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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of 1st day of October, 2017, in San Francisco, California, by and between San Francisco AIDS Foundation ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

Recitals

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

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

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFP 3-2016 issued on March 3, 2016 and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 2006 – 07/08 on June 29, 2016;

NOW, THEREFORE, Contractor and the City agree as follows:

Article 1 Definitions

The following definitions shall apply to this Amendment:

- 1.1 Agreement. The term "Agreement" shall mean the Agreement dated July 1st, 2016 (CID# 1000002634), between Contractor and City, as amended by the:
- 1.2 Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

2.1 **Article 2 Term of the Agreement** of the Original Agreement currently reads as follows:

Article 2 Term of the Agreement

- 2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2016; or (ii) the Effective Date and expire on June 30, 2018, unless earlier terminated as otherwise provided herein.
- 2.2 The City has **eight** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

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07/01/2018 - 06/30/2019
Option 1:
Option 2:
           07/01/2019 - 06/30/2020
Option 3:
           07/01/2020 - 06/30/2021
Option 4:
           07/01/2021 - 06/30/2022
Option 5:
           07/01/2022 - 06/30/2023
Option 6:
           07/01/2023 - 06/30/2024
Option 7:
           07/01/2024 - 06/30/2025
Option 8:
           07/01/2025 - 06/30/2026
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Such section is hereby amended in its entirety to read as follows:

Article 2 Term of the Agreement

- 2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2016; or (ii) the Effective Date and expire on June 30, 2019, unless earlier terminated as otherwise provided herein.
- 2.2 The City has **eight** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

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Option 1:
           07/01/2018 - 06/30/2019
                                        Exercised
Option 2:
           07/01/2019 - 06/30/2020
Option 3:
           07/01/2020 - 06/30/2021
Option 4:
           07/01/2021 - 06/30/2022
Option 5:
           07/01/2022 - 06/30/2023
Option 6:
           07/01/2023 - 06/30/2024
Option 7:
           07/01/2024 - 06/30/2025
Option 8:
           07/01/2025 - 06/30/2026
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2.2 Article 3 Financial Matters of the Original Agreement currently reads as follows:

Article 3 Financial Matters

Non-Appropriation. This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

3.2 Guaranteed Maximum Costs. The City's payment obligation to Contractor cannot at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

3.3 Compensation.

- 3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed Four Million Nine Hundred Seventy-Six Thousand Eight Hundred Thirty DOLLARS (\$4,976,830). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.
- 3.3.2 Payment Limited to Satisfactory Services. Contractor is not entitled to any payments from City until Department of Public Health approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including

equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

- 3.3.3 Withhold Payments. If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.
- 3.3.4 Invoice Format. Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City to Contractor at the address specified in Section 11.1, "Notices to the Parties," or in such alternate manner as the Parties have mutually agreed upon in writing.

3.3.5 Reserved. (LBE Payment and Utilization Tracking System)

3.3.6 Getting paid for goods and/or services from the City.

- (a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through Paymode-X, the City's third party service that provides Automated Clearing House (ACH) payments. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.
- (b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

3.3.7 Grant Funded Contracts.

(a) **Disallowance**. If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement between Contractor and City.

(b) Reserved (Grant Terms)

3.4 Audit and Inspection of Records. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: http://www.whitehouse.gov/omb/circulars/a133/a133.html.

If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

- 3.4.2 The Director of Public Health or his / her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.
- 3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.
- 3.5 Submitting False Claims. The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

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

Article 3 Financial Matters

Non-Appropriation. This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

3.2 Guaranteed Maximum Costs. The City's payment obligation to Contractor cannot at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

3.3 Compensation.

- 3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed Nine Million Eight Hundred Thirty-Nine Thousand Four Hundred Eighty-Seven DOLLARS (\$9,839,487). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.
- 3.3.2 Payment Limited to Satisfactory Services. Contractor is not entitled to any payments from City until Department of Public Health approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to

the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

- 3.3.3 Withhold Payments. If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.
- 3.3.4 **Invoice Format**. Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City as specified in Section 3.3.6, or in such alternate manner as the Parties have mutually agreed upon in writing.
 - 3.3.5 Reserved (LBE Payment and Utilization Tracking System).
 - 3.3.6 Getting paid for goods and/or services from the City.
- (a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through, the City's Automated Clearing House (ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.
- (b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

3.3.7 Grant Funded Contracts.

- (a) Disallowance. If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement between Contractor and City.
- (b) Grant Terms. The funding for this Agreement is provided in full or in part by a Federal or State Grant to the City. As part of the terms of receiving the funds, the City is required to incorporate some of the terms into this Agreement. The incorporated terms may be found in Appendix D, "Grant Terms." To the extent that any Grant Term is inconsistent with any other provisions of this Agreement such that Contractor is unable to comply with both the Grant Term and the other provision(s), the Grant Term shall apply.
- (c) Contractor shall insert each Grant Term into each lower tier subcontract. Contractor is responsible for compliance with the Grant Terms by any subcontractor, lower-tier subcontractor or service provider.
- 3.4 Audit and Inspection of Records. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related

to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: http://www.whitehouse.gov/omb/circulars/a133/a133.html.

If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

- 3.4.2 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.
- 3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.
- 3.5 Submitting False Claims. The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the

City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

- 3.6 Reserved (Payment of Prevailing Wages).
- 2.3 Article 4 Services and Resources, is hereby amended in its entirety to read as follows:

Article 4 Services and Resources

- 4.1 Services Contractor Agrees to Perform. Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."
- 4.2 Qualified Personnel. Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

4.3 Subcontracting.

- 4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.
- 4.3.2 City's execution of this Agreement constitutes its approval of the subcontractors listed below.
 - a. Glide
 - b. Saint James Infirmary
 - c. Homeless Youth Alliance
 - d. SF Drug Users Union
 - 4.4 Independent Contractor; Payment of Employment Taxes and Other Expenses.
- 4.4.1 **Independent Contractor**. For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be

deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

- 4.4.2 Payment of Employment Taxes and Other Expenses. Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this section.
- 4.5 **Assignment**. The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

- 4.6 Warranty. Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.
- 2.4 Article 5 Insurance and Indemnity, is hereby amended in its entirety to read as follows:

Article 5 Insurance and Indemnity

5.1 Insurance.

- 5.1.1 Required Coverages. 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:
- (a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- (b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- (c) 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.
- 5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:
- (a) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- (b) 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.
- 5.1.3 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 Section 11.1, entitled "Notices to the Parties."
- 5.1.4 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.
- 5.1.5 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be

included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

- 5.1.6 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.
- 5.1.7 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.
- 5.1.8 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.
- 5.2 **Indemnification**. Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) - (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor's Services.

2.5 Article 8 Termination and Default, is hereby amended in its entirety to read as follows:

Article 8 Termination and Default

8.1 Termination for Convenience

- 8.1.1 City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.
- 8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:
- (a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.
- (b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.
- (c) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- (d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- (e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.
- (f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.
- 8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

- (a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for Services. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.
- (b) A reasonable allowance for profit on the cost of the Services described in the immediately preceding subsection (a), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all Services under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.
- (c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.
- (d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the Services or other work.
- 8.1.4 In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under Section 8.1.3.
- 8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.
- 8.1.6 City's payment obligation under this Section shall survive termination of this Agreement.

8.2 Termination for Default; Remedies.

- 8.2.1 Each of the following shall constitute an immediate event of default ("Event of Default") under this Agreement:
- (a) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors

Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information		

- (b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.
- (c) Contractor (i) is generally not paying its debts as they become due; (ii) 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; (iii) makes an assignment for the benefit of its creditors; (iv) 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 (v) takes action for the purpose of any of the foregoing.
- (d) A court or government authority enters an order (i) 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, (ii) 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 (iii) ordering the dissolution, winding-up or liquidation of Contractor.
- 8.2.2 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, where applicable, 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: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.
- 8.2.3 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. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.
- 8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.
- 8.3 Non-Waiver of Rights. The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by

the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

8.4 Rights and Duties upon Termination or Expiration.

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records		Dispute Resolution Procedure
3.5 Submitting False Claims		11.7	Agreement Made in California; Venue
Article 5	cle 5 Insurance and Indemnity		Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information		

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall 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.

2.6 Article 10 Additional Requirements Incorporated by Reference, is hereby amended in its entirety to read as follows:

Article 10 Additional Requirements Incorporated by Reference

10.1 Laws Incorporated by Reference. The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at http://www.amlegal.com/codes/client/san-francisco_ca/

- 10.2 Conflict of Interest. By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 et seq.), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 et seq.), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.
- 10.3 **Prohibition on Use of Public Funds for Political Activity.** In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

10.4 Reserved.

10.5 Nondiscrimination Requirements

- 10.5.1 Non Discrimination in Contracts. Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.
- 10.5.2 Nondiscrimination in the Provision of Employee Benefits. San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section 12B.2.
- 10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance. Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.
- 10.7 Minimum Compensation Ordinance. Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.
- 10.8 **Health Care Accountability Ordinance.** Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.
- 10.9 First Source Hiring Program. Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.
- 10.10 Alcohol and Drug-Free Workplace. City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has

reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

Contractor agrees in the performance of this Agreement to maintain a drug-free workplace by notifying employees that unlawful drug use is prohibited and specifying what actions will be taken against employees for violations; establishing an on-going drug-free awareness program that includes employee notification and, as appropriate, rehabilitation. Contractor can comply with this requirement by implementing a drug-free workplace program that complies with the Federal Drug-Free Workplace Act of 1988 (41 U.S.C. § 701).

10.11 Limitations on Contributions. By executing this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

10.12 Reserved. (Slavery Era Disclosure).

10.13 Working with Minors. In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors or where Contractor, or any subcontractor, will be working with minors in an unaccompanied setting on more than an incidental or occasional basis, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95. In the event of a conflict between this section and Section 10.14, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control.

10.14 Consideration of Criminal History in Hiring and Employment Decisions

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

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

- 10.15 Public Access to Nonprofit Records and Meetings. If Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.
- 10.16 Food Service Waste Reduction Requirements. Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.
- 10.17 Sugar-Sweetened Beverage Prohibition. Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.
- 10.18 Tropical Hardwood and Virgin Redwood Ban. Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.
 - 10.19 Reserved (Preservative Treated Wood Products).
- 2.7 **Article 11 General Provisions**, is hereby amended in its entirety to read as follows:

Article 11 General Provisions

Notices to the Parties. Unless otherwise indicated in this Agreement, all written communications sent by the Parties may be by U.S. mail or e-mail, and shall be addressed as follows:

To CITY:

Office of Contract Management and Compliance

Department of Public Health

101 Grove Street, Room 402

San Francisco, California 94102

e-mail:

Nora.macias@sfdph.org

And:

TOMAS ARAGON, MD, MPH

CHEP

101 GROVE STREET, ROOM 308

SAN FRANCISCO, CA 94102

e-mail:

Tomas.aragon@sfdph.org

To CONTRACTOR:

SAN FRANCISCO AIDS FOUNDATION

1035 MARKET STREET, SUITE 400

SAN FRANCISCO, CA 94103

e-mail:

jhollendoner@sfaf.org

Amendment: 10/01/2017

Any notice of default must be sent by registered mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

11.2 Compliance with Americans with Disabilities Act. Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

11.3 Reserved.

- 11.4 Sunshine Ordinance. Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.
- Modification of this Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement.

11.6 Dispute Resolution Procedure.

11.6.1 **Negotiation; Alternative Dispute Resolution.** The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.36, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the

Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this section.

