

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

Third Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2018 in San Francisco, California, by and between Health Right 360, 1735 Mission Street, San Francisco, CA 94103 ("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, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFQ-16-2013, Request for Proposals ("RFQ's") issued on June 11, 2013 in which City selected Contractor as the highest qualified scorer pursuant to the RFQ; and

WHEREAS, there is no Local Business Entity ("LBE") subcontracting participation requirement for this Agreement; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the Services required by City as set forth under this Agreement; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract numbers 2011-08/09 and 41279-13/14 dated May 3, 2013 and April 4, 2016 respectively;

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to add Appendices A and B for 2018-19, increase compensation, extend the term and update standard contractual clauses;

WHEREAS, approval for this Amendment was obtained when the Board of Supervisors approved Resolution number on

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 January 1, 2014, Contract Numbers BPHM14000011, 1000003037 between Contractor and City as amended by the First Amendment Contract Numbers BPHM14000011 1000003037, the Second Amendment Contract Numbers BPHM14000011, 1000003037 and this Third Amendment.

b. 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 2 of the Agreement currently reads as follows:

2. Term of the Agreement.

Subject to Section 1, the term of this Agreement shall be from January 1, 2014 to December 31, 2018.

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 January 1, 2014 to December 31, 2023.

b. Section 5 of the Agreement currently reads as follows:

5. Compensation.

Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Sixty-Two Million Seven Hundred Ninety Seven Thousand Seven Hundred Ninety Six Dollars (\$62,797,796)**. 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.

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

Section 5 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 works set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Seventy-Nine Million Fifty-Eight Thousand Five Hundred Sixty-Three Dollars (\$79,058,563) for the period of January 1, 2014 through December 31, 2023)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

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

c. Section 15 of the Agreement currently reads 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) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement
 - 5) 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.

Section 15 is hereby amended in its entirety to read as follows:

15. Insurance.

a. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

- 1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- 2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- 3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- 4) Blanket Fidelity Bond or Crime Policy with limits of in the amount of any Initial Payment included under this Agreement covering employee theft of money written with a per loss limit.
- 5) 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. Reserved

d. Section 20 of the Agreement currently reads 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:

8.	Submitting False Claims; Monetary Penalties.	53	Compliance with laws
10.	Taxes	55	Supervision of minors
15.	Insurance	57.	Protection of private information
24.	Proprietary or confidential information of City	64.	Protected Health Information
30.	Assignment		Add item 1 of Appendix D attached to this Agreement
37	Drug-free Workplace policy		

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.

Section 20 is hereby amended to read as follows:

20. Default; Remedies.

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

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

- | | |
|---|---|
| 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 | 64. Protected Health Information
Add item 1 of Appendix D attached to this Agreement |

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.

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.

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.

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.

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.

e. Section 22 of the Agreement currently reads 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:

- | | |
|---|---|
| 8. Submitting false claims | 24. Proprietary or confidential information of City |
| 9. Disallowance | 26. Ownership of Results |
| 10. Taxes | 27. Works for Hire |
| 11. Payment does not imply acceptance of work | 28. Audit and Inspection of Records |
| 13. Responsibility for equipment | 48. Modification of Agreement. |
| 14. Independent Contractor; Payment of Taxes and Other Expenses | 49. Administrative Remedy for Agreement Interpretation. |
| 15. Insurance | 50. Agreement Made in California; Venue |
| 16. Indemnification | 51. Construction |
| 17. Incidental and Consequential Damages | 52. Entire Agreement |
| 18. Liability of City | 56. Severability |
| | 57. Protection of private information |
| | 64. Protected Health Information |
| | Add item I of Appendix D attached to this Agreement |

Section 22 is hereby amended to read 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:

- | | |
|---|---|
| 8. Submitting false claims | 24. Proprietary or confidential information of City |
| 9. Disallowance | 26. Ownership of Results |
| 10. Taxes | 27. Works for Hire |
| 11. Payment does not imply acceptance of work | 28. Audit and Inspection of Records |
| 13. Responsibility for equipment | 48. Modification of Agreement. |
| 14. Independent Contractor; Payment of Taxes and Other Expenses | 49. Administrative Remedy for Agreement Interpretation. |

- 15. Insurance
- 16. Indemnification
- 17. Incidental and Consequential Damages
- 18. Liability of City

- 50. Agreement Made in California; Venue
- 51. Construction
- 52. Entire Agreement
- 56. Severability
- 57. Protection of private information
- 64. Protected Health Information
Add item 1 of Appendix D attached to
this Agreement

Subject to the immediately preceding 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.

f. Section 65 is hereby added to the Agreement and reads as follows:

65. PCI Requirements. Contractors providing services and products that collect, transmit or store cardholder data, are subject to the following requirements:

- a. Applications shall be compliant with the Payment Application Data Security Standard (PA-DSS) and validated by a Payment Application Qualified Security Assessor (PA-QSA). A Contractor whose application has achieved PA-DSS certification must then be listed on the PCI Council's list of PA-DSS approved and validated payment applications.
- b. Gateway providers shall have appropriate Payment Card Industry Data Security Standards (PCI DSS) certification as service providers (<https://www.pcisecuritystandards.org/index.shtml>). Compliance with the PCI DSS shall be achieved through a third party audit process. The Contractor shall comply with Visa Cardholder Information Security Program (CISP) and MasterCard Site Data Protection (SDP) programs.
- c. For any Contractor that processes PIN Debit Cards, payment card devices supplied by Contractor shall be validated against the PCI Council PIN Transaction Security (PTS) program.
- d. For items 63(a) to 63(c) above, Contractor shall provide a letter from its qualified security assessor (QSA) affirming its compliance and current PCI or PTS compliance certificate.
- e. Contractor shall be responsible for furnishing City with an updated PCI compliance certificate 30 days prior to its expiration.
- f. Bank Accounts. Collections that represent funds belonging to the City and County of San Francisco shall be deposited, without detour to a third party's bank account, into a City and County of San Francisco bank account designated by the Office of the Treasurer and Tax Collector.

- g. Appendix A and A-1 to A-12 dated 07/01/17 (i.e. July 1, 2017) are hereby replaced in their entirety with Appendix A and A-1 to A-7 dated 07/01/18 (i.e. July 1, 2018).**
 - h. Appendix B and B-1 to B-12 dated 07/01/17 (i.e. July 1, 2017) are hereby replaced in their entirety with Appendix B and B-1 to B-7 dated 07/01/18 (i.e. July 1, 2018).**
 - i. Appendix E, Business Associate Addendum to the Original Agreement dated 10/29/15 (i.e. October 29 1, 2015 is hereby deleted in its entirety and replaced with Appendix E dated 04/12/18 (i.e. April 12, 2018).**
 - j. Appendix F, Invoices dated 07/01/18 (July 1, 2018) are hereby added for 2018-19.**
- 3. Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after the effective date of the agreement.
- 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:

Health Right 360



Greg Wagner
Acting Director of Health
Department of Public Health

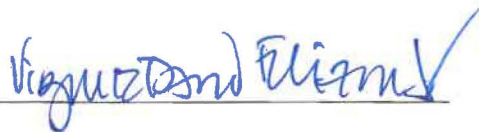


Vitka Eisen
Chief Executive Director

Supplier ID: 0000018936

Approved as to Form:

Dennis J. Herrera
City Attorney

By: 

Deputy City Attorney

Approved:

Jaci Fong
Director of the Office of Contract Administration, and
Purchaser

Appendix A
Community Behavioral Health Services
Services to be provided by Contractor

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **John Fordham**, 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. 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.

K. 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."

L. 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, Medicare 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, but will be settled during the provider's settlement process.

M. CBHS Electronic Health Records System

Treatment Service Providers use the CBHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), CBHS Quality Management and CBHS Program Administration.

N. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

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

P Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement 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 Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Community Behavioral Health Services Policies and Procedures

In the provision of SERVICES under CBHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by CBHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T.Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health providers, including satellite sites, and used by CLIENTS or STAFF shall meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request.”

2. Description of Services

Detailed description of services are listed below and are attached hereto

Appendix A-1 CYF Care management

Appendix A-2 CYF Family Mosaic Project

Appendix A-3 BHS Mental Health Services

Appendix A-4 BHS Substance Use Disorder Services

Appendix A-5 Community Oriented Primary Care (COPC) FI Services

Appendix A-6 Project Homeless Connect

Appendix A-7 San Francisco Street Violence Intervention Prevention (SFSVIP)

1. **Program Name:** CYF Care Management
Address: 1380 Howard Street
City, State, Zip: San Francisco, CA 94103
Telephone: 415-255-3400

Contractor Address: 1563 Mission Street
City, State, Zip: San Francisco, CA 94103

2. **Nature of Document:**

☐ New ☐ Renewal ☒ Amendment Three

3. **Goal Statement:** HealthRIGHT 360 (HR360), in collaboration with the San Francisco Department of Public Health (DPH), will provide fiscal and human resource management services, subcontractors, consultants, and staff in support of the Children, Youth, and Families (CYF) Care Management program.

4. **Priority Population:** CYF Care Management leads and oversees the strategy development and implementation of children & youth behavioral health services. In addition, it provides infrastructure support to implement services through its civil service clinics, including administrative, fiscal, budget, contract, training, quality assurance and compliance.

5. **Modality(s)/Intervention(s):** HR360 will provide administrative support to subcontractors, consultants and staff engaged in the CYF Care Management activities. HR360 is responsible for its subcontractors', consultants', and staff performance. Subcontractors, consultants, and staff will work toward CYF Care Management's goals in close collaboration with DPH staff. In addition, HR360 will use Generally Accepted Accounting Principles (GAAP) and the agency's own Accounting Policies and Procedures to:

- Protect the assets of the organization and of the contract;
- Ensure the maintenance of accurate records of HR360's financial activities;
- Provide a framework for HR360's financial decision making;
- Establish and enforce operating standards and behavioral expectations;
- Serve as a training resource for financial staff; and
- Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.

6. **Methodology:**

HR360 will provide fiscal management/intermediary administrative services, subcontractors, consultants, and staff to support the CYF Care Management team. This will be a collaborative project with close coordination with the DPH and the CYF Care Management Program Director.

Fiscal Management for this program consists of developing and monitoring the budget; managing employee payroll and benefits; managing programmatic expenditures such as invoice payments and travel reimbursements according to budget plan; executing contractual agreements and maintaining all program documentation as related to this contract. HR360 will also be responsible for compliance and adherence with the City and County of San Francisco fund management policies to ensure project success.

Staff Management for this program consists of primary human resource management processes and will be coordinated with the CYF Care Management Program Director. It will include managing HR360 employee benefits; monitoring HR360 employee training, skill development, and performance evaluations on regular basis, and implementing HR360 employee discipline when necessary.

7. Objectives and Measurements:

Fiscal Intermediary Objectives: All objectives, and descriptions of how objectives will be measured, are contained in the document entitled DPH Fiscal Intermediary Performance Objectives.

Service Objectives: These are administrative positions providing infrastructure support. Service deliverables measured in staff hours.

8. Continuous Quality Assurance and Improvement: DPH staff will monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, and Health Insurance Portability and Accountability Act (HIPAA). HR360's own CQI activities will monitor, enhance, and improve the quality of fiscal management and program services delivered.

9. Required Language: N/A.

1. Program Name: CYF Family Mosaic Project

Address: 1380 Howard Street

City, State, Zip: San Francisco, CA 94103

Telephone: 415-255-3400

Contractor Address: 1563 Mission Street

City, State, Zip: San Francisco, CA 94103

2. Nature of Document:

☐ New ☐ Renewal ☒ Amendment Three

3. Goal Statement: HealthRIGHT 360 (HR360), in collaboration with the San Francisco Department of Public Health (DPH), will provide fiscal and human resource management services, subcontractors, consultants, and staff in support of the Children, Youth, and Families (CYF) Family Mosaic Project (FMP).

4. Priority Population: The Family Mosaic Project is a capitated Medi-Cal program where the San Francisco Mental Health Plan is paid a capitated monthly rate via a contract with the State Department of Health Care Services for enrolled youth up to 21 years. The purpose of this program is to provide intensive case management and wrap-around services to high risk youth up to 18 years of age and their families with a goal of stabilizing the whole family by addressing various needs. FMP seeks to improve the well-being of emotionally disturbed children and youth, who are at risk for out-of-home placement.

5. Modality(s)/Intervention(s): HR360 will provide administrative support to subcontractors, consultants and staff engaged in the FMP activities. HR360 is responsible for its subcontractors', consultants', and staff performance. Subcontractors, consultants, and staff will work toward FMP's goals in close collaboration with DPH staff. In addition, HR360 will use Generally Accepted Accounting Principles (GAAP) and the agency's own Accounting Policies and Procedures to:

- Protect the assets of the organization and of the contract;
- Ensure the maintenance of accurate records of HR360's financial activities;
- Provide a framework for HR360's financial decision making;
- Establish and enforce operating standards and behavioral expectations;
- Serve as a training resource for financial staff; and
- Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.

6. Methodology:

HR360 will provide fiscal management/intermediary administrative services, subcontractors, consultants, and staff to support the FMP team. This will be a collaborative project with close coordination with the DPH and the FMP Director.

Fiscal Management for this program consists of developing and monitoring the budget; managing employee payroll and benefits; managing programmatic expenditures such as invoice payments and travel reimbursements according to budget plan; executing contractual agreements and maintaining all program documentation as related to this contract. HR360 will also be responsible for compliance and adherence with the City and County of San Francisco fund management policies to ensure project success.

Staff Management for this program consists of primary human resource management processes and will be coordinated with the FMP Director. It will include managing HR360 employee benefits; monitoring HR360 employee training, skill development, and performance evaluations on regular basis, and implementing HR360 employee discipline when necessary.

7. Objectives and Measurements:

Fiscal Intermediary Objectives: All objectives, and descriptions of how objectives will be measured, are contained in the document entitled DPH Fiscal Intermediary Performance Objectives.

Service Objectives: These are administrative positions providing infrastructure support. Service deliverables measured in staff hours.

8. Continuous Quality Assurance and Improvement:

DPH staff will monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, and Health Insurance Portability and Accountability Act (HIPAA). HR360's own CQI activities will monitor, enhance, and improve the quality of fiscal management and program services delivered.

9. Required Language: N/A.

1. **Program Name:** BHS Mental Health Services
Address: 1380 Howard Street
City, State, Zip: San Francisco, CA 94103
Telephone: 415-255-3400

Contractor Address: 1563 Mission Street
City, State, Zip: San Francisco, CA 94103

2. **Nature of Document:**

☐ New ☐ Renewal ☒ Amendment Three

3. **Goal Statement:** HealthRIGHT 360 (HR360), in collaboration with the San Francisco Department of Public Health (DPH), will provide fiscal and human resource management services, subcontractors, consultants, and staff in support of Behavioral Health Services (BHS) Mental Health Services.

4. **Priority Population:** Clients served by DPH Behavioral Health Services.

5. **Modality(s)/Intervention(s):** HR360 will provide administrative support to subcontractors, consultants and staff engaged in the BHS Mental Health Services activities. HR360 is responsible for its subcontractors', consultants', and staff performance. Subcontractors, consultants, and staff will work toward the BHS Mental Health Services' goals in close collaboration with DPH staff. In addition, HR360 will use Generally Accepted Accounting Principles (GAAP) and the agency's own Accounting Policies and Procedures to:

- Protect the assets of the organization and of the contract;
- Ensure the maintenance of accurate records of HR360's financial activities;
- Provide a framework for HR360's financial decision making;
- Establish and enforce operating standards and behavioral expectations;
- Serve as a training resource for financial staff; and
- Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.

6. **Methodology:**

HR360 will provide fiscal management/intermediary administrative services, subcontractors, consultants, and staff to support the BHS Mental Health Services team. This will be a collaborative project with close coordination with the DPH and the Behavioral Health Services Director.

Fiscal Management for this program consists of developing and monitoring the budget; managing employee payroll and benefits; managing programmatic expenditures such as invoice payments and travel reimbursements according to budget plan; executing contractual agreements and maintaining all program documentation as related to this

contract. HR360 will also be responsible for compliance and adherence with the City and County of San Francisco fund management policies to ensure project success.

