). Works with the Program Manager and Coordinators/ counselor/outreach workers to create monthly schedules for all HIV Prevention activities and assists with ordering and maintaining all program supplies.

Minimum Qualifications: Experience in or knowledge of HIV Prevention.

Experience working with people of different ethnic backgrounds, sexual identity

0.114 FTE x \$36,877 per year = \$ 4,204

Outreach Counselors: Coordinates monthly outreach schedules, provides on-call/back-up coverage for outreach workers during weekly shifts, organizes and maintains information and data related to target population venues, outreach contacts, and community resource listings and materials. Provide assistance with evaluation activities and provides programmatic support during monitoring periods. **Minimum Qualifications:** Experience coordinating outreach services and supervising staff; Experience with HIV/STI prevention education including safer sex education; Experience working with people of different ethnic backgrounds, sexual identity and orientations, and people living with HIV/AIDS.

.40 FTE x \$46,255 per year = \$ 18,502

Total Salaries \$ 31,614

Benefits: Social Security, Worker's Compensation, Health Benefits, Unemployment, State and Federal Taxes, Retirement Plan.

approx 25% of \$ 31,614 total salaries = \$ 7,904

Total Salaries & Benefits \$ 39,518

Rent: Prorated rent for program staff \$ 2,100

Glide Total \$ 41,618

Youth Technology Health (formerly ISIS)

YTHS will develop and maintain an electronic system that will remind Magnet

Executive Director: Provides strategic direction and leadership to the program design. **Minimum Qualifications:** Graduate degree in social work, public health and over 10 years experience *mhealth* program design.

0.06 FTE x \$120,000 per year = \$ 7,200

Program Associate: Responsible for day today activities including reporting, managing consultants and text message development. **Minimum**

Qualifications: Bachelors degree in social work or public health with at least 2

0.20 FTE x \$51,000 per year = \$ 10,200

Program Manager: Responsible for day to day activities including reporting, managing consultants and text message development. **Minimum**

Qualifications: Masters in health services.

0.14 FTE x \$82,000 per year = \$ 11,480

Total Salaries \$ 28,880

Benefits: Social Security, Worker's Compensation, Health Benefits,

approx 26.44% of \$ 28,880 total salaries = \$ 7,636

Total Salaries & Benefits \$ 36,516

Professional Services: For developing text message platform and

40 hrs/yr @ 87.35 = \$ 3,494

Short code networking, for shared shortcode, keyword and campaign pushes

\$500/mo x 12 mo. \$ 6,000

YTH (formally ISIS) Total \$ 46,010

Total Consultants/Subcontractors: \$ 129,246

Other:

Total Other: \$ -

TOTAL OPERATING EXPENSES \$ 305,484

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)

Total Capital Expenditures: \$ -

TOTAL DIRECT COSTS \$ 916,295

INDIRECT COSTS

Indirect expenses for the San Francisco AIDS Foundation are approximately 17% of operating costs. SFAF requests reimbursement at 10% of the total direct costs in this proposal to cover operating expenses incurred by the Foundation, including finance and administrative staff, building maintenance, equipment rental & maintenance and information technology services.

\$916,295 x 10% =

TOTAL INDIRECT COSTS \$ 91,630

APPENDIX TOTAL \$ 1,007,925

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-2f		Page 1
2	Contract Term: 9/1/2011-6/30/18						Appendix Term: 7/1/2016-6/30/2017		
3	Funding Source: General Fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						
10	Position Titles	FTE	Testing		Mobile Testing				Contract Totals
11	Magnet Director	0.10	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
12	Director of Government Contracts	0.05	8,300	83%	1,700	17%			10,000
13	Evaluation Associate	0.10	4,600	100%					4,600
14	HIV CLT Services Manager	0.60	6,000	100%					6,000
15	HIV Coordinator	0.60	47,400	100%					47,400
16	HIV Coordinator	0.80	37,400	85%	6,600	15%			44,000
17	Receptionist	1.80	77,679	100%					77,679
18	Phlebotomist	3.75	176,250	100%					176,250
19	Data Manager	0.80	35,200	100%					35,200
20	HIV Counselor	0.40	18,800	100%					18,800
21	Volunteer Coordinator	0.80	37,920	100%					37,920
22	Network Coordinator	0.30			13,200	100%			13,200
23	Testing Counselor	0.40			17,600	100%			17,600
24	Total FTE & Total Salaries	9.90	449,549	92%	39,100	8%			488,649
25	Fringe Benefits	25%	112,387	92%	9,775	8%			122,162
26	Total Personnel Expenses		561,936	92%	48,875	8%			610,811
27	Operating Expenses		Expenditure	%	Expenditure	%			Contract Total
28	Total Occupancy		125,446	100%					125,446
29	Total Materials and Supplies		42,812	92%	3,666	8%			46,468
30	Total General Operating		19,632	100%					19,632
31	Total Staff Travel		5,040	72%	2,002	28%			7,042
32	Consultants/Subcontractor:		129,246	100%					129,246
33									
34	Other:								
35									
36									
37									
38									
39									
40									
41									
42	Total Operating Expenses		\$ 322,176	98%	\$ 5,658	2%			\$ 327,834
43									
44	Total Direct Expenses		884,112	94%	54,533	6%			938,645
45	Indirect Expenses 10%		88,411	94%	5,453	6%			93,864
46	TOTAL EXPENSES		\$ 972,523	94%	\$ 59,986	6%			\$1,032,509
47									
48	Number of Units of Service (UOS) per Service Mode		9,790		960				10,750
49	Cost Per Unit of Service by Service Mode		\$99.34		\$62.49				
50	Number of Contacts (NOC) per Service Mode		9,790		960				
51									
52	DPH #1A(1)								Rev. 05/2010

BUDGET JUSTIFICATION

Community-Based HIV Testing

Salaries and Benefits

Magnet Director

Responsible for staff recruitment and supervision. Oversees day-to-day management of

Minimum Qualifications: Bachelor's degree with five years HIV and STD experience.

Annual Salary \$ 100,000 x 0.10 FTE = \$ 10,000

Director of Government Contracts

Responsible for all data management and contract related activities. Maintains

Minimum Qualifications: Bachelor's degree and at least two years demonstrated

Annual Salary \$ 92,000 x 0.05 FTE = \$ 4,600

Evaluation Associate

Responsible for data collection, quality assurance, reporting and summaries to ensure

Minimum Qualifications: Bachelor's degree and 2 years experience managing and

Annual Salary \$ 60,000 x 0.10 FTE = \$ 6,000

HIV CTL Services Manager

Manages clinic staff and oversees phlebotomy services for confirmatory HIV antibody

Minimum Qualifications: Bachelor's Degree, certified HIV test counselor and State

Annual Salary \$ 79,000 x 0.60 FTE = \$ 47,400

HIV Coordinator

Coordinates and provides phlebotomy services for confirmatory HIV antibody testing and

Minimum Qualifications: Bachelor's Degree, certified HIV test counselor and State

Annual Salary \$ 55,000 x 0.80 FTE = \$ 44,000

Receptionist

Greets clients and provides an overview of services. Conducts data entry.

Minimum Qualifications: High school diploma or equivalency and one year of customer

Annual Salary \$ 43,155 x 1.80 FTE = \$ 77,679

Phlebotomist

Performs phlebotomy services for confirmatory HIV antibody testing and RNA testing.

Minimum Qualifications: State certified phlebotomist.

Annual Salary \$ 47,000 x 3.75 FTE = \$ 176,250

Data Manager

Manages data collection activities at all sites. Ensures the completeness, accuracy and

Minimum Qualifications: Bachelor's degree and at least two years demonstrated

Annual Salary \$ 44,000 x 0.80 FTE = \$ 35,200

HIV Counselor

Provides individual and/or group counseling to clients on issues related to HIV/STD

Minimum Qualifications: Bachelor's Degree and certified HIV test counselor with at least

Annual Salary \$ 47,000 x 0.40 FTE = \$ 18,800

Volunteer Coordinator

Responsible for recruiting, training, and supervising volunteers.

Minimum Qualifications: High school diploma or equivalency and one year of experience

Annual Salary \$ 47,400 x 0.80 FTE = \$ 37,920

Network Coordinator

Network Coordinator: Supports all components of RV and venue-based

Minimum qualifications: Bachelor's degree and 2 years experience in a public health

Annual Salary \$ 44,000 x 0.30 FTE mo = \$ 13,200

Testing Counselor:

Provides informed consent, HIV/RNA counseling and test disclosure

Minimum qualifications: State of California Test counselor certification is required.

Annual Salary \$ 44,000 x 0.40 FTE = \$ 17,600

Total Salaries **\$ 488,649**

Total Benefits **25% of \$473,293 total salaries = \$ 122,162**

Social Security, Worker's Compensation, Health Benefits, Unemployment, State and

TOTAL SALARIES & BENEFITS **\$ 610,811**

Operating Expenses

Occupancy:

Rent:

SFAF is requesting reimbursement for rent expense at various locations

\$925.18 per month x 9.90 FTE x 12 mo = \$ 109,911

Building Maintenance:

Janitorial services

\$566.34 per month x 12 mo = \$ 6,796

Utilities:

Telephone expense based on SFAF's experience rate of \$73.57 per FTE per

\$73.56 per month x 9.90 FTE x 12 months = \$ 8,739

Total Occupancy: **\$ 125,446**

Materials and Supplies:

Office Supplies/Postage:

Office supplies/postage expense based on SFAF's experience rate of \$35.00 per

\$35 per month x 9.90 FTE x 12 months = \$ 4,158

Program/Medical Supplies:

Program materials needed to carry out day to day operations. Materials include **\$ 42,310**

Total Materials and Supplies: **\$ 46,468**

General Operating:

Insurance:

Occupancy insurance expense based on SFAF's experience rate of \$60.00 per

\$60 per month x 9.90 FTE x 12 months = \$ 7,128

Outside Storage:

Storage expense based on SFAF's experience rate of \$4.25 per FTE per month.

\$4.25 per month x 9.90 FTE x 12 months = \$ 505

Rental/Maintenance of Equipment:

Equipment rental expense based on SFAF's experience rate of \$59.00 per FTE

Rental - \$59 per month x 9.90 FTE x 12 months = \$ 7,009

Maintenance - \$42 per month x 9.90 FTE x 12 months = \$ 4,990

Total General Operating: \$ 19,632

Staff Travel (Local & Out of Town):

7 monthly Clipper Cards for staff to travel to multiple testing locations.

7 monthly passes x \$60 per pass x 12 months = \$ 5,040

R.V Expense to include fuel 7 maintenance

\$166.83/mo x 12 mo \$ 2,002

Total Staff Travel: \$ 7,042

Consultants/Subcontractors:

St. James Infirmary

Provide venue-based testing and counseling services for marginalized MSM, IDUs

HIV Services Manager: Coordinates all venue-based HIV Counseling & Testing

0.30 FTE x \$46,667 per year = \$ 14,000

Phlebotomist: Certified for specimen collection

.25 FTE x \$47,840 per year = \$ 11,960

Total Salaries \$ 25,960

Benefits: Social Security, Worker's Compensation, Health Benefits,

20% of \$ 25,960 total salaries = \$ 5,192

Total Salaries & Benefits \$ 31,152

Payroll & Accounting Services: Agency expense budgeted at \$30,000 per

approx. 7.8% of annual \$30,000 cost = \$ 2,333

Rent & facilities: Prorated cost of rent and facilities expense, \$ 8,133

St. James Infirmary Total \$ 41,618

Glide

HIV Services Program Manager: Oversees all HIV Prevention Programs and

0.12FTE x \$74,233 per year = \$ 8,908

Administrative Assistant: Responsible for assisting with all administrative tasks,

0.114 FTE x \$36,877 per year = \$ 4,204

Outreach Counselors: Coordinates monthly outreach schedules, provides on-

.40 FTE x \$46,255 per year = \$ 18,502

Total Salaries \$ 31,614

Benefits: Social Security, Worker's Compensation, Health Benefits,

approx 25% of \$ 31,614 total salaries = \$ 7,904

Total Salaries & Benefits \$ 39,518

Rent: Prorated rent for program staff \$ 2,100

Glide Total \$ 41,618

Youth Technology Health (formally ISIS)

YTHS will develop and maintain an electronic system that will remind Magnet

<u>Executive Director:</u> Provides strategic direction and leadership to the program	0.06 FTE x \$120,000 per year = \$	7,200
<u>Program Associate:</u> Responsible for day today activities including reporting,	0.20 FTE x \$51,000 per year = \$	10,200
<u>Program Manager:</u> Responsible for day to day activities including reporting,	0.14 FTE x \$82,000 per year = \$	11,480
	Total Salaries	\$ 28,880
<u>Benefits:</u> Social Security, Worker's Compensation, Health Benefits,	approx 26.44% of \$ 28,880 total salaries = \$	7,636
	Total Salaries & Benefits	\$ 36,516
<u>Professional Services:</u> For developing text message platform and	40 hrs/yr @ 87.35 = \$	3,494
Short code networking, for shared shortcode, keyword and campaign pushes	\$500/mo x 12 mo. \$	6,000

YTH (formally ISIS) Total \$ 46,010

Total Consultants/Subcontractors:	\$ 129,246
Other:	
Total Other:	\$ -
TOTAL OPERATING EXPENSES	\$ 327,834
CAPITAL EXPENDITURES: (If needed - A unit valued at \$6,000 or more)	
Total Capital Expenditures:	\$ -
TOTAL DIRECT COSTS	\$ 938,645
INDIRECT COSTS	
Indirect expenses for the San Francisco AIDS Foundation are approximately 17%	
	\$938,645 x 10% =
TOTAL INDIRECT COSTS	\$ 93,864
APPENDIX TOTAL	\$ 1,032,509

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation					Appendix B-2g		Page 1	
2	Contract Term: 9/1/2011-6/30/18					Appendix Term:		7/1/17-6/30/18	
3	Funding Source: General Fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
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11	Magnet Director	0.10	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
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13	Evaluation Associate	0.10	4,600	100%					4,600
14	HIV CLT Services Manager	0.10	6,000	100%					6,000
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22	Network Coordinator	0.30			13,200	100%			13,200
23	Testing Counselor	0.40			17,600	100%			17,600
24	Total FTE & Total Salaries	9.90	449,549	92%	39,100	8%			488,649
25	Fringe Benefits	25%	112,387	92%	9,775	8%			122,162
26	Total Personnel Expenses		561,936	92%	48,875	8%			610,811
27	Operating Expenses		Expenditure	%	Expenditure	%			Contract Total
28	Total Occupancy		125,446	100%					125,446
29	Total Materials and Supplies		42,812	92%	3,656	8%			46,468
30	Total General Operating		19,632	100%					19,632
31	Total Staff Travel		5,040	72%	2,002	28%			7,042
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33									
34	Other:								
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45	Indirect Expenses		10%	88,411	94%	5,453	6%		93,864
46	TOTAL EXPENSES		\$ 972,523	94%	\$ 59,986	6%			\$1,032,509
47									
48	Number of Units of Service (UOS) per Service Mode		9,790		960				10,750
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51									
52	DPH #1A(1)								
	Rev. 05/2010								

BUDGET JUSTIFICATION

Community-Based HIV Testing

Salaries and Benefits

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Minimum Qualifications: Bachelor's degree with five years HIV and STD experience.

Annual Salary \$ 100,000 x 0.10 FTE = \$ 10,000

Director of Government Contracts

Responsible for all data management and contract related activities. Maintains

Minimum Qualifications: Bachelor's degree and at least two years demonstrated

Annual Salary \$ 92,000 x 0.05 FTE = \$ 4,600

Evaluation Associate

Responsible for data collection, quality assurance, reporting and summaries to ensure

Minimum Qualifications: Bachelor's degree and 2 years experience managing and

Annual Salary \$ 60,000 x 0.10 FTE = \$ 6,000

HIV CTL Services Manager

Manages clinic staff and oversees phlebotomy services for confirmatory HIV antibody

Minimum Qualifications: Bachelor's Degree, certified HIV test counselor and State

Annual Salary \$ 79,000 x 0.60 FTE = \$ 47,400

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Coordinates and provides phlebotomy services for confirmatory HIV antibody testing and

Minimum Qualifications: Bachelor's Degree, certified HIV test counselor and State

Annual Salary \$ 55,000 x 0.80 FTE = \$ 44,000

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Responsible for recruiting, training, and supervising volunteers.

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Annual Salary \$ 47,400 x 0.80 FTE = \$ 37,920

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Network Coordinator: Supports all components of RV and venue-based

Minimum qualifications: Bachelor's degree and 2 years experience in a public health

Annual Salary \$ 44,000 x 0.30 FTE mo = \$ 13,200

Testing Counselor:

Provides informed consent, HIV/RNA counseling and test disclosure

Minimum qualifications: State of California Test counselor certification is required.

Annual Salary \$ 44,000 x 0.40 FTE = \$ 17,600

Total Salaries \$ 488,649

Total Benefits 25% of \$473,293 total salaries = \$ 122,162

Social Security, Worker's Compensation, Health Benefits, Unemployment, State and

TOTAL SALARIES & BENEFITS \$ 610,811

Operating Expenses

Occupancy:

Rent:

SFAF is requesting reimbursement for rent expense at various locations

\$925.18 per month x 9.90 FTE x 12 mo = \$ 109,911

Building Maintenance:

Janitorial services

\$566.34 per month x 12 mo = \$ 6,796

Utilities:

Telephone expense based on SFAF's experience rate of \$73.57 per FTE per

\$73.56 per month x 9.90 FTE x 12 months = \$ 8,739

Total Occupancy: \$ 125,446

Materials and Supplies:

Office Supplies/Postage:

Office supplies/postage expense based on SFAF's experience rate of \$35.00 per

\$35 per month x 9.90 FTE x 12 months = \$ 4,158

Program/Medical Supplies:

Program materials needed to carry out day to day operations. Materials include \$ 42,310

Total Materials and Supplies: \$ 46,468

General Operating:

Insurance:

Occupancy Insurance expense based on SFAF's experience rate of \$60.00 per

\$60 per month x 9.90 FTE x 12 months = \$ 7,128

Outside Storage:

Storage expense based on SFAF's experience rate of \$4.25 per FTE per month.
 $\$4.25 \text{ per month} \times 9.90 \text{ FTE} \times 12 \text{ months} = \$ 505$

Rental/Maintenance of Equipment:

Equipment rental expense based on SFAF's experience rate of \$59.00 per FTE
Rental - $\$59 \text{ per month} \times 9.90 \text{ FTE} \times 12 \text{ months} = \$ 7,009$
Maintenance - $\$42 \text{ per month} \times 9.90 \text{ FTE} \times 12 \text{ months} = \$ 4,990$

Total General Operating: \$ 19,632

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R.V Expense to include fuel 7 maintenance
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Benefits: Social Security, Worker's Compensation, Health Benefits,
 $20\% \text{ of } \$ 25,960 \text{ total salaries} = \$ 5,192$
Total Salaries & Benefits \$ 31,152

Payroll & Accounting Services: Agency expense budgeted at \$30,000 per
approx. 7.8% of annual \$30,000 cost = \$ 2,333

Rent & facilities: Prorated cost of rent and facilities expense. \$ 8,133

St. James Infirmary Total \$ 41,618

Glide

HIV Services Program Manager: Oversees all HIV Prevention Programs and
 $0.12 \text{ FTE} \times \$74,233 \text{ per year} = \$ 8,908$

Administrative Assistant: Responsible for assisting with all administrative tasks,
 $0.114 \text{ FTE} \times \$36,877 \text{ per year} = \$ 4,204$

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Benefits: Social Security, Worker's Compensation, Health Benefits,
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\$500/mo x 12 mo. \$ 6,000

YTH (formally ISIS) Total \$ 46,010

Total Consultants/Subcontractors:

\$ 129,246

Total Other:

\$ -

TOTAL OPERATING EXPENSES

\$ 327,834

CAPITAL EXPENDITURES (if needed - A unit valued at \$5,000 or more)

Total Capital Expenditures:

\$ -

TOTAL DIRECT COSTS

\$ 938,645

INDIRECT COSTS

Indirect expenses for the San Francisco AIDS Foundation are approximately 17%

$\$938,645 \times 10\% =$

TOTAL INDIRECT COSTS

\$ 93,864

APPENDIX TOTAL

\$ 1,032,509

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-3d		Page 1
2	Contract Term: 9/1/11-6/30/18						Appendix Term: 7/1/15-6/30/16		
3	Funding Source: General Fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1 Total
10	Position Titles	FTE	Recruitment & Linkages		Events		Groups		
11	Vice-President of Program & Services	0.05	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
12	Director of Government Contracts	0.05	1,600	20%	1,680	21%	1,120	14%	4,400
13	Evaluation Associate	0.10	1,012	22%	828	18%	1,058	23%	2,898
14	Stonewall Director	0.20	960	16%	720	12%	1,380	23%	3,060
15	Director of Clinical Operations	0.15	2,090	11%	2,090	11%	3,230	17%	7,410
16	Health Educator	0.80	1,080	9%	1,080	9%	3,000	25%	5,160
17	Project Assistant	0.70	12,272	26%	12,272	26%	4,720	10%	29,264
18	Speed Project Coordinator	0.90	5,376	16%	5,376	16%	6,048	18%	16,800
19	Counselor I/II	0.80	13,354	27%	13,354	27%	4,946	10%	31,654
20			10,617	23%	6,001	13%	15,233	33%	31,851
21									
22	Total FTE & Total Salaries	3.75	48,361	21%	43,401	19%	40,735	18%	132,497
23	Fringe Benefits	25%	12,090	21%	10,850	19%	10,184	18%	33,124
24	Total Personnel Expenses		60,451	21%	54,251	19%	50,919	18%	165,621
25									
26	Operating Expenses		Expenditure	%	Expenditure	%			Page Total
27	Total Occupancy		8,570	22%	7,401	19%	7,012	18%	22,983
28	Total Materials and Supplies		1,294	22%	1,117	19%	1,058	18%	3,469
29	Total General Operating		1,430	22%	1,235	19%	1,170	18%	3,835
30	Total Staff Travel								
31	Consultants/Subcontractor:		550	22%	475	19%	450	18%	1,475
32									
33	Other:		308	22%	266	19%	252	18%	826
34									
35									
36									
37									
38									
39									
40									
41	Total Operating Expenses		\$ 12,152	15%	\$ 10,494	13%	9,942	13%	\$ 32,588
42									
43	Total Direct Expenses		72,603	21%	64,745	19%	60,861	18%	198,209
44	Indirect Expenses 10%		7,260	21%	6,475	19%	6,086	18%	19,821
45	TOTAL EXPENSES		\$ 79,863	21%	\$ 71,220	19%	66,947	18%	\$218,030
46									
47	Number of Units of Service (UOS) per Service Mode		720		34		414		1,168
48	Cost Per Unit of Service by Service Mode		\$110.92		2094.71		161.71		
49	Number of Contacts (NOC) per Service Mode		2,880		1,496		1380		
50									
51	DPH #1A(1)								