- 11.6.2 Government Code Claim Requirement. No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.
- 11.6.3 Health and Human Service Contract Dispute Resolution Procedure. The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.
- 11.7 Agreement Made in California; Venue. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.
- 11.8 Construction. All paragraph captions are for reference only and shall not be considered in construing this Agreement.
- 11.9 Entire Agreement. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."
- 11.10 Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.
- 11.11 Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.
- 11.12 Cooperative Drafting. This Agreement has been drafted through a cooperative effort of City and Contractor, and both Parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No Party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the Party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

- 11.13 Order of Precedence. Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFP, and Contractor's proposal dated March 3, 2016. The RFP and Contractor's proposal are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal.
- 2.8 Article 12 Department Specific Terms, is hereby amended in its entirety to read as follows:

Article 12 Department Specific Terms

12.1 Third Party Beneficiaries.

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

12.2 Certification Regarding Lobbying.

CONTRACTOR certifies to the best of its knowledge and belief that:

- A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.
- B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.
- C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.
- D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

12.3 Materials Review.

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.

12.4 Emergency Response.

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service site. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

2.9 Add Article 13 Data and Security, to this Agreement as Amended to reads as follows:

Article 13 Data and Security

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

- 13.1.1 If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.
- 13.1.2 In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, such information must be held by Contractor in

confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or confidential information.

- 13.2 Reserved. (Payment Card Industry ("PCI") Requirements.
- 13.3 Business Associate Agreement.

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information and the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act").

The parties acknowledge that CONTRACTOR is one of the following (Choose Only One):

CONTRACTOR will create, receive, maintain, transmit, or access SFDPH PHI
And is a Covered Entity ¹ as defined under HIPAA;
Complete the following attached documents:
a. Appendix E SFDPH Protected Information Privacy & Security Agreement (PSA)
(06-21-2017)
b. SFDPH Attestation 1 PRIVACY (06-07-2017)
c. SFDPH Attestation 2 DATA SECURITY (06-07-2017)
d. SFDPH Attestation 3 COMPLIANCE (06-07-2017)
CONTRACTOR will create, receive, maintain, transmit, or access SFDPH PHI
And is NOT a Covered Entity ¹ as defined under HIPAA;
Complete the following attached documents:
a. Appendix E SFDPH Business Associates Agreement (BAA) (08-04-2017)
b. SFDPH Attestation 1 PRIVACY (06-07-2017)
c. SFDPH Attestation 2 DATA SECURITY (06-07-2017)
, ,

CONTRACTOR will NOT create, receive, maintain, transmit, or access SFDPH

This option requires review and approval from the Office of Compliance and

Amendment: 10/01/2017

PHI;

Privacy Affairs.

Appendix E and attestations are not required.

Source: https://www.hhs.gov/hipaa/for-professionals/covered-entities/index.html https://privacyruleandresearch.nih.gov/pr 06.asp

¹ A Covered Entity is defined under HIPAA as one of the following:

a. Health Care Providers (doctors, clinics, psychologists, pharmacies, nursing homes)

b. **Health Plans** (Health insurance companies, HMOs, company health plans, government programs that pay for health care).

c. Health Care Clearinghouse (Not Applicable to SFDPH contracts)

- 13.4 Protected Health Information. Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.
- 2.10 Add Article 14 MacBride And Signature, to this Agreement as Amended to reads as follows:

Article 14 MacBride And Signature

14.1 MacBride Principles -Northern Ireland. The provisions of San Francisco
Administrative Code §12F are incorporated herein by this reference and made part of this Agreement. By signing this Agreement, Contractor confirms that Contractor has read and understood that the City urges companies doing business in Northern Ireland to resolve employment inequities and to abide by the MacBride Principles, and urges San Francisco companies to do business with corporations that abide by the MacBride Principles.

The Appendices listed below are Amended as follows:

- 2.11 Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated:10/01/2017.
- 2.12 Delete Appendix A-1, and replace in its entirety with Appendix A-1 to Agreement as amended. Dated: 10/01/2017.
- 2.13 Delete Appendix A-2, and replace in its entirety with Appendix A-2 to Agreement as amended. Dated: 10/01/2017.

- 2.14 Delete Appendix A-3, and replace in its entirety with Appendix A-3 to Agreement as amended. Dated: 10/01/2017.
- 2.15 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: 10/01/2017.
- 2.16 Delete Appendix B-1c, and replace in its entirety with Appendix B-1c to Agreement as amended. Dated: 10/01/2017.
- 2.17 Delete Appendix B-1d, and replace in its entirety with Appendix B-1d to Agreement as amended. Dated: 10/01/2017.
- 2.18 Delete Appendix B-1e, and replace in its entirety with Appendix B-1e to Agreement as amended. Dated: 10/01/2017.
 - 2.19 Add Appendix B-1f to Agreement as amended. Dated: 10/01/2017.
 - 2.20 Add Appendix B-1g to Agreement as amended. Dated: 10/01/2017.
 - 2.21 Add Appendix B-1h to Agreement as amended. Dated: 10/01/2017.
- 2.22 Delete Appendix B-2a, and replace in its entirety with Appendix B-2a to Agreement as amended. Dated:10/01/2017.
 - 2.23 Add Appendix B-2b to Agreement as amended. Dated: 10/01/2017.
 - 2.24 Add Appendix B-3a to Agreement as amended. Dated: 10/01/2017.
 - 2.25 Add Appendix B-3b to Agreement as amended. Dated: 10/01/2017.
- 2.26 Delete Appendix D, and replace in its entirety with Appendix D to Agreement as amended. Dated: 10/01/2017.

- 2.27 Delete Appendix E, and replace in its entirety with Appendix E to Agreement as amended. Dated: OCPA & CAT v6.21.2017 and Attestation forms 06-07-2017.
- 2.28 Delete Appendix F-1c, and replace in its entirety with Appendix F-1c to Agreement as amended. Dated: 10/01/2017.
- 2.29 Delete Appendix F-1d, and replace in its entirety with Appendix F-1d to Agreement as amended. Dated: 10/01/2017.
- 2.30 Delete Appendix F-1e, and replace in its entirety with Appendix F-1e to Agreement as amended. Dated: 10/01/2017.
 - 2.31 Add Appendix F-1f to Agreement as amended. Dated: 10/01/2017.
 - 2.32 Add Appendix F-1g to Agreement as amended. Dated: 10/01/2017.
 - 2.33 Add Appendix F-1h to Agreement as amended. Dated: 10/01/2017.
- 2.34 Delete Appendix F-2a, and replace in its entirety with Appendix F-2a to Agreement as amended. Dated:10/01/2017.
 - 2.35 Add Appendix F-2b to Agreement as amended. Dated: 10/01/2017.
 - 2.36 Add Appendix F-3a to Agreement as amended. Dated: 10/01/2017.
 - 2.37 Add Appendix F-3b to Agreement as amended. Dated: 10/01/2017.

Article 3 Effective Date

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

Article 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.

[SIGNATURES ON FOLLOWING PAGE]

IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY Recommended by: Barbara A. Garcia, MPA Director of Health Department of Public Health Approved as to Form: Dennis J. Herrera City Attorney By: Deputy City Attorney Approved: Jaci Fong Director of the Office of Contract Administration, and

CONTRACTOR
SAN FRANCISCO AIDS FOUNDATION

Joe Hollendoner

Chief Executive Officer

1035 Market Street, Suite 400

San Francisco, CA 94103

Supplier ID number: 0000011638

18251 FF 1528

Amendment: 10/01/2017

Purchaser

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

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

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

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.

For contracts for the provision of services at Zuckerberg San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or the to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

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. <u>Possession of Licenses/Permits</u>:

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. 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.

H. 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.

I. 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.

J. Acknowledgment of Funding:

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

K. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

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

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.

M. Quality Assurance:

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

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

N. Compliance With Grant Award Notices:

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

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

2. Description of Services

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

Appendix A-1 – HIV Syringe Access and Disposal Services

Appendix A-2 – HIV Syringe Access and Disposal Services – Homeless Youth Alliance

Appendix A-3 – HIV Syringe Access and Disposal Services – Harm Reduction Center

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Provider Fax: 415-487-3094

Contractor: San Francisco AIDS Foundation Program:Syringe Access and Disposal Services Fiscal Year: 2016-2017 to 2018-2019 Contract ID# 1000002634 (CMS# 7774)

CONTRACT SUMMARY

Service Provider(s): Fiscal Agency:

San Francisco AIDS Foundation San Francisco AIDS Foundation

Total Contract

\$9,060,163 Amount:

Funding Source:

HPS General Fund/CDC

Program Name:

Syringe Access and Disposal Services

System of Care:

Population Health - HIV Prevention Services (HPS)

Program Code:

N/A

Provider Address:

1035 Market Street, Suite 400 - SF CA 94103

Provider Phone:

415-487-3000

Contact Person:

Richard Hill, Director of Government Contracts Direct Phone Number: 415-487-8042

GF

\$1.956.679

7.1.18-6.30.19

UOS

3,614

12

2,028

264

GF

\$206,672

7.1.18-6.30.19

UOS

NA

12

NA

NA

Email: rhill@sfaf.org

RFP#:

3-2016

Appendix A:						
Appendix B:						
Funding Source						
Funding Amount:						
Funding Term:						

Syringe Access & Disposal Services Hrs. **Number of UOS:**

Disposal Coordination & Bulk Purchasing

Citywide Syringe Sweeps

Community-Based Sweeps Events

Number of UDC/NOC:

Syringe Access & Disposal Services Hrs. Disposal Coordination & Bulk Purchasing

Citywide Syringe Sweeps

Community-Based Sweeps Events

Appendix B: **Funding Source Funding Amount: Funding Term:**

Number of UOS: Syringe Access & Disposal Services Hrs. Disposal Coordination & Bulk Purchasing

Citywide Syringe Sweeps

Community-Based Sweeps Events

	Append	ix A-1 S	yringe Access S	iervices			
B-1	B-1a	B-1a B-1b		B-1a B-1b B-1c		B-1d	B-1e
GF	GF	CDC	GF	GF	CDC		
\$1,863,232	\$196,713	\$5,000	\$1,909,813	\$201,631	\$5,000		
7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-12.31.16	7.1.17-6.30.18	7.1.17-6.30.18	1.1.17-12.31.17		
uos	uos	UOS	UOS	uos	uos		
3,614	N/A	N/A	3,614	N/A	N/A		
12	12	12	12	12	12		
2,028	N/A	N/A	2,028	N/A	N/A		
264	N/A	N/A	264	NA	N/A		
NOC	NOC	NOC	NOC	NOC	NOC		
44,300	N/A	N/A	44,300	N/A	N/A		
N/A	N/A	N/A	N/A	N/A	N/A		
N/A	NA	N/A	N/A	N/A	N/A		
N/A	NA	N/A	N/A	N/A	N/A		
B-1f	B-1g	B-1h					

CDC

\$5.000

1.1.18-12.31.18

UOS

N/A

12

NA

N/A

5 of 7

Contractor: San Francisco AIDS Foundation Program:Syringe Access and Disposal Services Fiscal Year: 2016-2017 to 2018-2019

Fiscal Year: 2016-2017 to 2018-2019 Contract ID# 1000002634 (CMS# 7774)