Staff Management for this program consists of primary human resource management processes and will be coordinated with the BHS Director. It will include managing HR360 employee benefits; monitoring HR360 employee training, skill development, and performance evaluations on regular basis, and implementing HR360 employee discipline when necessary.

7. Objectives and Measurements:

Fiscal Intermediary Objectives: All objectives, and descriptions of how objectives will be measured, are contained in the document entitled DPH Fiscal Intermediary Performance Objectives.

Service Objectives: These are administrative positions providing infrastructure support. Service deliverables measured in staff hours.

8. Continuous Quality Assurance and Improvement:

DPH staff will monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, and Health Insurance Portability and Accountability Act (HIPAA). HR360's own CQI activities will monitor, enhance, and improve the quality of fiscal management and program services delivered.

9. Required Language: N/A.

1. **Program Name:** BHS Substance Use Disorder Services
Address: 1380 Howard Street
City, State, Zip: San Francisco, CA 94103
Telephone: 415-255-3400

Contractor Address: 1563 Mission Street
City, State, Zip: San Francisco, CA 94103

2. **Nature of Document:**

☐ New ☐ Renewal ☒ Amendment Three

3. **Goal Statement:** HealthRIGHT 360 (HR360), in collaboration with the San Francisco Department of Public Health (DPH), will provide fiscal and human resource management services, subcontractors, consultants, and staff in support of Behavioral Health Services (BHS) Substance Use Disorder (SUD) services.
4. **Priority Population:** Substance Use Disorder clients served by DPH Behavioral Health Services.
5. **Modality(s)/Intervention(s):** HR360 will provide administrative support to subcontractors, consultants and staff engaged in the BHS SUD Services activities. HR360 is responsible for its subcontractors', consultants', and staff performance. Subcontractors, consultants, and staff will work toward the BHS SUD Services goals in close collaboration with DPH staff. In addition, HR360 will use Generally Accepted Accounting Principles (GAAP) and the agency's own Accounting Policies and Procedures to:
- Protect the assets of the organization and of the contract;
 - Ensure the maintenance of accurate records of HR360's financial activities;
 - Provide a framework for HR360's financial decision making;
 - Establish and enforce operating standards and behavioral expectations;
 - Serve as a training resource for financial staff; and
 - Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.
6. **Methodology:**
HR360 will provide fiscal management/intermediary administrative services, subcontractors, consultants, and staff to support the BHS SUD Services team. This will be a collaborative project with close coordination with the DPH and the Substance Use Disorder Services Director.

Fiscal Management for this program consists of developing and monitoring the budget; managing employee payroll and benefits; managing programmatic expenditures such as invoice payments and travel reimbursements according to budget plan; executing contractual agreements and maintaining all program documentation as related to this

contract. HR360 will also be responsible for compliance and adherence with the City and County of San Francisco fund management policies to ensure project success.

Staff Management for this program consists of primary human resource management processes and will be coordinated with the Substance Abuse Services Director. It will include managing HR360 employee benefits; monitoring HR360 employee training, skill development, and performance evaluations on regular basis, and implementing HR360 employee discipline when necessary.

7. Objectives and Measurements:

Fiscal Intermediary Objectives: All objectives, and descriptions of how objectives will be measured, are contained in the document entitled DPH Fiscal Intermediary Performance Objectives.

Service Objectives: These are administrative positions providing infrastructure support. Service deliverables measured in staff hours.

8. Continuous Quality Assurance and Improvement:

DPH staff will monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, and Health Insurance Portability and Accountability Act (HIPAA). HR360's own CQI activities will monitor, enhance, and improve the quality of fiscal management and program services delivered.

9. Required Language: N/A.

1. **Program Name:** Community Oriented Primary Care (COPC) Services

Address: 25 Van Ness Avenue, Suite 500
City, State, Zip: San Francisco, CA 94102
Telephone: 415-437-6346

Contractor Address: 1563 Mission Street
City, State, Zip: San Francisco, CA 94103

2. **Nature of Document:**

☐ New ☐ Renewal ☒ Amendment Three

3. **Goal Statement:** HealthRIGHT 360 (HR360), in collaboration with the San Francisco Department of Public Health (DPH), will provide fiscal and human resource management services, subcontractors, consultants, and staff in support of COPC services.

4. **Priority Population:** DPH shelter clients.

5. **Modality(s)/Intervention(s):** HR360 will provide administrative support to subcontractors, consultants and staff engaged in the COPC Services activities. HR360 is responsible for its subcontractors', consultants', and staff performance. Subcontractors, consultants, and staff will work toward the COPC Services' goals in close collaboration with DPH staff. In addition, HR360 will use Generally Accepted Accounting Principles (GAAP) and the agency's own Accounting Policies and Procedures to:

- Protect the assets of the organization and of the contract;
- Ensure the maintenance of accurate records of HR360's financial activities;
- Provide a framework for HR360's financial decision making;
- Establish and enforce operating standards and behavioral expectations;
- Serve as a training resource for financial staff; and
- Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.

6. **Methodology:**

HR360 will provide fiscal management/intermediary administrative services, subcontractors, consultants, and staff to support COPC services. This will be a collaborative project with close coordination with the DPH and the Chief Operations Officer of COPC.

Fiscal Management for this program consists of developing and monitoring the budget; managing employee payroll and benefits; managing programmatic expenditures such as invoice payments and travel reimbursements according to budget plan; executing contractual agreements and maintaining all program documentation as related to this

contract. HR360 will also be responsible for compliance and adherence with the City and County of San Francisco fund management policies to ensure project success.

Staff Management for this program consists of primary human resource management processes and will be coordinated with the Chief Operations Officer of COPC. It will include managing HR360 employee benefits; monitoring HR360 employee training, skill development, and performance evaluations on regular basis, and implementing HR360 employee discipline when necessary.

7. Objectives and Measurements:

Fiscal Intermediary Objectives: All objectives, and descriptions of how objectives will be measured, are contained in the document entitled DPH Fiscal Intermediary Performance Objectives.

Service Objectives: These are administrative positions providing infrastructure support. Service deliverables measured in staff hours.

8. Continuous Quality Assurance and Improvement:

DPH staff will monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, and Health Insurance Portability and Accountability Act (HIPAA). HR360's own CQI activities will monitor, enhance, and improve the quality of fiscal management and program services delivered.

9. Required Language: N/A.

1. **Program Name:** Project Homeless Connect
Address: 25 Van Ness Avenue, Suite 340
City, State, Zip: San Francisco, CA 94102
Telephone: 415-503-2123

Contractor Address: 1563 Mission Street
City, State, Zip: San Francisco, CA 94103

2. **Nature of Document:**

☐ New ☐ Renewal ☒ Amendment Three

3. **Goal Statement:** HealthRIGHT 360 (HR360), in collaboration with the San Francisco Department of Public Health (DPH), will provide fiscal and human resource management services, subcontractors, consultants, and staff in support of the Project Homeless Connect (PHC) program.
4. **Priority Population:** Homeless individuals in San Francisco. PHC served over 5,000 individuals in the last fiscal year. Demographics overview:
- 60% between the ages of 25-55 years old
 - 40% African-American, 30% Caucasian, 10% Latino, 7% Asian/Pacific Islander
 - 70% Male 12% Veteran
 - 50% self-identify as homeless
5. **Modality(s)/Intervention(s):** HR360 will provide administrative support to subcontractors, consultants and staff engaged in the PHC activities. HR360 is responsible for its subcontractors', consultants', and staff performance. Subcontractors, consultants, and staff will work toward PHC's goals in close collaboration with DPH staff. In addition, HR360 will use Generally Accepted Accounting Principles (GAAP) and the agency's own Accounting Policies and Procedures to:
- Protect the assets of the organization and of the contract;
 - Ensure the maintenance of accurate records of HR360's financial activities;
 - Provide a framework for HR360's financial decision making;
 - Establish and enforce operating standards and behavioral expectations;
 - Serve as a training resource for financial staff; and
 - Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.
6. **Methodology:**
HR360 will provide fiscal management/intermediary administrative services, subcontractors, consultants, and staff to support the PHC team. This will be a collaborative project with close coordination with the DPH and the PHC Director.

Fiscal Management for this program consists of developing and monitoring the budget; managing employee payroll and benefits; managing programmatic expenditures such

as invoice payments and travel reimbursements according to budget plan; executing contractual agreements and maintaining all program documentation as related to this contract. HR360 will also be responsible for compliance and adherence with the City and County of San Francisco fund management policies to ensure project success.

Staff Management for this program consists of primary human resource management processes and will be coordinated with the PHC Director. It will include managing HR360 employee benefits; monitoring HR360 employee training, skill development, and performance evaluations on regular basis, and implementing HR360 employee discipline when necessary.

7. Objectives and Measurements:

Fiscal Intermediary Objectives: All objectives, and descriptions of how objectives will be measured, are contained in the document entitled DPH Fiscal Intermediary Performance Objectives.

Service Objectives: These are administrative positions providing infrastructure support. Service deliverables measured in staff hours.

8. Continuous Quality Assurance and Improvement:

DPH staff will monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, and Health Insurance Portability and Accountability Act (HIPAA). HR360's own CQI activities will monitor, enhance, and improve the quality of fiscal management and program services delivered.

9. Required Language: N/A.

1. **Program Name:** San Francisco Street Violence Intervention and Prevention (SFSVIP)
Address: 150 Executive Park, Suite 1180
City, State, Zip: San Francisco, CA 94134
Telephone: 415-255-3400

Contractor Address: 1563 Mission Street
City, State, Zip: San Francisco, CA 94103

2. **Nature of Document:**

☐ New ☐ Renewal ☒ Amendment Three

3. **Goal Statement:** HealthRIGHT 360 (HR360), in collaboration with the Mayor's Office and the San Francisco Department of Public Health (DPH), will provide fiscal and human resource management services, subcontractors, consultants, and staff in support of the San Francisco Street Violence Intervention and Prevention (SFSVIP) program.
4. **Priority Population:** At-risk, highly at-risk, and in-risk systems-involved youth ages 10-30. These youth may receive outreach services, diversion/intervention services or aftercare services as a result of hanging out in known hot spots, schools or community based altercations, support community events and wounding /violence incidence.
5. **Modality(s)/Intervention(s):** HR360 will provide administrative support to subcontractors, consultants and staff engaged in the SFSVIP activities. HR360 is responsible for its subcontractors', consultants', and staff performance. Subcontractors, consultants, and staff will work toward SFSVIP's goals in close collaboration with DPH staff. In addition, HR360 will use Generally Accepted Accounting Principles (GAAP) and the agency's own Accounting Policies and Procedures to:
- Protect the assets of the organization and of the contract;
 - Ensure the maintenance of accurate records of HR360's financial activities;
 - Provide a framework for HR360's financial decision making;
 - Establish and enforce operating standards and behavioral expectations;
 - Serve as a training resource for financial staff; and
 - Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.
6. **Methodology:** The SFSVIP program is a street outreach and crisis response program created to reduce and intervene in youth related street violence for the City and County of San Francisco. The program's vision is to successfully intervene and reduce youth related street violence by providing crisis response and street outreach to youth and young adults (ages 10 – 30) impacted by street violence. SFSVIP provides street outreach, crisis response, and community mobilization services.
- 7.

HR360 will provide fiscal management/intermediary administrative services, subcontractors, consultants, and staff to support the SFSVIP team. This will be a collaborative project with close coordination with the DPH and the SFSVIP Program Director.

Fiscal Management for this program consists of developing and monitoring the budget; managing employee payroll and benefits; managing programmatic expenditures such as invoice payments and travel reimbursements according to budget plan; executing contractual agreements and maintaining all program documentation as related to this contract. HR360 will also be responsible for compliance and adherence with the City and County of San Francisco fund management policies to ensure project success.

Staff Management for this program consists of primary human resource management processes and will be coordinated with the SFSVIP Program Director. It will include managing HR360 employee benefits; monitoring HR360 employee training, skill development, and performance evaluations on regular basis, and implementing HR360 employee discipline when necessary.

8. Objectives and Measurements:

Fiscal Intermediary Objectives: All objectives, and descriptions of how objectives will be measured, are contained in the document entitled DPH Fiscal Intermediary Performance Objectives.

Service Objectives:

- 100 youth will receive SFSVIP referral services (RDA Data Summary)
- 85% of participants will receive at least one successful referral (RDA Data Summary)
- 150 youth will receive Intensive mentorship services (RDA Data Summary)
- The Crisis Response Manager will respond to 100% of the cases within the 30 days of a violent act perpetrated on an individual and will provide referral services to CRT, a mental health program in the community, to the District Attorney's Victims Services or an identified community based agency (RDA Report), if needed.
- 240 youth/young adults will receive conflict resolution mediations (RDA Report)

8. Continuous Quality Assurance and Improvement:

DPH staff will monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, and Health Insurance Portability and Accountability Act (HIPAA). HR360's own CQI activities will monitor, enhance, and improve the quality of fiscal management and program services delivered.

9. Required Language: N/A.

Appendix B

Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

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

(1) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the 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.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSA Fund of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Appendix B-1 CYF Care Management
Appendix B-2 CYF Family Mosaic Project
Appendix B-3 BHS MH Services
Appendix B-4 BHS SUD Services
Appendix B-5 COPC Services
Appendix B-6 Project Homeless Connect
Appendix B-7 Street Violence Intervention Project

B. *COMPENSATION*

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Seventy-Nine Million Fifty-Eight Thousand Five Hundred Sixty Three Dollars (\$79,058,563) for the period of January 1, 2014 through December 31, 2023.**

CONTRACTOR understands that, of this maximum dollar obligation, **\$3,881,084** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. 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 the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR

for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

Jan 1, 2014 to June 30, 2014	\$ 4,631,076
July 1, 2014 to June 30, 2015	\$ 9,375,630
July 1, 2015 to June 30, 2016	\$ 8,151,798
July 1, 2016 to June 30, 2017	\$ 8,129,134
July 1, 2017 to June 30, 2018	\$ 9,498,919
July 1, 2018 to June 30, 2019	\$ 6,097,112
July 1, 2019 to June 30, 2020	\$ 6,241,489
July 1, 2020 to June 30, 2021	\$ 6,389,284
July 1, 2021 to June 30, 2022	\$ 6,540,579
July 1, 2022 to June 30, 2023	\$ 6,695,457
July 1, 2023 to Dec 31, 2023	\$ 3,427,001
Subtotal Jan 1, 2014-Dec 31, 2023	\$ 75,177,479
Contingency Jan 1, 2014-Dec 31, 2023	\$ 3,881,084
TOTAL Jan 1, 2014-Dec 31, 2023	\$ 79,058,563

CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

3. Services of Attorneys

No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

4. State or Federal Medi-Cal Revenues

A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement."

5. Reports and Services

No costs or 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 the DIRECTOR 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.

6. Monthly Financial Statements, Notification of Proposed Mergers and Notification of Intent to Sell or Lease 890 Hayes Street and/or 214 Haight Street.

In consideration of City's subordination of CONTRACTOR'S Seismic and Safety Loan Program liens on 890 Hayes Street and 214 Haight Street, in 2016, and as a material term of this Agreement, CONTRACTOR shall:

A. Comply with all CITY's asset management and reporting requirements, including, but not limited to, providing SFDPH with monthly financial statements to the Chief Financial Officer located at 101 Grove, Room 308, San Francisco, CA 94110.

B. Provide written notification to SFDPH of any proposed merger negotiations, and obtain City approval of any such proposed merger negotiations prior to executing any documents regarding an intent to enter into merger negotiations or an intent to merge. SFDPH shall respond within 30 days from the date that CONTRACTOR provides a merger plan to SFDPH.

C. Provide written notification to SFDPH and the Mayor's Office of Housing and Community Development no less than one hundred twenty (120) days prior to any intent to sell or lease CONTRACTOR's properties located at 890 Hayes Street and/or 214 Haight Street, and obtain City's prior written approval of any sale or lease of such properties. Within thirty (30) days of executing this Agreement, CONTRACTOR shall record a restrictive covenant against the properties located at 890 Hayes Street and 214 Haight Street setting forth City's rights and CONTRACTOR's obligations set forth in this Section 6(C).