Rev. 05/2011

Contractor Name: **San Francisco AIDS Foundation**

Contract Term: **9/1/11-6/30/18**

Funding Source: **General Fund**

Appendix B-3d

Page 2

Appendix Term: **7/1/15-6/30/16**

**SFDPH AIDS OFFICE CONTRACT
UOS COST ALLOCATION BY SERVICE MODE**

A		B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation								Page 2
2	Contract Term: 9/1/11-6/30/18								Appendix Term: 7/1/15-6/30/16
3	Funding Source: General Fund								
4									
5									
6									
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1-2
10	Position Titles	FTE	IRRC		PCM		Social Marketing		Total
11	Vice-President of Program & Services	0.05	Salaries 720	% FTE 9%	Salaries 960	% FTE 12%	Salaries 1,520	% FTE 19%	7,600
12	Director of Government Contracts	0.05	414	9%	552	12%	506	11%	4,370
13	Evaluation Associate	0.10	540	9%	720	12%	1,380	23%	5,700
14	Stonewall Director	0.20	3,040	16%	3,800	20%	2,680	14%	18,910
15	Director of Clinical Operations	0.16	2,160	16%	2,400	20%	1,680	14%	11,400
16	Health Educator	0.80	2,832	6%	0	0%	11,800	25%	43,886
17	Project Assistant	0.70	3,024	9%	4,032	12%	8,064	24%	31,920
18	Speed Project Coordinator	0.90	2,968	6%	0	0%	11,870	24%	46,492
19	Counselor I/II	0.80	2,770	6%	8,770	19%	923	2%	44,314
20									
21									
22	Total FTE & Total Salaries	3.75	18,468	8%	21,234	9%	40,403	18%	212,802
23	Eringe Benefits	25%	4,617	8%	5,309	9%	10,101	18%	53,151
24	Total Personnel Expenses		23,085	8%	26,543	9%	50,504	18%	265,753
25									
26	Operating Expenses		Expenditure	%	Expenditure	%			Page Total
27	Total Occupancy		3,117	8%	3,507	9%	7,012	18%	36,619
28	Total Materials and Supplies		470	8%	529	9%	1,059	18%	5,527
29	Total General Operating		520	8%	585	9%	1,170	18%	6,110
30	Total Staff Travel								
31	Consultants/Subcontractor:		200	8%	225	9%	450	18%	2,350
32									0
33	Other:		112	8%	126	9%	252	18%	1,316
34									
35									
36									
37									
38									
39									
40									
41	Total Operating Expenses		\$ 4,419	6%	\$ 4,972	6%	9,943	13%	\$ 51,922
42									
43	Total Direct Expenses		27,504	8%	31,515	9%	60,447	18%	317,675
44	Indirect Expenses	10%	2,750	8%	3,152	9%	6,045	18%	31,768
45	TOTAL EXPENSES		\$ 30,254	8%	\$ 34,667	9%	66,492	18%	\$349,443
46									
47	Number of Units of Service (UOS) per Service Mode		240		359		12		611
48	Cost Per Unit of Service by Service Mode		\$126.06		96.57		5541.00		
49	Number of Contacts (NOC) per Service Mode		255		374				
50									
51	DPH #1A(1)								Rev. 05/2010

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-3d		Page 3
2	Contract Term: 9/1/11-6/30/18						Appendix Term: 7/1/15-6/30/16		
3	Funding Source: General Fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1-3
10	Position Titles	FTE	Condom distribution		Training				Contract Totals
11	Vice-President of Program & Services	0.05	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
12	Director of Government Contracts	0.05	240	3%	160	2%			8,000
13	Evaluation Associate	0.10	138	3%	92	2%			4,800
14	Stonewall Director	0.20	180	3%	120	2%			6,000
15	Director of Clinical Operations	0.20	1,140	6%	950	5%			19,000
16	Health Educator	0.15	360	3%	240	2%			12,000
17	Project Assistant	0.80	2,360	5%	944	2%			47,200
18	Speed Project Coordinator	0.70	1,008	3%	672	2%			33,600
19	Counselor I/II	0.90	1,979	4%	990	2%			49,461
20		0.80	923	2%	923	2%			46,160
21									
22	Total FTE & Total Salaries	3.75	8,328	4%	5,091	2%			226,021
23	Fringe Benefits	25%	2,082	4%	1,272	2%			56,505
24	Total Personnel Expenses		10,410	4%	6,363	2%			282,526
25									
26	Operating Expenses		Expenditure	%	Expenditure	%			Contract Total
27	Total Occupancy		1,559	4%	779	2%			38,957
28	Total Materials and Supplies		236	4%	118	2%			5,881
29	Total General Operating		260	4%	129	2%			6,499
30	Total Staff Travel								
31	Consultants/Subcontractor:		100	4%	50	2%			2,500
32									
33	Other:		56	4%	28	2%			1,400
34									
35									
36									
37									
38									
39									
40									
41	Total Operating Expenses		\$ 2,211	4%	\$ 1,104	2%			\$ 55,237
42									
43	Total Direct Expenses		12,621	4%	7,467	2%			337,763
44	Indirect Expenses	10%	1,262	4%	746	2%			33,776
45	TOTAL EXPENSES		\$ 13,883	4%	\$ 8,213	2%			\$371,539
46									
47	Number of Units of Service (UOS) per Service Mode		12		24				1,815
48	Cost Per Unit of Service by Service Mode		\$1,156.92		342.21				
49	Number of Contacts (NOC) per Service Mode				120				
50									
51	DPH #1A(1)								

Rev. 05/2010

Rev. 05/2010

BUDGET JUSTIFICATION

Stonewall Project

Salaries and Benefits

Vice-President of Program & Services

Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men.

Minimum Qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.

Annual Salary \$ 160,000 x 0.05 FTE = \$ 8,000

Director of Government Contracts

Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities.

Minimum Qualifications: Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.

Annual Salary \$ 92,000 x 0.05 FTE = \$ 4,600

Evaluation Associate

Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements.

Minimum Qualifications: Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.

Annual Salary \$ 60,000 x 0.10 FTE = \$ 6,000

Stonewall Director

Responsible for oversight of all operations including documentation of all services, administrative supervision of staff, analyzing data and writing reports. Provides HIV prevention and care services to a caseload of Stonewall clients.

Minimum Qualifications: Master's degree and at least five years experience in managing at social services programs.

Annual Salary \$ 95,000 x 0.20 FTE = \$ 19,000

Director of Clinical Operations

Dir. Of Clinical Operations assists with daily operations, provides HIV prevention and care services to a caseload of Stonewall clients.

Minimum Qualifications: Masters Degree and three years experience in managing at social services programs.

Annual Salary \$ 80,000 x 0.15 FTE = \$ 12,000

Health Educator

Responsible for coordinating web site, MSW, IRR, Health Ed, Referral & linkages, training, scheduling and management of the Peer Educators, overseeing and reviewing log sheets, field notes, and performs field observations.

Minimum Qualifications: High school diploma or equivalency and at least 5 years experience in HIV prevention and education.

Annual Salary \$ 59,000 x 0.80 FTE = \$ 47,200

Project Assistant

Provides administrative support to the program. And will assist in data collecting and data entry.

Minimum Qualifications: High school diploma or equivalency and two years experience in office clerical work and computer skills.

Annual Salary \$ 48,000 x 0.70 FTE = \$ 33,600

Speed Project Coordinator

Responsible for the Speed Project field implementation. Will recruit peer advocates from the speed using community and those in recovery from speed use. Responsible for supervision and performance of Peer Advocates, ensuring that they are receiving all necessary logistical support. The Speed Project Outreach Coordinator will help develop and implement the initial training for the peer advocates as well as ongoing training activities.

Minimum Qualifications: Experience in health/human services and or related disciplines. Also requires experience coordinating outreach activities among communities of color and MSM populations, experience providing HIV/AIDS services and knowledge of substance use and harm reduction services.

Annual Salary \$ 54,957 x 0.90 FTE = \$ 49,461

Counselor I/II

Responsible for intake assessments, individual and group counseling, referrals to psychiatrist, documentation of all counseling.

Minimum Qualifications: Master's degree or at least five years experience in substance use, mental health, or HIV counseling.

Annual Salary \$ 57,700 x 0.80 FTE = \$ 46,160

Total Salaries

\$ 226,021

Total Benefits

25% of \$ 226,021 total salaries

=

\$ 56,505

Social Security, Worker's Compensation, Health Benefits, Unemployment, State and Federal Taxes, Retirement Plan.

TOTAL SALARIES & BENEFITS

\$ 282,526

Operating Expenses

Rent:

Rent expense based on SFAF's experience rate of \$792.13 per FTE per month.

\$792.13 per month x 3.75 FTE x 12 months = \$ 35,646

Utilities:

Telephone expense based on SFAF's experience rate of \$73.57 per FTE per month.

\$73.57 per month x 3.75 FTE x 12 months = \$ 3,311

Total Occupancy: **\$ 38,957**

Materials and Supplies:

Office Supplies/Postage:

Office supplies/postage expense based on SFAF's experience rate of \$75.41 per FTE per month.

$\$75.41 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} = \$ 3,393$

Program/Medical Supplies:

Condoms, lubricant, T-shirts, hats and other like items to be distributed to clients to promote awareness.

\$ 1,000

Printing & Reproduction

Printing flyers, stickers, palm cards and other reproduction costs.

$2,976 \text{ pieces} \times \$0.50 \text{ average estimated cost per piece} = \$ 1,488$

Total Materials and Supplies: **\$ 5,881**

General Operating:

Insurance:

Occupancy insurance expense based on SFAF's experience rate of \$45.14 per FTE per month.

$\$45.14 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} = \$ 2,031$

Rental/Maintenance of

Equipment:

Equipment rental expense based on SFAF's experience rate of \$44.71 per FTE per month. Equipment maintenance expense based on SFAF's experience rate of \$50.33 per FTE per month.

$\text{Rental} - \$44.71 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} = \$ 2,012$

$\text{Maintenance} - \$50.33 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} = \$ 2,265$

Outside Storage:

Storage expense based on SFAF's experience rate of \$4.25 per FTE per month.

$\$4.25 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} = \$ 191$

Total General Operating: **\$ 6,499**

Consultants/Subcontractors:

Clinical Consultant - bi-weekly meetings with program staff

$\$100 \text{ per hours} \times 25 \text{ meetings} = \$ 2,500$

Total Consultants/Subcontractors: **\$ 2,500**

Other:

Staff Training

Registration and/or travel for trainings and conferences

$\$350 \text{ per registration} \times 4 \text{ conference/seminars} = \$ 1,400$

Total Other	\$ 1,400
TOTAL OPERATING EXPENSES	\$55,237
CAPITAL EXPENDITURES (if needed - A unit valued at \$5,000 or more)	
Total Capital Expenditures	\$ -
TOTAL DIRECT COSTS	\$ 337,763
INDIRECT COSTS	
Indirect expenses for the San Francisco AIDS Foundation are approximately 17% of operating costs. SFAF requests reimbursement at 12% of the total direct costs in this proposal to cover operating expenses incurred by the Foundation, including finance and administration.	
	$\$337,763 \times 10\% = \$ 33,776$
TOTAL INDIRECT COSTS	\$ 33,776
APPENDIX TOTAL	\$ 371,539

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-3e		Page 1
2	Contract Term: 9/1/11-6/30/18						Appendix Term: 7/1/16-6/30/17		
3	Funding Source: General Fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8	SERVICE MODES								
9	Personnel Expenses		Recruitment & Linkages		Events		Groups		Page 1
10	Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Total
11	Vice-President of Program & Services	0.05	1,600	20%	1,680	21%	1,120	14%	4,400
12	Director of Government Contracts	0.05	1,012	22%	828	18%	1,058	23%	2,898
13	Evaluation Associate	0.10	960	16%	720	12%	1,380	23%	3,060
14	Stonewall Director	0.20	2,090	11%	2,090	11%	3,230	17%	7,410
15	Director of Clinical Operations	0.15	1,080	9%	1,080	9%	3,000	25%	5,160
16	Health Educator	0.80	12,272	28%	12,272	26%	4,720	10%	29,264
17	Project Assistant	0.70	5,376	16%	5,376	16%	6,048	18%	16,800
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19	Counselor I/II	0.80	10,617	23%	6,001	13%	15,233	33%	31,851
20									
21									
22	Total FTE & Total Salaries	3.75	48,361	21%	43,401	19%	40,735	18%	132,497
23	Fringe Benefits	25%	12,080	21%	10,850	19%	10,184	18%	33,124
24	Total Personnel Expenses		60,451	21%	54,251	19%	50,919	18%	165,621
25									
26	Operating Expenses		Expenditure	%	Expenditure	%			Page Total
27	Total Occupancy		8,570	22%	7,401	19%	7,012	18%	22,983
28	Total Materials and Supplies		1,294	22%	1,117	19%	1,058	18%	3,469
29	Total General Operating		1,430	22%	1,235	19%	1,170	18%	3,835
30	Total Staff Travel								
31	Consultants/Subcontractor:		550	22%	475	19%	450	18%	1,475
32									
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44	Indirect Expenses 10%		7,260	21%	6,475	19%	6,086	18%	19,821
45	TOTAL EXPENSES		\$ 79,863	21%	\$ 71,220	19%	66,947	18%	\$218,030
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47	Number of Units of Service (UOS) per Service Mode		720		34		414		1,168
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51	DPH #1A(1)								
	Rev. 05/2010								

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15	Director of Clinical Operations	0.20	1,140	6%	950	5%			19,000	
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43	Total Direct Expenses		12,621	4%	7,467	2%			337,763	
44	Indirect Expenses	10%	1,262	4%	746	2%			33,776	
45	TOTAL EXPENSES		\$ 13,883	4%	\$ 8,213	2%			\$371,539	
46										
47	Number of Units of Service (UOS) per Service Mode		12		24				1,815	
48	Cost Per Unit of Service by Service Mode		\$1,166.92		342.21					
49	Number of Contacts (NOC) per Service Mode				120					
50										
51	DPH #1A(1)									Rev. 05/2010

BUDGET JUSTIFICATION

Stonewall Project

Salaries and Benefits

Vice-President of Program & Services

Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men.

Minimum Qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.

Annual Salary \$ 160,000 x 0.05 FTE = \$ 8,000

Director of Government Contracts

Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities.

Minimum Qualifications: Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.

Annual Salary \$ 92,000 x 0.05 FTE = \$ 4,600

Evaluation Associate

Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements.

Minimum Qualifications: Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.

Annual Salary \$ 60,000 x 0.10 FTE = \$ 6,000

Stonewall Director

Responsible for oversight of all operations including documentation of all services, administrative supervision of staff, analyzing data and writing reports. Provides HIV prevention and care services to a caseload of Stonewall clients.

Minimum Qualifications: Master's degree and at least five years experience in managing at social services programs.

Annual Salary \$ 95,000 x 0.20 FTE = \$ 19,000

Director of Clinical Operations

Dir. Of Clinical Operations assists with daily operations, provides HIV prevention and care services to a caseload of Stonewall clients.

Minimum Qualifications: Masters Degree and three years experience in managing at social services programs.

Annual Salary \$ 80,000 x 0.15 FTE = \$ 12,000

Health Educator

Responsible for coordinating web site, MSW, IRRC, Health Ed, Referral & linkages, training, scheduling and management of the Peer Educators, overseeing and reviewing log sheets, field notes, and performs field observations.

Minimum Qualifications: High school diploma or equivalency and at least 5 years experience in HIV prevention and education.

Annual Salary \$ 59,000 x 0.80 FTE = \$ 47,200

Project Assistant

Provides administrative support to the program. And will assist in data collecting and data entry.

Minimum Qualifications: High school diploma or equivalency and two years experience in office clerical work and computer skills.

Annual Salary \$ 48,000 x 0.70 FTE = \$ 33,600

Speed Project Coordinator

Responsible for the Speed Project field implementation. Will recruit peer advocates from the speed using community and those in recovery from speed use. Responsible for supervision and performance of Peer Advocates, ensuring that they are receiving all necessary logistical support. The Speed Project Outreach Coordinator will help develop and implement the initial training for the peer advocates as well as ongoing training activities.

Minimum Qualifications: Experience in health/human services and or related disciplines. Also requires experience coordinating outreach activities among communities of color and MSM populations, experience providing HIV/AIDS services and knowledge of substance use and harm reduction services.

Annual Salary \$ 54,957 x 0.90 FTE = \$ 49,461

Counselor I/II

Responsible for intake assessments, individual and group counseling, referrals to psychiatrist, documentation of all counseling.

Minimum Qualifications: Master's degree or at least five years experience in substance use, mental health, or HIV counseling.

Annual Salary \$ 57,700 x 0.80 FTE = \$ 46,160

Total Salaries

\$ 226,021

Total Benefits

25% of \$ 226,021 total salaries

=

\$ 56,505

Social Security, Worker's Compensation, Health Benefits, Unemployment, State and Federal Taxes, Retirement Plan.

TOTAL SALARIES & BENEFITS

\$ 282,526

Operating Expenses

Occupancy

Rent:

Rent expense based on SFAF's experience rate of \$792.13 per FTE per month.

\$792.13 per month x 3.75 FTE x 12 months = \$ 35,646

Utilities:

Telephone expense based on SFAF's experience rate of \$73.57 per FTE per month.
 $\$73.57 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} = \$ 3,311$

Total Occupancy: **\$ 38,957**

Materials and Supplies:

Office Supplies/Postage:

Office supplies/postage expense based on SFAF's experience rate of \$75.41 per FTE per month.
 $\$75.41 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} = \$ 3,393$

Program/Medical Supplies:

Condoms, lubricant, T-shirts, hats and other like items to be distributed to clients to promote awareness. \$ 1,000

Printing & Reproduction

Printing flyers, stickers, palm cards and other reproduction costs.
 $2,976 \text{ pieces} \times \$0.50 \text{ average estimated cost per piece} = \$ 1,488$

Total Materials and Supplies: **\$ 5,881**

General Operating:

Insurance:

Occupancy insurance expense based on SFAF's experience rate of \$45.14 per FTE per month.
 $\$45.14 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} = \$ 2,031$

Rental/Maintenance of

Equipment:

Equipment rental expense based on SFAF's experience rate of \$44.71 per FTE per month. Equipment maintenance expense based on SFAF's experience rate of \$50.33 per FTE per month.

Rental - $\$44.71 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} = \$ 2,012$
Maintenance - $\$50.33 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} = \$ 2,265$

Outside Storage:

Storage expense based on SFAF's experience rate of \$4.25 per FTE per month.
 $\$4.25 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} = \$ 191$

Total General Operating: **\$ 6,499**

Consultants/Subcontractors:

Clinical Consultant - bi-weekly meetings with program staff
 $\$100 \text{ per hours} \times 25 \text{ meetings} = \$ 2,500$

Total Consultants/Subcontractors: **\$ 2,500**

Other:

Staff Training

Registration and/or travel for trainings and conferences

\$350 per registration x 4 conference/seminars = \$ 1,400

Total Other:

\$ 1,400

TOTAL OPERATING EXPENSES

\$55,237

CAPITAL EXPENDITURES: (if needed - A unit valued at \$5,000 or more)

Total Capital Expenditures:

\$ -

TOTAL DIRECT COSTS

\$ 337,763

INDIRECT COSTS

Indirect expenses for the San Francisco AIDS Foundation are approximately 17% of operating costs. SFAF requests reimbursement at 12% of the total direct costs in this proposal to cover operating expenses incurred by the Foundation, including finance and administration.