Number of UDC/NOC:		NOC	NOC	NOC	
ODG/NOG.	Syringe Access & Disposal Services Hrs.	44,300	N/A	N/A	
	Disposal Coordination & Bulk Purchasing	N/A	NA	N/A	
	Citywide Syringe Sweeps	N/A	N/A	N/A	
	Community-Based Sweeps Events	N/A	N/A	N/A	
Definition and # of UOS:	A Unit of Service (UOS) is equivalent to 1 hour	of service/activity	or 1 month of Prog	ram Coordination.	
Target Population:	Intravenous drug users (IDUs) throughout San	Francisco			
raiget ropulation.	intravendes drug decis (1505) direughedream	Tanoisou.			
Description of					s, and reducing the likelihood of syringe sharing and the risk of HIV transmission among the target
Services:	population. SFAF will serve as the lead agency	y for all syringe acc	cess and disposal s	ervices in the city	with partners St. James Infirmary, Glide, the Homeless Youth Alliance and the San Francisco Drug
Appendix A:			Homeless Youth		
Appendix B:		B-2	B-2a	B-2b	
Funding Source		GF \$156,854	GF \$160,775	GF \$164,794	
Funding Amount: Funding Term:		7.1.16-6.30.17	7.1.17-6.30.18	7.1.18-6.30.19	*
Number of UOS:		UOS	UOS	UOS	
Name of Goo.	HYA Wrap Around & Disposal	12	12	12	
Number of UDC/NOC:		NOC	NOC	NOC	
	HYA Wrap Around & Disposal	N/A	N/A	N/A	2
Definition and # of UOS:	A Unit of Service (UOS) is equivalent to 1 months	th of activities asso	ociated with the adr	ninistration of the	pe funds.
Target Population:	Young adults aged 13-29 living on the stress in the Haight and female identified IDUs in the Mission				
Target Population:	This appendix addresses administrative activities to be paid by funds provided by the City and County of San Francisco to the Homeless Youth Alliance. Tides Foundation serves as the fiscal agent for HYA. SFAF's agreement with HYA is that all invoicing will come from Tides Foundation and the checks are made payable to Tides/Homeless Youth Alliance. Funds are to be used for various personnel and operating expenses and for syringe disposal services.				

Contractor: San Francisco AIDS Foundation Program:Syringe Access and Disposal Services Fiscal Year: 2016-2017 to 2018-2019 Contract ID# 1000002634 (CMS# 7774)

Appendix A:		Appendix A-3	6th Street Harm	Reduction Ct.	
ppendix B:		B-3	B-3a	B-3b	
Inding Source		GF	GF	GF	
unding Amount:		\$344,000	\$884,000	\$1,000,000	
unding Term:		11.1.16-6.30.17 UOS	7.1.17-6.30.18 UOS	7.1.18-6.30.19 UOS	
lumber of UOS:	Harm Reduction Center Services Hrs.	8	12	12	
lumber of IDC/NOC:		NOC	NOC	NOC	
	Harm Reduction Center Services Hrs.	18,400	35,343	36,960	
Definition and # of JOS:	A I lait of Consider /I IOC\ in any hydrat to 1 May	th of Llam Daducti	Ot Ot		
	A Unit of Service (UOS) is equivalent to 1 Mor		on Center Service		
Target Population:	Intravenous drug users (IDUs) throughout Sar		on Center Service		
Target Population:	Intravenous drug users (IDUs) throughout Sar Services available at the Harm Reduction Cen	rrancisco. ter include: ts to drop in and ha testing and care; s such as overdose	ng out, with opport	unities to access a	
arget Population:	Intravenous drug users (IDUs) throughout Sar Services available at the Harm Reduction Cer • a lounge area which provides space for clien • engagement in and linkage to HIV and HCV • peer-based activities and education on topics • crisis intervention; • syringe access services, including access to • food and snacks;	rrancisco. ter include: ts to drop in and ha testing and care; s such as overdose	ng out, with opport	unities to access a	n counseling;
	Intravenous drug users (IDUs) throughout Sar Services available at the Harm Reduction Cer • a lounge area which provides space for clien • engagement in and linkage to HIV and HCV • peer-based activities and education on topics • crisis intervention; • syringe access services, including access to	rerinclude: ter include: ts to drop in and ha testing and care; s such as overdose syringes and suppli	ng out, with opport	unities to access a	n counseling;

Fiscal Year: 2016 - 2017

2017 - 2018 2018 - 2019 Appendix A-1

Amendment: 10/01/2017

Contract Term: 07.01.16 through 6.30.19 Funding Sources: General Fund and CDC

1. Identifiers:

Program Name: San Francisco AIDS Foundation – Syringe Access Services

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

Website Address: www.sfaf.org

Contractor Address: same as above

City, State, Zip Code:

Person completing this Narrative: Terry Morris, Manager Syringe Access Services

Telephone: (510) 338-8159 cell/ (415) 487-8043 desk

Email Address: tmorris@sfaf.org

Z.	Nature of Document:		
	New New	Renewal	◯ Modification

Appendix Terms:

Appendix A-1				
Term One: 7.1.16-6.30.17	Term Two: 7.1.17-6.30.18	Term Three: 7.1.18-06.30.19		

3. Goal Statement:

To reduce new HIV infections by providing syringe access and disposal services to people who inject drugs (PWID) in San Francisco.

4. Target Population:

San Francisco residents who are PWIDs, homeless, active drug users, formerly incarcerated, and/or struggling with mental health challenges, ensuring that services reach and meet the specific needs of the following subpopulations: males who have sex with males, youth, females, transgender persons, and males who have sex with females.

Appendix A-1
Contract Term: 07 01 16 through 6 30 19

Fiscal Year: 2016 - 2017

2017 - 2018 2018 - 2019 Contract Term: 07.01.16 through 6.30.19 Funding Sources: General Fund and CDC

Amendment: 10/01/2017

5. Modality(s) / Intervention(s):

Year One, B-1, B-1a, B-1b: July 1, 2016 - June 30, 2017

	Units of	# of
Units of Service (UOS) Description	Service	Contacts
	(UOS)	(NOC)
Syringe Access and Disposal Service Hours		
One UOS = one hour of Syringe Access and Disposal Services		
69.5 hours of syringe access and disposal services per week * 52 weeks =	3,614	44,300
3,614 UOS		
12.26 clients per hour * 3,614 hours = 44,300 NOC		
Syringe Access and Disposal Coordination & Bulk Purchasing		
One UOS = one month of Syringe Access and Disposal Coordination & Bulk		
Purchasing	12	N/A
12 months of Syringe Access and Disposal Coordination & Bulk Purchasing =		
12 UOS		
Citywide Syringe Sweeps		
One UOS = one hour of Citywide Sweeps	2,028	N/A
39 hours of sweeps per week * 52 weeks = 2,028 UOS		×
Community-Based Sweeps Events		
One UOS = one Community-Based Sweep Event	264	N/A
264 events = 264 UOS		
Total Services Delivered	5,918	44,300

Year Two, B-1c: July 1, 2017 - June 30, 2018

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours		10
One UOS = one hour of Syringe Access and Disposal Services		
69.5 hours of syringe access and disposal services per week * 52 weeks = 3,614 UOS	3,614	44,300
12.26 clients per hour * 3,614 hours = 44,300 NOC		
Syringe Access and Disposal Coordination & Bulk Purchasing One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps One UOS = one hour of Citywide Sweeps	2,028	N/A
39 hours of sweeps per week * 52 weeks = 2,028 UOS	2,020	14/7
Community-Based Sweeps Events		
One UOS = one Community-Based Sweep Event	264	N/A
264 events = 264 UOS	F 010	44 200
Total Services Delivered	5,918	44,300

Fiscal Year: 2016 - 2017

2017 - 2018 2018 - 2019 Appendix A-1

Amendment: 10/01/2017

Contract Term: 07.01.16 through 6.30.19 Funding Sources: General Fund and CDC

Year Two, B-1d: July 1, 2017 - June 30, 2018

Syringe Access and Disposal Coordination & Bulk Purchasing One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

Year Two, B-1e: January 1, 2017 - December 31, 2017

Syringe Access and Disposal Coordination & Bulk Purchasing		
One UOS = one month of Syringe Access and Disposal Coordination & Bulk		
Purchasing	12	N/A
12 months of Syringe Access and Disposal Coordination & Bulk Purchasing =		3
12 UOS		1
Total Services Delivered	12	N/A

Year Three, B-1f: July 1, 2018 - June 30, 2019

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours One UOS = one hour of Syringe Access and Disposal Services	2.614	44 200
69.5 hours of syringe access and disposal services per week * 52 weeks = 3,614 UOS 12.26 clients per hour * 3,614 hours = 44,300 NOC	3,614	44,300
Syringe Access and Disposal Coordination & Bulk Purchasing One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps One UOS = one hour of Citywide Sweeps 39 hours of sweeps per week * 52 weeks = 2,028 UOS	2,028	N/A
Community-Based Sweeps Events One UOS = one Community-Based Sweep Event 264 events = 264 UOS	264	N/A
Total Services Delivered	5,918	44,300

Fiscal Year: 2016 - 2017

2017 - 2018 2018 - 2019 Appendix A-1 Contract Term: 07.01.16 through 6.30.19

Funding Sources: General Fund and CDC

Year Three, B-1g: July 1, 2018 - June 30, 2019

Syringe Access and Disposal Coordination & Bulk Purchasing		T
One UOS = one month of Syringe Access and Disposal Coordination & Bulk		1
Purchasing	12	N/A
12 months of Syringe Access and Disposal Coordination & Bulk Purchasing =		
12 UOS		
Total Services Delivered	12	N/A

Year Three, B-1h: January 1, 2018 - December 31, 2018

Syringe Access and Disposal Coordination & Bulk Purchasing		
One UOS = one month of Syringe Access and Disposal Coordination & Bulk		
Purchasing	12	N/A
12 months of Syringe Access and Disposal Coordination & Bulk Purchasing =		
12 UOS		
Total Services Delivered	12	N/A

6. Methodology:

The Syringe Access Collaborative (SAC) will provide 3,614 hours of syringe access, 264 Community Cleanups, and 2,028 hours of disposal sweeps annually in eight San Francisco neighborhoods.

- A. Syringe Access and Disposal Services includes the following direct client services:
 - 1. Provision of sterile injection equipment to clients. SAC partners will provide sterile injection equipment at mobile van based sites, through street outreach, camp outreach, secondary exchange programming, private syringe exchange, fixed site, and multi-service drop in center sites.
 - 2. Distribution of syringe disposal supplies, (fitpacks, small bio-bins). Every participant will be offered a disposal container when picking up supplies. SAC staff members will provide encouragement and positive reinforcement to participants who bring in returns. Additionally, disposal sweep community outreach workers will make sharps containers available to people they engage during sweeps and to residents and business owners who would like to join the cause.
 - 3. Collection of disposed injection equipment, including disposal at sites and sweep programs, and in collaboration with the SFDPH Rapid Response Team as needed. SAC staff members and volunteers will sweep mapped routes (see attachments) in documented hot spot areas. SAC staff members will provide training on safe handling to all volunteers and staff assisting with sweeps. SAC staff members will properly close and lock sharps containers.

Fiscal Year: 2016 - 2017 2017 - 2018

2018 - 2019

4. Provision of safer sex supplies, health education on subjects such as safer injection practices, appropriate disposal procedures and overdose prevention as well as health promotion, Safer sex supplies will be made available at all SAC sites, and SAC members will engage participants around overdose prevention and provide DOPE Trainings, safer disposal and proper use of sharps containers, and engage with participants about safer injection, vein care, and self

Contract Term: 07.01.16 through 6.30.19

Funding Sources: General Fund and CDC

care.