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number 00348								Appendix	B
Contractor Name <u>HealthRIGHT 360 (Fiscal Intermediary)</u>								Fiscal Year	2018-19
Contract ID Number 1000003037								Document Date	7/1/18
								Funding Notification Date	7/20/18
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7		
Provider Number	00038	00038	00038	See CRDC	n/a	n/a	See CRDC		
Program Name	CYF Care Management	CYF Family Mosaic Project	BHS MH Services	BHS SUD Services	COPC Services	Project Homeless Connect	Street Violence Intervention & Prevention		
Program Code	38CX	8957	n/a	See CRDC	n/a	n/a	n/a		
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19		
FUNDING USES									TOTAL
Salaries & Employee Benefits	217,907	349,914	350,014	66,000	-	1,005,204	2,431,634		4,420,673
Operating Expenses	-	2,341	19,500	168,726	35,000	79,531	767,124		1,072,222
Capital Expenses	-	-	-	-	-	-	-		-
Subtotal Direct Expenses	217,907	352,255	369,514	234,726	35,000	1,084,735	3,198,758	-	5,492,895
Indirect Expenses	23,968	38,750	40,646	25,819	3,850	119,321	351,863		604,217
Indirect %	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%		11.0%
TOTAL FUNDING USES	241,875	391,005	410,160	260,545	38,850	1,204,056	3,550,621	-	6,097,112
							Employee Benefits %		28.6%
BHS MENTAL HEALTH FUNDING SOURCES									
MH Adult County General Fund	-	-	410,160	-	-	-	107,482		517,642
MH MHSA (WET)	-	-	-	-	-	-	100,155		100,155
MH CYF Family Mosaic Capitated Medi-Cal	-	139,725	-	-	-	-	-		139,725
MH CYF County General Fund	181,875	112,198	-	-	-	-	-		294,073
MH WO CFC First Five PTI	60,000	-	-	-	-	-	-		60,000
MH Grant SAMHSA SOC Family Mosaic, CFDA 93.958	-	139,082	-	-	-	-	-		139,082
	-	-	-	-	-	-	-		-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	241,875	391,005	410,160	-	-	-	207,637	-	1,250,677
BHS SUBSTANCE USE DISORDER FUNDING SOURCES									
SUD County General Fund	-	-	-	260,545	-	-	-		260,545
	-	-	-	-	-	-	-		-
TOTAL BHS SUD FUNDING SOURCES	-	-	-	260,545	-	-	-	-	260,545
OTHER DPH FUNDING SOURCES									
COPC General Fund (Tom Waddell)	-	-	-	-	38,850	-	-		38,850
HOM General Fund	-	-	-	-	-	1,204,056	-		1,204,056
PH WO DCYF Children Community Response Network	-	-	-	-	-	-	3,342,984		3,342,984
	-	-	-	-	-	-	-		-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	38,850	1,204,056	3,342,984	-	4,585,890
TOTAL DPH FUNDING SOURCES	241,875	391,005	410,160	260,545	38,850	1,204,056	3,550,621	-	6,097,112
NON-DPH FUNDING SOURCES									
	-	-	-	-	-	-	-		-
	-	-	-	-	-	-	-		-
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	241,875	391,005	410,160	260,545	38,850	1,204,056	3,550,621	-	6,097,112
Prepared By Lola Wong				Phone Number 415-967-7047					

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name CYF Care Management
 Program Code 38CX

Appendix Number B-1
 Page Number 2
 Fiscal Year 2018-19
 Funding Notification Date 7/20/18

	TOTAL		CYF General Fund		CFC First Five PTI Work Order									
Funding Term	7/1/18-6/30/19		7/1/18-6/30/19		7/1/18-6/30/19									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Inpatient Discharge Coordinator	1.00	52,954	1.00	52,954										
Mental Health Case Manager (TBS)	1.00	65,265	1.00	65,265										
Parent Training Institute Coordinator	1.00	47,843	0.12	6,649	0.88	41,194								
	-	-												
	-	-												
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Totals:	3.00	166,062	2.12	124,868	0.88	41,194	-	-	-	-	-	-	-	-
Employee Benefits:	31.22%	51,845	31.22%	38,984	31.22%	12,861	0.00%	-	0.00%	-	0.00%	-	0.00%	-
TOTAL SALARIES & BENEFITS		217,907		163,852		54,055		-		-		-		-

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Contractor Name HealthRIGHT 360 (Fiscal Intermediary)			Appendix Number B-1	
Provider Name CYF Care Management			Page Number 1	
Provider Number 00038			Fiscal Year 2018-19	
			Funding Notification Date 7/20/18	
Program Name	CYF Care Management	CYF Care Management		
Program Code	38CX	38CX		
Mode/SFC (MH) or Modality (SUD)	60/78	60/78		
Service Description	SS-Other Non-MediCal Client Support Exp	SS-Other Non-MediCal Client Support Exp		
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19		
FUNDING USES				TOTAL
Salaries & Employee Benefits	163,852	54,055	-	217,907
Operating Expenses	-	-	-	-
Capital Expenses				-
Subtotal Direct Expenses	163,852	54,055	-	217,907
Indirect Expenses	18,023	5,945	-	23,968
TOTAL FUNDING USES	181,875	60,000	-	241,875
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity			
MH CYF County General Fund	251962-10000-10001670-0001	181,875		181,875
MH WO CFC First Five PTI	251962-10002-10001800-0002		60,000	60,000
				-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		181,875	60,000	241,875
BHS SUD FUNDING SOURCES				
				-
TOTAL BHS SUD FUNDING SOURCES		-	-	-
OTHER DPH FUNDING SOURCES				
				-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-
TOTAL DPH FUNDING SOURCES		181,875	60,000	241,875
NON-DPH FUNDING SOURCES				
				-
TOTAL NON-DPH FUNDING SOURCES		-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		181,875	60,000	241,875
BHS UNITS OF SERVICE AND UNIT COST				
Number of Beds Purchased				
SUD Only - Number of Outpatient Group Counseling Sessions				
SUD Only - Licensed Capacity for Narcotic Treatment Programs				
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	3,901	1,619		
Unit Type	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 46.63	\$ 37.06		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 46.63	\$ 37.06		
Published Rate (Medi-Cal Providers Only)				Total UDC
Unduplicated Clients (UDC)	n/a	n/a		n/a

Appendix B - DPH 4: Operating Expenses Detail

Program Name CYF Care Management
Program Code 38CX

Appendix Number	B-1
Page Number	3
Fiscal Year	2018-19
Funding Notification Date	7/20/18

Expense Categories & Line Items	TOTAL	CYF General Fund	CFC First Five PTI Work Order				
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19				
Rent	-						
Utilities (telephone, electricity, water, gas)	-						
Building Repair/Maintenance	-						
Occupancy Total:	-	-	-	-	-	-	-
Office Supplies	-						
Photocopying	-						
Program Supplies	-						
Computer Hardware/Software	-						
Materials & Supplies Total:	-	-	-	-	-	-	-
Training/Staff Development	-						
Insurance	-						
Professional License	-						
Permits	-						
Equipment Lease & Maintenance	-						
General Operating Total:	-	-	-	-	-	-	-
Local Travel	-						
Out-of-Town Travel	-						
Field Expenses	-						
Staff Travel Total:	-	-	-	-	-	-	-
	-						
	-						
	-						
Consultant/Subcontractor Total:	-	-	-	-	-	-	-
	-						
	-						
	-						
Other Total:	-	-	-	-	-	-	-
TOTAL OPERATING EXPENSE	-	-	-	-	-	-	-

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Contractor Name HealthRIGHT 360 (Fiscal Intermediary)				Appendix Number B-2	
Provider Name CYF Family Mosaic Project				Page Number 1	
Provider Number 00038				Fiscal Year 2018-19	
				Funding Notification Date 7/20/18	
Program Name	CYF Family Mosaic Project	CYF Family Mosaic Project	CYF Family Mosaic Project		
Program Code	8957	8957	8957		
Mode/SFC (MH) or Modality (SUD)	60/78	60/78	60/78		
Service Description	SS-Other Non-MediCal Client Support Exp	SS-Other Non-MediCal Client Support Exp	SS-Other Non-MediCal Client Support Exp		
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19		
FUNDING USES					TOTAL
Salaries & Employee Benefits	101,078	124,708	124,128	-	349,914
Operating Expenses	-	1,170	1,171	-	2,341
Capital Expenses					-
Subtotal Direct Expenses	101,078	125,878	125,299	-	352,255
Indirect Expenses	11,120	13,847	13,783	-	38,750
TOTAL FUNDING USES	112,198	139,725	139,082	-	391,005
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity				
MH CYF Family Mosaic Capitated Medi-Cal	251962-10000-10001794-0001	139,725			139,725
MH CYF County General Fund	251962-10000-10001670-0001	112,198			112,198
MH Grant SAMHSA SOC Family Mosaic, CFDA 93.958	251962-10001-10032564-0002		139,082		139,082
					-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		112,198	139,725	139,082	391,005
BHS SUD FUNDING SOURCES					
					-
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-
OTHER DPH FUNDING SOURCES					
					-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		112,198	139,725	139,082	391,005
NON-DPH FUNDING SOURCES					
					-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		112,198	139,725	139,082	391,005
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased					
SUD Only - Number of Outpatient Group Counseling Sessions					
SUD Only - Licensed Capacity for Narcotic Treatment Programs					
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	1,065	3,570	2,725		
Unit Type	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 105.35	\$ 39.14	\$ 51.04		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 105.35	\$ 39.14	\$ 51.04		
Published Rate (Medi-Cal Providers Only)					Total UDC
Unduplicated Clients (UDC)	n/a	n/a	n/a		n/a

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name CYF Family Mosaic Project
Program Code 8957

Appendix Number B-2Page Number 2

Fiscal Year 2018-19

Funding Notification Date	7/20/18
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	TOTAL		CYF General Fund		Family Mosaic Capitated Medi-Cal		SAMHSA SOC Family Mosaic Grant							
Funding Term	7/1/18-6/30/19		7/1/18-6/30/19		7/1/18-6/30/19		7/1/18-6/30/19							
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Business Office Administrator	-	-												
Senoir Accountant	1.00	76,785	-		0.48	36,785	0.52	40,000						
Operation & Facility Specialist	1.00	52,000	0.47	24,378	0.06	3,000	0.47	24,622						
Business & Operation Supervisor	1.00	66,202	-		0.51	34,000	0.49	32,202						
Capitation Coordinator	1.00	77,957	0.11	54,466	0.89	23,491								
	-	-												
	-	-												
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Totals:	4.00	272,944	0.58	78,844	1.94	97,276	1.48	96,824	-	-	-	-	-	-
Employee Benefits:	28.20%	76,970	28.20%	22,234	28.20%	27,432	28.20%	27,304	0.00%	-	0.00%	-	0.00%	-
TOTAL SALARIES & BENEFITS		349,914		101,078		124,708		124,128		-		-		-

Appendix B - DPH 4: Operating Expenses Detail

Program Name CYF Family Mosaic Project
 Program Code 8957

Appendix Number	<u>B-2</u>
Page Number	<u>3</u>
Fiscal Year	<u>2018-19</u>
Funding Notification Date	<u>7/20/18</u>

Expense Categories & Line Items	TOTAL	CYF General Fund	Family Mosaic Capitated Medi-Cal	SAMHSA SOC Family Mosaic Grant			
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19			
Rent	-						
Utilities (telephone, electricity, water, gas)	-						
Building Repair/Maintenance	-						
Occupancy Total:	-	-	-	-	-	-	-
Office Supplies	670		670				
Photocopying	-						
Program Supplies	1,171			1,171			
Computer Hardware/Software	-						
Materials & Supplies Total:	1,841	-	670	1,171	-	-	-
Training/Staff Development	-						
Insurance	-						
Professional License	-						
Permits	-						
Equipment Lease & Maintenance	-						
General Operating Total:	-	-	-	-	-	-	-
Local Travel	-						
Out-of-Town Travel	-						
Field Expenses	500		500				
Staff Travel Total:	500	-	500	-	-	-	-
	-						
	-						
	-						
Consultant/Subcontractor Total:	-	-	-	-	-	-	-
	-						
	-						
	-						
Other Total:	-	-	-	-	-	-	-
TOTAL OPERATING EXPENSE	2,341	-	1,170	1,171	-	-	-

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Contractor Name HealthRIGHT 360 (Fiscal Intermediary)					Appendix Number	B-3
Provider Name BHS MH Services					Page Number	1
Provider Number <u>n/a</u>					Fiscal Year	2018-19
					Funding Notification Date	7/20/18

Program Name	Sunnydale Community Facility	Medi-Cal Billing Clerks	Crisis Intervention	Whole Person Care		
Program Code	n/a	n/a	n/a	n/a		
Mode/SFC (MH) or Modality (SUD)	60/78	60/78	60/78	60/78		
Service Description	SS-Other Non-MediCal Client Support Exp	SS-Other Non-MediCal Client Support Exp	SS-Other Non-MediCal Client Support Exp	SS-Other Non-MediCal Client Support Exp		
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19		
FUNDING USES						TOTAL
Salaries & Employee Benefits	93,360	239,480	17,174	-		350,014
Operating Expenses	-	-	-	19,500		19,500
Capital Expenses						-
Subtotal Direct Expenses	93,360	239,480	17,174	19,500	-	369,514
Indirect Expenses	10,270	26,342	1,889	2,145	-	40,646
TOTAL FUNDING USES	103,630	265,822	19,063	21,645	-	410,160
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity					
MH Adult County General Fund	251984-10000-10001792-0001	103,630	265,822	19,063	21,645	410,160
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		103,630	265,822	19,063	21,645	410,160
BHS SUD FUNDING SOURCES						
						-
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES						
						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		103,630	265,822	19,063	21,645	410,160
NON-DPH FUNDING SOURCES						
						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		103,630	265,822	19,063	21,645	410,160
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	1,840	9,200	221	156		
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 56.32	\$ 28.89	\$ 86.34	\$ 138.75		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 56.32	\$ 28.89	\$ 86.34	\$ 138.75		
Published Rate (Medi-Cal Providers Only)						Total UDC
Unduplicated Clients (UDC)	n/a	n/a	n/a	n/a		n/a

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name BHS MH Services

Program Code n/a

Appendix Number B-3Page Number 2

Fiscal Year	2018-19
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Funding Notification Date	7/20/18
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[illegible]

Appendix B - DPH 4: Operating Expenses Detail

Program Name BHS MH Services
 Program Code n/a

Appendix Number B-3
 Page Number 3
 Fiscal Year 2018-19
 Funding Notification Date 7/20/18

Expense Categories & Line Items	TOTAL	Sunnydale Community Facility	Medi-Cal Billing Clerks	Crisis Intervention	Whole Person Care		
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19		
Rent	-						
Utilities (telephone, electricity, water, gas)	-						
Building Repair/Maintenance	-						
Occupancy Total:	-	-	-	-	-	-	-
Office Supplies	-						
Photocopying	-						
Program Supplies	-						
Computer Hardware/Software	-						
Materials & Supplies Total:	-	-	-	-	-	-	-
Training/Staff Development	-						
Insurance	-						
Professional License	-						
Permits	-						
Equipment Lease & Maintenance	-						
General Operating Total:	-	-	-	-	-	-	-
Local Travel	-						
Out-of-Town Travel	-						
Field Expenses	-						
Staff Travel Total:	-	-	-	-	-	-	-
Psychiatric Consultant	19,500				19,500		
	-						
Consultant/Subcontractor Total:	19,500	-	-	-	19,500	-	-
	-						
	-						
Other Total:	-	-	-	-	-	-	-
TOTAL OPERATING EXPENSE	19,500	-	-	-	19,500	-	-