\$337,763 x 10% = \$ 33,776

TOTAL INDIRECT COSTS

\$ 33,776

APPENDIX TOTAL

\$ 371,539

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-3f		Page 1
2	Contract Term: 9/1/11-6/30/18						Appendix Term: 7/1/17-6/30/18		
3	Funding Source: General Fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1 Total
10	Position Titles	FTE	Recruitment & Linkages		Events		Groups		
11	Vice-President of Program & Services	0.05	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	4,400
12	Director of Government Contracts	0.05	1,600	20%	1,680	21%	1,120	14%	2,898
13	Evaluation Associate	0.10	1,012	22%	828	18%	1,058	23%	3,060
14	Stonewall Director	0.20	960	16%	720	12%	1,380	23%	7,410
15	Director of Clinical Operations	0.15	2,090	11%	2,090	11%	3,230	17%	5,160
16	Health Educator	0.80	1,080	9%	1,080	9%	3,000	25%	29,264
17	Project Assistant	0.70	12,272	26%	12,272	26%	4,720	10%	16,800
18	Speed Project Coordinator	0.90	5,376	16%	5,376	16%	6,048	18%	31,654
19	Counselor I/II	0.80	13,354	27%	13,354	27%	4,946	10%	31,851
20			10,617	23%	6,001	13%	15,233	33%	
21									
22	Total FTE & Total Salaries	3.75	48,361	21%	43,401	19%	40,735	18%	132,497
23	Fringe Benefits	25%	12,090	21%	10,850	19%	10,184	18%	33,124
24	Total Personnel Expenses		60,451	21%	54,251	19%	50,919	18%	165,621
25									
26	Operating Expenses		Expenditure	%	Expenditure	%			Page Total
27	Total Occupancy		8,570	22%	7,401	19%	7,012	18%	22,983
28	Total Materials and Supplies		1,294	22%	1,117	19%	1,058	18%	3,469
29	Total General Operating		1,430	22%	1,235	19%	1,170	18%	3,835
30	Total Staff Travel								
31	Consultants/Subcontractor:		550	22%	475	19%	450	18%	1,475
32									
33	Other:		308	22%	266	19%	252	18%	826
34									
35									
36									
37									
38									
39									
40									
41	Total Operating Expenses		\$ 12,152	15%	\$ 10,494	13%	9,942	13%	\$ 32,588
42									
43	Total Direct Expenses		72,603	21%	64,745	19%	60,861	18%	198,209
44	Indirect Expenses 10%		7,260	21%	6,475	19%	6,086	18%	19,821
45	TOTAL EXPENSES		\$ 79,863	21%	\$ 71,220	19%	66,947	18%	\$218,030
46									
47	Number of Units of Service (UOS) per Service Mode		720		34		414		1,168
48	Cost Per Unit of Service by Service Mode		\$110.92		2094.71		161.71		
49	Number of Contacts (NOC) per Service Mode		2,880		1,496		1380		
50									
51	DPH #1A(1)								

Rev. 05/2010

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-3f		Page 2
2	Contract Term: 9/1/11-6/30/18						Appendix Term: 7/1/17-6/30/18		
3	Funding Source: General Fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1-2 Total
10	Position Titles	FTE	IRRC		PCM		Social Marketing		
11	Vice-President of Program & Services	0.05	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
12	Director of Government Contracts	0.05	720	9%	960	12%	1,520	19%	7,600
13	Evaluation Associate	0.10	414	9%	552	12%	506	11%	4,370
14	Stonewall Director	0.20	540	9%	720	12%	1,380	23%	5,700
15	Director of Clinical Operations	0.15	3,040	16%	3,800	20%	2,660	14%	16,910
16	Health Educator	0.15	2,160	18%	2,400	20%	1,680	14%	11,400
17	Project Assistant	0.80	2,832	6%	0	0%	11,800	25%	43,896
18	Speed Project Coordinator	0.70	3,024	9%	4,032	12%	8,064	24%	31,920
19	Counselor I/II	0.90	2,968	6%	0	0%	11,870	24%	46,482
20		0.80	2,770	6%	8,770	18%	923	2%	44,314
21									
22	Total FTE & Total Salaries	3.75	18,468	8%	21,234	9%	40,403	18%	212,602
23	Fringe Benefits	25%	4,617	8%	5,309	9%	10,101	18%	53,151
24	Total Personnel Expenses		23,085	8%	26,543	9%	50,504	18%	265,753
25									
26	Operating Expenses		Expenditure	%	Expenditure	%			Page Total
27	Total Occupancy		3,117	8%	3,507	9%	7,012	18%	36,619
28	Total Materials and Supplies		470	8%	529	9%	1,059	18%	5,527
29	Total General Operating		520	8%	585	9%	1,170	18%	6,110
30	Total Staff Travel								
31	Consultants/Subcontractor:		200	8%	225	9%	450	18%	2,350
32									0
33	Other:		112	8%	126	9%	252	18%	1,316
34									
35									
36									
37									
38									
39									
40									
41	Total Operating Expenses		\$ 4,419	6%	\$ 4,972	6%	9,943	13%	\$ 51,922
42									
43	Total Direct Expenses		27,504	8%	31,515	9%	60,447	18%	317,675
44	Indirect Expenses	10%	2,750	8%	3,152	9%	6,045	18%	31,768
45	TOTAL EXPENSES		\$ 30,254	8%	\$ 34,667	9%	66,492	18%	\$349,443
46									
47	Number of Units of Service (UOS) per Service Mode		240		359		12		611
48	Cost Per Unit of Service by Service Mode		\$126.06		96.57		5541.00		
49	Number of Contacts (NOC) per Service Mode		255		374				
50									
51	DPH #1A(1)								
	Rev. 05/2010								

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-3f		Page 3
2	Contract Term: 9/1/11-6/30/18						Appendix Term: 7/1/17-6/30/18		
3	Funding Source: General Fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1-3 Contract Totals
10	Position Titles	FTE	Condom distribution		Training				
11	Vice-President of Program & Services	0.05	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
12	Director of Government Contracts	0.05	240	3%	160	2%			
13	Evaluation Associate	0.10	138	3%	92	2%			
14	Stonewall Director	0.20	180	3%	120	2%			
15	Director of Clinical Operations	0.15	1,140	6%	950	5%			
16	Health Educator	0.80	360	3%	240	2%			
17	Project Assistant	0.70	2,360	5%	944	2%			
18	Speed Project Coordinator	0.90	1,008	3%	672	2%			
19	Counselor I/II	0.80	1,979	4%	990	2%			
20			923	2%	923	2%			
21									
22	Total FTE & Total Salaries	3.75	8,328	4%	5,081	2%			
23	Fringe Benefits	25%	2,082	4%	1,272	2%			
24	Total Personnel Expenses		10,410	4%	6,363	2%			
25									
26	Operating Expenses		Expenditure	%	Expenditure	%		Contract Total	
27	Total Occupancy		1,559	4%	779	2%		38,957	
28	Total Materials and Supplies		236	4%	118	2%		5,881	
29	Total General Operating		260	4%	129	2%		6,499	
30	Total Staff Travel								
31	Consultants/Subcontractor:		100	4%	50	2%		2,500	
32									
33	Other:		56	4%	28	2%		1,400	
34									
35									
36									
37									
38									
39									
40									
41	Total Operating Expenses		\$ 2,211	4%	\$ 1,104	2%		\$ 55,237	
42									
43	Total Direct Expenses		12,621	4%	7,467	2%		337,763	
44	Indirect Expenses	10%	1,262	4%	746	2%		33,776	
45	TOTAL EXPENSES		\$ 13,883	4%	\$ 8,213	2%		\$371,539	
46									
47	Number of Units of Service (UOS) per Service Mode		12		24			1,815	
48	Cost Per Unit of Service by Service Mode		\$1,156.92		342.21				
49	Number of Contacts (NOC) per Service Mode				120				
50									
51	DPH #1A(1)								Rev. 05/2010

BUDGET JUSTIFICATION Stonewall Project

Salaries and Benefits

Vice-President of Program & Services

Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men.

Minimum Qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.

Annual Salary \$ 160,000 x 0.05 FTE = \$ 8,000

Director of Government Contracts

Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities.

Minimum Qualifications: Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.

Annual Salary \$ 92,000 x 0.05 FTE = \$ 4,600

Evaluation Associate

Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements.

Minimum Qualifications: Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.

Annual Salary \$ 60,000 x 0.10 FTE = \$ 6,000

Stonewall Director

Responsible for oversight of all operations including documentation of all services, administrative supervision of staff, analyzing data and writing reports. Provides HIV prevention and care services to a caseload of Stonewall clients.

Minimum Qualifications: Master's degree and at least five years experience in managing at social services programs.

Annual Salary \$ 95,000 x 0.20 FTE = \$ 19,000

Director of Clinical Operations

Dir. Of Clinical Operations assists with daily operations, provides HIV prevention and care services to a caseload of Stonewall clients.

Minimum Qualifications: Masters Degree and three years experience in managing at social services programs.

Annual Salary \$ 80,000 x 0.15 FTE = \$ 12,000

Health Educator

Responsible for coordinating web site, MSW, IRR, Health Ed, Referral & linkages, training, scheduling and management of the Peer Educators, overseeing and reviewing log sheets, field notes, and performs field observations.

Minimum Qualifications: High school diploma or equivalency and at least 5 years experience in HIV prevention and education.

Annual Salary \$ 59,000 x 0.80 FTE = \$ 47,200

Project Assistant

Provides administrative support to the program. And will assist in data collecting and data entry.

Minimum Qualifications: High school diploma or equivalency and two years experience in office clerical work and computer skills.

Annual Salary \$ 48,000 x 0.70 FTE = \$ 33,600

Speed Project Coordinator

Responsible for the Speed Project field implementation. Will recruit peer advocates from the speed using community and those in recovery from speed use. Responsible for supervision and performance of Peer Advocates, ensuring that they are receiving all necessary logistical support. The Speed Project Outreach Coordinator will help develop and implement the initial training for the peer advocates as well as ongoing training activities.

Minimum Qualifications: Experience in health/human services and or related disciplines. Also requires experience coordinating outreach activities among communities of color and MSM populations, experience providing HIV/AIDS services and knowledge of substance use and harm reduction services.

Annual Salary \$ 54,957 x 0.90 FTE = \$ 49,461

Counselor I/II

Responsible for intake assessments, individual and group counseling, referrals to psychiatrist, documentation of all counseling.

Minimum Qualifications: Master's degree or at least five years experience in substance use, mental health, or HIV counseling.

Annual Salary \$ 57,700 x 0.80 FTE = \$ 46,160

Total Salaries

\$ 226,021

Total Benefits

25% of \$ 226,021 total salaries

=

\$ 56,505

Social Security, Worker's Compensation, Health Benefits, Unemployment, State and Federal Taxes, Retirement Plan.

TOTAL SALARIES & BENEFITS

\$ 282,526

Operating Expenses

Occupancy:

Rent:

Rent expense based on SFAF's experience rate of \$792.13 per FTE per month.

\$792.13 per month x 3.75 FTE x 12 months = \$ 35,646

Utilities:

Telephone expense based on SFAF's experience rate of \$73.57 per FTE per month.

$$\$73.57 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} = \$ 3,311$$

Total Occupancy: **\$ 38,957**

Materials and Supplies:

Office Supplies/Postage:

Office supplies/postage expense based on SFAF's experience rate of \$75.41 per FTE per month.

$$\$75.41 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} = \$ 3,393$$

Program/Medical Supplies:

Condoms, lubricant, T-shirts, hats and other like items to be distributed to clients to promote awareness. **\$ 1,000**

Printing & Reproduction

Printing flyers, stickers, palm cards and other reproduction costs.

$$2,976 \text{ pieces} \times \$0.50 \text{ average estimated cost per piece} = \$ 1,488$$

Total Materials and Supplies: **\$ 5,881**

General Operating:

Insurance:

Occupancy insurance expense based on SFAF's experience rate of \$45.14 per FTE per month.

$$\$45.14 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} = \$ 2,031$$

Rental/Maintenance of Equipment:

Equipment rental expense based on SFAF's experience rate of \$44.71 per FTE per month. Equipment maintenance expense based on SFAF's experience rate of \$50.33 per FTE per month.

$$\begin{aligned} \text{Rental} - \$44.71 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} &= \$ 2,012 \\ \text{Maintenance} - \$50.33 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} &= \$ 2,265 \end{aligned}$$

Outside Storage:

Storage expense based on SFAF's experience rate of \$4.25 per FTE per month.

$$\$4.25 \text{ per month} \times 3.75 \text{ FTE} \times 12 \text{ months} = \$ 191$$

Total General Operating: **\$ 6,499**

Consultants/Subcontractors:

Clinical Consultant - bi-weekly meetings with program staff

$$\$100 \text{ per hours} \times 25 \text{ meetings} = \$ 2,500$$

Total Consultants/Subcontractors: **\$ 2,500**

Per:

Staff Training

Registration and/or travel for trainings and conferences

\$350 per registration x 4 conference/seminars = \$ 1,400

Total Other: \$ 1,400

TOTAL OPERATING EXPENSES **\$55,237**

CAPITAL EXPENDITURES: (If needed, A unit valued at \$1,000 or more)

Total Capital Expenditures: \$ -

TOTAL DIRECT COSTS **\$ 337,763**

INDIRECT COSTS

Indirect expenses for the San Francisco AIDS Foundation are approximately 17% of operating costs. SFAF requests reimbursement at 12% of the total direct costs in this proposal to cover operating expenses incurred by the Foundation, including finance and administration.

\$337,763 x 12% = \$ 40,532

TOTAL INDIRECT COSTS **\$ 40,532**

APPENDIX TOTAL **\$ 378,295**

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation					Appendix B-4e		Page 1	
2	Contract Term: 9/1/11-6/30/18					Appendix Term: 7/1/15-6/30/16			
3	Funding Source: General Fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1 Total
10	Position Titles	FTE	Events		Groups		Testing		
11	Vice-President of Program & Services	0.10	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
12	Director of Government Contracts	0.05	2,700	18%	7,050	47%	3,150	21%	12,900
13	Evaluation Associate	0.05	235	5%	3,243	69%	1,082	23%	4,560
14	Contracts & Purchasing Manager	0.05	185	5%	2,553	69%	851	23%	3,589
15	BBE MGR	0.05	230	5%	3,174	69%	1,058	23%	4,462
16	Community Organizer/Mobilization Manage	0.80	12,688	26%	28,792	59%	0	0%	41,480
17	Health Educator	0.80	13,664	28%	28,304	58%	0	0%	41,968
18	Speed Project Coord	0.10	2,582	42%	0	0%	1,281	21%	3,863
19	Counselor I/II	0.10	1,091	19%	1,952	34%	0	0%	3,043
20	Administrative Assistant	0.20	0	0%	4,953	39%	4,826	38%	9,779
21	Dir., Prevention Services	0.10	330	6%	4,875	85%	330	6%	5,835
22	Dir., Program Development & Ops	0.25	13,050	58%	6,300	28%	2,925	13%	22,275
23	YBMSM Program Manager	0.10	4,018	49%	3,034	37%	1,066	13%	8,118
24	YBMSM Program Coordinator	0.90	25,461	46%	18,265	33%	10,517	19%	54,243
25	Outreach /Testing Counselor	0.80	21,600	60%	8,640	24%	5,400	15%	35,640
26	Testing Coordinator	0.40					14,959	100%	14,959
27	Media Designer	0.25	6,161	53%	2,790	24%	2,558	22%	11,509
28	Volunteer Manager	0.10	4,185	62%	1,620	24%	810	12%	6,615
29	Volunteer Manager	0.10	4,960	62%	1,920	24%	1,040	13%	7,920
30	Total FTE & Total Salaries	5.25	113,120	35%	127,265	40%	51,853	16%	292,238
31	Fringe Benefits	25%	28,280	35%	31,816	40%	12,963	16%	73,059
32	Total Personnel Expenses		141,400	35%	159,081	40%	64,816	16%	365,297
33	Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
34	Total Occupancy		6,098	11%	18,295	33%	8,316	15%	32,709
35	Total Materials and Supplies		5,111	13%	24,770	63%	6,684	17%	36,565
36	Total General Operating		1,703	11%	10,530	68%	1,858	12%	14,091
37	Consultants/Subcontractor								
38									
39									
40	Other:								
41									
42									
43									
44									
45									
46									
47									
48	Total Operating Expenses		\$ 12,912	12%	\$ 53,595	49%	16,858	15%	\$ 83,365
49									
50	Total Direct Expenses		154,312	30%	212,676	42%	81,674	16%	448,662
51	Indirect Expenses 10%		15,431	30%	21,268	42%	8,167	16%	44,866
52	TOTAL EXPENSES		\$ 169,743	30%	\$ 233,944	42%	89,841	16%	\$493,528
53									
54	Number of Units of Service (UOS) per Service Mode		24		580		500		1,104
55	Cost Per Unit of Service by Service Mode		\$7,072.83		\$403.35		179.88		
56	Number of Contacts (NOC) per Service Mode		984		3,320		500		
57									
58	DPH #1A(1)								Rev. 05/2010

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation							Appendix B-4e	Page 2
2	Contract Term: 9/1/11-6/30/18							Appendix Term: 7/1/15-6/30/16	
3	Funding Source: General Fund								

**SFDPH AIDS OFFICE CONTRACT
UOS COST ALLOCATION BY SERVICE MODE**

8			SERVICE MODES						
9	Personnel Expenses		IRRC		PCM				Page 1-2
10	Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
11	Vice-President of Program & Services	0.10	1,200	8%	900	6%			15,000
12	Director of Government Contracts	0.05	140	3%	0	0%			4,700
13	Evaluation Associate	0.05	111	3%	0	0%			3,700
14	Contracts & Purchasing Manager	0.05	138	3%	0	0%			4,600
15	BBE MGR	0.80	488	1%	6,832	14%			48,800
16	Community Organizer/Mobilization Manager	0.80	1,952	4%	4,880	10%			48,800
17	Health Educator	0.10	976	16%	1,281	21%			6,100
18	Speed Project Coord	0.10	0	0%	2,697	47%			5,740
19	Counselor I/II	0.20	2,413	19%	508	4%			12,700
20	Administrative Assistant	0.10	0	0%	165	3%			5,500
21	Dir., Prevention Services	0.25	225	1%	0	0%			22,500
22	Dir., Program Development & Ops	0.10	82	1%	0	0%			8,200
23	YBMSM Program Manager	0.90	1,107	2%	0	0%			55,350
24	YBMSM Program Coordinator	0.80	360	1%	0	0%			36,000
25	Outreach/Teasing Counselor	0.40	0	0%	0	0%			14,959
26	Testing Coordinator	0.25	116	1%	0	0%			11,625
27	Media Designer	0.10	135	2%	0	0%			6,750
28	Volunteer Manager	0.10	80	1%	0	0%			8,000
29	Total FTE & Total Salaries	5.25	9,523	3%	17,263	5%			319,024
30	Fringe Benefits	23%	2,381	3%	4,316	5%			79,756
31	Total Personnel Expenses		11,904	3%	21,579	5%			398,780
32									
33	Operating Expenses		Expenditure	%	Expenditure	%			Contract Total
34	Total Occupancy		19,959	36%	2,772	5%			55,440
35	Total Materials and Supplies		1,180	3%	1,572	4%			39,317
36	Total General Operating		619	4%	774	5%			15,484
37	Consultants/Subcontractor								0
38									
39									
40	Other:								
41									
42									
43									
44									
45									
46									
47									
48	Total Operating Expenses		\$ 21,758	20%	\$ 5,118	5%			\$ 110,241
49									
50	Total Direct Expenses		33,662	7%	26,697	5%			509,021
51	Indirect Expenses	10%	3,365	7%	2,670	5%			50,901
52	TOTAL EXPENSES		\$ 37,027	7%	\$ 29,367	5%			\$559,922
53									
54	Number of Units of Service (UOS) per Service Mode		262		200				1,566
55	Cost Per Unit of Service by Service Mode		\$141.32		\$146.84				
56	Number of Contacts (NOC) per Service Mode		792		200				
57									
58	DPH #1A(1)								
									Rev. 05/2010

BUDGET JUSTIFICATION

African-American Prevention Initiative

Salaries and Benefits

Sr. Director, Pgm & SVC

Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men.

Minimum Qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.

Annual Salary \$ 150,000 x 0.10 FTE = \$ 15,000

Director of Government Contracts

Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities.

Minimum Qualifications: Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.

Annual Salary \$ 94,000 x 0.05 FTE = \$ 4,700

Evaluation Associate

Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements.

Minimum Qualifications: Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.

Annual Salary \$74,000 x 0.05 FTE = \$ 3,700

Contracts & Purchasing Manager

Prepares monthly contract invoices, records contract accruals into financial management system, prepares budgets for contract proposals, modifications, and revisions. Prepares reports for contract financial information and maintains databases related to contract allocations.

Minimum Qualifications: Bachelor's degree in Finance or related field or equivalent experience in accounting, budgeting and contract management. Two years demonstrated experience in a finance/contract management capacity.

Annual Salary \$ 92,000 x 0.05 FTE = \$ 4,600

BBE MGR

Manages and coordinates all day-to-day aspects of the program. Responsible for the development, administration and facilitation of all BBE group program activities. Duties include co-facilitation of the weekly drop-in support group (Phoenix Rising), coordination of all workshops (Afrochats, Many Men, Many Voices, Healthy relationships) curricula development and logistic support and facilitation of the BBE Steering Committee.

Minimum Qualifications: Experience in health/human services and or related disciplines. Also requires experience coordinating outreach activities among African American populations, experience providing HIV/AIDS services and knowledge of substance use and harm reduction services.

Annual Salary \$ 61,000 x 0.80 FTE = \$ 48,800

Community Organizer/Mobilization Manager

Responsible for the development and implementation of group and community level interventions that organizes and mobilizes communities in order to increase their level of social capital. This position provides a clinical/social services perspective on how to work with individuals in our target population and engage them in community building activities. Targets health promotion and wellness among African American gay and bisexual and same gender loving men.

Minimum Qualifications: Bachelor's degree in psychology, social services or related discipline. Also requires experience coordinating outreach activities among communities of color and MSM populations, experience providing HIV/AIDS services and knowledge of substance use and harm reductions services.

Annual Salary \$ 61,000 x 0.80 FTE = \$ 48,800

Health Educator

Performs phlebotomy services for confirmatory HIV antibody testing and RNA testing. Prepares specimen collection for transport to SFDPH laboratory.

Minimum Qualifications: State certified phlebotomist.

Annual Salary \$ 61,000 x 0.10 FTE = \$ 6,100

Speed Project Coordinator

Responsible for the Speed Project field implementation. Will recruit peer advocates from the speed using community and those in recovery from speed use. Responsible for supervision and performance of Peer Advocates, ensuring that they are receiving all necessary logistical support. The Speed Project Outreach Coordinator will help develop and implement the initial training for the peer advocates as well as ongoing training activities.

Minimum Qualifications: Experience in health/human services and or related disciplines. Also requires experience coordinating outreach activities among communities of color and MSM populations, experience providing HIV/AIDS services and knowledge of substance use and harm reduction services.

Annual Salary \$ 57,400 x 0.10 FTE = \$ 5,740

Counselor I/II

Responsible for intake assessments, individual and group counseling, referrals to psychiatrist, documentation of all counseling.

Minimum Qualifications: Master's degree or at least five years experience in substance use, mental health, or HIV counseling.

Annual Salary \$ 63,500 x 0.20 FTE = \$ 12,700

Administrative Assistant

Provide administrative office support to the BBE program (including correspondence, filing, ordering supplies, scheduling meetings, and preparing materials packets).

Minimum Qualifications: High school diploma or equivalency and one year of experience working as an Administrative Assistant.

Annual Salary \$ 55,000 x 0.10 FTE = \$ 5,500

Director, Prevention Services: Responsible for supervision of program staff and will act as liaison to prevention and care partners; responsible for program planning, implementation and evaluation. *Minimum qualifications:* Master's Degree and 4 years community organizing & disease prevention experience or an equivalent combination of education and experience.