5. Referral and linkage to medical care, case management, treatment services and other ancillary services. All SAC staff members will provide referrals (and when feasible) offer warm hand offs to services including medical care, the broad spectrum of substance use treatment services available in San Francisco, food, shelter, mental health counseling, and benefits.

- 6. Linkage to HIV/HCV testing. All SAC members will offer participants linkage to on-site HIV/HCV testing or referrals to HIV/HCV testing.
- B. Syringe Access and Disposal Coordination includes the following non-direct client services:
 - 1. Overall coordination and responsibility for any agencies subcontracted to perform syringe access or disposal services or to reach the target populations. SFAF, the SAC Lead Coordinating agency, will monitor subcontractor performance, supply budget, syringe returns, ensure that work is documented and reported, and in collaboration with SAC membership problem solve, innovate, and deepen our relationships and coordinate our services.
 - 2. Participate in meetings of any subcontractors and SFDPH Rapid Response Clean Team engaged in disposal efforts (including sweeps) to ensure consistency of service delivery and ensure complementary and non-duplicative efforts. SFAF will participate in disposal team meetings and assess and re-assess sweep mapped routes to avoid duplicating services and adjusting service areas to heavy need areas and to respond to community concerns.
 - 3. Provide leadership to and training for any subcontractors. SAC Coordinating agency will arrange for trainings on subjects of interest to subcontractors and invite SAC members to SAS upcoming staff development trainings on boundaries, HCV medical care and linkage, safer injecting/vein care harm reduction counseling, and referral resources.
 - 4. In partnership with DPH, act as a "Good Neighbor"/Community Partner and actively establish and maintain positive relationships with neighbors, police, and other stakeholders in the community. In areas around syringe sites, syringe providers must respond collaboratively to residents, and adhere to all city requirements. When requested, attend community and/or police meetings with DPH to present information about the syringe access and disposal program. SAC Coordinating agency SFAF will be a good neighbor, build community ties, alliances, and respectfully engage with people opposed to harm reduction services in their neighborhoods. SAC staff will make every effort – dependent on staffing schedules and availability – to attend community and/or police meetings with DPH to present information about the syringe access and disposal program.

Fiscal Year: 2016 - 2017

2017 - 2018 2018 - 2019 Contract Term: 07.01.16 through 6.30.19 Funding Sources: General Fund and CDC

C. Bulk Purchasing and Distribution includes the following support services for any subcontractors:

- 1. Order, purchase, and distribute syringes and safer injection equipment for the lead agency, any subcontracted agencies.
- D. Citywide Syringe Sweeps: A coordinated effort of at least two people whose sole purpose it is to search for, collect, and report on improperly discarded syringes, particularly on the streets and sidewalk within a specific geographic area. Sweeps must be complementary to other disposal efforts provided by the applicant and in collaboration with the SFDPH Rapid Response Clean Team. Requirements include:
 - Development of sweep schedules, focusing on hot spots, i.e., locations where improperly discarded syringes historically have appeared frequently. See attached maps and sweep schedule.
 - 2. Ability to respond to DPH requests to increase sweeps in specific areas as needed. Sweep schedules may be adjusted to meet the needs of the community.
 - 3. Ability to incorporate other new methods of responding to sweep requests in real-time such as cell phone, text, mobile phone application.
 - 4. Providing education to community about safe disposal options. All SAC members will share in development of safe disposal materials and outreach strategies to build community support for harm reduction and syringe access and safer disposal efforts.
- E. Coordination of Community-Based Sweeps Events: SFAF will coordinate neighborhood-wide sweep events that mobilize residents and staff of agencies working in areas where sweeps are necessary to create visibility, a sense of community and common purpose while providing a service.
- F. Data Collection and Reporting: Documentation of services must include logs of distribution of sterile injection equipment and supplies, collection and disposal of discarded syringes including:
 - 1. Reporting of sterile injection equipment distribution by site,
 Syringes in and Syringes out will be collected by all SAC agencies. Data by site will be requested
 (as opposed to aggregate monthly data).
 - Submission of collected needle data on a quarterly basis,
 Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected.
 - 3. Reporting of sweep data monthly to DPH, Records of education and outreach efforts to community about safe disposal options.
 Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected. SAC members will track: # of Syringes collected, # of sharps containers distributed, the disposal sweep route, and provide a narrative after each sweep documenting community relationship building, education and outreach efforts, and contacts for follow up.
 - 4. Distribution of syringe disposal supplies.(fitpacks, small bio-bins, tongs)

Fiscal Year: 2016 - 2017 Contract Term: 07.01.16 through 6.30.19
2017 - 2018 Funding Sources: General Fund and CDC

2017 - 2018 2018 - 2019

SAC lead agency will track syringe disposal container and tong purchases and provide data on supplies ordered by each agency.

7. Objectives and Measurements:

A. Individualized Objectives

- By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will provide at least 3,500,000 syringes annually to 44,300 people as documented by syringe access logs.
- By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will provide at least 200,000 condoms annually to 16,500 people as documented by condom cases ordered.
- 3) By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will collect at least 10,500 syringes annually as documented by disposal sweep logs.
- 4) By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will conduct at least 264 community clean-up events annually to 900 people as documented by volunteer sign in sheets and sweep logs.
- Staff Issues: SFAF's SAS Program Manager, in collaboration with the Director or Behavioral
 Health Services and the Senior Director of Programs and Services, will review monthly SAC UOS,
 coordinate client satisfaction survey, ensure that site data and sweep data are recorded and
 submitted.
- 2. Data Collection Tools will include: syringe access site data log, syringe disposal sweep log, volunteer sign in sheets, condom purchase invoices
- 3. Data:

All SAC members will collect the following data by individual site:

- syringes returned
- syringes distributed
- Number of contacts and apparent demographics
- Syringes swept
- Mapped route of sweeps
- Narrative of community encounters/conversations/items for follow up

In addition, SFAF collects more comprehensive data on participants through an annual anonymous survey. These voluntary surveys assess demographic data, health status (such as HIV status, linkage to care, medication adherence, etc.), risk behaviors, and client satisfaction.

- 4. Frequency: Site data will be collected at every site, entered into an excel spreadsheet, and analyzed on a monthly basis. Sweep data will be collected at every sweep, entered into an excel spreadsheet, and analyzed on a monthly basis.
- 5. Data Reporting: The SAS Program Manager and the Logistics Coordinator will receive and analyze these data, in coordination with the Government Contracts Director. The evaluation data will be used to measure whether sites have adequate staffing levels, if the site is well utilized or needs outreach to make it successfully reach people, to track our disposal rate and use it to motivate staff and participants to increase returns, and to assess whether our level of service meets the needs of the community.

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Fiscal Year: 2016 - 2017

2017 - 2018 2018 - 2019 Contract Term: 07.01.16 through 6.30.19 Funding Sources: General Fund and CDC

8. Continuous Quality Improvement (CQI):

Describe the program's CQI activities to enhance, improve, and monitor the quality of services delivered, including data collection and reporting. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal, and/or Funding Source policies and requirements - such as, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

a) Staff assigned to program evaluation.

At SFAF, all program data are compiled and reviewed quarterly by our Director of Program Development and Operations, Government Contracts Director, Senior Director of Programs and Services, and Executive Director of Gay and Bi Men's Health and Wellness. At least twice a year, each program manager sits down with their supervisor and their team to review the data and determine any program refinements that may be necessary (such as if the program is not on track to meet its objectives). At this meeting, action items are developed to make these changes. The Senior Director of Programs and Services and Director of Program Development and Operations keep and review an active list of the action items. These processes will continue with SIP. In addition to these quality assurance procedures, every six months the data are presented to SFAF's Leadership Team and Program Team, who discuss findings and brainstorm ways to improve that program or other programs within SFAF.

SFAF will comply with all Health Commission, Local, State, Federal, and/or Funding Source policies and requirements, including those pertaining to Harm Reduction, the Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction. All SAC members will comply with the CHEP "Syringe Access and Disposal Program Policies and Guidelines" located here: http://harmreduction.org/wp-content/uploads/2012/01/SPPPGVersion2-3-1-2011.pdf.

- b) How you will review and assess the extent to which your program is meeting its objectives. Monthly review of contract UOS versus performance, reading client satisfaction surveys, conversations with participants about their experiences at our services, surveys.
- c) What you will do if you learn the program is not meeting its objectives. Meet with the Syringe Access Collaborative and strategize, seek counsel from SFDPH, identify problems and adjust services to solve them.
- d) How you will use data/evaluation findings to change the program. Looking at demographic data, attendance patterns, service utilization, and reading client satisfaction surveys can highlight areas that need adjusting to improve the program.

9. Required Language:

None required.

8 of 8

Fiscal Year: 2016 - 2017

2017 - 2018 2018 - 2019 Appendix A-2 Contract Term: 07.01.16 through 06.30.19 Funding Sources: General Fund and CDC

1. Identifiers:

Program Name: San Francisco AIDS Foundation – Syringe Access Services: Additional Funds for

Homeless Youth Alliance (No client services will be provided at 607-A Haight Street)

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

Website Address: www.sfaf.org

Contractor Address: same as above

City, State, Zip Code:

Person completing this Narrative: Terry Morris, Manager Syringe Access Services

Telephone: (510) 338-8159 cell/ (415) 487-8043 desk

Email Address: tmorris@sfaf.org

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i	Appendix Terms:					
	Appendix A-2					
	Term One: 7.1.16 – 6.30	0.17 Term 7	Two: 7.1.17 -6.30.18	Term Three: 7.1.18-6.30.19		

3. Goal Statement:

To reduce new HIV infections by providing syringe access and disposal services to people who inject drugs (PWID) in San Francisco.

4. Target Population:

The Homeless Youth Alliance (HYA) offers services for young adults aged 13-29 living on the street in the Haight and female-identified IDUs in the Mission. No client services will be provided at 607-A Haight Street.

5. Modality(s) / Intervention(s):

Year One, B-2: July 1, 2016 - June 30, 2017

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HYA Wraparound & Disposal Services a) Personnel and Operating Expenses b) HYA Disposal Efforts One UOS = one month of personnel/operating expenses & disposal services	12	N/A
Total Services Delivered	12	N/A

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Amendment: 10/01/2017

Fiscal Year: 2016 - 2017

2017 - 2018 2018 - 2019 Appendix A-2 Contract Term: 07.01.16 through 06.30.19

Amendment: 10/01/2017

Funding Sources: General Fund and CDC

Year Two, B-2a: July 1, 2017 – June 30, 2018

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HYA Wraparound & Disposal Services a) Personnel and Operating Expenses b) HYA Disposal Efforts One UOS = one month of personnel/operating expenses & disposal services	12	N/A
Total Services Delivered	12	N/A

Year Three, B-2b: July 1, 2018 - June 30, 2019

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
HYA Wraparound & Disposal Services		
a) Personnel and Operating Expenses		
b) HYA Disposal Efforts	12	N/A
One UOS = one month of personnel/operating expenses & disposal services One		
UOS = one month of personnel and operating expenses	,	
Total Services Delivered	12	N/A

6. Methodology

This Appendix addresses administrative activities to be paid by funds provided by the City and County of San Francisco to the Homeless Youth Alliance. Tides Foundation serves as the fiscal agent for HYA. SFAF's agreement with HYA is that all invoicing will come from Tides Foundation and the checks are made payable to Tides/Homeless Youth Alliance.