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Contractor Name HealthRIGHT 360 (Fiscal Intermediary)					Appendix Number	B-4
Provider Name BHS SUD Services					Page Number	1
Provider Number 383800 for OBOT & TAP; 383804 for Drug Court					Fiscal Year	2018-19
					Funding Notification Date	7/20/18
Program Name	OBOT Methadone Van	OBOT Harm Reduction Therapy Center	Drug Court Treatment Center (FI Close-out)	Treatment Access Program (FI Close-out)		
Program Code	n/a	n/a	38041	n/a		
Mode/SFC (MH) or Modality (SUD)	Supt-00	Supt-00	Supt-09	SecPrev-21		
Service Description	County Admin, Mgmt, Support Services	County Admin, Mgmt, Support Services	SA-Support Alteration/ Renovation	SA-Sec Prev Referrals/Screenin g/Intake		
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19		
FUNDING USES						TOTAL
Salaries & Employee Benefits	-	-	-	66,000	-	66,000
Operating Expenses	57,622	46,604	48,000	16,500	-	168,726
Capital Expenses						-
Subtotal Direct Expenses	57,622	46,604	48,000	82,500	-	234,726
Indirect Expenses	6,338	5,126	5,280	9,075	-	25,819
TOTAL FUNDING USES	63,960	51,730	53,280	91,575	-	260,545
BHS MENTAL HEALTH FUNDING SOURCES						
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
SUD County General Fund	240646-10000-10001681-0003	63,960	51,730	53,280	91,575	260,545
TOTAL BHS SUD FUNDING SOURCES		63,960	51,730	53,280	91,575	260,545
OTHER DPH FUNDING SOURCES						
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		63,960	51,730	53,280	91,575	260,545
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		63,960	51,730	53,280	91,575	260,545
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	12	345	1,066	1,832		
Unit Type	Months	Hours	Hours	Hours	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 5,330.00	\$ 150.00	\$ 50.00	\$ 50.00	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 5,330.00	\$ 150.00	\$ 50.00	\$ 50.00	\$ -	
Published Rate (Medi-Cal Providers Only)						Total UDC
Unduplicated Clients (UDC)	n/a	n/a	n/a	n/a		n/a

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name BHS SUD Services

Program Code See CRDCAppendix Number B-4Page Number 2

Fiscal Year	2018-19
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Funding Notification Date	7/20/18
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	TOTAL		OBOT Methadone Van		OBOT Harm Reduction Therapy Center		Drug Court Treatment Center (FI Close-out)		Treatment Access Program (FI Close-out)					
Funding Term	7/1/18-6/30/19		7/1/18-6/30/19		7/1/18-6/30/19		7/1/18-6/30/19		7/1/18-6/30/19					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Counselor/Case Manager	1.00	50,000							1.00	50,000				
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Totals:	1.00	50,000	-	-	-	-	-	-	1.00	50,000	-	-	-	-
Employee Benefits:	32.00%	16,000	0.00%	-	0.00%	-	0.00%	-	32.00%	16,000	0.00%	-	0.00%	-
TOTAL SALARIES & BENEFITS		66,000		-		-		-		66,000		-		-

Appendix B - DPH 4: Operating Expenses Detail

Program Name BHS SUD Services
 Program Code See CRDC

Appendix Number B-4
 Page Number 3
 Fiscal Year 2018-19
 Funding Notification Date 7/20/18

Expense Categories & Line Items	TOTAL	OBOT Methadone Van	OBOT Harm Reduction Therapy Center	Drug Court Treatment Center (FI Close-out)	Treatment Access Program (FI Close-out)		
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19		
Rent	24,000			24,000			
Utilities (telephone, electricity, water, gas)	12,000			12,000			
Building Repair/Maintenance	12,000			12,000			
Occupancy Total:	48,000	-	-	48,000	-	-	-
Office Supplies	3,000				3,000		
Photocopying	-						
Program Supplies	3,000				3,000		
Computer Hardware/Software	-						
Materials & Supplies Total:	6,000	-	-	-	6,000	-	-
Training/Staff Development	3,000				3,000		
Insurance	-						
Professional License	-						
Permits	-						
Equipment Lease & Maintenance	-						
General Operating Total:	3,000	-	-	-	3,000	-	-
Local Travel	1,500				1,500		
Out-of-Town Travel	-						
Field Expenses	-						
Staff Travel Total:	1,500	-	-	-	1,500	-	-
Harm Reduction Therapy Center	46,604		46,604				
	-						
	-						
Consultant/Subcontractor Total:	46,604	-	46,604	-	-	-	-
Methadone Van Expenses	57,622	57,622					
Client Expenses	6,000				6,000		
	-						
Other Total:	63,622	57,622	-	-	6,000	-	-
TOTAL OPERATING EXPENSE	168,726	57,622	46,604	48,000	16,500	-	-

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Contractor Name HealthRIGHT 360 (Fiscal Intermediary)				Appendix Number B-5	
Provider Name COPC Services				Page Number 1	
Provider Number n/a				Fiscal Year 2018-19	
				Funding Notification Date 7/20/18	

	TWHC Shelter Nutritionist					
Program Name						
Program Code	n/a					
Mode/SFC (MH) or Modality (SUD)	n/a					
Service Description	n/a					
Funding Term	7/1/18-6/30/19					
FUNDING USES						TOTAL
Salaries & Employee Benefits	-				-	-
Operating Expenses	35,000				-	35,000
Capital Expenses						-
Subtotal Direct Expenses	35,000	-	-	-	-	35,000
Indirect Expenses	3,850				-	3,850
TOTAL FUNDING USES	38,850	-	-	-	-	38,850
BHS MENTAL HEALTH FUNDING SOURCES						
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-
BHS SUD FUNDING SOURCES						
						-
TOTAL BHS SUD FUNDING SOURCES	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity					
COPC General Fund (Tom Waddell)	251905-10000-10001993-0018	38,850				38,850
						-
TOTAL OTHER DPH FUNDING SOURCES		38,850	-	-	-	38,850
TOTAL DPH FUNDING SOURCES		38,850	-	-	-	38,850
NON-DPH FUNDING SOURCES						
						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		38,850	-	-	-	38,850
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
	Cost Reimbursement (CR)					
Payment Method						
DPH Units of Service	n/a					
Unit Type	n/a					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	n/a					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	n/a					
Published Rate (Medi-Cal Providers Only)	n/a					Total UDC
Unduplicated Clients (UDC)	n/a					n/a

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name COPC Services
Program Code n/a

Appendix Number	B-5
Page Number	2
Fiscal Year	2018-19
Funding Notification Date	7/20/18

[illegible]

Appendix B - DPH 4: Operating Expenses Detail

Program Name COPC Services
 Program Code n/a

Appendix Number B-5
 Page Number 3
 Fiscal Year 2018-19
 Funding Notification Date 7/20/18

Expense Categories & Line Items	TOTAL	TWHC Shelter Nutritionist					
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19					
Rent	-						
Utilities (telephone, electricity, water, gas)	-						
Building Repair/Maintenance	-						
Occupancy Total:	-	-	-	-	-	-	-
Office Supplies	-						
Photocopying	-						
Program Supplies	-						
Computer Hardware/Software	-						
Materials & Supplies Total:	-	-	-	-	-	-	-
Training/Staff Development	-						
Insurance	-						
Professional License	-						
Permits	-						
Equipment Lease & Maintenance	-						
General Operating Total:	-	-	-	-	-	-	-
Local Travel	-						
Out-of-Town Travel	-						
Field Expenses	-						
Staff Travel Total:	-	-	-	-	-	-	-
Shelter Nutritionist	35,000	35,000					
	-						
	-						
Consultant/Subcontractor Total:	35,000	35,000	-	-	-	-	-
	-						
	-						
	-						
Other Total:	-	-	-	-	-	-	-
TOTAL OPERATING EXPENSE	35,000	35,000	-	-	-	-	-

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Contractor Name HealthRIGHT 360 (Fiscal Intermediary)				Appendix Number B-6	
Provider Name Project Homeless Connect				Page Number 1	
Provider Number n/a				Fiscal Year 2018-19	
				Funding Notification Date 7/20/18	
Program Name		Project Homeless Connect			
Program Code		n/a			
Mode/SFC (MH) or Modality (SUD)		n/a			
Service Description		n/a			
Funding Term		7/1/18-6/30/19			
FUNDING USES					TOTAL
Salaries & Employee Benefits		1,005,204		-	1,005,204
Operating Expenses		79,531		-	79,531
Capital Expenses					-
Subtotal Direct Expenses		1,084,735	-	-	1,084,735
Indirect Expenses		119,321		-	119,321
TOTAL FUNDING USES		1,204,056	-	-	1,204,056
BHS MENTAL HEALTH FUNDING SOURCES					
					-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			-	-	-
BHS SUD FUNDING SOURCES					
					-
TOTAL BHS SUD FUNDING SOURCES			-	-	-
OTHER DPH FUNDING SOURCES					
Dept-Auth-Proj-Activity					
HOM General Fund	203646-10000-10026740-0001	1,204,056			1,204,056
					-
TOTAL OTHER DPH FUNDING SOURCES		1,204,056	-	-	1,204,056
TOTAL DPH FUNDING SOURCES		1,204,056	-	-	1,204,056
NON-DPH FUNDING SOURCES					
					-
TOTAL NON-DPH FUNDING SOURCES			-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,204,056	-	-	1,204,056
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased					
SUD Only - Number of Outpatient Group Counseling Sessions					
SUD Only - Licensed Capacity for Narcotic Treatment Programs					
Payment Method		Cost Reimbursement (CR)			
DPH Units of Service		n/a			
Unit Type		n/a			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		n/a			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		n/a			
Published Rate (Medi-Cal Providers Only)		n/a			
Unduplicated Clients (UDC)		n/a			Total UDC n/a

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name Project Homeless Connect
Program Code n/a

Appendix Number	B-6
Page Number	2
Fiscal Year	2018-19
Funding Notification Date	7/20/18

	TOTAL		Project Homeless Connect											
Funding Term	7/1/18-6/30/19		7/1/18-6/30/19											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Chief Operations Officer	1.00	97,375	1.00	97,375										
Director of Special Events	1.00	77,472	1.00	77,472										
Director of Services	1.00	80,719	1.00	80,719										
Community/Development Director	1.00	55,000	1.00	55,000										
Services Manager	1.00	55,965	1.00	55,965										
Logistics Manager	1.00	54,633	1.00	54,633										
Development Manager	1.00	56,375	1.00	56,375										
Volunteer/Community Coordinator	1.00	52,275	1.00	52,275										
Resource Specialist	4.00	208,277	4.00	208,277										
Office Administrator/Operation Manager	1.00	46,000	1.00	46,000										
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Appendix B - DPH 4: Operating Expenses Detail

Program Name Project Homeless Connect
 Program Code n/a

Appendix Number B-5
 Page Number 3
 Fiscal Year 2018-19
 Funding Notification Date 7/20/18

Expense Categories & Line Items	TOTAL	Project Homeless Connect					
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19					
Rent	-						
Utilities (telephone, electricity, water, gas)	-						
Building Repair/Maintenance	5,000	5,000					
Occupancy Total:	5,000	5,000	-	-	-	-	-
Office Supplies	10,131	10,131					
Photocopying	13,000	13,000					
Program Supplies	-						
Computer Hardware/Software	-						
Materials & Supplies Total:	23,131	23,131	-	-	-	-	-
Training/Staff Development	2,400	2,400					
Insurance	-						
Professional License	-						
Permits	-						
Equipment Lease & Maintenance	-						
General Operating Total:	2,400	2,400	-	-	-	-	-
Local Travel	3,000	3,000					
Out-of-Town Travel	3,000	3,000					
Field Expenses	-						
Staff Travel Total:	6,000	6,000	-	-	-	-	-
Consultant	3,500	3,500					
Delivery Driver	2,500	2,500					
Deliveries	5,000	5,000					
Consultant/Subcontractor Total:	11,000	11,000	-	-	-	-	-
Food	8,000	8,000					
Meeting Expenses	10,000	10,000					
Special Events	10,000	10,000					
CareVan	4,000	4,000					
Other Total:	32,000	32,000	-	-	-	-	-
TOTAL OPERATING EXPENSE	79,531	79,531	-	-	-	-	-

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Contractor Name HealthRIGHT 360 (Fiscal Intermediary)				Appendix Number B-7	
Provider Name Street Violence Intervention & Prevention				Page Number 1	
Provider Number 00038 for MH Adult & MHSA; n/a for PH WO				Fiscal Year 2018-19	
				Funding Notification Date 7/20/18	

	Street Violence Intervention & Prevention	Street Violence Intervention & Prevention	Street Violence Intervention & Prevention			
Program Name						
Program Code	n/a	n/a	n/a			
Mode/SFC (MH) or Modality (SUD)	60/78	00-21	n/a			
Service Description	SS-Other Non-MediCal Client Support Exp	MHSA Administration	n/a			
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19			
FUNDING USES						TOTAL
Salaries & Employee Benefits	-	-	2,431,634	-	-	2,431,634
Operating Expenses	21,538	90,230	655,356	-	-	767,124
Capital Expenses						-
Subtotal Direct Expenses	21,538	90,230	3,086,990	-	-	3,198,758
Indirect Expenses	2,369	9,925	339,569	-	-	351,863
TOTAL FUNDING USES	23,907	100,155	3,426,559	-	-	3,550,621
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity					
MH Adult County General Fund	251984-10000-10001792-0001	23,907	83,575			107,482
MH MHSA (WET)	251984-17156-10031199-0022		100,155			100,155
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		23,907	100,155	-	-	207,637
BHS SUD FUNDING SOURCES						
						-
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity					
PH WO DCYF Children Community Response Network	251929-10002-10001976-0002		3,342,984			3,342,984
						-
TOTAL OTHER DPH FUNDING SOURCES		-	3,342,984	-	-	3,342,984
TOTAL DPH FUNDING SOURCES		23,907	100,155	-	-	3,550,621
NON-DPH FUNDING SOURCES						
						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		23,907	100,155	-	-	3,550,621
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)			
DPH Units of Service	4	1,002	n/a			
Unit Type	Client Day	Staff Hour	n/a			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 5,976.75	\$ 100.00	n/a			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 5,976.75	\$ 100.00	n/a			
Published Rate (Medi-Cal Providers Only)						Total UDC
Unduplicated Clients (UDC)	n/a	n/a	n/a			n/a

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name Street Violence Intervention & Prevention
Program Code n/a

Appendix Number	B-7
Page Number	2
Fiscal Year	2018-19
Funding Notification Date	7/20/18

	TOTAL		MH Adult County General Fund		MH MSA (WET)		PH WO DCYF CCRN & MH GF WO CODB							
Funding Term	7/1/18-6/30/19		7/1/18-6/30/19		7/1/18-6/30/19		7/1/18-6/30/19							
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
SVIP Director	1.00	93,000					1.00	93,000						
Street Outreach Manager	1.00	80,000					1.00	80,000						
Crisis Response Manager	1.00	70,000					1.00	70,000						
Violence Prevention Services Coordinator	4.00	266,500					4.00	266,500						
Street Outreach Worker III - Intervener	10.00	522,750					10.00	522,750						
Street Outreach Worker II - Facilitator	7.00	325,500					7.00	325,500						
Street Outreach Worker I	11.00	440,000					11.00	440,000						
Assisting Crisis Response Manager	1.00	57,000					1.00	57,000						
Admin Assistant	1.00	42,000					1.00	42,000						
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Totals:	37.00	1,896,750	-	-	-	-	37.00	1,896,750	-	-	-	-	-	-
Employee Benefits:	28.20%	534,884	0.00%	-	0.00%	-	28.20%	534,884	0.00%	-	0.00%	-	0.00%	-
TOTAL SALARIES & BENEFITS		2,431,634		-		-		2,431,634		-		-		-

Appendix B - DPH 4: Operating Expenses Detail

Program Name Street Violence Intervention & Prevention
 Program Code n/a

Appendix Number	<u>B-7</u>
Page Number	<u>3</u>
Fiscal Year	<u>2018-19</u>
Funding Notification Date	<u>7/20/18</u>