Annual Salary \$90,000 x .25 FTE = \$ 22,500

Director, Program Development and Operations: Responsible for staff and volunteer education/training; keeps up to date on new trends in HIV prevention with an eye toward possible program impacts; works on program design and delivery plan, and coordinates program evaluation. *Minimum qualifications:* Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.

Annual Salary \$82,000 x .10 FTE = \$ 8,200

YBMSM Program Manager: Responsible for program oversight and supervision of YBMSM Program Coordinator. Responsible for program design input, program implementation, and evaluation. Oversees outreach efforts to community providers and provides case management to link clients to resources and services. Oversees HIV testing efforts, recruits participants for annual Black PLUS, and arranges Black PLUS logistics with Positive Force staff. *Minimum qualifications:* Demonstratable cultural competence and a Master's degree in a relevant field (Counseling, MSW, Psychology, MFT, etc) and 3 years related experience.

Annual Salary \$61,500 x .90 FTE = \$ 55,350

YBMSM Program Coordinator: Responsible for HIV testing recruitment, client outreach, program delivery. Oversees drop-in space and coordinates drop-in space logistics. *Minimum qualifications:* BA or one year experience in community organizing and health promotion, or an equivalent combination.

Annual Salary \$45,000 x .80 FTE = \$ 36,000

Outreach/Testing Counselor: Conducts targeted recruitment activities for HIV testing at specific venues in the community. This can include accompanying client to testing site. Provides informed consent, HIV/RNA counseling and test disclosure information to clients being tested. Perform specimen collection (finger stick) for HIV antibody rapid test. Processes, develops, and interprets HIV antibody testing kits (OraQuick and StatPak) document results. Assists in data entry. Minimum qualifications: State of California HIV Test Counselor Certification required.

Annual Salary \$37,398 x .40 FTE = \$ 14,959

Testing Coordinator: Responsible for managing the testing calendar and coordinating shift logistics with AHP staff; responsible for RV maintenance including, but not limited to, any pertinent permit and parking issues, driving, managing client flow and providing HIV testing services. *Minimum qualifications:* BA degree or 2 years related work experience; state-certified IRRC counselor and certified phlebotomist.

Annual Salary \$46,500 x .25 FTE = \$ 11,625

Media Designer: Designs social marketing campaigns and promotional media pieces. *Minimum qualifications:* BA and 2 years experience or an equivalent combination of education and experience.

Annual Salary \$67,500 x .10 FTE = \$ 6,750

Volunteer Manager: Performs intake interviews with potential volunteers to match skills & interests to components of our programs; develops & implements plans to increase volunteerism; develops & coordinates volunteer orientations and trainings; develops & implements performance evaluation methods; tracks volunteer hours worked; develops support and retentions activities and designs leadership development curriculum for volunteers in order to increase retention. *Minimum qualifications:* BA and 2 years experience in volunteer coordinatio, or an equivalent combination of education and experience.

Annual Salary \$80,000 x .10 FTE = \$ 8,000

Total Salaries \$ 319,024

Total Benefits 25% of \$ 319,024 total salaries = \$ 79,756
 Social Security, Worker's Compensation, Health Benefits, Unemployment, State and

TOTAL SALARIES & BENEFITS \$ 398,780

Operating Expenses

Occupancy:

Rent:

Rent expense based on SFAF's experience rate of \$800 per FTE per month.

\$800 per month x 5.25 FTE x 12 months = \$ 50,400

Utilities:

Telephone expense based on SFAF's experience rate of \$80.00 per FTE per month.

\$80.00 per month x 5.25 FTE x 12 months = \$ 5,040

Total Occupancy: \$ 55,440

Materials and Supplies:

Office Supplies/Postage:

Office supplies/postage expense based on SFAF's experience rate of \$40.00 per FTE per month.

\$40.00 per month x 5.25 FTE x 12 months = \$ 2,520

Case Management/Event Expense:

Food and supplies for drop-in space, MUNI cards for client appointments, and fees/expenses associated with program promotion at community events (street fairs, Pride Parade, Juneteenth, Kwanzaa, etc.).

300 drop-in + 75 case mgmt clients annually x approx \$55.86/client \$ 20,947

Approx 6 community Events x \$2,125.00 per event \$ 12,750

Temporary Staff

Youth to help administer YBMSM program, assist with outreach, set-up and clean up

\$17.71/hour x 7 hours/week x 25 weeks \$ 3,100

Total Materials and Supplies: \$ 39,317

General Operating:

Insurance:

Occupancy insurance expense based on SFAF's experience rate of \$50.00 per FTE per month.

\$50.00 per month x 5.25 FTE x 12 months = \$ 3,150

Outside Storage:

Storage expense based on SFAF's experience rate of \$5.30 per FTE per month.

\$5.30 per month x 5.25 FTE x 12 months = \$ 334

Rental/Maintenance of Equipment:

Equipment rental expense based on SFAF's experience rate of \$50.00 per FTE per month. Equipment maintenance expense based on SFAF's experience rate of \$50.00 per FTE per month.

Rental - \$50.00 per month x 5.25 FTE x 12 months = \$ 3,150

Maintenance - \$50.00 per month x 5.25 FTE x 12 months = \$ 3,150

Program Incentives:

\$20 testing incentives x 125 tests = \$2,500 \$ 2,500

Communications/Promotional Media: Promote one Black PLUS events (2 days session), 2 Status Awareness events and 1 Major event. \$400 each media buy \$ 1,600

Misc. Fuel and parking space rental for R.V. for HIV/STD testing \$ 1,600

Prorated fuel and parking for RV @ \$133.33/mo x 12 mo

Total General Operating:	\$ 15,484
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	\$ -
TOTAL OPERATING EXPENSES	\$ 110,241
TOTAL DIRECT COSTS	\$ 509,021
INDIRECT COSTS	
Indirect expenses for the San Francisco AIDS Foundation are approximately 17% of operating costs. SFAF requests reimbursement at 10% of the total direct costs in this proposal to cover operating expenses incurred by the Foundation, including finance and administration.	
	$\$509021 \times 10\% = \$ 50,901$
TOTAL INDIRECT COSTS	\$ 50,901
APPENDIX TOTAL	\$ 559,922

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-4f		Page 1
2	Contract Term: 9/1/11-6/30/18						Appendix Term: 7/1/16-6/30/17		
3	Funding Source: General Fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1 Total
10	Position Titles	FTE	Events		Groups		Testing		
11	Vice-President of Program & Services	0.10	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
12	Director of Government Contracts	0.05	2,700	18%	7,050	47%	3,150	21%	
13	Evaluation Associate	0.05	235	5%	3,243	69%	1,082	23%	
14	Contracts & Purchasing Manager	0.05	185	5%	2,553	69%	851	23%	
15	BBE MGR	0.05	230	5%	3,174	69%	1,058	23%	
16	Community Organizer/Mobilization Manager	0.80	12,688	26%	28,792	59%	0	0%	
17	Health Educator	0.80	13,664	28%	28,304	58%	0	0%	
18	Speed Project Coord	0.10	2,582	42%	0	0%	1,281	21%	
19	Counselor I/II	0.10	1,091	19%	1,962	34%	0	0%	
20	Administrative Assistant	0.20	0	0%	4,953	39%	4,828	38%	
21	Dir., Prevention Services	0.10	330	6%	4,675	85%	330	6%	
22	Dir., Program Development & Ops	0.25	13,050	58%	6,300	28%	2,925	13%	
23	YBMSM Program Manager	0.10	4,018	49%	3,034	37%	1,066	13%	
24	YBMSM Program Coordinator	0.90	25,461	46%	18,265	33%	10,517	19%	
25	Outreach/Testing Counselor	1.00	27,000	75%	10,800	30%	6,750	19%	
26	Testing Coordinator	0.40					14,959	100%	
27	Media Designer	0.25	6,161	53%	2,780	24%	2,558	22%	
28	Volunteer Manager	0.10	4,185	62%	1,620	24%	810	12%	
29	Total FTE & Total Salaries	0.10	4,960	62%	1,920	24%	1,040	13%	
30	Fringe Benefits	5.45	118,520	37%	129,425	41%	53,203	17%	
31	Total Personnel Expenses	25%	29,630	37%	32,356	41%	13,301	17%	
32			148,150	37%	161,781	41%	66,504	17%	
33	Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
34	Total Occupancy		6,330	11%	18,982	34%	8,632	16%	33,954
35	Total Materials and Supplies		4,939	13%	23,557	60%	6,459	16%	34,955
36	Total General Operating		1,744	11%	10,941	71%	1,744	11%	14,429
37	Consultants/Subcontractor								
38									
39									
40	Other:								
41									
42									
43									
44									
45									
46									
47									
48	Total Operating Expenses		\$ 13,013	12%	\$ 53,490	49%	16,835	15%	\$ 83,338
49									
50	Total Direct Expenses		161,163	32%	215,271	42%	83,339	16%	459,773
51	Indirect Expenses 10%		16,117	32%	21,527	42%	8,334	16%	45,978
52	TOTAL EXPENSES		\$ 177,280	32%	\$ 236,798	42%	91,673	16%	\$505,751
53									
54	Number of Units of Service (UOS) per Service Mode		24		580		500		1,104
55	Cost Per Unit of Service by Service Mode		\$7,386.67		\$408.27		183.35		
56	Number of Contacts (NOC) per Service Mode		984		3,320		500		
57									
58	DPH #1A(1)								Rev. 05/2010
59									

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-4f		Page 2
2	Contract Term: 9/1/11-6/30/18						Appendix Term: 7/1/16-6/30/17		
3	Funding Source: General Fund								
4									
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7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1-2
10	Position Titles	FTE	IRRC		PCM				Contract Totals
11	Vice-President of Program & Services	0.10	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	15,000
12	Director of Government Contracts	0.05	1,200	8%	900	6%			4,700
13	Evaluation Associate	0.05	140	3%	0	0%			3,700
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17	Health Educator	0.10	1,952	4%	4,880	10%			6,100
18	Speed Project Coord	0.10	976	16%	1,281	21%			5,740
19	Counselor I/II	0.10	0	0%	2,697	47%			12,700
20	Counselor I/II	0.20	2,413	19%	508	4%			5,500
21	Administrative Assistant	0.10	0	0%	165	3%			22,500
22	Dir., Prevention Services	0.25	225	1%	0	0%			8,200
23	Dir., Program Development & Ops	0.10	82	1%	0	0%			55,350
24	YBMSM Program Manager	0.90	1,107	2%	0	0%			45,000
25	YBMSM Program Coordinator	1.00	450	1%	0	0%			14,959
26	Outreach/Teasting Counselor	0.40	0	0%	0	0%			11,625
27	Testing Coordinator	0.25	116	1%	0	0%			6,750
28	Media Designer	0.10	135	2%	0	0%			8,000
29	Volunteer Manager	0.10	80	1%	0	0%			328,024
30	Total FTE & Total Salaries	5.45	9,613	3%	17,263	5%			82,006
31	Fringe Benefits	23%	2,403	3%	4,316	5%			410,030
32	Total Personnel Expenses		12,016	3%	21,579	5%			
33	Operating Expenses		Expenditure	%	Expenditure	%			Contract Total
34	Total Occupancy		21,294	37%	2,304	4%			57,552
35	Total Materials and Supplies		1,140	3%	1,901	5%			37,996
36	Total General Operating		634	4%	794	5%			15,857
37	Consultants/Subcontractor								0
38									
39									
40	Other:								
41									
42									
43									
44									
45									
46									
47									
48	Total Operating Expenses		\$ 23,068	21%	\$ 4,999	4%			\$ 111,405
49									
50	Total Direct Expenses		35,084	7%	26,578	5%			521,435
51	Indirect Expenses	10%	3,508	7%	2,658	5%			52,144
52	TOTAL EXPENSES		\$ 38,592	7%	\$ 29,236	5%			\$573,579
53									
54	Number of Units of Service (UOS) per Service Mode		262		200				1,566
55	Cost Per Unit of Service by Service Mode		\$147.30		\$146.18				
56	Number of Contacts (NOC) per Service Mode		792		200				
57									
58	DPH #1A(1)								

Rev. 05/2010

BUDGET JUSTIFICATION

African-American Prevention Initiative

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Minimum Qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.

Annual Salary \$ 150,000 x 0.10 FTE = \$ 15,000

Director of Government Contracts

Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities.

Minimum Qualifications: Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.

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Annual Salary \$ 74,000 x 0.05 FTE = \$ 3,700

Contracts & Purchasing Manager

Prepares monthly contract invoices, records contract accruals into financial management system, prepares budgets for contract proposals, modifications, and revisions. Prepares reports for contract financial information and maintains databases related to contract allocations.

Minimum Qualifications: Bachelor's degree in Finance or related field or equivalent experience in accounting, budgeting and contract management. Two years demonstrated experience in a finance/contract management capacity.

Annual Salary \$ 92,000 x 0.05 FTE = \$ 4,600

BBE MGR

Manages and coordinates all day-to-day aspects of the program. Responsible for the development, administration and facilitation of all BBE group program activities. Duties include co-facilitation of the weekly drop-in support group (Phoenix Rising), coordination of all workshops (Afrochats, Many Men, Many Voices, Healthy relationships) curricula development and logistic support and facilitation of the BBE Steering Committee.

Minimum Qualifications: Experience in health/human services and or related disciplines. Also requires experience coordinating outreach activities among African American populations, experience providing HIV/AIDS services and knowledge of substance use and harm reduction services.

Annual Salary \$ 61,000 x 0.80 FTE = \$ 48,800

Community Organizer/Mobilization Manager

Responsible for the development and implementation of group and community level interventions that organizes and mobilizes communities in order to increase their level of social capital. This position provides a clinical/social services perspective on how to work with individuals in our target population and engage them in community building activities. Targets health promotion and wellness among African American gay and bisexual and same gender loving men.

Minimum Qualifications: Bachelor's degree in psychology, social services or related discipline. Also requires experience coordinating outreach activities among communities of color and MSM populations, experience providing HIV/AIDS services and knowledge of substance use and harm reductions services.

Annual Salary \$ 61,000 x 0.80 FTE = \$ 48,800

Health Educator

Performs phlebotomy services for confirmatory HIV antibody testing and RNA testing. Prepares specimen collection for transport to SFDPH laboratory.

Minimum Qualifications: State certified phlebotomist.

Annual Salary \$ 61,000 x 0.10 FTE = \$ 6,100

Speed Project Coordinator

Responsible for the Speed Project field implementation. Will recruit peer advocates from the speed using community and those in recovery from speed use. Responsible for supervision and performance of Peer Advocates, ensuring that they are receiving all necessary logistical support. The Speed Project Outreach Coordinator will help develop and implement the initial training for the peer advocates as well as ongoing training activities.

Minimum Qualifications: Experience in health/human services and or related disciplines. Also requires experience coordinating outreach activities among communities of color and MSM populations, experience providing HIV/AIDS services and knowledge of substance use and harm reduction services.

Annual Salary \$ 57,400 x 0.10 FTE = \$ 5,740

Counselor I/II

Responsible for intake assessments, individual and group counseling, referrals to psychiatrist, documentation of all counseling.

Minimum Qualifications: Master's degree or at least five years experience in substance use, mental health, or HIV counseling.

Annual Salary \$ 63,500 x 0.20 FTE = \$ 12,700

Administrative Assistant

Provide administrative office support to the BBE program (including correspondence, filing, ordering supplies, scheduling meetings, and preparing materials packets).

Minimum Qualifications: High school diploma or equivalency and one year of experience working as an Administrative Assistant.

Annual Salary \$ 55,000 x 0.10 FTE = \$ 5,500

Director, Prevention Services: Responsible for supervision of program staff and will act as liaison to prevention and care partners; responsible for program planning, implementation and evaluation. *Minimum qualifications:* Master's Degree and 4 years community organizing & disease prevention experience or an equivalent combination of education and experience.

Annual Salary \$90,000 x .25 FTE = \$ 22,500

Director, Program Development and Operations: Responsible for staff and volunteer education/training; keeps up to date on new trends in HIV prevention with an eye toward possible program impacts; works on program design and delivery plan, and coordinates program evaluation. *Minimum qualifications:* Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.

Annual Salary \$82,000 x .10 FTE = \$ 8,200

YBMSM Program Manager: Responsible for program oversight and supervision of YBMSM Program Coordinator. Responsible for program design input, program implementation, and evaluation. Oversees outreach efforts to community providers and provides case management to link clients to resources and services. Oversees HIV testing efforts, recruits participants for annual Black PLUS, and arranges Black PLUS logistics with Positive Force staff. *Minimum qualifications:* Demonstratable cultural competence and a Master's degree in a relevant field (Counseling, MSW, Psychology, MFT, etc) and 3 years related experience.

Annual Salary \$61,500 x .90 FTE = \$ 55,350

YBMSM Program Coordinator: Responsible for HIV testing recruitment, client outreach, program delivery. Oversees drop-in space and coordinates drop-in space logistics. *Minimum qualifications:* BA or one year experience in community organizing and health promotion, or an equivalent combination.

Annual Salary \$45,000 x 1.0 FTE = \$ 45,000

Outreach/Testing Counselor: Conducts targeted recruitment activities for HIV testing at specific venues in the community. This can include accompanying client to testing site. Provides informed consent, HIV/RNA counseling and test disclosure information to clients being tested. Perform specimen collection (finger stick) for HIV antibody rapid test. Processes, develops, and interprets HIV antibody testing kits (OraQuick and StatPak) document results. Assists in data entry. *Minimum qualifications:* State of California HIV Test Counselor Certification required.

Annual Salary \$37,398 x .40 FTE = \$ 14,959

Testing Coordinator: Responsible for managing the testing calendar and coordinating shift logistics with AHP staff; responsible for RV maintenance including, but not limited to, any pertinent permit and parking issues, driving, managing client flow and providing HIV testing services. *Minimum qualifications:* BA degree or 2 years related work experience; state-certified IRRC counselor and certified phlebotomist.

Annual Salary \$46,500 x .25 FTE = \$ 11,625

Media Designer: Designs social marketing campaigns and promotional media pieces. *Minimum qualifications:* BA and 2 years experience or an equivalent combination of education and experience.

Annual Salary \$67,500 x .10 FTE = \$ 6,750

Volunteer Manager: Performs intake interviews with potential volunteers to match skills & interests to components of our programs; develops & implements plans to increase volunteerism; develops & coordinates volunteer orientations and trainings; develops & implements performance evaluation methods; tracks volunteer hours worked; develops support and retentions activities and designs leadership development curriculum for volunteers in order to increase retention. *Minimum qualifications:* BA and 2 years experience in volunteer coordinatio, or an equivalent combination of education and experience.

Annual Salary \$80,000 x .10 FTE = \$ 8,000

Total Salaries \$ 328,024

Total Benefits 25% of \$ 328,024 total salaries = \$ 82,006
Social Security, Worker's Compensation, Health Benefits, Unemployment, State and

TOTAL SALARIES & BENEFITS \$ 410,030

Operating Expenses

Occupancy:

Rent:

Rent expense based on SFAF's experience rate of \$800 per FTE per month.

\$800.00 per month x 5.45 FTE x 12 months = \$ 52,320

Utilities:

Telephone expense based on SFAF's experience rate of \$80.00 per FTE per month.

\$80.00 per month x 5.45 FTE x 12 months = \$ 5,232

Total Occupancy: \$ 57,552

Materials and Supplies:

Office Supplies/Postage:

Office supplies/postage expense based on SFAF's experience rate of \$40.00 per FTE per month.

\$40.00 per month x 5.45 FTE x 12 months = \$ 2,616

Case Management/Event Expense:

Food and supplies for drop-in space, MUNI cards for client appointments, and fees/expenses associated with program promotion at community events (street fairs, Pride Parade, Juneteenth, Kwanzaa, etc.).

300 drop-in + 75 case mgmt clients annually x approx \$51.01/client \$ 19,130
Approx 6 community Events x \$2,125.00 per event \$ 12,750

Temporary Staff

Youth to help administer YBMSM program, assist with outreach, set-up and clean up

\$20/hour x 7 hours/week x 25 weeks \$ 3,500

Total Materials and Supplies: \$ 37,996

General Operating:

Insurance:

Occupancy insurance expense based on SFAF's experience rate of \$50.00 per FTE per month.

\$50.00 per month x 5.45 FTE x 12 months = \$ 3,270

Outside Storage:

Storage expense based on SFAF's experience rate of \$5.30 per FTE per month.

\$5.30 per month x 5.45 FTE x 12 months = \$ 347

Rental/Maintenance of Equipment:

Equipment rental expense based on SFAF's experience rate of \$50.00 per FTE per month. Equipment maintenance expense based on SFAF's experience rate of \$50.00 per FTE per month.

Rental - \$50.00 per month x 5.45 FTE x 12 months = \$ 3,270

Maintenance - \$50.00 per month x 5.45 FTE x 12 months = \$ 3,270

Program Incentives:

\$20 testing incentives x 125 tests = \$2,500 \$ 2,500

Communications/Promotional Media: Promote one Black PLUS event (2 days session), 2 Status Awareness events and 1 Major event. \$400 each media buy \$ 1,600

Misc. Fuel and parking space rental for R.V. for HIV/STD testing \$ 1,600
Prorated fuel and parking for RV @ \$133.33/mo x 12 mo

Total General Operating: \$ 15,857

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$ -

TOTAL OPERATING EXPENSES \$ 111,405

TOTAL DIRECT COSTS \$ 521,435

INDIRECT COSTS

Indirect expenses for the San Francisco AIDS Foundation are approximately 17% of operating costs. SFAF requests reimbursement at 10% of the total direct costs in this proposal to cover operating expenses incurred by the Foundation, including finance and administration.