For this Appendix, the additional funding for Homeless Youth Alliance will be used for various personnel and operating expenses, and for syringe disposal services, during the period July 1, 2016 – June 30, 2017 as well as the period July 1 2017 – June 30, 2018.

7. Objectives and Measurements – N/A

8. Continuous Quality Improvement - Please see Appendix A-1

Fiscal Year: 2016-2017

2017-2018 2018-2019 Appendix A-3 Contract Term: 11.01.16 through 06.30.19

Funding Sources: General Fund

Amendment: 10/01/2017

1. Identifiers:

Program Name: San Francisco AIDS Foundation – 6th Street Harm Reduction Center

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

Website Address: www.sfaf.org

Contractor Address: same as above

City, State, Zip Code:

Person completing this Narrative: Richard Hill, Director of Government Contracts

Telephone: (415) 487-8042 Email Address: rhill@sfaf.org

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2.	Notice	O Ot I	DACH	IMACHT!
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Appendix Terms:

Appendix A-3		
Term One: 11.1.16-6.30.17	Term Two: 7.1.17-6.30.18	Term Three: 7.1.18-6.30.19

3. Goal Statement:

See Appendix A-1.

4. Target Population:

See Appendix A-1.

5. Modality(s) / Intervention(s):

Year One, B-3: November 1, 2016 - June 30, 2017

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Harm Reduction Center service hours		
One UOS = one month of Harm Reduction Center services	8	18,400
2,300 clients per month * 8 months = 18,400 NOC**		
Total Services Delivered	8	18,400

Fiscal Year: 2016-2017

2017-2018 2018-2019 Contract Term: 11.01.16 through 06.30.19
Funding Sources: General Fund

Year Two, B-3a: July 1, 2017 - June 30, 2018

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Harm Reduction Center service hours One UOS = one month of Harm Reduction Center services 7.1.17 to 10.15.17→ 2,618 clients per month * 3.5 months = 9,163NOC* 10.16.17 to 6.30.18→3,080 clients per month * 8.5 months = 26,180	12	35,343
Total Services Delivered	12	35,343

Year Three, B-3b: July 1, 2018 - June 30, 2019

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Harm Reduction Center service hours One UOS = one month of Harm Reduction Center services 3,080 clients per month * 12 months = 36,960 NOC**	12	36,960
Total Services Delivered	12	36,960

6. Methodology:

The San Francisco AIDS Foundation's (SFAF's) Harm Reduction Center (HRC) is located at 117 6th Street in San Francisco's Mid-Market neighborhood, which has long housed one of SFAF's storefront syringe access services sites. The service delivery continuum at this location has now been significantly expanded and enhanced to provide a broad range of services to address the health and well-being needs of people who inject drugs (PWIDs). As part of this service expansion, the hours of operation at the site have been increased from 14 hours per week to 44 hours per week.

Current services available at the Harm Reduction Center to be expanded include:

- a new lounge area which provides space for clients to drop in and hang out, with opportunities to access a range of low-threshold engagement activities;
- engagement in and linkage to HIV and HCV testing and care;
- peer-based activities and education on topics such as overdose prevention, vein care, harm reduction counseling;
- crisis intervention;
- syringe access services, including access to syringes and supplies as well as disposal for used syringes;
- food and snacks;

New services to address adherence to HIV, HCV or PrEP medication provided at the HRC include:

Fiscal Year: 2016-2017 2017-2018 2018-2019 Contract Term: 11.01.16 through 06.30.19 Funding Sources: General Fund

 a "Breakfast Club" adherence program, i.e. a daily drop-in to engage homeless and marginally housed people who inject or PWIDs who are housed and have challenges taking their HIV/HCV, PrEP, or antibiotics as prescribed;

 secure lockers for clients to store medications and pick them up during the HRC's 44 hours of service; this program will be piloted with HCV medications because they require a limited duration and will be expanded as success and capacity indicate.

During the contract period, SFAF will also begin space improvements for proposed lab and clinical service expansion in the future.

7. Objectives and Measurements:

- a) By 06/30/2017 San Francisco AIDS Foundation will increase the hours of the Harm Reduction Center by 30 hours to 44 hours.
 - (The actual current hours of operation of the HRC are 44 hours per week; however, 14 of these weekly hours are already included in the services provided in Appendix A-1 of this contract.)
- b) By 06/30/2017 San Francisco AIDS Foundation will increase the number of contacts by clients seen at the Harm Reduction Center by 2,300 to 3,400.
 - (The HRC will provide 3,400 client contacts per month. This number has been pro-rated between Appendices A-1 and A-3 based on the percentage of hours (UOS) allocated to each Appendix.)
- c) By 06/30/2017 San Francisco AIDS Foundation will increase the number of staff at the Harm Reduction Center by 6 FTE.

8. Continuous Quality Improvement (CQI):

See Appendix A-1.

9. Required Language:

None required.

Appendix A-3 Contract ID# 1000002634 3 of 3 Amendment: 10/01/2017

Appendix B Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

Appendix B	Budget Summary
Appendix B-1, B-1a, B-1b, B-1c, B-1d, B-1e, B-1f, B-1g, B-1h	HIV Syringe Access and Disposal Services
Appendix B-2, B-2a, B-2b	HIV Syringe Access and Disposal Services – Homeless Youth Alliance
Appendix B-3, B-3a, B-3b	HIV Syringe Access and Disposal Services – Harm Reduction Center

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, \$779,324 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

	<u>Term</u>	Funding Source	Amount
Original Agreement	07/01/16 - 06/30/17	General Fund	\$2,216,799
Original Agreement	07/01/16 - 12/31/16	CDC	\$5,000
Original Agreement	07/01/17 - 06/30/18	General Fund	\$2,216,799
Original Agreement	07/01/17 - 12/31/17	CDC	\$5,000
Internal Contract Revision #1	11/01/16 - 06/30/17	General Fund	\$344,000
Amendment #1	07/01/17 - 12/31/17	CDC	-\$5,000
Amendment #1	01/01/17 - 12/31/17	CDC	\$5,000

Amendment: 10/01/2017

Amendment #1	07/01/17 - 06/30/18	General Fund	\$939,420	
Amendment #1	01/01/18 - 12/31/18	CDC	\$5,000	
Amendment #1	07/01/18 - 06/30/19	General Fund	\$3,328,145	
		Total Award	\$9,060,163	_
		Contingency	\$779,324	
	(This equals t	he total NTE)Total	\$9,839,487	_

- C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.
- D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.
- 3. 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.

Amendment: 10/01/2017

	DPH 1: Depart	tment of Publ	ic Health Co	ntract Budge	t Summary	by Program				
CMS #							Appendix #	В	Page #	3
DPH Section										
	[X] Modification				Co	ntract Term (7/	<u>1/16-6/30/19)</u>		iscal Year(s)	16-19
Agency/Organization Name								Funding Not	ification Date	6/27/2017
Contractor Name (may be same as above)		AIDS Founda	tion							
Program/Provider Name					ess & Dispos					TOTAL -
Appendix Number		A-1/B-1a	A-1/B-1b	A-2/B-2	A-3/B-3	人信息		A-1/B-1e		Page 3
Appendix Term (mrn/dd/yy-mrn/dd/yy)	7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-6.30.17		11.1.16-6.30.17		7.1.17-6.30-18	7.1.17-6.30-18	7.1.17-6.30-18	
Salaries		\$ -	\$ -	\$ -	\$ 174,282			\$ -	\$ -	\$ 860,470
Employee Benefits			\$ -	\$ -	\$ 43,569		\$ -	\$ -	\$ -	\$ 215,117
Total Personnel Expenses			\$ -	\$ -	\$ 217,851			\$ -		\$ 1,075,587
Operating Expense		\$ 178,830	\$ 4,545		\$ 94,876	\$ 1,217,256				\$ 3,327,157
Capital Expense (\$5,000 and over)			\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$
Subtotal Direct Costs			\$ 4,545		Contract of the Contract of th	\$ 1,736,194			\$ 148,160	
Indirect Cost Amount		\$ 17,883		\$ 14,259			\$ 18,330	\$ 455	\$ 14,615	\$ 440,274
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Total Expenses						\$ 1,909,813	NAME AND ADDRESS OF THE OWNER, WHEN	NAME AND ADDRESS OF TAXABLE PARTY.	\$ 160,775	\$ 4,843,018
					Sec. 2		450 A S	A C . W. N.		
DPH Funding Sources (select from drop-down list)										
HPS COUNTY HPS GF	1,863,232	100 010				1,909,813				3,773,045
HPS COUNTY GF Children's Fund		196,713	F 000				201,631	5,000		398,344
HPS FED CDC - PD90, CFDA #93.940 HPS COUNTY HPS GF			5,000	450 054				5,000	100 776	10,000 317,629
HHS COUNTY GF				156,854	344,000				160,775	344,000
nna coonti gr			-		344,000					344,000
										
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Total DPH Revenues		196,713	5,000	156,854	344,000	1,909,813	201,631	5,000	160,775	4,843,018
Non-DPH Funding Sources (select from drop-down lis					-			·		
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Total Non-DPH Revenues	-		-	-	-		-	-		-
Total Revenues (DPH and Non-DPH)	1,863,232	196,713	5,000	156,854	344,000	1,909,813	201,631	5,000	160,775	4,843,018
	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	
	Reimbursement	Reimbursement	Reimbursement		Reimbursement	Reimbursement		Reimbursement		
Payment Method		(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	
Prepared By	Larry Zapatka			Phone #		415-487-3055				

	DPH 1:	Department of P	ublic Health Co	ontract Budget	Summary by	Program			
CMS #	7774						Appendix # B	Page #	4
DPH Section									
	[X] Modificat					Contract Term (7/		Fiscal Year(s)	16-19
Agency/Organization Name							Fu	Inding Notification Date	6/27/2017
Contractor Name (may be same as above)	San Francisco	AIDS Foundation							
Program/Provider Name			Syrin	ge Access & Di	sposal Service	S		Total - Page	TOTAL -
Appendix Number		A-1/B-11		100 ×		A-3/B-3b		3	Page 3 & 4
Appendix Term (mm/dd/yy-mm/dd/yy)		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			
EXPENSES									
Salaries		\$ 435,950	\$ -	\$ -	\$ -	\$ 671,050			\$ 2,556,020
Employee Benefits		\$ 108,988		\$ -	\$ -	\$ 167,763		\$ 215,117	
Total Personnel Expenses		\$ 544,938		\$ -	\$ -	\$ 838,813		\$ 1,075,587	
Operating Expense		\$ 1,233,861	\$ 187,884	THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	\$ 149,814	\$ 70,278		\$ 3,327,157	
Capital Expense (\$5,000 and over)			\$ -	\$ -				\$ -	\$ -
Subtotal Direct Costs		\$ 1,778,799	\$ 187,884		\$ 149,814			\$ 4,402,744	
Indirect Cost Amount								\$ 440,274	\$ 823,650
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%			
Total Expenses								\$ 4,843,018	\$ 9,060,163
REVENUES TO A CONTROL OF THE PROPERTY OF THE P			200	7 1.53 4 5 ° 4			The Color		
DPH Funding Sources (select from drop-down list)									
HPS COUNTY HPS GF		1,956,679						\$3,773,045	5,729,724
HPS COUNTY GF Children's Fund			206,672					\$398,344	605,016
HPS FED CDC - PD90, CFDA #93.940				5,000	101-01			\$10,000	15,000
HPS COUNTY HPS GF	201 200				164,794	4 000 000		\$317,629	482,423
HHS COUNTY GF	884,000					1,000,000		\$344,000	2,228,000
				,					
					-	-			•
This row left blank for funding sources not in drop-down lis	<u> </u>								-
Total DPH Revenues	884,000	1,956,679	206,672	5,000	164,794	1,000,000		- \$4,843,018	9,060,163
Non-DPH Funding Sources (select from drop-down lis		1,530,075	200,072	3,000	104,734	1,000,000		- 34,043,010	3,000,103
Non-DETT Fullding Sources (select from drop-down is	9								
					 				