Expense Categories & Line Items	TOTAL	MH Adult County General Fund	MH MHSA (WET)	PH WO DCYF CCRN & MH GF WO CODB			
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19			
Rent	170,869			170,869			
Utilities (telephone, electricity, water, gas)	30,000			30,000			
Building Repair/Maintenance	6,000			6,000			
Occupancy Total:	206,869	-	-	206,869	-	-	-
Office Supplies	12,000			12,000			
Photocopying	-						
Program Supplies	35,000			35,000			
Computer Hardware/Software	-						
Materials & Supplies Total:	47,000	-	-	47,000	-	-	-
Training/Staff Development	5,000			5,000			
Insurance	25,000			25,000			
Professional License	-						
Permits	-						
Equipment Lease & Maintenance	9,000			9,000			
General Operating Total:	39,000	-	-	39,000	-	-	-
Local Travel	12,000			12,000			
Out-of-Town Travel	-						
Field Expenses	-						
Staff Travel Total:	12,000	-	-	12,000	-	-	-
Sal Nunez PhD, Curriculum Developer	90,230		90,230				
Evaluation Consultants	13,500			13,500			
Information Technology Consultants	10,000			10,000			
Consultant/Subcontractor Total:	113,730	-	90,230	23,500	-	-	-
Vehicle Expense	48,000			48,000			
Video Production	-						
Client Crisis	40,000			40,000			
Client Bereavement	200,525	21,538		178,987			
Client Incentives	60,000			60,000			
Other Total:	348,525	21,538	-	326,987	-	-	-
TOTAL OPERATING EXPENSE	767,124	21,538	90,230	655,356	-	-	-

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name <u>HealthRIGHT 360 (Fiscal Intermediary)</u>	Page Number <u>1</u>
Contract ID Number <u>1000003037</u>	Fiscal Year <u>2018-19</u>
	Funding Notification Date <u>7/20/18</u>

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Executive Officer	0.232	31,183
Chief Financial Officer	0.256	28,153
Chief Information Officer	0.256	22,378
Chief Operating Officer	0.128	5,631
VP of Quality and Compliance	0.243	8,230
VP of Development	0.170	7,218
Research and Evaluation Director	0.161	7,281
Workforce Development Director	0.021	1,008
Controller	0.256	16,363
Grants Director	0.256	11,262
Budget Manager	0.110	5,587
Fiscal Projects Director	0.256	8,662
Budget/Fiscal Analyst	0.238	8,274
Payroll Manager	0.256	10,654
Budget Coordinator	0.256	7,218
General Ledger Accountant	0.048	1,545
Accounts Payable	0.507	14,413
Billing Specialist	0.256	8,662
Billing Assistant	0.256	5,831
Human Resources Director	0.126	4,964
Human Resources Analyst	0.256	7,218
Human Resources Coordinator	0.256	5,836
Electronic Medical Records Manager	0.254	7,147
EMR OPs Software Development Director	0.256	12,993
EMR Training and Data Analyst	0.176	4,010
Client Programmer II	0.063	2,416
IT Manager - Data Control	0.256	7,733
Senior IT Systems Analyst	0.142	4,618
IT Analyst	0.256	7,001
PC Support Analyst	0.256	7,001
IT Specialist - Data Specialist	0.282	5,248
IT Specialist - Data Entry	0.256	4,771
IT Specialist - Data Control	0.256	4,771
IT Data Analyst	0.089	1,751
Donations Manager	0.256	7,940
Travel Coordinator	0.128	3,866
Administrative Assistant	0.210	3,696
Procurement Manager	0.256	7,218
Driver/Procurement Assistant	0.047	886
Facility Operations Director	0.014	697
Transportation and Facility Manager	0.011	436
Maintenance Staff	0.058	1,059
Subtotal:	8.322	322,829
Employee Benefits:	31.0%	100,077
Total Salaries and Employee Benefits:		422,906

2. OPERATING COSTS

Expenses	Amount
Rent	44,355
Utilities (Telephone, Electricity, Water, Gas)	15,947
Building Repair/Maintenance	1,340
Office Supplies	10,967
Insurance	20,769
Training/Staff Development	2,631
Staff Travel (Local & Out of Town)	17,099
Rental of Equipment	13,564
Payroll Service	4,747
IT Licenses	14,843
Program Licenses	35,049
Total Operating Costs	181,311
Total Indirect Costs	604,217

Appendix E
Business Associate Agreement



San Francisco Department of Public Health
Business Associate Agreement

This Business Associate Agreement ("BAA") supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity ("CE"), and Contractor, the Business Associate ("BA") ("Agreement"). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

RECITALS

A. CE, by and through the San Francisco Department of Public Health ("SFPDPH"), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information ("PHI") (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-001 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§ 5328, et seq., and the regulations promulgated there under (the "California Regulations").

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

1. Definitions.

a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.



San Francisco Department of Public Health

Business Associate Agreement

b. Breach Notification Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.

c. Business Associate is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.

d. Covered Entity means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.

e. Data Aggregation means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

f. Designated Record Set means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

g. Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.

h. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

i. Health Care Operations shall have the meaning given to such term under the Privacy Rule, including but not limited to, 45 C.F.R. Section 164.501.

j. Privacy Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or 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



San Francisco Department of Public Health
Business Associate Agreement

Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

l. Protected Information shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.

m. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.306.

n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

o. Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

a. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

c. Permitted Uses. BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a



San Francisco Department of Public Health

Business Associate Agreement

violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].

d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314, 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including,



San Francisco Department of Public Health
Business Associate Agreement

but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c) as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

j. Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from



San Francisco Department of Public Health
Business Associate Agreement

BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

k. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

l. Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.

n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C) 45 C.F.R. Section 164.308(b)]

o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents. Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the step are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes



San Francisco Department of Public Health
Business Associate Agreement

constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. Termination.

a. Material Breach. A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]

b. Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

e. Disclaimer. CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory



San Francisco Department of Public Health

Business Associate Agreement

written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Email: compliance.privacy@sfdph.org
Hotline (Toll-Free): 1-855-729-6040

Contractor Name:	Health Right 360 (FI)	Contractor City Vendor ID	0000018936
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PRIVACY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFPDH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...						Yes	No*
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?						
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?						
	If yes:	Name & Title:	Phone #	Email:			
C	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]						
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?						
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFPDH Information Security staff?						

II. Contractors who serve patients/clients and have access to SFPDH PHI, must also complete this section.

If Applicable: DOES YOUR ORGANIZATION...		Yes	No*
G	Have (or will have if/when applicable) evidence that SFPDH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFPDH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?		
H	Have evidence in each patient's / client's chart or electronic file that a <u>Privacy Notice</u> that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFPDH.)		
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?		
J	Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations?		
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?		

III. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)	Signature	Date
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IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)	Signature	Date
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Contractor Name:	Health Right 360 (FI)	Contractor City Vendor ID	0000018936
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DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFPDH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...						Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]						
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?						
	Date of last Data Security Risk Assessment/Audit:						
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:						
C	Have a formal Data Security Awareness Program?						
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?						
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?						
	If yes:	Name & Title:	Phone #		Email:		
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH data security training materials are available for use; contact OCPA at 1-855-729-6040.]						
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?						
I	Have (or will have if/when applicable) a diagram of how SFPDH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?						

II. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature		Date	
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III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Appendix F
Invoice

COST REIMBURSEMENT INVOICE

COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M25 JL 18

Ct.Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH County - General Fund CYF

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 CYF Care Management PC# - 38CX - (HMHMCP751594) 251962-10000-0001-10001670												
60/78 Other Non-MediCal	3,901		650		650		17%		3,251		83%	
Client Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 124,868.00	\$ -	\$ -	0.00%	\$ 124,868.00
Fringe Benefits	\$ 38,984.00	\$ -	\$ -	0.00%	\$ 38,984.00
Total Personnel Expenses	\$ 163,852.00	\$ -	\$ -	0.00%	\$ 163,852.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 163,852.00	\$ -	\$ -	0.00%	\$ 163,852.00
Indirect Expenses	\$ 18,023.00	\$ -	\$ -	0.00%	\$ 18,023.00
TOTAL EXPENSES	\$ 181,875.00	\$ -	\$ -	0.00%	\$ 181,875.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

Invoice Number

User Cd

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DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Inpatient Discharge Coordinator	1.00	\$ 52,954.00	\$ -	\$ -	0.00%	\$ 52,954.00
Mental Health Case Manager (TBS)	1.00	\$ 65,265.00	\$ -	\$ -	0.00%	\$ 65,265.00
Parent Training Institute Coordinator-Reneka Gaines	0.12	\$ 6,649.00	\$ -	\$ -	0.00%	\$ 6,649.00
TOTAL SALARIES	2.12	\$ 124,868.00	\$ -	\$ -	0.00%	\$ 124,868.00

Signature: _____

Date: _____

Printed Name _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

CBHS

Funding Term: 07/01/2018- 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M44 JL 18

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH W O - CFC MH First Five PTI

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 CBHS CYF Care Management PC# - 38CX - (HMHMCHPTINWO) 251962-10002-0002-10001800												
60/ 78 Other Non-Medical Client	1,619				-		0%		1,619		100%	
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 41,194.00	\$ -	\$ -	0.00%	\$ 41,194.00
Fringe Benefits	\$ 12,861.00	\$ -	\$ -	0.00%	\$ 12,861.00
Total Personnel Expenses	\$ 54,055.00	\$ -	\$ -	0.00%	\$ 54,055.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 54,055.00	\$ -	\$ -	0.00%	\$ 54,055.00
Indirect Expenses	\$ 5,945.00	\$ -	\$ -	0.00%	\$ 5,945.00
TOTAL EXPENSES	\$ 60,000.00	\$ -	\$ -	0.00%	\$ 60,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Prepared: 10/19/2018

Appendix F
PAGE B

Invoice Number

M44	JL	18
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User Cd

CT PO No.

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Parent Training Institute Coordinator	0.88	\$ 41,194.00	\$ -	\$ -	0.00%	\$ 41,194.00
TOTAL SALARIES	0.88	\$ 41,194.00	\$ -	\$ -	0.00%	\$ 41,194.00

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M29 JL 18

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH State - Fam Mosaic Cap Medi-Cal

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 CYF Family Mosaic Project PC# - 8957-(HMHMCP8828CH) 251962-10000-0001-10001794												
60/ 78 Other Non-MediCal Client	3,570				-		0%		3,570		100%	
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 97,276.00	\$ -	\$ -	0.00%	\$ 97,276.00
Fringe Benefits	\$ 27,432.00	\$ -	\$ -	0.00%	\$ 27,432.00
Total Personnel Expenses	\$ 124,708.00	\$ -	\$ -	0.00%	\$ 124,708.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 670.00	\$ -	\$ -	0.00%	\$ 670.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ 500.00	\$ -	\$ -	0.00%	\$ 500.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 1,170.00	\$ -	\$ -	0.00%	\$ 1,170.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 125,878.00	\$ -	\$ -	0.00%	\$ 125,878.00
Indirect Expenses	\$ 13,847.00	\$ -	\$ -	0.00%	\$ 13,847.00
TOTAL EXPENSES	\$ 139,725.00	\$ -	\$ -	0.00%	\$ 139,725.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

Invoice Number

User Cd

CT PO No.

DETAIL PERSONNEL EXPENDITURES

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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Date: _____

Phone: _____

Phone: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M46 JL 18

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH County - General Fund CYF

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 CYF Family Mosaic Project PC# - 8957 - (HMHMCP751594) 251962-10000-0001-10001670												
60/ 78 Other Non-Medical Client	1,065				-		0%		1,065		100%	
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 78,844.00	\$ -	\$ -	0.00%	\$ 78,844.00
Fringe Benefits	\$ 22,234.00	\$ -	\$ -	0.00%	\$ 22,234.00
Total Personnel Expenses	\$ 101,078.00	\$ -	\$ -	0.00%	\$ 101,078.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 101,078.00	\$ -	\$ -	0.00%	\$ 101,078.00
Indirect Expenses	\$ 11,120.00	\$ -	\$ -	0.00%	\$ 11,120.00
TOTAL EXPENSES	\$ 112,198.00	\$ -	\$ -	0.00%	\$ 112,198.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

Invoice Number

User Cd

CT PO No.

DETAIL PERSONNEL EXPENDITURES

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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Date: _____

Phone: _____

Title: _____

**CEERT 06-21
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

CBHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M28 JL 18

Ct.Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MH State - SAMHSA FMP Grant

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 CYF Family Mosaic Project PC# - 8957 - (HMM007-1802) 251962-10001-0003-10029548												
60/ 78 Other Non-MediCal Client	2,725				-		0%		2,725		100%	
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 96,824.00	\$ -	\$ -	0.00%	\$ 96,824.00
Fringe Benefits	\$ 27,304.00	\$ -	\$ -	0.00%	\$ 27,304.00
Total Personnel Expenses	\$ 124,128.00	\$ -	\$ -	0.00%	\$ 124,128.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 1,171.00	\$ -	\$ -	0.00%	\$ 1,171.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 1,171.00	\$ -	\$ -	0.00%	\$ 1,171.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 125,299.00	\$ -	\$ -	0.00%	\$ 125,299.00
Indirect Expenses	\$ 13,783.00	\$ -	\$ -	0.00%	\$ 13,783.00
TOTAL EXPENSES	\$ 139,082.00	\$ -	\$ -	0.00%	\$ 139,082.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

EXHIBIT C-1
PAGE B

Invoice Number

User Cd

--	--

Tel. No.:

[illegible]

Date: _____

Title: _____

Phone: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M50 JL 18

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH County - General Fund

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Medi-Cal Billing Clerks - (HMHMCC730515) 251984-10000-0001-10001792												
60/ 78 Other Non-Medical Client	9,200				-		0%		9,200		100%	
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	10,541	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 186,802.00	\$ -	\$ -	0.00%	\$ 186,802.00
Fringe Benefits	\$ 52,678.00	\$ -	\$ -	0.00%	\$ 52,678.00
Total Personnel Expenses	\$ 239,480.00	\$ -	\$ -	0.00%	\$ 239,480.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
+	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 239,480.00	\$ -	\$ -	0.00%	\$ 239,480.00
Indirect Expenses	\$ 26,342.00	\$ -	\$ -	0.00%	\$ 26,342.00
TOTAL EXPENSES	\$ 265,822.00	\$ -	\$ -	0.00%	\$ 265,822.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

Invoice Number

M50	JL	18
-----	----	----

User Cd

CT PO No.