	$\$521,435 \times 10\% = \$$	52,144
TOTAL INDIRECT COSTS	\$	<u>52,144</u>
APPENDIX TOTAL	\$	573,579

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-4g		Page 1
2	Contract Term: 9/1/11-6/30/18						Appendix Term: 7/1/17-6/30/18		
3	Funding Source: General Fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page1 Total
10	Position Titles	FTE	Events		Groups		Testing		
11	Vice-President of Program & Services	0.10	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
12	Director of Government Contracts	0.05	2,700	18%	7,050	47%	3,150	21%	12,900
13	Evaluation Associate	0.05	235	5%	3,243	69%	1,082	23%	4,560
14	Contracts & Purchasing Manager	0.05	185	5%	2,553	69%	851	23%	3,589
15	BBE MGR	0.05	230	5%	3,174	69%	1,058	23%	4,462
16	Community Organizer/Mobilization Manage	0.80	12,688	26%	28,792	59%	0	0%	41,480
17	Health Educator	0.80	13,664	28%	28,304	58%	0	0%	41,968
18	Speed Project Coord	0.10	2,562	42%	0	0%	1,281	21%	3,843
19	Counselor I/II	0.10	1,091	19%	1,952	34%	0	0%	3,043
20	Administrative Assistant	0.20	0	0%	4,953	39%	4,826	38%	9,779
21	Dir., Prevention Services	0.10	330	6%	4,675	85%	330	6%	6,335
22	Dir., Program Development & Ops	0.25	13,050	58%	6,300	28%	2,925	13%	22,275
23	YBMSM Program Manager	0.10	4,018	49%	3,034	37%	1,066	13%	8,118
24	YBMSM Program Coordinator	0.90	25,461	46%	18,265	33%	10,517	19%	54,243
25	Outreach /Testing Counselor	1.00	27,000	75%	10,800	30%	6,750	19%	44,550
26	Testing Coordinator	0.40					14,950	100%	14,950
27	Media Designer	0.25	6,161	63%	2,790	24%	2,558	22%	11,509
28	Volunteer Manager	0.10	4,185	62%	1,620	24%	810	12%	6,615
29	Total FTE & Total Salaries	0.10	4,960	62%	1,920	24%	1,040	13%	7,920
30	Fringe Benefits	5.45	118,520	37%	129,425	41%	53,203	17%	301,148
31	Total Personnel Expenses	25%	29,630	37%	32,366	41%	13,301	17%	75,287
32			148,150	37%	161,781	41%	66,504	17%	376,435
33	Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
34	Total Occupancy		6,330	11%	18,992	34%	8,632	16%	33,954
35	Total Materials and Supplies		4,939	13%	23,557	60%	6,459	16%	34,955
36	Total General Operating		1,744	11%	10,941	71%	1,744	11%	14,429
37	Consultants/Subcontractor								
38									
39									
40	Other:								
41									
42									
43									
44									
45									
46									
47									
48	Total Operating Expenses		\$ 13,013	12%	\$ 53,490	49%	16,835	15%	\$ 83,338
49									
50	Total Direct Expenses		161,163	32%	215,271	42%	83,339	16%	459,773
51	Indirect Expenses	10%	16,117	32%	21,527	42%	8,334	16%	45,978
52	TOTAL EXPENSES		\$ 177,280	32%	\$ 236,798	42%	91,673	16%	\$305,751
53									
54	Number of Units of Service (UOS) per Service Mode		24		580		500		1,104
55	Cost Per Unit of Service by Service Mode		\$7,386.67		\$408.27		183.35		
56	Number of Contacts (NOC) per Service Mode		984		3,320		500		
57									
58	DPH #1A(1)								Rev. 05/2010

	A	B	C	D	E	F	G	H	I
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6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1-2
10	Position Titles	FTE	IRRC		PCM				Contract Totals
11	Vice-President of Program & Services	0.10	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	15,000
12	Director of Government Contracts	0.05	1,200	8%	900	6%			4,700
13	Evaluation Associate	0.05	140	3%	0	0%			3,700
14	Contracts & Purchasing Manager	0.05	111	3%	0	0%			4,600
15	BBE MGR	0.05	138	3%	0	0%			48,800
16	Community Organizer/Mobilization Manage	0.80	488	1%	6,832	14%			48,800
17	Health Educator	0.80	1,952	4%	4,880	10%			6,100
18	Speed Project Coord	0.10	976	16%	1,281	21%			5,740
19	Counselor I/II	0.10	0	0%	2,697	47%			12,700
20	Counselor I/II	0.20	2,413	19%	508	4%			5,500
21	Administrative Assistant	0.10	0	0%	165	3%			22,500
22	Dir., Prevention Services	0.25	225	1%	0	0%			8,200
23	Dir., Program Development & Ops	0.10	82	1%	0	0%			55,350
24	YBMSM Program Manager	0.90	1,107	2%	0	0%			45,000
25	YBMSM Program Coordinator	1.00	450	1%	0	0%			14,959
26	Outreach/Teasting Counselor	0.40	0	0%	0	0%			11,625
27	Testing Coordinator	0.25	116	1%	0	0%			6,750
28	Media Designer	0.10	135	2%	0	0%			8,000
29	Volunteer Manager	0.10	80	1%	0	0%			328,024
30	Total FTE & Total Salaries	5.45	9,613	3%	17,263	5%			82,006
31	Fringe Benefits	23%	2,403	3%	4,316	5%			410,030
32	Total Personnel Expenses		12,016	3%	21,579	5%			
33	Operating Expenses		Expenditure	%	Expenditure	%			Contract Total
34	Total Occupancy		21,294	37%	2,304	4%			57,552
35	Total Materials and Supplies		1,140	3%	1,901	5%			37,996
36	Total General Operating		634	4%	794	5%			15,857
37	Consultants/Subcontractor								0
38									
39									
40	Other:								
41									
42									
43									
44									
45									
46									
47									
48	Total Operating Expenses		\$ 23,068	21%	\$ 4,999	4%			\$ 111,405
49									
50	Total Direct Expenses		35,084	7%	26,578	5%			521,435
51	Indirect Expenses	10%	3,508	7%	2,658	5%			52,144
52	TOTAL EXPENSES		\$ 38,592	7%	\$ 29,236	5%			\$573,579
53									
54	Number of Units of Service (UOS) per Service Mode		262		200				1,566
55	Cost Per Unit of Service by Service Mode		\$147.30		\$146.18				
56	Number of Contacts (NOC) per Service Mode		792		200				
57									
58	DPH #1A(1)								
	Rev. 05/2010								

BUDGET JUSTIFICATION
African-American Prevention Initiative

Salaries and Benefits

Sr. Director, Pgm & SVC

Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men.

Minimum Qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.

Annual Salary \$ 150,000 x 0.10 FTE = \$ 15,000

Director of Government Contracts

Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities.

Minimum Qualifications: Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.

Annual Salary \$ 94,000 x 0.05 FTE = \$ 4,700

Evaluation Associate

Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements.

Minimum Qualifications: Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.

Annual Salary \$ 74,000 x 0.05 FTE = \$ 3,700

Contracts & Purchasing Manager

Prepares monthly contract invoices, records contract accruals into financial management system, prepares budgets for contract proposals, modifications, and revisions. Prepares reports for contract financial information and maintains databases related to contract allocations.

Minimum Qualifications: Bachelor's degree in Finance or related field or equivalent experience in accounting, budgeting and contract management. Two years demonstrated experience in a finance/contract management capacity.

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BBE MGR

Manages and coordinates all day-to-day aspects of the program. Responsible for the development, administration and facilitation of all BBE group program activities. Duties include co-facilitation of the weekly drop-in support group (Phoenix Rising), coordination of all workshops (Afrochats, Many Men, Many Voices, Healthy relationships) curricula development and logistic support and facilitation of the BBE Steering Committee.

Minimum Qualifications: Experience in health/human services and or related disciplines. Also requires experience coordinating outreach activities among African American populations, experience providing HIV/AIDS services and knowledge of substance use and harm reduction services.

Annual Salary \$ 61,000 x 0.80 FTE = \$ 48,800

Community Organizer/Mobilization Manager

Responsible for the development and implementation of group and community level interventions that organizes and mobilizes communities in order to increase their level of social capital. This position provides a clinical/social services perspective on how to work with individuals in our target population and engage them in community building activities. Targets health promotion and wellness among African American gay and bisexual and same gender loving men.

Minimum Qualifications: Bachelor's degree in psychology, social services or related discipline. Also requires experience coordinating outreach activities among communities of color and MSM populations, experience providing HIV/AIDS services and knowledge of substance use and harm reductions services.

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Health Educator

Performs phlebotomy services for confirmatory HIV antibody testing and RNA testing. Prepares specimen collection for transport to SFDPH laboratory.

Minimum Qualifications: State certified phlebotomist.

Annual Salary \$ 61,000 x 0.10 FTE = \$ 6,100

Speed Project Coordinator

Responsible for the Speed Project field implementation. Will recruit peer advocates from the speed using community and those in recovery from speed use. Responsible for supervision and performance of Peer Advocates, ensuring that they are receiving all necessary logistical support. The Speed Project Outreach Coordinator will help develop and implement the initial training for the peer advocates as well as ongoing training activities.

Minimum Qualifications: Experience in health/human services and or related disciplines. Also requires experience coordinating outreach activities among communities of color and MSM populations, experience providing HIV/AIDS services and knowledge of substance use and harm reduction services.

Annual Salary \$ 57,400 x 0.10 FTE = \$ 5,740

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Minimum Qualifications: Master's degree or at least five years experience in substance use, mental health, or HIV counseling.

Annual Salary \$ 63,500 x 0.20 FTE = \$ 12,700

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Provide administrative office support to the BBE program (including correspondence, filing, ordering supplies, scheduling meetings, and preparing materials packets).

Minimum Qualifications: High school diploma or equivalency and one year of experience working as an Administrative Assistant.

Annual Salary \$ 55,000 x 0.10 FTE = \$ 5,500

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Annual Salary \$90,000 x .25 FTE = \$ 22,500

Director, Program Development and Operations: Responsible for staff and volunteer education/training; keeps up to date on new trends in HIV prevention with an eye toward possible program impacts; works on program design and delivery plan, and coordinates program evaluation. *Minimum qualifications:* Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.

Annual Salary \$82,000 x .10 FTE = \$ 8,200

YBMSM Program Manager: Responsible for program oversight and supervision of YBMSM Program Coordinator. Responsible for program design input, program implementation, and evaluation. Oversees outreach efforts to community providers and provides case management to link clients to resources and services. Oversees HIV testing efforts, recruits participants for annual Black PLUS, and arranges Black PLUS logistics with Positive Force staff. *Minimum qualifications:* Demonstratable cultural competence and a Master's degree in a relevant field (Counseling, MSW, Psychology, MFT, etc) and 3 years related experience.

Annual Salary \$61,500 x .90 FTE = \$ 55,350

YBMSM Program Coordinator: Responsible for HIV testing recruitment, client outreach, program delivery. Oversees drop-in space and coordinates drop-in space logistics. *Minimum qualifications:* BA or one year experience in community organizing and health promotion, or an equivalent combination.

Annual Salary \$45,000 x 1 FTE = \$ 45,000

Outreach/Testing Counselor: Conducts targeted recruitment activities for HIV testing at specific venues in the community. This can include accompanying client to testing site. Provides informed consent, HIV/RNA counseling and test disclosure information to clients being tested. Perform specimen collection (finger stick) for HIV antibody rapid test. Processes, develops, and interprets HIV antibody testing kits (OraQuick and StatPak) document results. Assists in data entry. *Minimum qualifications:* State of California HIV Test Counselor Certification required.

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Annual Salary \$46,500 x .25 FTE = \$ 11,625

Media Designer: Designs social marketing campaigns and promotional media pieces. *Minimum qualifications:* BA and 2 years experience or an equivalent combination of education and experience.

Annual Salary \$67,500 x .10 FTE = \$ 6,750

Volunteer Manager: Performs intake interviews with potential volunteers to match skills & interests to components of our programs; develops & implements plans to increase volunteerism; develops & coordinates volunteer orientations and trainings; develops & implements performance evaluation methods; tracks volunteer hours worked; develops support and retention activities and designs leadership development curriculum for volunteers in order to increase retention. *Minimum qualifications:* BA and 2 years experience in volunteer coordinatio, or an equivalent combination of education and experience.

Annual Salary \$80,000 x .10 FTE = \$ 8,000

Total Salaries \$ 328,024

Total Benefits 25% of \$ 328,034 total salaries = \$ 82,006
 Social Security, Worker's Compensation, Health Benefits, Unemployment, State and

TOTAL SALARIES & BENEFITS \$ 410,030

Operating Expenses

Occupancy:

Rent:

Rent expense based on SFAF's experience rate of \$800 per FTE per month.

\$800 per month x 5.45 FTE x 12 months = \$ 52,320

Utilities:

Telephone expense based on SFAF's experience rate of \$73.57 per FTE per month.

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Total Occupancy: \$ 57,552

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300 drop-in + 75 case mgmt clients annually x approx \$51.01/client \$ 19,130
 Approx 6 community Events x \$2,125 per event \$ 12,750

Temporary Staff

Youth to help administer YBMSM program, assist with outreach, set-up and clean up

\$20/hour x 7 hours/week x 25 weeks \$ 3,500

Total Materials and Supplies: \$ 37,996

Insurance:

Occupancy insurance expense based on SFAF's experience rate of \$50 per FTE per month.

\$50 per month x 5.45 FTE x 12 months = \$ 3,270

Outside Storage:

Storage expense based on SFAF's experience rate of \$5.30 per FTE per month.

\$5.30 per month x 5.45 FTE x 12 months = \$ 347

Rental/Maintenance of Equipment:

Equipment rental expense based on SFAF's experience rate of \$50 per FTE per month. Equipment maintenance expense based on SFAF's experience rate of \$50 per FTE per month.

Rental - \$50 per month x 5.45 FTE x 12 months = \$ 3,270

Maintenance - \$50 per month x 5.45 FTE x 12 months = \$ 3,270

Program Incentives:

\$20 testing incentives x 125 tests = \$ 2,500

Communications/Promotional Media: Promote one Black PLUS event (2 days session), 2 Status Awareness events and 1 Major event. \$400 each media buy \$ 1,600

Misc. Fuel and parking space rental for R.V. for HIV/STD testing \$ 1,600
 Prorated fuel and parking for RV @ \$133.33/mo x 12 mo

Total General Operating: \$ 15,857

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$ -

TOTAL OPERATING EXPENSES \$ 111,405

TOTAL DIRECT COSTS

\$ 521,435

INDIRECT COSTS

Indirect expenses for the San Francisco AIDS Foundation are approximately 17% of operating costs. SFAF requests reimbursement at 10% of the total direct costs in this proposal to cover operating expenses incurred by the Foundation, including finance and administration.

$\$521435 \times 10\% = \$ 52,144$

TOTAL INDIRECT COSTS

\$ 52,144

APPENDIX TOTAL

\$ 573,579

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-5d		Page 1
2	Contract Term: 9/1/11-06/30/18						Appendix Term: 07/1/15-06/30/16		
3	Funding Source: General Fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1 Total
10	Position Titles	FTE	Testing		IRRC		PCM		
11	Director of Clinical Operations	0.20	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
12	Director of Government Contracts	0.10	5,440	34%	960	6%	4,320	27%	10,720
13	Evaluation Associate	0.10	3,128	34%	368	4%	2,668	29%	6,164
14	HIV CTL Services Manager	0.10	2,040	34%	240	4%	1,740	29%	4,020
15	Data Manager	0.40	13,706	78%	351	2%	1,406	8%	15,463
16	Counselor I/II	0.10	1,700	34%	400	8%	1,250	25%	3,350
17	Counselor I/II	1.25	6,254	9%	8,339	12%	29,186	42%	43,779
18	Outreach/Testing Counselor	0.60	22,439	100%					22,439
19									
20									
21									
22									
23									
24	Total FTE & Total Salaries	2.75	54,707	38%	10,658	7%	40,570	28%	105,935
25	Fringe Benefits	25%	13,677	38%	2,665	7%	10,143	28%	26,485
26	Total Personnel Expenses		68,384	38%	13,323	7%	50,713	28%	132,420
27									
28	Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
29	Total Occupancy		13,939	48%	2,904	10%	6,679	23%	23,522
30	Total Materials and Supplies		3,521	30%	1,174	10%	4,930	42%	9,625
31	Total General Operating		876	48%	183	10%	420	23%	1,479
32	Total Staff Travel								
33	Consultants/Subcontractor:								
34									
35	Other:								
36									
37									
38									
39									
40									
41									
42									
43	Total Operating Expenses		\$ 18,336	5%	\$ 4,261	1%	12,029	3%	\$ 34,626
44									
45	Total Direct Expenses		86,720	15%	17,584	3%	62,742	11%	167,046
46	Indirect Expenses 10%/15%		8,672	11%	1,758	2%	6,274	8%	16,704
47	TOTAL EXPENSES		\$ 95,392	14%	\$ 19,342	3%	69,016	10%	\$183,750
48									
49	Number of Units of Service (UOS) per Service Mode		600		145		480		1,225
50	Cost Per Unit of Service by Service Mode		\$158.99		\$133.39		143.78		
51	Number of Contacts (NOC) per Service Mode		600		159		480		
52									
53	DPH #1A(1)								

Rev. 05/2010

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation					Appendix B-5d Page 2			
2	Contract Term: 9/1/11-06/30/18					Appendix Term: 07/1/15-06/30/16			
3	Funding Source: General fund								
4									
5	SFPDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1-2 Totals
10	Position Titles	FTE	Groups		LIFE IRRC		LIFE PCM		
11	Director of Clinical Operations	0.20	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
12	Director of Government Contracts	0.10	5,280	33%					16,000
13	Evaluation Associate	0.10	3,036	33%					9,200
14	HIV CTL Services Manager	0.40	1,980	33%					6,000
15	Data Manager	0.10	2,109	12%					17,572
16	Counselor I and II	0.10	1,650	33%					5,000
17	Counselor I and II	1.25	25,712	37%					68,491
18	Outreach/Testing Counselor	0.60							22,439
19									
20									
21									
22									
23									
24	Total FTE & Total Salaries	2.75	39,767	27%					145,702
25	Fringe Benefits	25%	9,941	27%					36,426
26	Total Personnel Expenses		49,708	27%					182,128
27									
28	Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
29	Total Occupancy		5,618	19%					29,040
30	Total Materials and Supplies		2,113	18%					11,738
31	Total General Operating		346	19%					1,825
32	Total Staff Travel								
33	Consultants/Subcontractor:				32,669	9%	134,306	37%	166,975
34									
35	Other:								
36									
37									
38									
39									
40									
41									
42									
43	Total Operating Expenses		\$ 7,977	2%	\$ 32,669	8%	134,306	33%	\$ 209,578
44									
45	Total Direct Expenses		57,685	10%	32,669	6%	134,306	23%	391,706
46	Indirect Expenses 10%/15%		5,769	7%	4,900	6%	20,146	26%	47,519
47	TOTAL EXPENSES		\$ 63,454	10%	\$ 37,569	6%	154,452	23%	\$439,225
48									
49	Number of Units of Service (UOS) per Service Mode		311		144		1,080		1,535
50	Cost Per Unit of Service by Service Mode		\$204.03		\$260.90		\$143.01		
51	Number of Contacts (NOC) per Service Mode		1,035		144		864		
52									
53	DPH #1A(1)								Rev. 05/2010

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-5d		Page 3
2	Contract Term: 9/1/11-06/30/18						Appendix Term: 07/1/15-06/30/16		
3	Funding Source: General fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1-3
10	Position Titles	FTE	LIFE Groups		LIFE R & L				Contract Totals
11	Director of Clinical Operations	0.20	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	16,000
12	Director of Government Contracts	0.10		0%					9,200
13	Evaluation Associate	0.10		0%					6,000
14	HIV CTL Services Manager	0.40		0%					17,572
15	Data Manager	0.10		0%					5,000
16	Counselor I and II	1.25		0%					69,491
17	Outreach/Testing Counselor	0.60		0%					22,439
18									
19									
20									
21									
22									
23									
24	Total FTE & Total Salaries	2.75	0	0%					145,702
25	Fringe Benefits	25%	0	0%					36,426
26	Total Personnel Expenses		0	0%					182,128
27									
28	Operating Expenses		Expenditure	%	Expenditure	%			Contract Total
29	Total Occupancy			0%					29,040
30	Total Materials and Supplies			0%					11,738
31	Total General Operating			0%					1,825
32	Total Staff Travel								0
33	Consultants/Subcontractor:		159,725	44%	36,290	10%			362,990
34									
35	Other:								
36									
37									
38									
39									
40									
41									
42									
43	Total Operating Expenses		\$ 159,725	39%	\$ 36,290	9%			\$ 405,593
44									
45	Total Direct Expenses		159,725	27%	36,290	6%			587,721
46	Indirect Expenses 10%/15%		23,959	31%	5,444	7%			76,922
47	TOTAL EXPENSES		\$ 183,684	28%	\$ 41,734	6%			\$664,643
48									
49	Number of Units of Service (UOS) per Service Mode		604		375				3,739
50	Cost Per Unit of Service by Service Mode		\$304.11		\$111.29				
51	Number of Contacts (NOC) per Service Mode		2,134		750				
52									
53	DPH #1A(1)								Rev. 05/2010

BUDGET JUSTIFICATION

Stonewall Castro/ LIFE Program

Salaries and Benefits

Director of Clinical Operations

Dir. Of Clinical Operations assists with daily operations, provides HIV

Minimum Qualifications: Master's degree and at least five years experience

.20 FTE x \$ 80,000 = \$16,000

Director of Government Contracts

Responsible for all data management and contract related activities.

Minimum Qualifications: Bachelor's degree and at least two years

.10 FTE x \$ 92,000 = \$9,200

Evaluation Associate

Responsible for coordinating data collection, quality assurance, reporting

Minimum Qualifications: Bachelor's degree and 2 years experience

.10 FTE x \$ 60,000 = \$6,000

HIV CTL Services Manager

Manages clinic staff and oversees phlebotomy services for confirmatory HIV

Minimum Qualifications: Bachelor's Degree, certified HIV test counselor and

.40 FTE x \$ 43,930 = \$17,572

Data Manager

Manages data collection activities at all sites. Ensures the completeness,

Minimum Qualifications: Bachelor's degree and at least two years

.10 FTE x \$ 50,000 = \$5,000

Counselor I and II

Responsible for intake assessments, individual and group counseling,

Minimum Qualifications: Master's degree or at least five years experience in

1.25 FTE x \$ 55,593 = \$69,491

Outreach/Testing Counselor: Conducts targeted recruitment activities for

.60 FTE x \$37,398 = \$22,439

Total Salaries

\$145,702

Total Benefits

25% of \$ 145,702 total salaries =

\$36,426

Social Security, Worker's Compensation, Health Benefits, Unemployment,

TOTAL SALARIES & BENEFITS

\$182,128

Operating Expenses

Occupancy

Rent:

Rent expense based on SFAF's experience rate of \$800.00 per FTE

\$800.00 per mo. x 2.75 FTE x 12 months = \$26,400

Telephone:

Phonebase on SFAF's experience rate of \$80.0 per FTE

$\$80.00 \times 2.75 \text{ FTE} \times 12 \text{ months} = \$2,640$

Total Occupancy: \$29,040

Materials and Supplies:

Office Supplies & Postage:

Supplies and postage at SFAF's experience rate of \$40.00 per FTE per month

$\$40.00 / \text{FTE} \times 2.75 \text{ FTE} \times 12 \text{ months} = \$1,320$

Program/Medical Supplies:

Condoms and lubricant to distribute to clients.