This row left blank for funding sources not in drop-down lis	t								
Total Non-DPH Revenues						-			
Total Revenues (DPH and Non-DPH)	884,000	1,956,679	206,672	5,000	164,794	1,000,000		- 4,843,018	9,060,163
Total Nevenues (DF11 and Non-DF11)		1,550,018				1,000,000		- 4,043,010	9,000,103
	Cost Reimbursement	Cost Relmbursement	Cost Reimbursement	Cost Reimbursement	Cost Reimbursement	Coat Balmburga			
Payment Method		(CR)	(CR)	(CR)	(CR)	Cost Reimbursement (CR)			
	Larry Zapatka			Phone #		415-487-3055			

Contractor Name San Francisco AIDS Foundation
Contract Term (mm/dd/yyyy)
Funding Source General Fund

Appendix # Page # B-1c 1

Fiscal Year(s) **Funding Notification Date**

17-18 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE	MODES			1
				Prgm Coordin	ation/Bulk			
Personnel Expenses ,		Syringe Acces	ss Services	Purchas	sing			
								ľ
						1		1
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Prgms & Ops Director	0.05	5,250	100%		0%			5,250
Dir. Behavioral Health Svc	0.05	5,100	85%	900	15%			6,000
Dir. Gov't Contracts	0.05	4,900	100%		0%			4,900
Data Manager	0.05	3,750	100%		0%			3,750
SAS Director	0.75	60,075	89%	7,425	11%			67,500
Logistice Inventory Mgr	1.00	15,500	25%	46,500	75%			62,000
Logistics Associates	2.00	27,500	25%	82,500	75%			110,000
SSE/Vol Coordinator	0.75	46,500	100%	-	0%			46,500
Health Educator	1.75	96,250	10070		. 0%			96,250
Comm. Engagement & Kit Packing Assoc	0.25	13,000	100%		0%			13,000
Comm. Engagoment & rate acounty 7 5500	0.2.0	- 10,000	0%		0%			10,000
Total FTE & Total Salaries	6.70	277.825	66.922%	137,325	33.078%			415,150
Fringe Benefits	25%	69,457			33.078%			103,788
Total Personnel Expenses			66.922%		33.078%			518,938
								0.0,000
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure		Contract Total
Total Occupancy		70,792	100%	-	0%			70,792
Total Materials and Supplies		195,199	36%	340,990	64%			536,189
Total General Operating		3,518	42%	4,857	58%			8,375
Total Staff Travel		-	0%	_	0%			
Consultants/Subcontractor:		601,900	100%		0%			601,900
54 / 16)		_	0%	-	0%			-
Other (specify):								
Other (specify):								
Other (specify):								-
Other (specify):								-
Other (specify):								-
								-
		871,409	71.588%	345,847	28.412%			1,217,256
Total Operating Expenses		871,409 Expenditure	71.588%	345,847 Expenditure	28.412%	Expenditure	%	1,217,256
Total Operating Expenses Capital Expenses		3 mar 4 - 1	71.588%			Expenditure	%	
Total Operating Expenses Capital Expenses Capital Expenditure 1		3 mar 4 - 1	71.588%		%	Expenditure	%	
Total Operating Expenses Capital Expenses		3 mar 4 - 1	71.588% % 0%		% 0%	Expenditure	%	
Total Operating Expenses Capital Expenses Capital Expenditure 1 Capital Expenditure 2 Total Capital Expenses		Expenditure	71.588% % 0% 0% 0%	Expenditure	% 0% 0% 0%		%	Contract Total
Total Operating Expenses Capital Expenses Capital Expenditure 1 Capital Expenditure 2 Total Capital Expenses Total Direct Expenses	10%	Expenditure 1,218,691	71.588% % 0% 0% 0%	Expenditure	% 0% 0% 0% 0%		%	Contract Total
Total Operating Expenses Capital Expenses Capital Expenditure 1 Capital Expenditure 2 Total Capital Expenses	10%	Expenditure 1,218,691	71.588% % 0% 0% 0% 70.193% 70.193%	517,503 51,750	% 0% 0% 0%		%	Contract Total
Total Operating Expenses Capital Expenses Capital Expenditure 1 Capital Expenditure 2 Total Capital Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES		1,218,691 121,869 1,340,560	71.588% % 0% 0% 0% 70.193% 70.193%	517,503 51,750 569,253	% 0% 0% 0% 29.807% 29.807%		%	1,736,194 173,619 1,909,813
Total Operating Expenses Capital Expenses Capital Expenditure 1 Capital Expenditure 2 Total Capital Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES Units of Service (UOS) per Ser	vice Mode	1,218,691 121,869 1,340,560	71.588% % 0% 0% 0% 70.193% 70.193%	517,503 51,750 569,253	% 0% 0% 0% 29.807% 29.807%		%	1,736,194 173,619
Total Operating Expenses Capital Expenses Capital Expenditure 1 Capital Expenditure 2 Total Capital Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES	vice Mode	1,218,691 121,869 1,340,560	71.588% % 0% 0% 0% 70.193% 70.193%	517,503 51,750 569,253	% 0% 0% 0% 29.807% 29.807%		%	1,736,194 173,619 1,909,813

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation	Appendix #: B-1c	
Program Name: Syringe Access & Disposal Services	Fiscal Year: 17-18	-
		-

a) SALARIES						
Staff Position 1:	Programs & C	Operations Directo	r		_	
	Oversees creat with all activities	tion and maintenands s and that all require	ce of an evaluation plan t ed data is reported; work	hat assures monitoring tools s with partner agencies and	prog	ram staff on
			t; coordinates current an valuation and quality ass	d emerging health information	оп со	lection;
Brief description of job duties:	coordinates pro	ogram monitoring, e	valuation and quality ass	urance procedures.		
Minimum qualifications:	equivalent com	lic Health and 3 yea bination of educatio		and public health experience	e or	an
William Qualifordorio					F	
				Annualized (if less than	1	
Annual Salary:		x FTE:	x Months per Year:	12 months):		Total
	\$105,000.00	0.05	12	1	\$	5,250
Otoff Doolling Or	Discotor Dah	and and Haalth Can				
Starr Position 2:		avioral Health Ser		the implementation, manage		and
				sional oversight to create a s		
				being needs, including HIV r		
Brief description of job duties:		io reciponistro to uno		zonig noodo, moldanig miv i	10000	o gay and
		e in psychology, soc	ial sciences, business or	related discipline; three yea	rs ex	pereince in
*	a supervisory of	apacity, especially i	n HIV prevention and de	monstrated program manage	emer	t and
A #2 - 1 116 41	program develo	opment experience				
Minimum qualifications:				Annualized (if less than		
Annual Salanu		x FTE:	x Months per Year:	The transfer property and the second		Total
Annual Salary:	\$120,000.00	0.05	12	12 months):	•	Total
	\$120,000.00	0.05	12	1	\$	6,000
Staff Position 3:	Dir Gov't Gra	ente			-	
Otali i Goldon G.			sible for all data manage	ment and contract related a	ctivitie	es.
				in accordance with contract		
				porting as needed, and ensi	ures	the integrity
	of the service of	latabase by oversee	ing database quality ass	urance activities.		
Brief description of job duties:						
Minimum qualifications:	design, and eva			erience in health services per ernment contracts managen		
iviiriii quaiii quaiii cations.	Hogotation			Annualized (if less than		
Annual Salary:		x FTE:	x Months per Year:	12 months):		Total
Tillion Calary.	\$98,000.00	0.05	12	1	\$	4,900
Staff Position 4:						
				n, quality assurance, reportir		
				aluated for process and hea		
Drief description of job duting	all data collecte			on from client records and detection to the contract of the co		
Brief description of job duties:		ree and 2 years evo	erience managing and e	nsuring quality for large clier	teb tr	a sets or 5
Minimum qualifications:	veare equivaler	nt experience require			Jai	a 30t0 01 0
-				Annualized (if less than		
Annual Salary:		x FTE:	x Months per Year:	12 months):		Total
	\$75,000.00	0.05	12	1	\$	3,75