Tel. No.:

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Medi-Cal Billing Clerks	5.000	\$ 186,802.00	\$ -	\$ -	0.00%	\$ 186,802.00
TOTAL SALARIES	5.00	\$ 186,802.00	\$ -	\$ -	0.00%	\$ 186,802.00

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M27 JL 18

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH County - General Fund

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Sunnydate Community Facility - (HMHMCC730515) 251984-10000-0001-10001792												
60/ 78 Other Non-MediCal Client	1,840				-		0%		1,840		100%	
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 72,824.00	\$ -	\$ -	0.00%	\$ 72,824.00
Fringe Benefits	\$ 20,536.00	\$ -	\$ -	0.00%	\$ 20,536.00
Total Personnel Expenses	\$ 93,360.00	\$ -	\$ -	0.00%	\$ 93,360.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 93,360.00	\$ -	\$ -	0.00%	\$ 93,360.00
Indirect Expenses	\$ 10,270.00	\$ -	\$ -	0.00%	\$ 10,270.00
TOTAL EXPENSES	\$ 103,630.00	\$ -	\$ -	0.00%	\$ 103,630.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Jul BOS 10-19

Prepared: 10/19/2018

Appendix F
PAGE B

Appendix F
PAGE A

INVOICE NUMBER: M32 JL 18

Ct.Blanket No.: BPHM TBD

User Cd

Fund Source: **MH County - General Fund**

Invoice Period: July 2018

Final Invoice:		(Check if Yes)
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ACE Control Number:

[illegible]

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 13,396.00	\$ -	\$ -	0.00%	\$ 13,396.00
Fringe Benefits	\$ 3,778.00	\$ -	\$ -	0.00%	\$ 3,778.00
Total Personnel Expenses	\$ 17,174.00	\$ -	\$ -	0.00%	\$ 17,174.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 17,174.00	\$ -	\$ -	0.00%	\$ 17,174.00
Indirect Expenses	\$ 1,889.00	\$ -	\$ -	0.00%	\$ 1,889.00
TOTAL EXPENSES	\$ 19,063.00	\$ -	\$ -	0.00%	\$ 19,063.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

DPH Authorization for Payment

Authorized Signatory

Date _____

Prepared: 10/19/2018

Appendix F
PAGE B

Invoice Number

User Cd

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DETAIL PERSONNEL EXPENDITURES

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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Phone: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M66 JL 18

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH County - General Fund

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Whole Person Care - (HMHMCC730515)	251984-10000-0001-10001792											
60/ 78 Other Non-Medical Client	156				-		0%		156		100%	
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	0.00%	\$ -
Total Personnel Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 19,500.00	\$ -	\$ -	0.00%	\$ 19,500.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 19,500.00	\$ -	\$ -	0.00%	\$ 19,500.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 19,500.00	\$ -	\$ -	0.00%	\$ 19,500.00
Indirect Expenses	\$ 2,145.00	\$ -	\$ -	0.00%	\$ 2,145.00
TOTAL EXPENSES	\$ 21,645.00	\$ -	\$ -	0.00%	\$ 21,645.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Jul BOS 10-19
Title: _____

Phone: _____

Prepared: 10/19/2018

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: S15 JL 18

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: SA County - General Fund

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 BHS SUD Services - HMHSCCRES227 (240646-10000-10001681-0003)												
OBOT Methadone Van	12				-		0%		12		100%	
Supt-00 SA-County Support												
OBOT Harm Reduction Therapy Center	345				-		0%		345		100%	
Supt-00 SA-County Support												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	0.00%	\$ -
Total Personnel Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 46,604.00	\$ -	\$ -	0.00%	\$ 46,604.00
Other: OBOT Methadone Van	\$ 57,622.00	\$ -	\$ -	0.00%	\$ 57,622.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 104,226.00	\$ -	\$ -	0.00%	\$ 104,226.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 104,226.00	\$ -	\$ -	0.00%	\$ 104,226.00
Indirect Expenses	\$ 11,464.00	\$ -	\$ -	0.00%	\$ 11,464.00
TOTAL EXPENSES	\$ 115,690.00	\$ -	\$ -	0.00%	\$ 115,690.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: S23 JL 18

Ct.Blanket No.: BPHM

User Cd

Ct. PO No.: POHM

Fund Source:

Invoice Period:

Final Invoice:

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 Drug Court Treatment Center PC# - 38041 - HMHSCRES227 (240646-10000-10001681-0003)												
Supt-09 SA-SupportAlteration/Renovation	1,066				-	-	0%	#DIV/0!	1,066	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	0.00%	\$ -
Total Personnel Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Operating Expenses					
Occupancy	\$ 48,000.00	\$ -	\$ -	0.00%	\$ 48,000.0
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Drug Testing	\$ -	\$ -	\$ -	0.00%	\$ -
Client Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 48,000.00	\$ -	\$ -	0.00%	\$ 48,000.0
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 48,000.00	\$ -	\$ -	0.00%	\$ 48,000.0
Indirect Expenses	\$ 5,280.00	\$ -	\$ -	0.00%	\$ 5,280.0
TOTAL EXPENSES	\$ 53,280.00	\$ -	\$ -	0.00%	\$ 53,280.0
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

claims are maintained in our office at the address indicated.

Jul BOS 10-19

Prepared: 10/19/2018

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER: S20 JL 18

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: SA County - General Fund

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 Treatment Access Program PC# - 99089 - HMHSCCRES227 (240646-10000-10001681-0003)												
SecPrev-21 SA-SecPrev Referrals/	21,455	2,010			-	-	0%	0%	21,455	2,010	100%	100
Screening/ Intake												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 50,000.00	\$ -	\$ -	0.00%	\$ 50,000.0
Fringe Benefits	\$ 16,000.00	\$ -	\$ -	0.00%	\$ 16,000.0
Total Personnel Expenses	\$ 66,000.00	\$ -	\$ -	0.00%	\$ 66,000.0
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 6,000.00	\$ -	\$ -	0.00%	\$ 6,000.0
General Operating	\$ 3,000.00	\$ -	\$ -	0.00%	\$ 3,000.0
Staff Travel	\$ 1,500.00	\$ -	\$ -	0.00%	\$ 1,500.0
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Expenses	\$ 6,000.00	\$ -	\$ -	0.00%	\$ 6,000.0
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 16,500.00	\$ -	\$ -	0.00%	\$ 16,500.0
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 82,500.00	\$ -	\$ -	0.00%	\$ 82,500.0
Indirect Expenses	\$ 9,075.00	\$ -	\$ -	0.00%	\$ 9,075.0
TOTAL EXPENSES	\$ 91,575.00	\$ -	\$ -	0.00%	\$ 91,575.0
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

Invoice Number

User.Cd

CT PO No.

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Counselor/ Case Manager	1.00	\$ 50,000.00	\$ -	\$ -	0.00%	\$ 50,000.0
TOTAL SALARIES	1.00	\$ 50,000.00	\$ -	\$ -	0.00%	\$ 50,000.0

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Community Oriented Primary Care

INVOICE NUMBER: PC1 JL 18

Ct. Blanket No.: TBD

Ct. PO No.: POHM User Cd

Fund Source: COPC - Tomm Waddell General Fund

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-5 Shelter Nutritionist - HCHAPTWUHC GF (251905-10000-10001993-0018)												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	0.00%	\$ -
Shelter Nutriton 150736					
Total Personnel Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 35,000.00	\$ -	\$ -	0.00%	\$ 35,000.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 35,000.00	\$ -	\$ -	0.00%	\$ 35,000.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 35,000.00	\$ -	\$ -	0.00%	\$ 35,000.00
Indirect Expenses	\$ 3,850.00	\$ -	\$ -	0.00%	\$ 3,850.00
TOTAL EXPENSES	\$ 38,850.00	\$ -	\$ -	0.00%	\$ 38,850.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ 0.00			

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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

BHS

Funding Term: 07/01/2018- 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: **HOM1 JL 18**

Ct. Blanket No.: BPHM **TBD**

Ct. PO No.: POHM **TBD**

Fund Source: **HOM - DSHS General Fund**

Invoice Period: **July 2018**

Final Invoice: ☐ (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-6 Project Homeless Connect - HOMELESSCPGF (203646-10000-10026740-0001)												
							#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 784,091.00	\$ -	\$ -	0.00%	\$ 784,091.00
Fringe Benefits	\$ 221,113.00	\$ -	\$ -	0.00%	\$ 221,113.00
Total Personnel Expenses	\$ 1,005,204.00	\$ -	\$ -	0.00%	\$ 1,005,204.00
Operating Expenses:					
Occupancy	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
Materials and Supplies	\$ 23,131.00	\$ -	\$ -	0.00%	\$ 23,131.00
General Operating	\$ 2,400.00	\$ -	\$ -	0.00%	\$ 2,400.00
Staff Travel	\$ 6,000.00	\$ -	\$ -	0.00%	\$ 6,000.00
Consultant/Subcontractor	\$ 11,000.00	\$ -	\$ -	0.00%	\$ 11,000.00
Other: Severance Package	\$ 32,000.00	\$ -	\$ -	0.00%	\$ 32,000.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 79,531.00	\$ -	\$ -	0.00%	\$ 79,531.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 1,084,735.00	\$ -	\$ -	0.00%	\$ 1,084,735.00
Indirect Expenses	\$ 119,321.00	\$ -	\$ -	0.00%	\$ 119,321.00
TOTAL EXPENSES	\$ 1,204,056.00	\$ -	\$ -	0.00%	\$ 1,204,056.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

HOM1	JL	18
------	----	----

CT PO No.

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M22 JL 18

Ct.Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH County - General Fund

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-7 Street Violence Intervention & Prevention -HMHMCC730515 (251984-10000-10001792-0001)												
60/ 78 Other Non-Medical Client	4				-		0%		4		100%	
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	0.00%	\$ -
Total Personnel Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Bereavement	\$ 21,538.00	\$ -	\$ -	0.00%	\$ 21,538.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 21,538.00	\$ -	\$ -	0.00%	\$ 21,538.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 21,538.00	\$ -	\$ -	0.00%	\$ 21,538.00
Indirect Expenses	\$ 2,369.00	\$ -	\$ -	0.00%	\$ 2,369.00
TOTAL EXPENSES	\$ 23,907.00	\$ -	\$ -	0.00%	\$ 23,907.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Jul BOS 10-19

Prepared: 10/19/2018

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M42 JL 18

Ct.Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MS State - MHSA WET Project

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-7Street Violence Intervention & Prevention HMHMPROP63-PMHS63-1908 (251984-17156-10031199-0022)												
00-21 MHSA Administration	1,002				-		0%		1,002		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	0.00%	\$ -
Total Personnel Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 90,230.00	\$ -	\$ -	0.00%	\$ 90,230.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 90,230.00	\$ -	\$ -	0.00%	\$ 90,230.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 90,230.00	\$ -	\$ -	0.00%	\$ 90,230.00
Indirect Expenses	\$ 9,925.00	\$ -	\$ -	0.00%	\$ 9,925.00
TOTAL EXPENSES	\$ 100,155.00	\$ -	\$ -	0.00%	\$ 100,155.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

JUL BQS 10-19

DPH Authorization for Payment

Authorized Signatory

Prepared Date 10/13/2018

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT360 - FI

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

BHS

Funding Term: 07/01/2018- 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M35 JL 18

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: Community Health-DCYF CRN WO

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-7 Street Violence Intervention & Prevention - HCHCCHCCRNWO (251929-10002-10001976-0002)												
							#DIV/0!				#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 1,896,750.00	\$ -	\$ -	0.00%	\$ 1,896,750.00
Fringe Benefits	\$ 534,884.00	\$ -	\$ -	0.00%	\$ 534,884.00
Total Personnel Expenses	\$ 2,431,634.00	\$ -	\$ -	0.00%	\$ 2,431,634.00
Operating Expenses					
Occupancy	\$ 206,869.00	\$ -	\$ -	0.00%	\$ 206,869.00
Materials and Supplies	\$ 47,000.00	\$ -	\$ -	0.00%	\$ 47,000.00
General Operating	\$ 39,000.00	\$ -	\$ -	0.00%	\$ 39,000.00
Staff Travel	\$ 12,000.00	\$ -	\$ -	0.00%	\$ 12,000.00
Consultant/Subcontractor	\$ 23,500.00	\$ -	\$ -	0.00%	\$ 23,500.00
Other: Vehicle Expense	\$ 48,000.00	\$ -	\$ -	0.00%	\$ 48,000.00
Video Production	\$ 40,000.00	\$ -	\$ -	0.00%	\$ 40,000.00
Client Crisis	\$ -	\$ -	\$ -	0.00%	\$ -
Client Bereavement	\$ 178,987.00	\$ -	\$ -	0.00%	\$ 178,987.00
Client Incentives	\$ 60,000.00	\$ -	\$ -	0.00%	\$ 60,000.00
Total Operating Expenses	\$ 655,356.00	\$ -	\$ -	0.00%	\$ 655,356.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 3,086,990.00	\$ -	\$ -	0.00%	\$ 3,086,990.00
Indirect Expenses	\$ 339,569.00	\$ -	\$ -	0.00%	\$ 339,569.00
TOTAL EXPENSES	\$ 3,426,559.00	\$ -	\$ -	0.00%	\$ 3,426,559.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:
DCYF CRN WO - HCHCCHCCRNWO-\$3,342,984
General Fund - HMMCC730515 - \$83,575

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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Prepared: 10/10/2018

Appendix F
PAGE B

Invoice Number

User Cd

CT PO No.

DETAIL PERSONNEL EXPENDITURES

[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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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 require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Heffernan Insurance Brokers
1350 Cariback Avenue
Walnut Creek, CA 94596
CA License #0564249

CONTACT NAME: Shelaïne Gonsalves
PHONE (A/C, No, Ext): 925-934-8500 **FAX (A/C, No):** 925-934-8278
EMAIL ADDRESS: ShelaïneG@heffins.com

INSURED
HealthRIGHT 360
1563 Mission Street
San Francisco, CA 94103

INSURERS AFFORDING COVERAGE

INSURER A:	INSURER B:	INSURER C:	INSURER D:	NAIC #
Harleysville Insurance Company	Philadelphia Indemnity Insurance Company	Great American Insurance Company		23582 18058 16691

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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	ADOL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$1,000,000
	X COMMERCIAL GENERAL LIABILITY	X		MPA0000005959AL	07/01/18	07/01/19	DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$3,000,000
							PRODUCTS - COMPOF AGG \$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	X ANY AUTO	X		BA0000005958AL	07/01/18	07/01/19	BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	X HIRED AUTOS	X					PROPERTY DAMAGE (Per accident) \$
							\$
A	X UMBRELLA LIAB	X		CMB0000005957AL	07/01/18	07/01/19	EACH OCCURRENCE \$10,000,000
	EXCESS LIAB						AGGREGATE \$10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N					WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/ MEMBER EXCLUDED? (Mandatory in NH.)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
A	Professional Liability			MPA0000005959AL	07/01/18	07/01/19	Each claim/aggregate \$1mm/\$3mm
A	Excess Professional Liability			CMB0000005957AL	07/01/18	07/01/19	Each claim/aggregate \$3mm/\$3mm
A	Sexual Misconduct			MPA0000005959AL	07/01/18	07/01/19	Each claim/aggregate \$1mm/\$2mm
B	Crime			PHSD1980850	07/01/18	07/01/19	Limit \$10,000,000
C	Excess Crime			SAA024161703	07/01/18	07/01/19	Limit \$13,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: 890 Hayes, 214 Haight, 815 Buena Vista, 2024 Hayes.

City and County of San Francisco, it's officers, agents, employees, Office of Contract Management and Compliance are included as additional insured (and primary) on General Liability and Automobile Liability policies per the attached endorsements, if required.

CERTIFICATE HOLDER**CANCELLATION**

City and County of San Francisco
It's officers, agents & employees
Office of Contract Management & Compliance
101 Grove Street, Room 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



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HUMAN SERVICES LIABILITY ENDORSEMENT

This endorsement modifies insurance provided by the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is understood and agreed that the following extensions only apply in the event that no other more specific coverage for the indicated loss exposure is provided by your policy in addition to the coverages provided by the Commercial General Liability Coverage Part. If such other more specific coverage applies, the terms, conditions and limits of such other more specific coverage are the sole and exclusive coverage applicable under this policy, unless otherwise expressly stated on this endorsement. The following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy's and this endorsement's contract wording.

Coverage Applicable	Limit of Insurance	Page Number
Damage to Premises Rented to You	\$1,000,000	2
Extended Property Damage	Included	2
Non-Owned Watercraft	Less than 58 feet	2
Medical Payments	\$20,000	3
Medical Payments-Extended Reporting Period	3 years	3
Athletic Activities	Amended	3
Supplementary Payments – Bail Bonds	\$7,500	3
Supplementary Payment – Loss of Earnings	\$1,500 per day	3
Employee Indemnification Defense Coverage for Employee	\$25,000	3
Named Insured – Newly Acquired	Included	3
Named Insured – Broadened Named Insured	Included	4
Additional Insured – Medical Directors and Administrators	Included	4
Additional Insured – Funding Source	Included	4
Additional Insured – Home Care Providers	Included	4
Additional Insured – Managers, Landlords, or Lessors of Premises	Included	4
Additional Insured – Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You	Included	4
Additional Insured – Grantors of Permits	Included	4
Additional Insured – Broad Form Vendors	Included	5
Additional Insured – Grantor of Franchise	Included	5
Additional Insured – As Required by Contract	Included	6
Additional Insured – State or Political Subdivisions	Included	7
Limited Rental Lease Agreement Contractual Liability	\$100,000 limit	8
Damage to Property You Own, Rent or Occupy	\$50,000 limit	8
Transfer of Rights of Recovery Against Others To Us	Clarification	8
Duties in the Event of Occurrence, Claim or Suit	Included	8
Unintentional Failure to Disclose Hazards	Included	9
Liberalization	Included	9
Bodily Injury – Includes Mental Anguish	Included	9
Personal and Advertising Injury – includes Abuse of Process, Discrimination	Included	9
Key and Lock Replacement – Janitorial Services Client Coverage	\$15,000 Limit	10

A. Damage to Premises Rented to You

1. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the word "fire" is changed to "fire, lightning, explosion, smoke or leakage from automatic fire protective systems" where it appears in:
 - a. The last paragraph of SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions;
 - b. The first paragraph immediately following Exclusion j.(6) of SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY under Subsection 2. Exclusions
 - c. SECTION III – LIMITS OF INSURANCE, Paragraph 6.;
 - d. SECTION V – DEFINITIONS, Paragraph 9.a.
2. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the term "Fire Insurance" is changed to "insurance for fire, lightning, explosion, smoke, or leakage from automatic fire protective systems" where it appears in:
 - a. SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Subsection 4. Other Insurance, Paragraph b. Excess Insurance, items b.(1)(a)(ii).
3. The Damage to Premises Rented to You Limit shown on the Declarations is deleted and replaced by \$1,000,000. \$1,000,000 is the only limit of liability for Damage to Premises Rented to You and this limit will not be combined with the limit shown on the Declarations for this coverage. This is the most we will pay for all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke, or leaks from automatic fire protective systems or any combination thereof.