67,725 condoms x \$0.08 per condom = \$5,418

200 incentives @ \$25.00 each = \$5,000

Total Materials and Supplies: \$11,738

General Operating:

Insurance:

Occupancy insurance expense based on SFAF's experience rate of \$50.00 per month.

$\$50.00 \text{ per mo.} \times 2.75 \text{ FTE} \times 12 \text{ months} = \$1,650$

Storage:

Offsite storage at a rate of \$5.30 per FTE per month

$\$5.30 \times 2.75 \text{ FTE} \times 12 \text{ months} = \175

Total General Operating: \$1,825

Staff Travel (Local & Out of Town):

Total Staff Travel: \$0

Consultants/Subcontractors:

Shanti Project

Program Manager

Responsible for: logistical and administrative support to program

Minimum Qualifications : Graduate degree in health services related

$.55 \text{ FTE} \times \$110,000 = \$60,500$

Database Administrator

Responsible for: management of data design and collection,

Minimum Qualifications: Graduate degree in health services-related

$.50 \text{ FTE} \times \$55,000 = \$27,500$

Senior Health Coordinator I/ Clinical

Supervisor

Responsible for: CRCS counseling; facilitation of SSG Health

Minimum Qualifications: Professional degree in Psychology, Clinical

	.20 FTE x \$80,000 =	\$16,000
	.90FTE X \$70,000 =	\$63,000
Senior Health Coordinator II		
Responsible for: CRCS counseling; facilitation of SSG Health		
Minimum Qualifications: Graduate degree in mental health		
	.90 FTE x \$49,400	\$44,460
Health Counselor		
Responsible for: CRCS counseling; facilitation of SSG Health		
Minimum Qualifications: College degree in health service-related		
	.90FTE x \$51,607 =	\$44,460
	.20 FTE x \$45,635 =	\$9,127
Admin Assistant		
Responsible for: data entry; logistical and administrative support.		
Minimum Qualifications: College degree and/or minimum 3 years		
	.70 FTE x \$33,280 =	\$23,296
Benefits: Social Security, Worker's Compensation, Health Benefits,		
	Approx. 12.985% of total salaries (\$288,343) =	\$37,441
Rent		
Rental of property including rent, utilities, building maintenance and		
	\$1,500.00 x 12 months=	\$18,000
Materials & Supplies		
Supplies, postage, printing and photocopying of materials,		
	\$708.00/month x 12 months =	\$8,496
General Operating		
Staff training, staff travel, insurance and equipment rental including		
pro-rata share of shared expenses.		
	\$225.00/ month x 12 months =	\$2,700
Advertising		
Costs for advertising placement for client recruitment and program		
based social marketing campaigns and related materials.		
\$666.67/ month x 12 months less inkind funding for advertising of		
\$3950 =		
	\$666.67 x12 =\$8,000 less \$3,950=	\$4,050
Intervention Materials		
Incentives to support recruitment, attendance, punctuality and		
retention and related materials.		
\$786.75/ month x 12 months less \$5,481 inkind funding for materials		\$3,960
	\$786.75 x 12 mo = \$9,441 less \$5,481 =	

Total Consultants/Subcontractors:	\$362,990
Others:	
Total Other:	\$0
TOTAL OPERATING EXPENSES	\$405,593

CAPITAL EXPENDITURES (needed - A
unit valued at \$5,000 or more)

Total Capital Expenditures:

\$0

TOTAL DIRECT COSTS

\$587,721

INDIRECT COSTS

Stonewall Castro

Indirect expenses for the San Francisco AIDS Foundation are

\$ 219,249 x 10%= \$22,473

LIFE Program

Indirect expenses for the San Francisco AIDS Foundation & Shanti

\$ 362,990 x 15%= \$54,449

TOTAL INDIRECT COSTS

\$76,922

APPENDIX TOTAL

\$664,643

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-5e		Page 1
2	Contract Term: 9/1/11-06/30/18						Appendix Term: 07/1/16-06/30/17		
3	Funding Source: General Fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1 Total
10	Position Titles	FTE	Testing		IRRC		PCM		
11	Director of Clinical Operations	0.20	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
12	Director of Government Contracts	0.10	5,576	35%	984	6%	4,428	28%	
13	Evaluation Associate	0.10	3,196	35%	376	4%	2,726	30%	
14	HIV CTL Services Manager	0.40	2,380	40%	280	5%	2,030	34%	
15	Data Manager	0.40	13,706	78%	351	2%	1,406	8%	
16	Counselor I/II	0.10	1,700	34%	400	8%	1,250	25%	
17	Counselor I/II	1.25	6,380	9%	8,507	12%	29,776	43%	
18	Outreach/Testing Counselor	0.60	22,439	100%					
19									
20									
21									
22									
23									
24	Total FTE & Total Salaries	2.75	55,377	38%	10,898	7%	41,616	29%	
25	Fringe Benefits	25%	13,844	38%	2,725	7%	10,404	29%	
26	Total Personnel Expenses		69,221	38%	13,623	7%	52,020	29%	
27									
28	Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	
29	Total Occupancy		17,107	59%	3,564	12%	8,197	28%	
30	Total Materials and Supplies		4,836	41%	1,612	14%	6,770	58%	
31	Total General Operating		876	48%	183	10%	420	23%	
32	Total Staff Travel								
33	Consultants/Subcontractor:								
34									
35	Other:								
36									
37									
38									
39									
40									
41									
42									
43	Total Operating Expenses		\$ 22,819	6%	\$ 5,359	1%	15,387	4%	
44									
45	Total Direct Expenses		92,040	16%	18,982	3%	67,407	11%	
46	Indirect Expenses	10%/15%	9,204	12%	1,888	2%	6,741	9%	
47	TOTAL EXPENSES		\$ 101,244	15%	\$ 20,880	3%	74,148	11%	
48									
49	Number of Units of Service (UOS) per Service Mode		600		145		480		
50	Cost Per Unit of Service by Service Mode		\$168.74		\$144.00		154.48		
51	Number of Contacts (NOC) per Service Mode		600		159		480		
52									
53	DPH #1A(1)								Rev. 05/2010
54									

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-5e		Page 2
2	Contract Term: 9/1/11-06/30/18						Appendix Term: 07/1/16-06/30/17		
3	Funding Source: General fund								
4									
5	SFPDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1-2 Totals
10	Position Titles	FTE	Groups		LIFE IRRC		LIFE PCM		
11	Director of Clinical Operations	0.20	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
12	Director of Government Contracts	0.10	5,412	34%					
13	Evaluation Associate	0.10	3,102	34%					
14	HIV CTL Services Manager	0.40	2,310	39%					
15	Data Manager	0.10	2,109	12%					
16	Counselor I and II	0.10	1,650	33%					
17	Counselor I and II	1.25	26,232	38%					
18	Outreach/Testing Counselor	0.60							
19									
20									
21									
22									
23									
24	Total FTE & Total Salaries	2.75	40,815	28%					
25	Fringe Benefits	25%	10,204	28%					
26	Total Personnel Expenses		51,019	28%					
27									
28	Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
29	Total Occupancy		6,772	23%					35,640
30	Total Materials and Supplies		2,902	25%					16,120
31	Total General Operating		346	19%					1,825
32	Total Staff Travel								
33	Consultants/Subcontractor:				32,669	9%	134,306	37%	166,975
34									
35	Other:								
36									
37									
38									
39									
40									
41									
42									
43	Total Operating Expenses		\$ 10,020	2%	\$ 32,669	8%	134,306	33%	\$ 220,560
44									
45	Total Direct Expenses		61,039	10%	32,669	6%	134,306	23%	406,443
46	Indirect Expenses 10%/15%		6,104	8%	4,900	6%	20,146	26%	48,993
47	TOTAL EXPENSES		\$ 67,143	10%	\$ 37,569	6%	154,452	23%	\$455,436
48									
49	Number of Units of Service (UOS) per Service Mode		311		144		1,080		1,535
50	Cost Per Unit of Service by Service Mode		\$215.89		\$260.90		\$143.01		
51	Number of Contacts (NOC) per Service Mode		1,035		144		864		
52									
53	DPH #1A(1)								
									Rev. 05/2010

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-5e		Page 3
2	Contract Term: 9/1/11-06/30/18						Appendix Term: 07/1/16-06/30/17		
3	Funding Source: General fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1-3
10	Position Titles	FTE	LIFE Groups		LIFE R & L				Contract Totals
11	Director of Clinical Operations	0.20	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	16,400
12	Director of Government Contracts	0.10		0%					9,400
13	Evaluation Associate	0.10		0%					7,000
14	HIV CTL Services Manager	0.40		0%					17,572
15	Data Manager	0.10		0%					5,000
16	Counselor I and II	1.25		0%					70,895
17	Outreach/Testing Counselor	0.60		0%					22,439
18									
19									
20									
21									
22									
23									
24	Total FTE & Total Salaries	2.75	0	0%					148,706
25	Fringe Benefits	25%	0	0%					37,177
26	Total Personnel Expenses		0	0%					185,883
27									
28	Operating Expenses		Expenditure	%	Expenditure	%			Contract Total
29	Total Occupancy			0%					35,640
30	Total Materials and Supplies			0%					16,120
31	Total General Operating			0%					1,825
32	Total Staff Travel								0
33	Consultants/Subcontractor:		159,725	44%	36,290	10%			362,990
34									
35	Other:								
36									
37									
38									
39									
40									
41									
42									
43	Total Operating Expenses		\$ 159,725	38%	\$ 36,290	9%			\$ 416,575
44									
45	Total Direct Expenses		159,725	27%	36,290	6%			602,458
46	Indirect Expenses	10%/15%	23,959	31%	5,444	7%			78,396
47	TOTAL EXPENSES		\$ 183,684	27%	\$ 41,734	6%			\$680,854
48									
49	Number of Units of Service (UOS) per Service Mode		604		375				3,739
50	Cost Per Unit of Service by Service Mode		\$304.11		\$111.29				
51	Number of Contacts (NOC) per Service Mode		2,134		750				
52									
53	DPH #1A(1)								
	Rev. 05/2010								

BUDGET JUSTIFICATION

Stonewall Castro/ LIFE Program

Salaries and Benefits

Director of Clinical Operations

Dir. Of Clinical Operations assists with daily operations, provides HIV

Minimum Qualifications: Master's degree and at least five years experience

.20 FTE x \$ 82,000 = \$16,400

Director of Government Contracts

Responsible for all data management and contract related activities.

Minimum Qualifications: Bachelor's degree and at least two years

.10 FTE x \$ 94,000 = \$9,400

Evaluation Associate

Responsible for coordinating data collection, quality assurance, reporting

Minimum Qualifications: Bachelor's degree and 2 years experience

.10 FTE x \$ 70,000 = \$7,000

HIV CTL Services Manager

Manages clinic staff and oversees phlebotomy services for confirmatory HIV

Minimum Qualifications: Bachelor's Degree, certified HIV test counselor and

.40 FTE x \$ 43,930 = \$17,572

Data Manager

Manages data collection activities at all sites. Ensures the completeness,

Minimum Qualifications: Bachelor's degree and at least two years

.10 FTE x \$ 50,000= \$5,000

Counselor I and II

Responsible for intake assessments, individual and group counseling,

Minimum Qualifications: Master's degree or at least five years experience in

1.25 FTE x \$ 56,716= \$70,895

Outreach/Testing Counselor: Conducts targeted recruitment activities for

.60 FTE x \$37,398= \$22,439

Total Salaries

\$148,706

Total Benefits

25% of \$ 148,706 total salaries =

\$37,177

Social Security, Worker's Compensation, Health Benefits, Unemployment,

TOTAL SALARIES & BENEFITS

\$185,883

Operating Expenses

Occupancy:

Rent:

Rent expense based on SFAF's experience rate of \$1,000 per FTE

\$1,000.00 per mo. x 2.75 FTE x 12 months = \$33,000

Telephone:

Phonebase on SFAF's experience rate of \$80.0 per FTE

\$80.00 x 2.75 FTE x 12 months= \$2,640

Total Occupancy:	\$35,640
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Materials and Supplies:

Office Supplies & Postage:

Supplies and postage at SFAF's experience rate of \$40.00

$\$40.00/\text{FTE} \times 2.75 \text{ FTE} \times 12 \text{ months} = \$1,320$

Program/Medical Supplies:

Condoms and lubricant to distribute to clients.

$122,500 \text{ condoms} \times \$0.08 \text{ per condom} = \$9,800$

$200 \text{ incentives @ } \$25.00 \text{ each} = \$5,000$

Total Materials and Supplies:	\$16,120
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General Operating:

Insurance:

Occupancy insurance expense based on SFAF's experience rate of

$\$50.00 \text{ per mo.} \times 2.75 \text{ FTE} \times 12 \text{ months} = \$1,650$

Storage:

Offsite storage at a rate of \$5.30 per FTE per month

$\$5.30 \times 2.75 \text{ FTE} \times 12 \text{ months} = \175

Total General Operating:	\$1,825
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Staff Travel (Local & Out of Town):

Total Staff Travel:	\$0
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Consultants/Subcontractors:

Shanti Project

Program Manager

Responsible for: logistical and administrative support to program

Minimum Qualifications: Graduate degree in health services related

$.55 \text{ FTE} \times \$110,000 = \$60,500$

Database Administrator

Responsible for: management of data design and collection,

Minimum Qualifications: Graduate degree in health services-related

$.50 \text{ FTE} \times \$55,000 = \$27,500$

Senior Health Coordinator I/ Clinical

Supervisor

Responsible for: CRCS counseling; facilitation of SSG Health

Minimum Qualifications: Professional degree in Psychology, Clinical

$.20 \text{ FTE} \times \$80,000 = \$16,000$

$.90 \text{ FTE} \times \$70,000 = \$63,000$

Senior Health Coordinator II

Responsible for: CRCS counseling; facilitation of SSG Health	
Minimum Qualifications: Graduate degree in mental health	
.90 FTE x \$49,400	\$44,460
<u>Health Counselor</u>	
Responsible for: CRCS counseling; facilitation of SSG Health	
Minimum Qualifications: College degree in health service-related	
.90FTE x \$51,607 =	\$44,460
.20 FTE x \$45,635 =	\$9,127
Admin Assistant	
Responsible for: data entry; logistical and administrative support.	
Minimum Qualifications: College degree and/or minimum 3 years	
.70 FTE x \$33,280 =	\$23,296
<u>Benefits:</u> Social Security, Worker's Compensation, Health Benefits,	
Approx. 12.985% of total salaries (\$288,343) =	\$37,441
<u>Rent</u>	
Rental of property including rent, utilities, building maintenance and	
\$1,500.00 x 12 months=	\$18,000
<u>Materials & Supplies</u>	
Supplies, postage, printing and photocopying of materials,	
\$708.00/month x 12 months =	\$8,496
<u>General Operating</u>	
Staff training, staff travel, insurance and equipment rental including	
\$225.00/ month x 12 months =	\$2,700
<u>Advertising</u>	
Costs for advertising placement for client recruitment and program	
\$666.67/ month x 12 months less inkind funding for advertising of	
\$666.67 x12 =\$8,000 less \$3,950=	\$4,050
<u>Intervention Materials</u>	
Incentives to support recruitment, attendance, punctuality and	
retention and related materials.	
\$786.75/ month x 12 months less \$5,481 inkind funding for materials	
\$786.75 x 12 mo = \$9,441 less \$5,481 =	\$3,960

Total Consultants/Subcontractors:	\$362,990
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Other:	
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Total Other:	\$0
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TOTAL OPERATING EXPENSES	\$416,575
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CAPITAL EXPENDITURES: (If needed - A
 unit valued at \$5,000 or more)

Total Capital Expenditures:	\$0
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TOTAL DIRECT COSTS

\$602,458

INDIRECT COSTS

Stonewall Castro

Indirect expenses for the San Francisco AIDS Foundation are

$\$ 239,468.00 \times 10\% =$ **\$23,947**

LIFE Program

Indirect expenses for the San Francisco AIDS Foundation & Shanti

$\$ 362,990 \times 15\% =$ **\$54,449**

TOTAL INDIRECT COSTS

\$78,396

APPENDIX TOTAL

\$680,854

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-5f		Page 1
2	Contract Term: 9/1/11-06/30/18						Appendix Term: 07/1/17-06/30/18		
3	Funding Source: General Fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1
10	Position Titles	FTE	Testing		IRRC		PCM		Total
11	Director of Clinical Operations	0.20	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
12	Director of Government Contracts	0.10	5,576	35%	984	6%	4,428	28%	10,988
13	Evaluation Associate	0.10	3,196	35%	376	4%	2,726	30%	6,298
14	HIV CTL Services Manager	0.10	2,380	40%	280	5%	2,030	34%	4,690
15	HIV CTL Services Manager	0.40	13,706	78%	351	2%	1,406	8%	15,463
16	Data Manager	0.10	1,700	34%	400	8%	1,250	25%	3,350
17	Counselor I/II	1.25	6,380	9%	8,507	12%	29,776	43%	44,663
18	Outreach/Testing Counselor	0.60	22,439	100%					22,439
19									
20									
21									
22									
23									
24	Total FTE & Total Salaries	2.75	55,377	38%	10,898	7%	41,616	29%	107,891
25	Fringe Benefits	25%	13,844	38%	2,725	7%	10,404	29%	26,973
26	Total Personnel Expenses		69,221	38%	13,623	7%	52,020	29%	134,864
27									
28	Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
29	Total Occupancy		17,107	59%	3,564	12%	8,197	28%	28,868
30	Total Materials and Supplies		4,836	41%	1,612	14%	6,770	58%	13,218
31	Total General Operating		876	48%	183	10%	420	23%	1,479
32	Total Staff Travel								
33	Consultants/Subcontractor:								
34									
35	Other:								
36									
37									
38									
39									
40									
41									
42									
43	Total Operating Expenses		\$ 22,819	6%	\$ 5,359	1%	15,387	4%	\$ 43,565
44									
45	Total Direct Expenses		92,040	16%	18,982	3%	67,407	11%	178,429
46	Indirect Expenses 10%/15%		9,204	12%	1,898	2%	6,741	9%	17,843
47	TOTAL EXPENSES		\$ 101,244	15%	\$ 20,880	3%	74,148	11%	\$196,272
48									
49	Number of Units of Service (UOS) per Service Mode		600		145		480		1,225
50	Cost Per Unit of Service by Service Mode		\$168.74		\$144.00		154.48		
51	Number of Contacts (NOC) per Service Mode		600		159		480		
52									
53	DPH #1A(1)								
	Rev. 05/2010								

	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-5f		Page 2
2	Contract Term: 9/1/11-06/30/18						Appendix Term: 07/1/17-06/30/18		
3	Funding Source: General fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1-2 Totals
10	Position Titles	FTE	Groups		LIFE IRRC		LIFE PCM		
11			Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
12	Director of Clinical Operations	0.20	5,412	34%					16,400
13	Director of Government Contracts	0.10	3,102	34%					9,400
14	Evaluation Associate	0.10	2,310	39%					7,000
15	HIV CTL Services Manager	0.40	2,109	12%					17,572
16	Data Manager	0.10	1,650	33%					5,000
17	Counselor I and II	1.25	26,232	38%					70,895
18	Outreach/Testing Counselor	0.60							22,439
19									
20									
21									
22									
23									
24	Total FTE & Total Salaries	2.75	40,815	28%					148,706
25	Fringe Benefits	25%	10,204	28%					37,177
26	Total Personnel Expenses		51,019	28%					185,883
27									
28	Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
29	Total Occupancy		6,772	23%					35,640
30	Total Materials and Supplies		2,902	25%					16,120
31	Total General Operating		346	19%					1,825
32	Total Staff Travel								
33	Consultants/Subcontractor:				32,669	8%	134,306	37%	166,975
34									
35	Other:								
36									
37									
38									
39									
40									
41									
42									
43	Total Operating Expenses		\$ 10,020	2%	\$ 32,669	8%	134,306	33%	\$ 220,660
44									
45	Total Direct Expenses		61,039	10%	32,669	6%	134,306	23%	406,443
46	Indirect Expenses	10%/15%	6,104	8%	4,900	6%	20,148	26%	48,993
47	TOTAL EXPENSES		\$ 67,143	10%	\$ 37,569	6%	154,452	23%	\$455,436
48									
49	Number of Units of Service (UOS) per Service Mode		311		144		1,080		1,535
50	Cost Per Unit of Service by Service Mode		\$215.89		\$260.90		\$143.01		
51	Number of Contacts (NOC) per Service Mode		1,035		144		864		
52									
53	DPH #1A(1)								
	Rev. 05/2610								

	A	B	C	D	E	F	G	H	I
1.	Contractor Name: San Francisco AIDS Foundation						Appendix B-5f		Page 3
2	Contract Term: 9/1/11-06/30/18						Appendix Term: 07/1/17-06/30/18		
3	Funding Source: General fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8									
9	Personnel Expenses		SERVICE MODES						Page 1-3
10	Position Titles	FTE	LIFE Groups		LIFE R & L				Contract Totals
11	Director of Clinical Operations	0.20	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	16,400
12	Director of Government Contracts	0.10		0%					9,400
13	Evaluation Associate	0.10		0%					7,000
14	HIV CTL Services Manager	0.40		0%					17,572
15	Data Manager	0.10		0%					5,000
16	Counselor I and II	1.25		0%					70,895
17	Outreach/Testing Counselor	0.60		0%					22,439
18									
19									
20									
21									
22									
23									
24	Total FTE & Total Salaries	2.75	0	0%					148,706
25	Fringe Benefits	25%	0	0%					37,177
26	Total Personnel Expenses		0	0%					185,883
27									
28	Operating Expenses		Expenditure	%	Expenditure	%			Contract Total
29	Total Occupancy			0%					35,640
30	Total Materials and Supplies			0%					16,120
31	Total General Operating			0%					1,825
32	Total Staff Travel								0
33	Consultants/Subcontractor:		159,725	44%	36,290	10%			362,990
34									
35	Other:								
36									
37									
38									
39									
40									
41									
42									
43	Total Operating Expenses		\$ 159,725	38%	\$ 36,290	9%			\$ 416,575
44									
45	Total Direct Expenses		159,725	27%	36,290	6%			602,458
46	Indirect Expenses 10%/15%		23,959	31%	5,444	7%			78,396
47	TOTAL EXPENSES		\$ 183,684	27%	\$ 41,734	6%			\$680,854
48									
49	Number of Units of Service (UOS) per Service Mode		604		375				3,739
50	Cost Per Unit of Service by Service Mode		\$304.11		\$111.29				
51	Number of Contacts (NOC) per Service Mode		2,134		750				
52									
53	DPH #IA(1)								
	Rev. 05/2010								

BUDGET JUSTIFICATION

Stonewall Castro/ LIFE Program

Salaries and Benefits

Director of Clinical Operations

Dir. Of Clinical Operations assists with daily operations, provides HIV

Minimum Qualifications: Master's degree and at least five years experience

.20 FTE x \$ 82,000 = \$16,400

Director of Government Contracts

Responsible for all data management and contract related activities.