Staff Position 5:	SAS DIrector					
	departmental si partnerships wi training full-time exchange supp waste removal	trategic goals in alig ith other HIV/AIDS a e and temporary sta slies. Organizes ren	nment with agency and or and Harm Reduction age iff in appropriate exchang noval of blohazard waste	exchange sites. Develops an city objectives. Builds and mancies. Responsible for schedule protocol. Responsible for from sites and coordinates and maintain safety protocols.	ainta dulino purcl remo	and nasing
Brief description of job duties:						
Minimum qualifications:	management, s			ers required. Associates Deg HIV test counselor certificati		
willindin qualifications.				Annualized (if less than		
Annual Salary:		x FTE:	x Months per Year:	12 months):	l,	Total
	\$90,000.00	0.75	12	1	\$	67,50
Staff Position 6:			and management of 11 a	exchange sites. Develops an	nual	
Brief description of job duties:	training full-time exchange supp waste removal Three years ex management, s to obtain certific	e and temporary sta dies. Organizes ren company, prepare r perience working wi	ff in appropriate exchang noval of biohazard waste eports for compliance an th injection and drug use	ncies. Responsible for sched ge protocol. Responsible for from sites and coordinates and demaintain safety protocols. ers required. Associates Deg HIV test counselor certification	remo	nasing val with vith progra
Minimum qualifications:		AND THE PERSON NAMED IN TH		1 1 1 1 1 1 1		
Annual Calenti		x FTE:	v Mantha nor Voor	Annualized (if less than		Total
Annual Salary:	\$62,000.00	1.00	x Months per Year:	12 months):	\$	62,00
	\$02,000.00	1.00	12		_	02,00
Brief description of Job duties:	Experience wor English/Spanisl able to lift maxi	king as a volunteer		service organization. Bilingu d communications skills nec		ry. Must b
Minimum qualifications:				Annualized (if less than	_	
Annual Salary:		x FTE:	x Months per Year:	12 months):		Total
	\$55,000.00	2.00	12	1	\$	110,00
Staff Position 8:	CCEA/alimber					
	Secondary Exc willing to become materials, included	hange coord - Resp ne peer educators: ding specific materi	Develops curriculum for als relevant to MSM-IDU	ining, and supervising secon these trainings and helps de speed users. Schedules and	velo	training
Brief description of job duties:	Secondary Exc willing to become materials, include site volunteers	hange coord - Resp ne peer educators: ding specific materia and supervises exc	Develops curriculum for als relevant to MSM-IDU hange sites.	these trainings and helps de speed users. Schedules and	velop d ma	training nages the
Brief description of job duties: Minimum qualifications:	Secondary Exc willing to become materials, included site volunteers: High school dip of experience w	hange coord - Resp ne peer educators: ding specific materia and supervises exc loma or equivalency	Develops curriculum for als relevant to MSM-IDU hange sites.	these trainings and helps de speed users. Schedules and license and excellent driving unteers.	velop d ma	training nages the
Minimum qualifications:	Secondary Exc willing to become materials, included site volunteers: High school dip of experience w	hange coord - Resp ne peer educators: ding specific materia and supervises exc foma or equivalency orking with injection	Develops curriculum for als relevant to MSM-IDU hange sites. y; valid California driver's n drug users and with vol	these trainings and helps de speed users. Schedules and license and excellent driving unteers. Annualized (if less than	velop d ma	o training nages the ord. 1 yea
	Secondary Exc willing to become materials, includes site volunteers: High school dip of experience w	hange coord - Resp ne peer educators: ding specific materia and supervises exc loma or equivalency orking with injection x FTE:	Develops curriculum for als relevant to MSM-IDU hange sites. y; valid California driver's a drug users and with vol x Months per Year:	these trainings and helps de speed users. Schedules and license and excellent driving unteers. Annualized (if less than 12 months):	velor d ma	o training mages the ord. 1 yea
Minimum qualifications:	Secondary Exc willing to become materials, included site volunteers: High school dip of experience w	hange coord - Resp ne peer educators: ding specific materia and supervises exc foma or equivalency orking with injection	Develops curriculum for als relevant to MSM-IDU hange sites. y; valid California driver's n drug users and with vol	these trainings and helps de speed users. Schedules and license and excellent driving unteers. Annualized (if less than	velop d ma	o training nages the ord. 1 yea
Minimum qualifications: Annual Salary:	Secondary Exc willing to become materials, inclu- site volunteers: High school dip of experience w \$62,000.00	hange coord - Resp ne peer educators: ding specific materia and supervises exc loma or equivalency rorking with injection x FTE: 0.75	Develops curriculum for als relevant to MSM-IDU hange sites. y; valid California driver's a drug users and with vol x Months per Year:	these trainings and helps de speed users. Schedules and license and excellent driving unteers. Annualized (if less than 12 months):	velor d ma	o training mages the ord. 1 year
Minimum qualifications:	Secondary Exc willing to become materials, inclusite volunteers: High school dip of experience we \$62,000.00 Health Educat Responsibilities testing and links	hange coord - Respone peer educators: ding specific material and supervises excoloma or equivalency forking with injection include health educage to care; harm respectively.	Develops curriculum for als relevant to MSM-IDU hange sites. y; valid California driver's a drug users and with vol x Months per Year: 12 cation (e.g. overdose preseduction counseling) thro	these trainings and helps de speed users. Schedules and license and excellent driving unteers. Annualized (if less than 12 months): 1	yelor d ma	training nages the ord. 1 year Total 46,50
Minimum qualifications: Annual Salary:	Secondary Exc willing to become materials, inclusite volunteers: High school dip of experience was \$62,000.00 Health Educate Responsibilities testing and links overseeing a te	hange coord - Respone peer educators: ding specific material and supervises excoloma or equivalency working with injection x FTE: 0.75 cor sinclude health educage to care; harm ream of street outread	Develops curriculum for als relevant to MSM-IDU hange sites. y; valid California driver's a drug users and with vol x Months per Year: , 12 cation (e.g. overdose presiduction counseling) throch volunteers; and provider; valid California driver's	these trainings and helps de speed users. Schedules and license and excellent driving unteers. Annualized (if less than 12 months): 1 Evention; vein care; referrals ugh mobile and encampmenting crisis intervention suppo	yelopy rec	training nages the ord. 1 year Total 46,50
Minimum qualifications: Annual Salary: Staff Position 9:	Secondary Exc willing to become materials, inclusite volunteers: High school dip of experience was \$62,000.00 Health Educate Responsibilities testing and links overseeing a telling of experience was second to the control of the co	hange coord - Respone peer educators: ding specific material and supervises excoloma or equivalency working with injection x FTE: 0.75 cor sinclude health educage to care; harm ream of street outread	Develops curriculum for als relevant to MSM-IDU hange sites. y; valid California driver's a drug users and with volon x Months per Year: 12 cation (e.g. overdose preseduction counseling) throch volunteers; and provide	these trainings and helps de speed users. Schedules and license and excellent driving unteers. Annualized (if less than 12 months): 1 Evention; vein care; referrals ugh mobile and encampmenting crisis intervention suppo	yelopy rec	training nages the ord. 1 year ord. 1 year ord. 1 year ord. 46,50 V/HCV reach;

Total

96,250

Annualized (if less than 12 months):

1.75

x FTE:

\$55,000.00

x Months per Year:

Annual Salary:

Staff Position 10:			Packing Associate					
	The Community Engagement and Kit Packing Associate is responsible for outreach and engagement							
1	with people who inject drugs (PWID), organizing harm reduction kit packing events, recruiting and							
	coordinating SAS participant volunteers (PWID) and other volunteers to assist with kit packing.							
Brief description of job duties:	Brief description of job duties:							
	High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.							
Minimum qualifications:								
				Annualized (if less than				
Annual Salary:		x FTE:	x Months per Year:	12 months):		Total		
	\$52,000.00	0.25	12	1	\$	13,000		

Total FTE:

6.70

Total Salaries: \$

415,150

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Component		Cost
Social Secul	rity \$	31,759.00
Retireme	ent \$	7,929.00
Medi	cal \$	42,885.00
Den	tai	
Unemployment Insuran	ce \$	2,159.00
Disability Insuran	ce \$	16,897.00
Paid Time (Off	
Workers cor	mp \$	2,159.00

Total Fringe Benefit:

103,788

Fringe Benefit %:

25%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 518,938

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 6.7 FTE x 12 mo.	\$800	64,320
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66	2,000
Utilities	Phone, PG&E & trash-\$55.62 X 6.7 FTE x 12mo.	\$55.62	4,472
		Total Occupancy:	70.792

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 6.7 x 12mo.	\$51.16	4,113
Volunteer Spt	Snacks, T-shirts, etc - \$166.66/mo.	\$166.66	2,000
Syringes	Syringes \$.15/each x 2,492,127 syringes.	\$0.15	373,819
Bio Buckets	18/19 gallon buckets - 1,026 x \$24.367.	\$24.367	25,000
Bio Buckets	2 gallon - 9,090 x \$2.75.	\$2.7502	25,000
Alcohol Wipes	178 cases x \$28/case.	\$28.00	4,984
Cotton balls and pellets	1,040bags x \$16.827bag.	\$16.827	17,500
Sterile Water	431 Cases x \$81.205/case.	\$81.205	35,000
Bagging Supplies	104 bundles x \$7.433/bundle.	\$7.433	773
Condoms	170 cases x \$70.59/case.	\$70.59	12,000
Lube	55 cases x \$218.18/case.	\$218.18	12,000
Site Supplies	Brillo, Vitaimn C tabs, etc \$1,000/mo.	\$1,000.00	12,000
Sweep Incentives	\$1000/mo for sweeps x 12 months.	\$1,000.00	12,000
	To	otal Materials & Supplies:	536,189

_			4.		
Expense Item	1065	Brief Descri		Rate	Cost
Court wort 9 Loops	6.7FTE x 12 m		ost \$86.75/FTE x	\$86.75	6,97
Equip rent & Lease Offsite storage		je \$4.98/FTE x 6	7 v 12 mo	\$4.98	40
Travel	Vehicle Fuel.	Je \$4.90/1 IE X C)./ X 12 IIIO.	\$41.66/mo	50
Travel	Vehicle Repair	e		\$41.66/mo	50
18461	Verlide Repair	<u>. </u>		Ψ41.00////0	- 00
			To	tal General Operating:	8,37
Staff Travel:	_				
Purpose of Travel		Location	Expense Item	Rate	Cost
1					
			•	Total Staff Travel:	
Consultants/Subcontractors:	_				
0		Ode- De	J., 41	D-4	04
Consultant/Subcontractor Name	On a set a set a set	Service Descr		Rate	Cost
Glide		penses; staffing,		\$144,087/yr	144,08
Saint James Infirmary		penses; staffing,		\$106,279/yr	106,27 230,28
Homeless Youth Alliance S.F. Drug Users Union		penses; staffing, penses; staffing,		\$230,284/yr \$121,250/yr	121,25
S.F. Drug Osers Union	TOperational ex	penses, stanning,		Itants/Subcontractors:	601,90
			Total oolisu	itants/oubconti actors.	001,50
Other:					
	_				
Expense Item					
		Brief Descrip	otion	Rate	Cost
		Brief Descrip	otion	Rate	Cost
		Brief Descrip	otion		Cost
		Brief Descri	otion	Rate Total Other:	Cost
		Brief Descri		Total Other:	3.00
		Brief Descri			3.00
	odod A unit value		TOTAL OP	Total Other:	3.00
	eded. A unit value		TOTAL OP	Total Other:	
B) CAPITAL EXPENDITURES: (If nec	eded. A unit value	ed at \$5,000 or n	TOTAL OP	Total Other:	1,217,25
	eded. A unit value		TOTAL OP	Total Other:	- 1,217,25 Cost
B) CAPITAL EXPENDITURES: (If nec	eded. A unit value	ed at \$5,000 or n	TOTAL OP	Total Other:	1,217,25
B) CAPITAL EXPENDITURES: (If nec	eded. A unit value	ed at \$5,000 or n	TOTAL OP	Total Other:	- 1,217,25 Cost
3) CAPITAL EXPENDITURES: (If nec	eded. A unit value	ed at \$5,000 or n	TOTAL OP	Total Other: ERATING EXPENSES:	- 1,217,25 Cost
3) CAPITAL EXPENDITURES: (If nec	eded. A unit value	ed at \$5,000 or n	TOTAL OP	Total Other:	- 1,217,25 Cost
3) CAPITAL EXPENDITURES: (If nee	eded. A unit value	ed at \$5,000 or n	TOTAL OP	Total Other: ERATING EXPENSES: ITAL EXPENDITURES:	1,217,25 Cost
B) CAPITAL EXPENDITURES: (If nec	eded. A unit value	ed at \$5,000 or n	TOTAL OP	Total Other: ERATING EXPENSES:	1,217,25 Cost
3) CAPITAL EXPENDITURES: (If nee	eded. A unit value	ed at \$5,000 or n	TOTAL OP	Total Other: ERATING EXPENSES: ITAL EXPENDITURES:	1,217,25 Cost
s) CAPITAL EXPENDITURES: (if nee	eded. A unit value	ed at \$5,000 or n	TOTAL OP	Total Other: ERATING EXPENSES: ITAL EXPENDITURES:	1,217,25 Cost
3) CAPITAL EXPENDITURES: (if need to be compared to	rect Cost Alloca	ed at \$5,000 or n Brief Descrip	TOTAL OP TOTAL CAP Total cap	Total Other: ERATING EXPENSES: TAL EXPENDITURES: OTAL DIRECT COSTS:	1,217,25 Cost
3) CAPITAL EXPENDITURES: (if need to be compared to	rect Cost Alloca	ed at \$5,000 or n Brief Descrip	TOTAL OP TOTAL CAP Total cap	Total Other: ERATING EXPENSES: TAL EXPENDITURES: OTAL DIRECT COSTS:	1,217,25 Cost 1,736,19
Capital Expenditure Item In the	rect Cost Alloca	ed at \$5,000 or n Brief Descrip	TOTAL OP TOTAL CAP Total cap	Total Other: ERATING EXPENSES: TAL EXPENDITURES: OTAL DIRECT COSTS:	1,217,25 Cost 1,736,19
3) CAPITAL EXPENDITURES: (If nee	rect Cost Alloca	ed at \$5,000 or n Brief Descrip	TOTAL OP TOTAL CAP Total cap	Total Other: ERATING EXPENSES: TAL EXPENDITURES: OTAL DIRECT COSTS:	1,217,250 Cost