Provided, however, that if you assume liability in a contract or agreement regarding the rental or lease of a premises on behalf of your client, this Damage to Premises Rented by You limit is superceded and replaced by the limit of insurance provided by Section I. Limited Rental Lease Agreement Contractual Liability of this endorsement. The term client as used in this section has the same meaning as provided by Section I. Limited Rental Lease Agreement Contractual Liability herein.

B. Extended "Property Damage"

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions, Paragraph a. is deleted and replaced by the following:

a. Expected or Intended Injury

"Bodily Injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

C. Non-Owned Watercraft

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions, Paragraph g. (2) is deleted and replaced by the following:

(2) A watercraft you do not own that is:

(a) Less than 58 feet long; and

(b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of such a watercraft. This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess or contingent.

D. Medical Payments – Limit Increased to \$20,000, Extended Reporting Period

IF COVERAGE C MEDICAL PAYMENTS is not otherwise excluded from this Coverage Part:

1. The Medical Expense Limit shown on the Declarations is deleted and replaced by \$20,000. \$20,000 is the only limit of insurance for Medical Expenses and this limit will not be combined with the limit shown on the Declarations for this coverage.
2. **COVERAGE C MEDICAL PAYMENTS, Subsection 1. Insuring Agreement, Paragraph a(3)(b) is amended to read:**

provided that:

 - (b) The expenses are incurred and reported to us within three years of the date of the accident; and

E. Athletic Activities

SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS, Subsection 2. Exclusions, Exclusion e. Athl Activities is deleted and replaced with the following:

e. Athletic Activities

To a person injured while practicing or participating in any physical exercises or games, sports, or athletic contests. This exclusion shall not apply to an insured while providing instruction with respect to any physical exercises or games, sports, or athletic contests.

F. Supplementary Payments

Under the **SUPPLEMENTARY PAYMENTS – COVERAGE A AND B** provision, items 1.b. and 1.d. are amended as follows:

1. The limit for the cost of bail bonds is changed from \$250 to \$7,500; and
2. The limit for loss of earnings is changed from \$250 a day to \$1,500 a day.

G. Employee Indemnification Defense Coverage

Under the **SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** provision, the following is added:

3. We will reimburse you for defense costs that you incur in the defense of an "employee" who is directly involved in a criminal proceeding that arises out of such "employee's" acts or omissions within the scope of their employment by you or while performing duties related to the conduct of your business and which would otherwise be covered by this insurance.

The most we will reimburse you for defense costs that you incur in the defense of an "employee" who is alleged to be directly involved in a criminal proceeding is \$25,000, subject to an aggregate limit of \$25,000 for all reimbursements that we make during the policy period on behalf of all "employees", regardless of the numbers of "employees", claims or "suits" brought or persons or organizations making claims or bringing "suits".

H. SECTION II – WHO IS AN INSURED is amended as follows:

1. If coverage for newly acquired or formed organizations is not otherwise excluded from this Coverage Part, Paragraph 3.a. is deleted and replaced with the following:
 - a. Coverage under this provision is afforded until the end of the policy period during which you acquired or formed the organization.
2. Each of the following is also an insured:

Broadened Named Insured – Any organization and subsidiary thereof which you control and actively manage (whether through ownership of voting securities, by contract or otherwise) on the effective date of this Coverage Part which is not named in the Declarations as a Named Insured, and which is also not insured under another similar policy, or would not have been insured but for such policy's termination or the exhaustion of its limits of insurance.
3. Each of the following is also an additional insured:
 - a. Medical Directors and Administrators – Your medical directors and administrators, but only while acting within the scope of and during the course of their duties as such. Such duties do not include the furnishing or failure to furnish professional services as a physician or psychiatrist in the treatment of a patient.
 - b. Funding Source – Any person or organization with respect to their liability arising out of:
 - (1) Their financial control of you; or
 - (2) Premises they own, maintain or control while you lease or occupy these premises.This insurance does not apply to:
 - (a) Any "occurrence" or offense which takes place after you cease to lease or occupy that premises; or
 - (b) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.
 - c. Home Care Providers – At the first Named Insured's option, any person or organization under your direct supervision and control while providing on your behalf private home respite or foster home care for the developmentally disabled.
 - d. Managers, Landlords, or Lessors of Premises – Any person or organization with respect to their liability arising out of the ownership, maintenance or use of that part of the premises leased or rented to you subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.

- e. **Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You** – Any person or organization from whom you lease equipment when you and such organization or person have agreed in writing in a contract or agreement that such person or organization is to be added as an additional insured on your policy. Such person or organization is an insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization and only as specified by such written contract or agreement.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

- f. **Grantors of Permits** – Any state or political subdivision granting you a permit in connection with your premises subject to the following additional provision:

- (1) This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with the premises you own, rent, or control and to which this insurance applies:

- (a) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures; or
- (b) The construction, erection, or removal of elevators; or
- (c) The ownership, maintenance, or use of any elevators covered by this insurance.

- g. **Broad Form Vendors** – Any person(s) or organization(s) which or who is or are a vendor of "your products" with whom you agreed under a written contract or agreement to add as an additional insured to your policy, but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

The insurance afforded the vendor does not apply to:

1. "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
2. Any express warranty unauthorized by you;
3. Any physical or chemical change the vendor intentionally made to the product;
4. Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
5. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
6. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
7. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
8. "Bodily injury" or "property damage" arising out of the negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf and which was not caused in whole or in part by you or any person or organization acting on your behalf. However, this exclusion does not apply to:
 - (a) The exceptions contained in Subparagraphs 4. or 6.; or
 - (b) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

The insurance provided to such additional insured vendor by this endorsement is further limited as follows:

1. The additional insured is covered only for such sums that such additional insured is legally obligated to pay as damages under tort law principles to the injured party because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies, and in accordance with the stated policy limits, exclusions, limitations and conditions except as expressly modified by this endorsement.
2. The limits of insurance are those set forth in the policy Declarations or those specified in the written contract or agreement referenced above in the first paragraph of this subsection g., whichever is less.

This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

Other Insurance

1. If specifically required by the written contract or agreement referenced above in the first paragraph of this subsection g., any coverage provided by this endorsement to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.
 2. Even if the requirements of paragraph 1. immediately above are met establishing this coverage as primary and the additional insured's coverage as being non-contributory, this coverage will be excess over any other insurance available to the additional insured which is conferred onto said person or organization by a separate additional insured endorsement.
- h. Grantor of Franchise – Any person(s) or organization(s) with whom you agreed under a written contract or agreement to add as an additional insured to your policy but only with respect to their liability as grantor of a franchise to you.

The insurance provided to such additional insured franchisor by this endorsement is further limited as follows:

1. The additional insured is covered only for such sums that such additional insured is legally obligated to pay as damages under tort law principles to the injured party because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies, and in accordance with the stated policy limits, exclusions, limitations and conditions except as expressly modified by this endorsement.
2. The limits of insurance are those set forth in the policy Declarations or those specified in the written contract or agreement referenced above, whichever is less.

Other Insurance

1. If specifically required by the written contract or agreement referenced above in the first paragraph of this subsection h., any coverage provided by this endorsement to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.
 2. Even if the requirements of paragraph 1. immediately above are met establishing this coverage as primary and the additional insured's coverage as being non-contributory, this coverage will be excess over any other insurance available to the additional insured which is conferred onto said person or organization by a separate additional insured endorsement.
- i. As Required by Contract – Any person or organization for whom "you" are performing operations, or to whom you are leasing, subleasing or otherwise entrusting the use or occupancy of premises owned by or rented to "you", only as specified under a written contract, lease, sublease or agreement that requires that such person or organization be added as an additional insured on "your" policy. Such person or organization is an additional insured only with respect to liability caused, in whole or in part, by the acts or omissions of the "Named Insured" in the performance of the "Named Insured's" ongoing operations for the additional insured or in connection with such premises owned by or rented to a "Named Insured", but in both instances only as specified under the written contract, lease, sublease or agreement. A person's or organization's status as an additional insured under this endorsement ends the earlier of when "your" on-going operations for that additional insured are completed or when "you" no longer are contractually required to include such person or organization as an additional insured under "your" policy.

The insurance provided to an additional insured by this endorsement is limited as follows:

1. The additional insured is covered only for such damages which are caused, in whole or in part, by the acts or omissions of the "Named Insured" to which the additional insured is entitled to be indemnified by the "Named Insured" pursuant to the written contract, lease, sublease or agreement referenced in the first paragraph of this subsection i. above and only for those sums that the additional insured is legally obligated to pay as damages under tort law principles to the injured party because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies, and in accordance with the stated policy limits and policy conditions. This coverage does not apply for defense or indemnity of the additional insured if state or federal law does not permit indemnification of the additional insured by the "Named Insured" for the claim of the third party.
2. The limits of insurance are those set forth in the policy and Declarations or those specified in the written contract, lease, sublease or agreement referenced in the first paragraph of this subsection i., whichever is less.

With respect to the insurance afforded to an additional insured under this subsection i., the following exclusions are added:

1. This insurance does not apply if the written contract, lease, sublease or agreement referenced in the first paragraph of this subsection i. above was not executed by the "Named Insured" prior to the "occurrence" giving rise to the additional insured's potential liability.
2. This insurance does not apply to the additional insured's liability to indemnify, defend or hold harmless a third party.
3. This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" for which the additional insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the additional insured would have in the absence of the contract or agreement.
4. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or, surveying services, including:
 - (a) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - (b) Supervisory, inspection, architectural or engineering activities.
5. "Bodily injury" or "property damage" occurring after:
 - (a) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
 - (b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Other Insurance

1. If specifically required by the written contract, lease, sublease or agreement referenced in the first paragraph of this subsection i. above, any coverage provided by this endorsement to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract, lease or sublease does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.
2. Even if the requirements of paragraph 1. immediately above are met establishing this coverage as primary and the additional insured's coverage as being non-contributory, this coverage will be excess over other insurance available to the additional insured which is conferred onto said person or organization by a separate additional insured endorsement.

Definitions

Solely for purposes of the insurance afforded to an additional insured by this endorsement:

"Named Insured" is defined as the entity to whom the insurance policy is issued as shown on the Declarations.

"You" or "your" means a "Named Insured" as defined above.

- j. State or Political Subdivisions - Any state or political subdivision with whom you agreed under a written contract or agreement to add as an additional insured to your policy but only with respect to their liability with respect to on-going operations performed by you or on your behalf for which the state or political subdivision has issued a permit or license.

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed by the state or political subdivision; or
2. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

The insurance provided to such additional insured state or political subdivision by this endorsement is further limited as follows:

1. The additional insured is covered only for such sums that such additional insured is legally obligated to pay as damages under tort law principles to the injured party because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies, and in accordance with the stated policy limits, exclusions, limitations and conditions except as expressly modified by this endorsement.
2. The limits of insurance are those set forth in the policy Declarations or those specified in the written contract or agreement referenced above, whichever is less.

Other Insurance

1. If specifically required by the written contract or agreement referenced above, any coverage provided by this subsection k. to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.
2. Even if the requirements of paragraph 1. immediately above are met establishing this coverage as primary and the additional insured's coverage as being non-contributory, this coverage will be excess over any other insurance available to the additional insured which is conferred onto said person or organization by a separate additional insured endorsement.

I. Limited Rental Lease Agreement Contractual Liability

The following is added to paragraph (2) of Exclusion b. Contractual Liability of SECTION I – COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY, under Subsection 2. Exclusions:

We agree to indemnify the Named Insured for their liability expressly assumed in a contract or agreement regarding the rental or lease of a premises on behalf of their client, up to \$100,000 per "occurrence". This limit of insurance is the only limit of insurance for your liability expressly assumed in a contract or agreement regarding the rental or lease of a premises on behalf of your client whether or not such contract qualifies as an "insured contract". This limit will not be combined with the Each Occurrence Limit set forth in Section III – Limits of Insurance and is included within and not in addition to the Each Occurrence Limit. This coverage extension only applies to rental lease agreements. This coverage is excess over any renter's liability insurance of the client.

Any and all damages paid under the terms and conditions of this provision will further be applied against and will reduce the Aggregate Limit of Insurance shown on the Declarations page, as provided in the Commercial General Liability Coverage Form in the same manner and in addition to all other coverages of the Commercial General Liability Coverage Form that are also subject to the Aggregate Limit.

J. Damage to Property You Own, Rent or Occupy

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions, Paragraph j. Damage to Property, Item (1) is deleted in its entirety and is replaced with the following:

Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property, unless the damage to property is caused by your client, in which case we will provide coverage for such "property damage" for which you are legally obligated to pay up to a \$50,000 limit per "occurrence". This limit is the only limit of insurance for such "property damage" and will not be combined with the Each Occurrence Limit set forth in Section III – Limits of Insurance and will be included within and not be in addition to the Each Occurrence Limit. A client, as used in this provision, is defined as a person under your direct care and supervision for whom you are providing goods and/or services.

Any and all damages paid under the terms and conditions of this provision will further be applied against and will reduce the Aggregate Limit of Insurance shown on the Declarations page, as provided in the Commercial General Liability Coverage Form in the same manner and in addition to all other coverages of the Commercial General Liability Coverage Form that are also subject to the Aggregate Limit.

K. Transfer of Rights of Recovery Against Others To Us

As a clarification, the following is added to SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 8. Transfer of Rights of Recovery Against Others To Us:

Therefore, the insured can waive the insurer's Rights of Recovery prior to the occurrence of a loss, provided the waiver is expressly made in a written contract.

L. Duties in the Event of Occurrence, Claim or Suit

1. The requirement in Paragraph 2.a. of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** that you must see to it that we are notified as soon as practicable of an "occurrence" or an offense which may result in a claim or a "suit", applies only when the "occurrence" or offense which may result in a claim or a "suit" is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership; or
 - c. An executive officer or insurance manager, if you are a corporation.
2. The requirement in Paragraph 2.b. of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** that you must see to it that we receive notice of a claim or "suit" as soon as practicable will not be considered breached unless the breach occurs after such claim or "suit" is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership; or
 - c. An executive officer or insurance manager, if you are a corporation.

M. Unintentional Failure to Disclose Hazards

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

N. Liberalization

If we make a change which broadens coverage under this edition of this endorsement without additional premium charge, that change will automatically apply to your insurance as of the date we implement the change in your state, provided that this implementation date falls within 45 days prior to or during the policy period stated in the Declarations.

This Liberalization Clause does not apply to changes implemented with a general program revision that includes both broadenings and restrictions in coverage, whether that general program revision is implemented through introduction of:

1. A subsequent edition of this endorsement; or
2. Another amendatory endorsement.

O. Bodily Injury – Mental Anguish

SECTION V – DEFINITIONS, Paragraph 3. is deleted in its entirety and replaced by the following:

"Bodily Injury":

- a. Means bodily injury, sickness or disease sustained by a person, and includes mental anguish resulting from any of these; and
- b. Except for mental anguish, includes death resulting from the foregoing (Item a. above) at any time.

P. Personal and Advertising Injury – Abuse of Process, Discrimination

If **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE** is not otherwise excluded from this Coverage Part, the definition of "personal and advertising injury" is amended as follows:

1. **SECTION V – DEFINITIONS**, Paragraph 14.b. is amended to read:

b. Malicious prosecution or abuse of process;

2. **SECTION V – DEFINITIONS**, Paragraph 14. is amended to include the following:

"Personal and advertising injury" also means injury, including consequential "bodily injury", arising out of discrimination based on race, color, religion, sex, age or national origin, except when:

(1) Done intentionally by or at the direction of, or with the knowledge or consent of:

(a) Any insured; or

(b) Any executive officer, director, stockholder, partner or member of the insured; or

(2) Directly or indirectly related to the employment, former or prospective employment, termination of employment, demotion, failure to promote or application for employment of any person or persons by an insured; or

(3) Directly or indirectly related to the sale, rental, lease or sublease or prospective sales, rental, lease or sub-lease of any room, dwelling or premises by or at the direction of any insured; or

(4) Insurance for such discrimination is prohibited by or held in violation of law, public policy, legislation, court decision or administrative ruling.