Minimum Qualifications: Bachelor's degree and at least two years

.10 FTE x \$ 94,000 = \$9,400

Evaluation Associate

Responsible for coordinating data collection, quality assurance, reporting

Minimum Qualifications: Bachelor's degree and 2 years experience

.10 FTE x \$ 70,000 = \$7,000

HIV CTL Services Manager

Manages clinic staff and oversees phlebotomy services for confirmatory HIV

Minimum Qualifications: Bachelor's Degree, certified HIV test counselor and

.40 FTE x \$ 43,930 = \$17,572

Data Manager

Manages data collection activities at all sites. Ensures the completeness,

Minimum Qualifications: Bachelor's degree and at least two years

.10 FTE x \$ 50,000 = \$5,000

Counselor I and II

Responsible for intake assessments, individual and group counseling,

Minimum Qualifications: Master's degree or at least five years experience in

1.25 FTE x \$ 56,716 = \$70,895

Outreach/Testing Counselor: Conducts targeted recruitment activities for

.60 FTE x \$37,398 = \$22,439

Total Salaries

\$148,706

Total Benefits

25% of \$ 148,706 total salaries =

\$37,177

Social Security, Worker's Compensation, Health Benefits, Unemployment,

TOTAL SALARIES & BENEFITS

\$185,883

Operating Expenses

Occupancy:

Rent:

Rent expense based on SFAF's experience rate of \$1,000.00 per

\$1,000.00 per mo. x 2.75 FTE x 12 months = \$33,000

Telephone:

Phonebase on SFAF's experience rate of \$80.0 per FTE

\$80.00 x 2.75 FTE x 12 months = \$2,640

Total Occupancy:	\$35,640
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Materials and Supplies:

Office Supplies & Postage:

Supplies and postate at SFAF's experience rate of \$40.00
 $\$40.00/\text{FTE} \times 2.75 \text{ FTE} \times 12 \text{ months} = \$1,320$

Program/Medical Supplies:

Condoms and lubricant to distribute to clients.
 $122,500 \text{ condoms} \times \$0.08 \text{ per condom} = \$9,800$
 $200 \text{ incentives @ } \$25.00 \text{ each} = \$5,000$

Total Materials and Supplies:	\$16,120
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General Operating:

Insurance:

Occupancy insurance expense based on SFAF's experience rate of
 $\$50.00 \text{ per mo.} \times 2.75 \text{ FTE} \times 12 \text{ months} = \$1,650$

Storage:

Offsite storage at a rate of \$5.30 per FTE per month
 $\$5.30 \times 2.75 \text{ FTE} \times 12 \text{ months} = \175

Total General Operating:	\$1,825
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Staff Travel (Local & Out of Country):

Total Staff Travel:	\$0
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Consultants/Subcontractors:

Shanti Project

Program Manager

Responsible for: logistical and administrative support to program
Minimum Qualifications : Graduate degree in health services related
 $.55 \text{ FTE} \times \$110,000 = \$60,500$

Database Administrator

Responsible for: management of data design and collection,
Minimum Qualifications: Graduate degree in health services-related
 $.50 \text{ FTE} \times \$55,000 = \$27,500$

Senior Health Coordinator I/ Clinical

Supervisor

Responsible for: CRCS counseling; facilitation of SSG Health
Minimum Qualifications: Professional degree in Psychology, Clinical
 $.20 \text{ FTE} \times \$80,000 = \$16,000$
 $.90 \text{ FTE} \times \$70,000 = \$63,000$

Senior Health Coordinator II

Responsible for: CRCS counseling; facilitation of SSG Health
 Minimum Qualifications: Graduate degree in mental health
 .90 FTE x \$49,400 = \$44,460

Health Counselor

Responsible for: CRCS counseling; facilitation of SSG Health
 Minimum Qualifications: College degree in health service-related
 .90FTE x \$51,607 = \$44,460
 .20 FTE x \$45,635 = \$9,127

Admin Assistant

Responsible for: data entry; logistical and administrative support.
 Minimum Qualifications: College degree and/or minimum 3 years
 .70 FTE x \$33,280 = \$23,296

Benefits: Social Security, Worker's Compensation, Health Benefits,
 Approx. 12.985% of total salaries (\$288,343) = \$37,441

Rent

Rental of property including rent, utilities, building maintenance and
 \$1,500.00 x 12 months = \$18,000

Materials & Supplies

Supplies, postage, printing and photocopying of materials,
 \$708.00/month x 12 months = \$8,496

General Operating

Staff training, staff travel, insurance and equipment rental including
 \$225.00/ month x 12 months = \$2,700

Advertising

Costs for advertising placement for client recruitment and program
 \$666.67/ month x 12 months less inkind funding for advertising of
 \$666.67 x 12 = \$8,000 less \$3,950 = \$4,050

Intervention Materials

Incentives to support recruitment, attendance, punctuality and
 retention and related materials.
 \$786.75/ month x 12 months less \$5,481 inkind funding for materials \$3,960
 \$786.75 x 12 mo = \$9,441 less \$5,481 =

Total Consultants/Subcontractors: \$362,990

Other:

Total Other: \$0

TOTAL OPERATING EXPENSES \$416,575

CAPITAL EXPENDITURES: (If needed: A
 unit valued at \$6,000 or more)

Total Capital Expenditures: \$0

TOTAL DIRECT COSTS	\$602,458
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INDIRECT COSTS

Stonewall Castro

Indirect expenses for the San Francisco AIDS Foundation are

$\$239,468.00 \times 10\% =$	\$23,947
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LIFE Program

Indirect expenses for the San Francisco AIDS Foundation & Shanti

$\$ 362,990 \times 15\% =$	\$54,449
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TOTAL INDIRECT COSTS	\$78,396
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APPENDIX TOTAL	\$680,854
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	A	B	C	D	E	F	G	H	I
1	Contractor Name: San Francisco AIDS Foundation						Appendix B-7		Page 1
2	Contract Term: 9/1/11-06/30/16						Appendix Term: 07/1/15-06/30/16		
3	Funding Source: General Fund								
4									
5	SFDPH AIDS OFFICE CONTRACT								
6	UOS COST ALLOCATION BY SERVICE MODE								
7									
8	SERVICE MODES								
9	Personnel Expenses		Hepatitis C Services		IRRC		PCM		
10	Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Page Total
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24	Total FTE & Total Salaries	0.00	0	0%	0	0%	0	0%	0
25	Fringe Benefits	25%	0	0%	0	0%	0	0%	0
26	Total Personnel Expenses		0	0%	0	0%	0	0%	0
27									
28	Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
29	Total Occupancy								
30	Total Materials and Supplies								
31	Total General Operating								
32	Total Staff Travel								
33	Consultants/Subcontractor:		28,500	8%					28,500
34									
35	Other:								
36									
37									
38									
39									
40									
41									
42									
43	Total Operating Expenses		\$ 28,500	7%	\$ -	0%	0	0%	\$ 28,500
44									
45	Total Direct Expenses		28,500	5%	0	0%	0	0%	28,500
46	Indirect Expenses			0%	0	0%	0	0%	0
47	TOTAL EXPENSES		\$ 28,500	4%	\$ -	0%	0	0%	\$28,500
48									
49	Number of Units of Service (UOS) per Service Mode		6						6
50	Cost Per Unit of Service by Service Mode		\$4,750.00						
51	Number of Contacts (NOC) per Service Mode		750						
52									
53	DPH #1A(1)								Rev. 05/2010

BUDGET JUSTIFICATION **Stonewall Castro/ LIFE Program**

Salaries and Benefits

Total Salaries	<u>\$0</u>
Total Benefits	<u>25% of \$ 145,702 total salaries = \$0</u>
Social Security, Worker's Compensation, Health Benefits, Unemployment, State	
TOTAL SALARIES & BENEFITS	<u><u>\$0</u></u>

Operating Expenses

Occupancy:	
Total Occupancy:	<u>\$0</u>
Materials and Supplies:	
Total Materials and Supplies:	<u>\$0</u>
General Operating:	
Total General Operating:	<u>\$0</u>
Staff Travel (Local & Out of Town):	
Total Staff Travel:	<u>\$0</u>
Consultants/Subcontractors:	

Glide Health Services

HIV Services Program Manager: Oversees all HIV Prevention Programs and activities under the direct supervision of the Glide Health Services Medical Director. Coordinates quality assurance activities, oversees all evaluation activities, prepares monthly invoices, annual agency reports, and maintains communications with all collaborative partners. **Minimum Qualifications:** Master's degree in Social Work, Public Health, or other related fields, or equivalent work experience.

$$.33 \text{ FTE} \times \$6,186.08/\text{mo} \text{ (\$74,233 annual)} \times 6 \text{ months} = \$12,248$$

Outreach Counselors: Coordinates monthly outreach schedules, provides on-call/back-up coverage for outreach workers during weekly shifts, organizes and maintains information and data related to target population venues, outreach contacts, and community resource listings and materials. Provide assistance with evaluation activities and provides programmatic support during monitoring periods. *Minimum Qualifications:* Experience coordinating outreach services and supervising staff; Experience with HIV/STI prevention education including safer sex education; Experience working with people of different ethnic backgrounds, sexual identity and orientations, and people living with HIV/AIDS.

.384 FTE x \$3,850.69/mo (\$46,208 annual) x 6 months = \$8,872

Benefits: Social Security, Worker's Compensation, Health Benefits,
 Approx. 25% of total salaries (\$21,120) = \$5,280

Rent

Rental of property including rent, utilities, building maintenance and IT
 \$350.00 x 6 months= \$2,100

Total Consultants/Subcontractors: \$28,500

Other:

Total Other: \$0

TOTAL OPERATING EXPENSES \$28,500

CAPITAL EXPENDITURES: (if needed - A unit valued at \$5,000 or more)

Total Capital Expenditures: \$0

TOTAL DIRECT COSTS \$28,500

INDIRECT COSTS

No indirects charges on this appendix

TOTAL INDIRECT COSTS \$0

APPENDIX TOTAL \$28,500

Appendix C

Worker's Compensation Waiver of Suborgation



SANFRAN-02

ONEDE1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2015

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).

PRODUCER License # 0H81923
G2 Insurance Services, LLC
140 New Montgomery, 21st Floor
San Francisco, CA 94105

CONTACT

NAME:

PHONE (A/C, No. Ext): (415) 426-6600

FAX (A/C, No): (415) 426-6601

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Berkshire Hathaway Homestate Insurance Company

20044

INSURED

San Francisco AIDS Foundation
1035 Market Street, Ste. 400
San Francisco, CA 94103

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SAWC604895	07/01/2015	07/01/2016	PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Waiver of Subrogation applies in favor of The City and County of San Francisco with respects to Workers Compensation as permitted by law

CERTIFICATE HOLDER

City and County of San Francisco
Dept. of Public Health
Att. Contracts
101 Grove St., Suite 307
San Francisco, CA 94102

CANCELLATION

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

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 5.00 % of the total policy premium otherwise due on such remuneration subject to a policy maximum charge for all such waivers of 5.00 % of total policy premium.

The minimum premium for this endorsement is \$ 350.00

Schedule**Person or Organization****Job Description**

CITY AND COUNTY OF SAN FRANCISCO - DEPARTMENT OF PUBLIC
HEALTH
101 GROVE STREET, SUITE 307, SAN FRANCISCO, CA 94102

ALL CALIFORNIA OPERATIONS

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 07/01/2015

Policy No. SAWC604895

Endorsement No. 7

Insured SAN FRANCISCO AIDS FOUNDATION

Premium \$

Insurance Company

Countersigned by _____

Berkshire Hathaway Homestate Insurance Company

**Appendix D
Additional Terms**

1. PROTECTED HEALTH INFORMATION AND BAA

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

The parties acknowledge that CONTRACTOR is one of the following:

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

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

The Business Associate Agreement (BAA) in Appendix E is required. Please note that BAA requires attachments to be completed.

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

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

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

3. MATERIALS REVIEW

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

4. EMERGENCY RESPONSE

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

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

Appendix E



San Francisco Department of Public Health Business Associate Agreement

This Business Associate Agreement ("Agreement") supplements and is made a part of the contract or Memorandum of Understanding ("CONTRACT") by and between the City and County of San Francisco, Covered Entity ("CE") and Contractor, Business Associate ("BA"). To the extent that the terms of the Contract are inconsistent with the terms of this Agreement, the terms of this Agreement shall control.

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the CONTRACT in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Agreement.
- D. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this Agreement to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the HIPAA Regulations.

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

1. Definitions.

- a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.
- b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- c. **Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- d. **Covered Entity** means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given



San Francisco Department of Public Health
Business Associate Agreement

- to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- e. **Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
 - f. **Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
 - g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this Agreement, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.
 - h. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECT Act, including, but not limited to, 42 U.S.C. Section 17921.
 - i. **Health Care Operations** means any of the following activities: i) conducting quality assessment and improvement activities; ii) reviewing the competence or qualifications of health care professionals; iii) underwriting, enrollment, premium rating, and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits; iv) conducting or arranging for medical review, legal services, and auditing functions; v) business planning development; vi) business management and general administrative activities of the entity. This shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
 - j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
 - k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this Agreement, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.
 - l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
 - m. **Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
 - n. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
 - o. **Unsecured PHI** means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals



San Francisco Department of Public Health
Business Associate Agreement

and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

- a. **Permitted Uses.** BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. Further, BA shall not use PHI in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].
- b. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Agreement and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. k. of the Agreement, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].
- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Agreement, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.



San Francisco Department of Public Health
Business Associate Agreement

- d. **Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Contract or this Agreement, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).
- e. **Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.
- f. **Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.



San Francisco Department of Public Health
Business Associate Agreement

- h. Amendment of Protected Information.** Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i. Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- j. Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.
- k. Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- l. Notification of Breach.** BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the Agreement; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]
- m. Breach Pattern or Practice by Business Associate's Subcontractors and Agents.** Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this Agreement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are



San Francisco Department of Public Health
Business Associate Agreement

unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this Agreement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. Termination.

- a. **Material Breach.** A breach by BA of any provision of this Agreement, as determined by CE, shall constitute a material breach of the CONTRACT and this Agreement and shall provide grounds for immediate termination of the CONTRACT and this Agreement, any provision in the CONTRACT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the CONTRACT and this Agreement, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- c. **Effect of Termination.** Upon termination of the CONTRACT and this Agreement for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this Agreement to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.
- d. **Civil and Criminal Penalties.** BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).
- e. **Disclaimer.** CE makes no warranty or representation that compliance by BA with this Agreement, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the CONTRACT or this Agreement may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance



**San Francisco Department of Public Health
Business Associate Agreement**

from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Agreement embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Contract upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the CONTRACT or this Agreement when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Contract or this Agreement providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days.

**Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Email: compliance.privacy@sfdph.org
Hotline (Toll-Free): 1-855-729-6040**

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

APPENDIX F-2e
Appendix Term: 07/01/15-06/30/16
PAGE A

Contractor: San Francisco AIDS Foundation
Address: P.O. Box 426182
San Francisco, CA 94142-6182

Telephone: 487-3000
Fax: 487-3009

Program Name: Community Based HIV Testing

ACE Control #:

HPS

CMS #
7164

Invoice Number
XXXXXXXXXA-2JUL15

Contract Purchase Order No:

Funding Source: General Fund

Grant Code/Detail: HCHIVPREVNGF

Project Code/Detail:

Invoice Period: 07/1/15 - 07/31/15

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
HIV Testing	9,790	9,790					#####		9,790	9,790
HIV Mobile Testing	960	960							960	960

	NOC	NOC	NOC	NOC	NOC
Unduplicated Clients for Appendix					

EXPENDITURES	BUDGET		EXPENSES THIS PERIOD		EXPENSES TO DATE		% OF BUDGET		REMAINING BALANCE	
Total Salaries (See Page B)	\$488,649								\$488,649.00	
Fringe Benefits	\$122,162								\$122,162.00	
Total Personnel Expenses	\$610,811								\$610,811.00	
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$103,096								\$103,096.00	
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$46,468								\$46,468.00	
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$19,632								\$19,632.00	
Staff Travel - (e.g., Local & Out of Town)	\$7,042								\$7,042.00	
Consultant/Subcontractor	\$129,246								\$129,246.00	
Other - (e.g., Client Food, Client Travel, Client Activities and Client Supplies)										
Total Operating Expenses	\$305,484								\$305,484.00	
Capital Expenditures										
TOTAL DIRECT EXPENSES	\$916,295								\$916,295.00	
Indirect Expenses	\$91,630								\$91,630.00	
TOTAL EXPENSES	\$1,007,925								\$1,007,925.00	
LESS: Initial Payment Recovery										
Other Adjustments: (Enter as negative, if appropriate)										
REIMBURSEMENT										

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor
San Francisco, CA 94103
Attn: Contract Payments

By: _____
(DPH Authorized Signatory)

Date: _____

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

APPENDIX F-2f
Appendix Term: 07/01/16-06/30/17
PAGE A

Contractor: **San Francisco AIDS Foundation**
Address: **P.O. Box 426182**
San Francisco, CA 94142-6182

Telephone: **487-3000**
Fax: **487-3009**

Program Name: **Community Based HIV Testing**

ACE Control #:

HPS

CMS #
7164

Invoice Number
XXXXXXXXXA-2JUL16

Contract Purchase Order No:

Funding Source: **General Fund**

Grant Code/Detail: **HCHIVPREVNGF**

Project Code/Detail:

Invoice Period: **07/1/16 - 07/31/16**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
HIV Testing	9,790	9,790					#####		9,790	9,790
HIV Mobile Testing	960	960							960	960

	NOC	NOC	NOC	NOC	NOC
Unduplicated Clients for Appendix					

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$488,649				\$488,649.00
Fringe Benefits	\$122,162				\$122,162.00
Total Personnel Expenses	\$610,811				\$610,811.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$125,446				\$125,446.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$46,468				\$46,468.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$19,632				\$19,632.00
Staff Travel - (e.g., Local & Out of Town)	\$7,042				\$7,042.00
Consultant/Subcontractor	\$129,246				\$129,246.00
Other - (e.g., Client Food, Client Travel, Client Activities and Client Supplies)					
Total Operating Expenses	\$327,834				\$327,834.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$938,645				\$938,645.00
Indirect Expenses	\$93,864				\$93,864.00
TOTAL EXPENSES	\$1,032,509				\$1,032,509.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to: **SFDPH Fiscal / Invoice Processing**
1380 Howard Street, 4th Floor
San Francisco, CA 94103
Attn: Contract Payments

By: _____
(DPH Authorized Signatory)

Date: _____

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

APPENDIX F-2g
Appendix Term: 07/01/17-06/30/18
PAGE A

Contractor: San Francisco AIDS Foundation
Address: P.O. Box 426182
San Francisco, CA 94142-6182

Telephone: 487-3000
Fax: 487-3009

Program Name: Community Based HIV Testing

ACE Control #:

HPS

CMS #
7164

Invoice Number
XXXXXXXXA-2JUL17

Contract Purchase Order No:

Funding Source: General Fund

Grant Code/Detail: HCHIVPREVNGF

Project Code/Detail:

Invoice Period: 07/1/17 - 07/31/17

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
HIV Testing	9,790	9,790					#####		9,790	9,790
HIV Mobile Testing	960	960							960	960

	NOC	NOC	NOC	NOC	NOC
Unduplicated Clients for Appendix					

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$488,649				\$488,649.00
Fringe Benefits	\$122,162				\$122,162.00
Total Personnel Expenses	\$610,811				\$610,811.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$125,446				\$125,446.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$46,468				\$46,468.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$19,632				\$19,632.00
Staff Travel - (e.g., Local & Out of Town)	\$7,042				\$7,042.00
Consultant/Subcontractor	\$129,246				\$129,246.00
Other - (e.g., Client Food, Client Travel, Client Activities and Client Supplies)					
Total Operating Expenses	\$327,834				\$327,834.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$938,645				\$938,645.00
Indirect Expenses	\$93,864				\$93,864.00
TOTAL EXPENSES	\$1,032,509				\$1,032,509.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor San Francisco, CA 94103 Attn: Contract Payments	By:	_____	Date:	_____
		(DPH Authorized Signatory)			

APPENDIX F-2g
Appendix Term: 07/01/17-06/30/18
PAGE B

Telephone: 487-3000
Fax: 487-3009

Program Name: Community Based HIV Testing

ACE Control #:

[illegible]

Date: _____

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

APPENDIX F-3d
Appendix Term: 07/01/15-06/30/16
PAGE A

Contractor: San Francisco AIDS Foundation
Address: P.O. Box 426182
San Francisco, CA 94142-6182

Telephone: 487-3000
Fax: 487-3009

Program Name: The Stonewall Project

ACE Control #:

HPS

CMS #
7164

Invoice Number
A-3JUL15

Contract Purchase Order No:

Funding Source: General Fund

Grant Code/Detail: HMHSOTHERSGF

Project Code/Detail:

Invoice Period: 07/1/15 - 07/31/15

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Condom Distribution 1 month	12.0	na							12	#####
Events 1 event	34	1,496							34	1,496
Groupe 1 hour	414	1,380							414	1,380
IRRC 1 hour	240	255							240	255
PCM 1 hour	359	374							359	374
Recruitment & Linkages 1 hour	720	2,880							720	2,880
Training 1 hour	24	120							24	120
Social Marketing 1 month	12	na							12	#####

	NOC	NOC	NOC	NOC	NOC
Unduplicated Clients for Appendix					

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$226,021				\$226,021.00
Fringe Benefits	\$56,505				\$56,505.00
Total Personnel Expenses	\$282,526				\$282,526.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$38,957				\$38,957.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$5,881				\$5,881.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,499				\$6,499.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$2,500				\$2,500.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$1,400				\$1,400.00
Total Operating Expenses	\$55,237				\$55,237.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$337,763				\$337,763.00
Indirect Expenses	\$33,776				\$33,776.00
TOTAL EXPENSES	\$371,539				\$371,539.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____

Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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APPENDIX F-3d
Appendix Term: 07/01/15-06/30/16
PAGE B

ACE Control #: _____

A-3 JUL 15

Contract Purchase Order No:

--

Fund Source: General Fund

Grant Code/Detail: HMHSOTHERSGF

Project Code/Detail: _____

Invoice Period: 07/1/15 - 07/31/15

FINAL Invoice ☐ (check if Yes)[illegible]

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

Certified By: _____

Date: _____

Title: _____

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

APPENDIX F-3e
Appendix Term: 07/01/16-06/30/17
PAGE A

Contractor: San Francisco AIDS Foundation
Address: P.O. Box 426182
San Francisco, CA 94142-6182

Telephone: 487-3000
Fax: 487-3009

Program Name: The Stonewall Project

ACE Control #:

HPS

CMS #

7164

Invoice Number

A-3JUL16

Contract Purchase Order No:

Funding Source: General Fund

Grant Code/Detail: HMHSOTHERSGF

Project Code/Detail:

Invoice Period: 07/1/16 - 07/31/16

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Condom Distribution 1 month	12.0	na							12	#####
Events 1 event	34	1,496							34	1,496
Groups 1 hour	414	1,380							414	1,380
IRRC 1 hour	240	255							240	255
PCM 1 hour	359	374							359	374
Recruitment & Linkages 1 hour	720	2,880							720	2,880
Training 1 hour	24	120							24	120
Social Marketing 1 month	12	na					#####		12	#####

	NOC	NOC	NOC	NOC	NOC
Unduplicated Clients for Appendix					

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$226,021				\$226,021.00
Fringe Benefits	\$56,505				\$56,505.00
Total Personnel Expenses	\$282,526				\$282,526.00
Operating Expenses:					
Occupancy (e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$38,957				\$38,957.00
Materials and Supplies (e.g., Office, Postage, Printing and Repro., Program Supplies)	\$5,881				\$5,881.00
General Operating (e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,499				\$6,499.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$2,500				\$2,500.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$1,400				\$1,400.00
Total Operating Expenses	\$55,237				\$55,237.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$337,763				\$337,763.00
Indirect Expenses	\$33,776				\$33,776.00
TOTAL EXPENSES	\$371,539				\$371,539.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor
San Francisco, CA 94103
Attn: Contract Payments

By: _____
(DPH Authorized Signatory)

Date: _____

APPENDIX F-3e
Appendix Term: 07/01/16-06/30/17
PAGE B

ACE Control #: _____

FINAL Invoice ☐ (check if Yes)[illegible]

Title: _____

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

APPENDIX F-3f
Appendix Term: 07/01/17-06/30/18
PAGE A

Contractor: San Francisco AIDS Foundation
Address: P.O. Box 426182
San Francisco, CA 94142-6182

Telephone: 487-3000
Fax: 487-3009

Program Name: The Stonewall Project

ACE Control #:

HPS

CMS #
7164

Invoice Number
A-3JUL17

Contract Purchase Order No:

Funding Source: General Fund

Grant Code/Detail: HMHSOTHERSGF

Project Code/Detail:

Invoice Period: 07/1/17 - 07/31/17

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Condom Distribution 1 month	12.0	na							12	#####
Events 1 event	34	1,498							34	1,498
Groups 1 hour	414	1,380							414	1,380
IRRC 1 hour	240	255							240	255
PCM 1 hour	359	374							359	374
Recruitment & Linkages 1 hour	720	2,880							720	2,880
Training 1 hour	24	120							24	120
Social Marketing 1 month	12	na					#####		12	#####

	NOC	NOC	NOC	NOC	NOC
Unduplicated Clients for Appendix					

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$226,021				\$226,021.00
Fringe Benefits	\$56,505				\$56,505.00
Total Personnel Expenses	\$282,526				\$282,526.00
Operating Expenses:					
Occupancy (e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$38,957				\$38,957.00
Materials and Supplies (e.g., Office, Postage, Printing and Repro., Program Supplies)	\$5,881				\$5,881.00
General Operating (e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,499				\$6,499.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$2,500				\$2,500.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$1,400				\$1,400.00
Total Operating Expenses	\$55,237				\$55,237.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$337,763				\$337,763.00
Indirect Expenses	\$33,776				\$33,776.00
TOTAL EXPENSES	\$371,539				\$371,539.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor San Francisco, CA 94103 Attn: Contract Payments	By:	_____	Date:	_____
			(DPH Authorized Signatory)		

APPENDIX F-3f
Appendix Term: 07/01/17-06/30/18
PAGE B

FINAL Invoice ☐ (check if Yes)

[illegible]

Amendment 12/1/2018

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

APPENDIX F-4e
Appendix Term: 07/01/15-06/30/16
PAGE A

Contractor: San Francisco AIDS Foundation
Address: P.O. Box 426182
San Francisco, CA 94103

Telephone: 415-487-3044
Fax: 415-487-3094

HPS

Program Name: African American Prevention Initiative

ACE Control #:

CMS #
7164

Invoice Number
XXXXXXXXXA-4JUL15

Contract Purchase Order No:

Funding Source: General Fund

Grant Code/Detail: HCHIVPREVNGF

Project Code/Detail:

Invoice Period: 07/1/15 - 07/31/15

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
24									24	
580									580	3,320
500									500	500
262									262	792
200									200	200

	NOC	NOC	NOC	NOC	NOC
Unduplicated Clients for Appendix					

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$319,024				\$319,024.00
Fringe Benefits					\$79,766.00
Total Personnel Expenses	\$398,780				\$398,780.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					\$55,440.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)					\$39,317.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					\$15,484.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (e.g., Client Food, Client Travel, Client Activities and Client Supplies)					
Total Operating Expenses	\$110,241				\$110,241.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$509,021				\$509,021.00
Indirect Expenses					\$50,901.00
TOTAL EXPENSES	\$559,922				\$559,922.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor San Francisco, CA 94103 Attn: Contract Payments	By:	_____	Date:	_____
			(DPH Authorized Signatory)		

APPENDIX F-4e
Appendix Term: 07/01/15-08/30/16
PAGE B

Invoice Number
XXXXXXXXXA-4JUL15

Contract Purchase Order No:

Fund Source: General Fund

Grant Code/Detail: HCHIVPREVNGF

Project Code/Detail:

Invoice Period: 07/1/15 - 07/31/15

FINAL Invoice (check if Yes)

ACE Control #: _____

[illegible]

Certified By: _____
Title: _____

Date: _____

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

APPENDIX F-4f
Appendix Term: 07/01/16-06/30/17
PAGE A

Contractor: San Francisco AIDS Foundation
Address: P.O. Box 426182
San Francisco, CA 94103

Telephone: 415-487-3044
Fax: 415-487-3094

HPS

CMS #
7164

Invoice Number
XXXXXXXXXA-4JUL16

Contract Purchase Order No: _____

Funding Source: General Fund

Grant Code/Detail: HCHIVPREVNGF

Project Code/Detail: _____

Invoice Period: 07/1/16 - 07/31/16

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	NOC	DELIVERED THIS PERIOD UOS	NOC	DELIVERED TO DATE UOS	NOC	% OF TOTAL UOS	NOC	REMAINING DELIVERABLES UOS	NOC
Events (1 event)	240	500							24	
Services (1 hour)	500	3,320							580	3,320
City Meeting (1 hour)	500	500							500	500
Work (1 hour)	262	792							262	792
Prevention Case Management (1 hour)	200	200							200	200

	NOC	NOC	NOC	NOC	NOC
Unduplicated Clients for Appendix					

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$328,024				\$328,024.00
Fringe Benefits	\$82,006				\$82,006.00
Total Personnel Expenses	\$410,030				\$410,030.00
Operating Expenses:					
Occupancy (e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$57,552				\$57,552.00
Materials and Supplies (e.g., Office, Postage, Printing and Repro., Program Supplies)	\$37,986				\$37,986.00
General Operating (e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$15,857				\$15,857.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (e.g., Client Food, Client Travel, Client Activities and Client Supplies)					
Total Operating Expenses	\$111,405				\$111,405.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$521,435				\$521,435.00
Indirect Expenses	\$52,144				\$52,144.00
TOTAL EXPENSES	\$573,579				\$573,579.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____

Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor San Francisco, CA 94103 Attn: Contract Payments	By:	_____	Date:	_____
			(DPH Authorized Signatory)		

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

APPENDIX F-4g
Appendix Term: 07/01/17-06/30/18
PAGE A

Contractor: San Francisco AIDS Foundation
Address: P.O. Box 426182
San Francisco, CA 94103

Telephone: 415-487-3044
Fax: 415-487-3094

HPS

CMS #
7164

Invoice Number
XXXXXXXXA-4JUL17

Contract Purchase Order No: _____

Funding Source: General Fund

Grant Code/Detail: HCHIVPREVNGF

Project Code/Detail: _____

Invoice Period: 07/1/17 - 07/31/17

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Events 1 event	240	240							24	
Graphic 1 hour	580	580							580	3,320
TV 1 hour 1 hour	500	500							500	500
HR&O 1 hour	262	262							262	792
Prevention Case Management 1 hour	200	200							200	200

	NOC	NOC	NOC	NOC	NOC
Unduplicated Clients for Appendix					

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$328,024				\$328,024.00
Fringe Benefits	\$82,006				\$82,006.00
Total Personnel Expenses	\$410,030				\$410,030.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$57,552				\$57,552.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$37,996				\$37,996.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$15,857				\$15,857.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (e.g., Client Food, Client Travel, Client Activities and Client Supplies)					
Total Operating Expenses	\$111,405				\$111,405.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$521,435				\$521,435.00
Indirect Expenses	\$52,144				\$52,144.00
TOTAL EXPENSES	\$573,579				\$573,579.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor San Francisco, CA 94103 Attn: Contract Payments	By:	_____	Date:	_____
			(DPH Authorized Signatory)		

APPENDIX F-4g
Appendix Term: 07/01/17-06/30/18
PAGE B

Invoice Number	XXXXXXXXXA-4JUL17
Contract Purchase Order No:	
Fund Source:	General Fund
Grant Code/Detail:	HCHIVPREVNGF
Project Code/Detail:	
Invoice Period:	07/1/17 - 07/31/17
FINAL Invoice	<input type="checkbox"/> (check if Yes)

[illegible]

Certified By: _____
Title: _____

Amendment: 12/01/2015

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

APPENDIX F-5d
Appendix Term: 07/01/15-06/30/16
PAGE A

Contractor: San Francisco AIDS Foundation
Address: P.O. Box 426182
San Francisco, CA 94142-6182

Telephone: 487-3000
Fax: 487-3009

Program Name: Stonewall Castro/LIFE Program

ACE Control #:

HPS

CMS #

7164

Invoice Number

A-5JUL15

Contract Purchase Order No:

Funding Source: General Fund

Grant Code/Detail: HCHIVPREVNGF

Project Code/Detail:

Invoice Period: 07/1/15 - 07/31/15

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
HIV Testing 1 test	600	600							600	600
IRRC 1 hour	145	159							145	159
PCM 1 hour	480	480							480	480
Groups 1 hour	311	1,035							311	1,035
Shanti LIFE Individual Risk Reduction 1 hour	144	144							144	144
Shanti LIFE Prevention Case Mgmt 1 hour	1,080	864							1,080	864
Shanti LIFE Group 1 hour	604	2,134							604	2,134
Shanti LIFE Recruitment & Linkages 1 hour	375	750							375	750

	NOC	NOC	NOC	NOC	NOC
Unduplicated Clients for Appendix					

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$145,702				\$145,702.00
Fringe Benefits	\$36,426				\$36,426.00
Total Personnel Expenses	\$182,128				\$182,128.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$29,040				\$29,040.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$11,738				\$11,738.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$1,825				\$1,825.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$362,990				\$362,990.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$405,593				\$405,593.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$587,721				\$587,721.00
Indirect Expenses	\$76,922				\$76,922.00
TOTAL EXPENSES	\$664,643				\$664,643.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor San Francisco, CA 94103 Attn: Contract Payments	By:	_____	Date:	_____
			(DPH Authorized Signatory)		

APPENDIX F-5d

PAGE B

Invoice Number

A-5JUL15

Contract Purchase Order No:

Fund Source: General Fund

Grant Code/Detail: HCHIVPREVNGF

Project Code/Detail:**Invoice Period:** 07/1/15 - 07/31/15**FINAL Invoice** ☐ (check if Yes)[illegible]

Certified By: _____

Date: _____

Title: _____

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

APPENDIX F-5e
Appendix Term: 07/01/16-06/30/17
PAGE A

Contractor: San Francisco AIDS Foundation
Address: P.O. Box 426182
San Francisco, CA 94142-6182

Telephone: 487-3000
Fax: 487-3009

Program Name: Stonewall Castro/LIFE Program

ACE Control #:

HPS

CMS #
7164

Invoice Number
A-5JUL16

Contract Purchase Order No:

Funding Source: General Fund

Grant Code/Detail: HCHIVPREVNGF

Project Code/Detail:

Invoice Period: 07/1/16 - 07/31/16

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
HIV Testing 1 test	600	600							600	600
IRRC 1 hour	145	159							145	159
PCM 1 hour	480	480							480	480
Groups 1 hour	311	1,035							311	1,035
Shanti LIFE Individual Risk Reduction 1 hour	144	144							144	144
Shanti LIFE Prevention Case Mgmt 1 hour	1,080	884							1,080	884
Shanti LIFE Group 1 hour	604	2,134							604	2,134
Shanti LIFE Recruitment & Linkages 1 hour	375	750							375	750

	NOC	NOC	NOC	NOC	NOC
Unduplicated Clients for Appendix					

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$148,706				\$148,706.00
Fringe Benefits	\$37,177				\$37,177.00
Total Personnel Expenses	\$185,883				\$185,883.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$35,640				\$35,640.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$16,120				\$16,120.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$1,825				\$1,825.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$362,990				\$362,990.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$416,575				\$416,575.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$802,458				\$802,458.00
Indirect Expenses	\$78,396				\$78,396.00
TOTAL EXPENSES	\$880,854				\$880,854.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____

Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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PAGE B

FINAL Invoice ☐ (check if Yes)

ACE Control #:

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

Title: _____

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

APPENDIX F-5f
Appendix Term: 07/01/17-06/30/18
PAGE A

Contractor: **San Francisco AIDS Foundation**
Address: **P.O. Box 426182**
San Francisco, CA 94142-6182

Telephone: **487-3000**
Fax: **487-3009**

Program Name: **Stonewall Castro/LIFE Program**

ACE Control #:

HPS

CMS #
7164

Invoice Number
A-5JUL17

Contract Purchase Order No:

Funding Source: **General Fund**

Grant Code/Detail: **HCHIVPREVNGF**

Project Code/Detail:

Invoice Period: **07/1/17 - 07/31/17**

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	NOC	DELIVERED THIS PERIOD UOS	NOC	DELIVERED TO DATE UOS	NOC	% OF TOTAL UOS	NOC	REMAINING DELIVERABLES UOS	NOC
HIV Testing 1 test	600	600							600	600
IRRC 1 hour	145	159							145	159
PCM 1 hour	480	480							480	480
Groups 1 hour	311	1,035							311	1,035
Shantl LIFE Individual Risk Reduction 1 hour	144	144							144	144
Shantl LIFE Prevention Case Mgmt 1 hour	1,080	864							1,080	864
Shantl LIFE Group 1 hour	604	2,134							604	2,134
Shantl LIFE Recruitment & Linkages 1 hour	375	750							375	750

	NOC	NOC	NOC	NOC	NOC
Unduplicated Clients for Appendix					

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$148,706				\$148,706.00
Fringe Benefits	\$37,177				\$37,177.00
Total Personnel Expenses	\$185,883				\$185,883.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$35,640				\$35,640.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$16,120				\$16,120.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$1,825				\$1,825.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$362,990				\$362,990.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$416,575				\$416,575.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$602,458				\$602,458.00
Indirect Expenses	\$78,396				\$78,396.00
TOTAL EXPENSES	\$680,854				\$680,854.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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PAGE B

A-5JUL17

Fund Source: General Fund

Grant Code/Detail: HCHIVPREVNGF

Project Code/Detail:

Invoice Period: 07/1/17 - 07/31/17

FINAL Invoice ☐ (check if Yes)

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

Title: _____

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

APPENDIX F-7
Appendix Term: 07/01/15-06/30/16
PAGE A

Contractor: San Francisco AIDS Foundation
Address: P.O. Box 426182
San Francisco, CA 94142-6182

Telephone: 487-3000
Fax: 487-3009

Program Name: Glide Hepatitis C Services

ACE Control #:

HPS

CMS #
7164

Invoice Number
XXXXXXXXA-7JUL15

Contract Purchase Order No:

Funding Source: **General Fund**

Grant Code/Detail: **HCHIVPREVNGF**

Project Code/Detail:

Invoice Period: **07/1/15 - 07/31/15**

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Hepatitis C Services	6	750					75000%		6	750

	NOC	NOC	NOC	NOC	NOC
Unduplicated Clients for Appendix					

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy (e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies (e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating (e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$28,500				\$28,500.00
Other - (e.g., Client Food, Client Travel, Client Activities and Client Supplies)					
Total Operating Expenses	\$28,500				\$28,500.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$28,500				\$28,500.00
Indirect Expenses					
TOTAL EXPENSES	\$28,500				\$28,500.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor
San Francisco, CA 94103
Attn: Contract Payments

By: _____
(DPH Authorized Signatory)

Date: _____

PAGE B

FINAL Invoice ☐ (check if Yes)



SANFRAN-02

ONEDE1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2015

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).

PRODUCER License # 0H81923
G2 Insurance Services, LLC
140 New Montgomery, 21st Floor
San Francisco, CA 94105

CONTACT

NAME:

PHONE

(A/C, No, Ext):

FAX

A/C, No:

EMAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Nonprofits' Insurance Alliance of California (NIAC)

INSURER B: Berkshire Hathaway Homestate Insurance Company

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

San Francisco AIDS Foundation
1035 Market Street, Ste. 400
San Francisco, CA 94103

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADD/INSUR (RSD / WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Social Services Prof GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		201500950NPG	04/01/2015	04/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 LIQUOR LIABILITY \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		201500950NPO	04/01/2015	04/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		201500950UMBPO	04/01/2015	04/01/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ General Aggregate \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in RI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	SAWC604895	07/01/2015	07/01/2016	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Soc Serv Prof Liab		201500950NPO	04/01/2015	04/01/2016	\$1M/\$3M 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Ongoing service contracts with city and county of SF
City and County of SF, its officers, directors employees agents and representatives are named as additional insureds as respects General Liability and Auto Liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

City and County of San Francisco - SFDPH
101 Grove Street
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

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**Nonprofit Insurance
Alliance of California**

Policy Number: 201500950NPO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED PERSON
OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, in consideration of food contributions or client referrals you receive from them.

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.



**Nonprofits' Insurance
Alliance of California**
A NEW FOR INSURANCE... A NEW FOR NONPROFITS

Policy Number: 201500950NPO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

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

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.



SANFRAN-02

ONEDE1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2015

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).

PRODUCER License # 0H81923
G2 Insurance Services, LLC
140 New Montgomery, 21st Floor
San Francisco, CA 94103

CONTACT

NAME:

PHONE:

FAX:

E-MAIL:

ADDRESS:

(415) 426-8600

(415) 426-8601

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Berkshire Hathaway Homestate Insurance Company

20044

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

San Francisco AIDS Foundation
1035 Market Street, Ste. 400
San Francisco, CA 94103

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.

PROD LTR	TYPE OF INSURANCE	ADDL. BURN INSD. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Per occurrence)
						MED EXP. (Any one person)
						PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COM/POP AGG
	OTHER:					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident)
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRER AUTOS					BODILY INJURY (Per accident)
						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB					EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	DED. RETENTION \$					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	SAWC604895	07/01/2015	07/01/2016	PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WA)					OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT
						E.L. DISEASE - EA EMPLOYEE
						E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Waiver of Subrogation applies in favor of The City and County of San Francisco with respects to Workers Compensation as permitted by law

CERTIFICATE HOLDER

CANCELLATION

City and County of San Francisco
Dept. of Public Health
Attn: Contracts
101 Grove St., Suite 307
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

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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 5.00 % of the total policy premium otherwise due on such remuneration subject to a policy maximum charge for all such waivers of 5.00 % of total policy premium.

The minimum premium for this endorsement is \$ 350.00

Schedule**Person or Organization**

CITY AND COUNTY OF SAN FRANCISCO - DEPARTMENT OF PUBLIC
HEALTH
101 GROVE STREET, SUITE 307, SAN FRANCISCO, CA 94102

Job Description

ALL CALIFORNIA OPERATIONS

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 07/01/2015

Policy No. SAWC004595

Endorsement No. 7

Insured SAN FRANCISCO AIDS FOUNDATION

Premium \$

Insurance Company

Berkshire Hathaway Homestate Insurance Company

Countersigned by _____