This coverage does not apply to fines or penalties imposed because of discrimination.

Q. Key and Lock Replacement – Janitorial Services Client Coverage

1. We will pay for the cost to replace keys and locks at the "client's" premises due to theft or other loss to or damage to property entrusted to you by your "client", up to a \$15,000 limit per occurrence/\$15,000 policy aggregate.
2. We will not pay for loss or damage resulting from theft or any other dishonest or criminal act that you or any of your partners, members, officers, "employees", "managers", directors, trustees, authorized representatives or any one to whom you entrust the keys of a "client" for any purpose commit, whether acting alone or in collusion with other persons.
3. The following, when used in this coverage only, are defined as follows:
 - a. "Client" means an individual, company or organization with whom you have a written contract or work order for your services for a described premises and you have billed for your services.
 - b. "Employee" means:
 - (1) Any natural person:
 - (a) While in your services or for 30 days after termination of service;
 - (b) Who you compensate directly by salary, wages or commissions; and
 - (c) Who you have the right to direct and control while performing services for you; or
 - (2) Any natural person who is furnished temporarily to you:
 - (a) To substitute for an "employee" as defined in Paragraph 1. above, who is on leave; or
 - (b) To meet seasonal or short-term workload conditions;while that person is subject to your direction and control and performing services for you.
 - (3) "Employee" does not mean:
 - (a) Any agent, broker, person leased to you by a labor leasing firm, factor, commission merchant, consignee, independent contractor or representative of the same general character; or
 - (b) Any "manager", director or trustee except while performing acts coming within the scope of the usual duties of an "employee".
 - c. "Manager" means a person serving in a directorial capacity for a limited liability company.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM

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

Schedule

The premium for this endorsement is \$

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

SUMMARY OF COVERAGES

- I. Section II – Liability Coverage
 - A. Broad Form Insured
 - B. Employees as Insureds
 - C. Liability Coverage Extensions – Supplementary Payments
 - D. Prejudgment Interest Coverage
 - E. Amendment of Fellow Employee Liability Exclusion
 - F. Additional Insured by Contract, Permit or Agreement
- II. Sections III and IV – Physical Damage Coverage
 - A. Hired Car Physical Damage
 - B. Physical Damage Coverage Extensions
 - a. Transportation Expenses
 - b. Loss of Use Expenses
 - c. Extra Expense
 - C. Personal Effects Coverage
 - D. Accidental Discharge of Airbag
 - E. Lease/Loan Gap Coverage
 - F. Deductible Amendments
 - G. Towing and Labor
 - H. Rental Reimbursement
- III. Sections IV and V – Conditions
 - A. Notice of and Knowledge of Occurrence
 - B. Unintentional Failure to Disclose Hazards
 - C. Hired Car – Coverage Territory
 - D. Waiver of Subrogation
- IV. Sections V and VI – Definitions
 - A. Mental Anguish
 - B. Additional Definitions
- V. Cancellation Conditions

I. SECTION II – LIABILITY COVERAGE is amended as follows:

A. BROAD FORM INSURED

Paragraph 1. of the BUSINESS AUTO COVERAGE FORM and paragraph 3. of the GARAGE COVERAGE FORM under Coverage A – Who Is An Insured, are amended as follows:

1. For covered "autos", the Named Insured shown in the Declarations is amended to include:

- a. Any legally incorporated subsidiary in which you own more than 50% of the voting stock on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary that is an "insured" under any other automobile policy or would be an "insured" under such a policy but for its termination or the exhaustion of its Limits of Insurance.
- b. Any organization that is newly acquired or formed by you during the policy period and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:
 - (1) That is a joint venture or partnership,
 - (2) That is an "insured" under any other automobile policy,
 - (3) That has exhausted its Limits of Insurance under any other automobile policy, or
 - (4) That has been acquired or formed by you for more than 180 days unless you have given us written notice of the acquisition or formation by the end of such 180 day period or the end of the policy period, whichever occurs first.

Coverage does not apply to "bodily injury" or "property damage" that results from an "accident" that occurred before you formed or acquired the organization, or an "accident" that occurs before or after the end of the policy period.

B. EMPLOYEES AS INSUREDS

For covered "autos", paragraph 1. of the BUSINESS AUTO COVERAGE FORM and paragraph 3. of the GARAGE COVERAGE FORM, under Coverage A – Who Is An Insured, are amended as follows:

Any "employee" of yours while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

C. LIABILITY COVERAGE EXTENSIONS – SUPPLEMENTARY PAYMENTS

Supplementary Payments (2) and (4) under paragraphs A.2.a of the BUSINESS AUTO COVERAGE FORM and A.4.a of the GARAGE COVERAGE FORM, are replaced by the following:

- (2) Up to \$2,500 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings, up to \$500 a day because of time off from work.

D. PREJUDGMENT INTEREST COVERAGE

The following paragraph is added to Section II, LIABILITY COVERAGE, Supplementary Payments under items A.2.a. of the BUSINESS AUTO COVERAGE FORM and A.4.a. of the GARAGE COVERAGE FORM:

- (7) Prejudgment interest awarded against the "insured" on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any prejudgment interest based on that period of time after the offer.

E. AMENDMENT OF FELLOW EMPLOYEE LIABILITY EXCLUSION

Paragraph B.5. Exclusions – Fellow Employee does not apply if the "bodily injury" results from the use of a covered "auto" you own or hire. The insurance provided under this provision is excess over any other collectible insurance.

F. ADDITIONAL INSURED BY CONTRACT, PERMIT OR AGREEMENT

The following is added to A.1. Who Is An Insured of Section II – Liability Coverage of the BUSINESS AUTO COVERAGE FORM and A.3.a. and A.3.b. of Section II – Liability Coverage of the GARAGE COVERAGE FORM:

Any person or organization that you are required to name as an additional insured in a written contract or agreement that is executed or signed by you prior to a "bodily injury" or "property damage" occurrence is an "insured" for liability coverage. However, with respect to covered "autos", such person or organization is an insured only to the extent that person or organization qualifies as an "insured" under A.1. Who Is An Insured of Section II – Liability Coverage of the BUSINESS AUTO COVERAGE FORM or A.3. of Section II – Liability Coverage of the GARAGE COVERAGE FORM.

If specifically required by the written contract or agreement referenced in the paragraph above, any coverage provided by this endorsement to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.

II. SECTION III – PHYSICAL DAMAGE COVERAGE of the BUSINESS AUTO COVERAGE FORM and SECTION IV – PHYSICAL DAMAGE COVERAGE of the GARAGE COVERAGE FORM are amended by adding the following:

A. HIRED CAR PHYSICAL DAMAGE

If hired "autos" are covered "autos" for Liability Coverage and if Comprehensive, Specified Causes of Loss or Collision Coverages are provided under this Coverage Form for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire, subject to the following limit and applicable deductible:

The most we will pay for any one "accident" or "loss" to any hired "auto" is the lesser of:

1. the actual cash value of the hired "auto". An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss";
2. the cost to restore the hired "auto" to its "pre-accident physical condition"; or
3. \$50,000.

If a repair or replacement part restores the hired "auto" to better than its "pre-accident physical condition" we will not pay for the amount of the "betterment".

The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. No deductible applies to "loss" caused by fire or lightning. Hired Auto Physical Damage coverage is excess over any other collectible insurance. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

B. PHYSICAL DAMAGE COVERAGE EXTENSIONS

Paragraph 4. – Coverage Extension of A. Coverage of the BUSINESS AUTO COVERAGE FORM and paragraph 3. – Coverage Extension – Loss of Use Expenses of Coverage A. Coverage of the GARAGE COVERAGE FORM is replaced by the following:

Coverage Extensions

a. Transportation Expenses

We will pay up to \$50 per day to a maximum of \$1,500 for temporary expense incurred by you because of the total theft of a covered "auto". We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 24 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss."

b. Loss of Use Expenses

For Hired Auto, Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver, under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
- (2) Specified Causes of Loss only if the Declarations indicate that Specified Causes of Loss Coverage is provided for any covered "auto"; or
- (3) Collision only if the Declarations indicate that Collision Coverage is provided for any covered "auto."

However, the most we will pay for any expenses for loss of use is \$50 per day, to a maximum of \$1,500. The insurance provided by this provision is excess over any other collectible insurance.

c. Extra Expense

We will also pay for the expense of returning a stolen covered "auto" to you.

C. PERSONAL EFFECTS COVERAGE

The following paragraph is added as A.5. of the BUSINESS AUTO COVERAGE FORM and A.4. of the GARAGE COVERAGE FORM, Personal Effects Coverage:

6. We will pay up to \$500 for "loss" to wearing apparel and other personal effects which are:

- a. owned by an "insured"; and
- b. in or on your covered "auto".

This coverage applies only in the event of a total theft of your covered "auto." No deductible applies to this coverage.

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D. ACCIDENTAL DISCHARGE OF AIRBAG

The following is added to Section B. Exclusions:

However, the exclusion relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

E. LEASE/LOAN GAP COVERAGE

If a long term leased or financed "auto" is a covered "auto", we will pay, in the event of a total "loss", your additional legal obligation to the lessor or financial institution for any difference between the actual cash value of the "auto" at the time of the "loss" and the "outstanding balance" of the lease or loan.

"Outstanding balance" means the amount you owe on the lease or loan at the time of "loss" less any amounts:

1. representing taxes;
2. overdue payments;
3. penalties, interest or charges resulting from overdue payments;
4. additional mileage charges;
5. excess wear and tear charges;
6. lease termination fees;
7. security deposits not refunded by the lessor or financial institution;
8. costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease;
9. carry-over balances from previous loans or leases;
10. final payment due under a "balloon loan";
11. the dollar amount of any unrepaired damage which occurred prior to the "total loss" of a covered "auto"; and
12. any refunds payable or paid to you as a result of the early termination of a lease or loan agreement or as a result of the early termination of any warranty or extended agreement on a covered "auto."

"Total loss" means a "loss" in which the cost of repairs plus the salvage value exceeds the actual cash value.

"Balloon loan" is a loan with periodic payments that are insufficient to repay the balance over the term of the loan, thereby requiring a large final payment.

F. DEDUCTIBLE AMENDMENTS

The following are added to paragraph D. Deductible of the BUSINESS AUTO COVERAGE FORM:

If another policy or coverage form that is not an automobile policy or coverage form issued by this company applies to the same "accident", the following applies:

1. If the deductible under this coverage is the smaller (or smallest) deductible, it will be waived;
2. If the deductible under this coverage is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

If a Comprehensive or Specified Causes of Loss Coverage "loss" from one "accident" involves two or more covered "autos", only the highest deductible applicable to those coverages will be applied to the "accident," if the cause of the loss is covered for those vehicles. This provision only applies if you carry Comprehensive or Specified Causes of Loss Coverage for those vehicles, and does not extend coverage to any covered "autos" for which you do not carry such coverage.

No deductible applies to glass if the glass is repaired, in a manner acceptable to us, rather than replaced.

G. TOWING AND LABOR

We will pay up to the following limits for towing and labor costs incurred each time a covered "auto" of the private passenger type or light truck is disabled:

1. \$100 for a covered "auto" rated and classified as a private passenger type vehicle.
2. \$150 for a covered "auto" rated and classified as a light truck type. For the purpose of this coverage light trucks are defined as a truck with a gross vehicle weight of 10,000 lbs. or less as defined by the manufacture as the maximum loaded weight the auto is designed to carry.

However, the labor must be performed at the place of disablement.

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H. RENTAL REIMBURSEMENT

Section III – Physical Damage Coverage Item A. Coverage of the BUSINESS AUTO COVERAGE FORM or Section IV – Physical Damage Coverage Item A. Coverage of the GARAGE COVERAGE FORM is amended by adding the following:

This coverage applies only to a covered "auto" rated and classified as a private passenger or light truck type as follows:

1. We will pay for rental reimbursement expenses incurred by you for the rental of a private passenger or light truck type "auto" because of "loss" to a covered private passenger or light truck type "auto". Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered private passenger or light truck type "auto". We will pay only for those covered "autos" for which you carry comprehensive and collision coverage. Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductibles apply to this coverage.
2. We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:
 - a. The number of days reasonably required to repair or replace the covered private passenger or light truck type "auto". If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered private passenger or light truck type "auto" and return it to you; or
 - b. 30 days.
3. Our payment is limited to the lesser of the following amounts:
 - a. Necessary and actual expenses incurred, or
 - b. \$50 per day, up to a maximum of \$1,500.
4. This coverage does not apply while there are spare or reserve private passenger or light truck type "autos" available to you for your operations.
5. If "loss" results from the total theft of a covered "auto" of the private passenger or light truck type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided under Section III – Physical Damage Coverage, A. Coverage, 4. Coverage Extension.

For purposes of this Rental Reimbursement coverage, light truck is defined as a truck with a gross vehicle weight of 10,000 lbs. or less as defined by the manufacture as the maximum loaded weight the auto is designed to carry.

III. SECTION IV – BUSINESS AUTO CONDITIONS and SECTION V – GARAGE CONDITIONS are amended as follows:

A. NOTICE OF AND KNOWLEDGE OF OCCURRENCE

1. Your obligation in paragraph A.2.a., Loss Conditions – Duties in the Event of Accident, Claim, Suit or Loss, relative to notification requirements applies only when the "accident" or "loss" is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership;
 - c. A member, if you are a Limited Liability Company; or
 - d. An executive officer or insurance manager, if you are a corporation.
2. Your obligation in paragraph A.2.b., Loss Conditions – Duties in the Event of Accident, Claim, Suit or Loss relative to providing us with documents concerning a claim or "suit" will not be considered breached unless the breach occurs after such claim or "suit" is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership;
 - c. A member, if you are a Limited Liability Company; or
 - d. An executive officer or insurance manager, if you are a corporation.

B. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

The following is added to paragraph B.2. General Conditions – Concealment, Misrepresentation or Fraud:

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this Coverage Form because of such failure.

C. HIRED CAR – COVERAGE TERRITORY

Item (5).(a) of paragraph B.7. General Conditions – Policy Period, Coverage Territory is replaced by the following:

(5).(a) A covered "auto" is leased, hired, rented or borrowed without a driver for a period of 30 days or less; and

D. WAIVER OF SUBROGATION

The Transfer of Rights of Recovery Against Others To Us Loss Condition is amended by adding the following:

We waive any right of recovery we may have against any person or organization to the extent required of you by a written contract or agreement executed prior to any "accident" because of payments we make for damages under this coverage form.

IV. SECTION V – DEFINITIONS of the BUSINESS AUTO COVERAGE FORM and SECTION VI – DEFINITIONS of the GARAGE COVERAGE FORM are amended as follows:

A. MENTAL ANGUISH

The definition of "bodily injury" in the DEFINITIONS section is replaced by the following:

"Bodily Injury" means bodily injury, sickness or disease sustained by any person, including mental anguish and death resulting from any of these.

B. ADDITIONAL DEFINITIONS

The following definitions are added:

"Betterment" means the amount of increase to the pre-damaged or pre-loss cash value of an "auto" attributed to the use of replacement parts which are of-a type that are normally subject to repair and replacement during the useful life of an "auto" including but not limited to tires and batteries.

"Pre-accident physical condition" means the operational safety, function and appearance of the "auto" immediately prior to when the damage in question was sustained.

V. CANCELLATION CONDITION

Paragraph A.2. of the COMMON POLICY CONDITION – CANCELLATION applies except as follows:

If we cancel for any reason other than nonpayment of premium, we will mail or deliver to the First Named Insured written notice of cancellation at least 60 days before the effective date of cancellation. This provision does not apply in those states that require more than 60 days prior notice of cancellation.