TOTAL EXPENSES: 1,909,813

10%

173,619

Indirect Rate:

TOTAL INDIRECT COSTS:

Contractor Name

San Francisco AIDS Foundation

Contract Term (mm/dd/yyyy)

Funding Source

General Fund

Appendix # Page # Fiscal Year(s)

B-1d

Funding Notification Date

1 17-18 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE I	MODES			
Personnel Expenses		Progra Coordination Purchas	n/Bulk					-
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
			0%		0%		0%	-
			0%_		0%		0%	
			0%		0%		0%	-
			0%		0%	<u> </u>	0%	ļ -
			0%		0%		0%	<u> </u>
T-A-I PTP O T-1-10-1-1		1	0%		0%		0%	-
Total FTE & Total Salaries Fringe Benefits	- 00/	-	0% 0%	-	0%	-	0% 0%	-
Total Personnel Expenses	0%	-	0%	-	0% 0%		0%	
Total Personnel Expenses		-1	076		0%		0%	<u> </u>
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		61,801	100%	-	0%	-	0%	61,801
Total Materials and Supplies		93,300	100%	-	0%	-	0%	93,300
Total General Operating		28,200	100%	-	0%	-	0%	28,200
Total Staff Travel		-	0%	-	0%	-	0%	
Consultants/Subcontractor:		-	0%		0%	_	0%	-
Other (specify):		-	0%	-	0%	-	0%	
			0%		0%		0%	-
			0%		0%		0%	
			0%		0%		0%	
			0%		0%		0%	
			0%		0%		0%	
Total Operating Expenses		183,301	100%		0%	-1	0%	183,301
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1			0%	-	0%	-	0%	- John and Total
Capital Expenditure 2	-		0%	†	0%		0%	
Total Capital Expenses		-	0%	- 1	0%	-	0%	-
Total Direct Expenses		183,301	100%		0%		0%	183,301
Indirect Expenses	10%	18,330	100%		0%	1	0%	18.330
TOTAL EXPENSES		201,631	100%	-	0%	-	0%	201,631
Units of Service (UOS) per Serv	ice Mode	12		_	all in the	-	or the trans	12
				-	S. P. P. L.	-	THE REAL PROPERTY.	12
Cost Per Unit of Service by Serv								

BUDGET JUSTIFICATION

Contractor Name San Fancisco AIDS Foundation

Program Name: Syring				
SALARIES				
Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:				
		v Mantha nas	Approximate (if I was then	
		x Months per	Annualized (if less than	T-4-1
Annual Salary:	x FTE:	Year:	12 months):	Total
			0	\$
Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
		=		
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Total
			0	\$
Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
		l Martha and	Annualized (Eleanthan	
AI O-l	, ete	x Months per	Annualized (if less than	Total
Annual Salary:	x FTE:	x Months per Year:	12 months):	Total
Annual Salary:	x FTE:			\$ Total
	x FTE:		12 months):	Total
Staff Position 4:	x FTE:		12 months):	Total
Staff Position 4: Brief description of job duties:	x FTE:		12 months):	Totai
Staff Position 4:	x FTE:		12 months):	Total
Staff Position 4: Brief description of job duties:	x FTE:	Year:	12 months): 0	Total
Staff Position 4: Brief description of job duties: Minimum qualifications:		Year:	12 months): 0 Annualized (if less than	\$
Staff Position 4: Brief description of job duties:	x FTE:	Year:	12 months): 0 Annualized (if less than 12 months):	\$
Staff Position 4: Brief description of job duties: Minimum qualifications:		Year:	12 months): 0 Annualized (if less than	\$
Staff Position 4: Brief description of job duties: Minimum qualifications: Annual Salary:		Year:	12 months): 0 Annualized (if less than 12 months):	\$
Staff Position 4: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5:		Year:	12 months): 0 Annualized (if less than 12 months):	\$
Staff Position 4: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties:		Year:	12 months): 0 Annualized (if less than 12 months):	\$
Staff Position 4: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5:		Year:	12 months): 0 Annualized (if less than 12 months): 0	\$
Staff Position 4: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties:		Year:	12 months): 0 Annualized (if less than 12 months):	\$
Staff Position 4: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications:		Year: x Months per Year:	12 months): 0 Annualized (if less than 12 months): 0	\$ Total
Staff Position 4: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties:	x FTE:	x Months per Year:	Annualized (if less than 12 months): 0 Annualized (if less than 0	\$ Total
Staff Position 4: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications:	x FTE:	x Months per Year:	Annualized (if less than 12 months): O Annualized (if less than 12 months):	\$ Total
Staff Position 4: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications:	x FTE:	x Months per Year:	Annualized (if less than 12 months): O Annualized (if less than 12 months):	\$ Total
Staff Position 4: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months): O Annualized (if less than 12 months):	\$ Total
Staff Position 4: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6:	x FTE:	x Months per Year:	Annualized (if less than 12 months): O Annualized (if less than 12 months):	\$ Total
Staff Position 4: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6: Brief description of job duties:	x FTE:	x Months per Year:	Annualized (if less than 12 months): O Annualized (if less than 12 months): O	\$ Total
Staff Position 4: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6: Brief description of job duties: Minimum qualifications:	x FTE:	x Months per Year: x Months per Year: x Months per Year:	Annualized (if less than 12 months): O Annualized (if less than 12 months): O Annualized (if less than 12 months):	\$ Total
Staff Position 4: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6: Brief description of job duties:	x FTE:	x Months per Year:	Annualized (if less than 12 months): O Annualized (if less than 12 months): O	\$ Total

Appendix B-1d Contract ID# 1000002634 Appendix #:

			Social Security Retirement		
			Retirement		
	1		Medical		
	1	3.00	Dental		
		Unemr	ployment Insurance		
			Disability Insurance		
			Paid Time Off		
			Other (specify):		
				Total Fringe Benefit:	
				Fringe Benefit %:	09
]	TOTAL SAL	ARIES & EMPLOYE	E FRINGE BENEFITS:	_
2) OPERATING EXPENSES:					
,					
Occupancy:	-				
Expense Item		Brief Descript	ion	Rate	Cost
Rent	Rent for 6th st	reet location, pa	rtial allocation.	46,201	46,20
Bldg Maint		unt of bldg main		\$466.67/mo	5,600
Utilities	Phone, water,	PG&E, allocated	d for 6th street.	833.34/mo	10,000

	-			Total Occupancy:	61,801
Materials & Supplies:					
		Delet December		Data	01
Expense Item	140/40 h	Brief Descript		Rate	Cost
Bio Buckets	18/19 gallon b	uckets - 1,026 x	\$24.307.	\$24.367	25,000
Bio Buckets	2 gallon - 5,45 348 Cases x \$	4 X \$2.7502.		\$2.7502	15,000
Sterile Water		ns @ \$.10 each		\$81.321	28,300
Condons & Lube			ack/group food x	\$0.100	2,500
Proup food/oncoko	52 weeks.	K for location sin	ack/group rood x	£102 207	10.000
Group food/snacks ncentives		es @ \$10 each.		\$192.307 \$10.000	10,000 12,500
licellives	11230 Incentive	S W O GACII.	Total	Materials & Supplies:	93,300
			1041	materials a supplies.	30,000
General Operating:					
Expense Item		Brief Descript		Rate	Cost
Danaire and maintenance	Auto fuel, repa	irs, maintenanc	e for delivery	366.67/mo	4.400
Repairs and maintenance nsurance		unt of liability/un	nbrella insurance.	333.34/mo	4,400
lanitorial			6th street location.	\$1,650/mo	4,000
anitorial	Prorated jarnito	orolaiser vices for	our street location.	φτ,σου/πο	19,800
\$			To	tal General Operating:	28,200
Staff Travel:					
Purpose of Travel		Location	Expense Item	Rate	Cost

Appendix B-1d Contract ID# 1000002634 **Total Staff Travel:**

Consultants/Subcontractors:			
Consultant/Subcontractor Name	Service Description	Rate	Cost
94	<u></u>	tal Consultants/Subcontractors:	
Other:			
Expense Item	Brief Description	Rate	Cost
		Total Other:	
		OTAL OPERATING EXPENSES:	183,301
B) CAPITAL EXPENDITURES: (If needed. A u	nit valued at \$5,000 or more)		
Capital Expenditure Item	Brief Description		Cost
	ТО	TAL CAPITAL EXPENDITURES:	
		TOTAL DIRECT COSTS:	183,30
I) INDIRECT COSTS			
Describe method and basis for Indirect Cos			Amount
San Francisco AIDS Foundation has a negotia of total direct costs.	ted rate of 27%. This contract see	ks reimpursement at a rate of 10%	18,330
		Indirect Rate:	101
	L.	TOTAL INDIRECT COSTS:	18,330
		TOTAL EXPENSES:	201,63

Contractor Name	San Francisco AIDS Foundation	
Contract Term (mm/dd/yyyy)	7/1/16-6/30/19	
Funding Source	CDC	

Appendix # Page # Fiscal Year(s) B-1e 1

Funding Notification Date

17-18 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE I	MODES			1
Personnel Expenses		Progra Coordinatio Purchas	n/Bulk		,			
De Mare Tides		Caladaa		Colorion	0/ FTF	Caladas	0/ 575	0
Position Titles	FTE	Salaries	% FTE 0%	Salaries	% FTE 0%	Salaries	% FTE 0%	Contract Totals
		-	0%	_	0%	-	0%	1
		-	0%	-	0%	-	0%	ļ
		-	0%	-	0%		0%	
		-	0%		0%	-	0%	
		-	0%	-	0%	-	0%	
Total FTE & Total Salaries	-	-1	0%	-	0%	i - i	0%	-
Fringe Benefits	0%	-	0%	-	0%	- 1	0%	-
Total Personnel Expenses		-	0%	-	0%	-	0%	-
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		-	0%	-	0%	-	0%	
Total Materials and Supplies			0%	-	0%	-	0%	
Total General Operating		4,545	100%	-	0%	-	0%	4,545
Total Staff Travel		-	0%	-	0%	-	0%	
Consultants/Subcontractor:			0%	-	0%	-	0%	·
		-	0%	-	0% 0%	-	0% 0%	
			0%		0%		0%	-
			0%	1	0%	1	0%	<u> </u>
			0%		0%		0%	
			0%		0%	+	0%	<u> </u>
Total Operating Expenses		4,545	100%	-	0%	-	0%	4,545
				J				
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		-	0%	-	0%	-	0%	
Capital Expenditure 2			0%		0%		0%	-
Total Capital Expenses		tn .	0%	-	0%	10	0%	-
Total Direct Frances		4 845 1	100%		00/		00/	4 546
Total Direct Expenses Indirect Expenses	10%	4,545 455	100%	-	0% 0%	-	0%	4,545 455
TOTAL EXPENSES	1076	5,000	100%		0%	 	0%	5,000
I VIAL LAI LINOLO		0,000	10070		0 /0	 	V /U	3,000
Units of Service (UOS) per Service	vice Mode	12	Service Service	-		-1	100	12
	1 11-1-	416.67		-	100	-	CONTRACTOR N	
Cost Per Unit of Service by Service	vice mode	410.07						And in case of the last of the

BUDGET JUSTIFICATION

Contractor Name	San Francisco AIDS Found	aiton	Appendix #:		B-1e
Program Name:	Syringe Access & Disposal	Services	Fiscal Year:		17-18
			_		
1a) SALARIES					
Staff Position 1					
Brief description of job duties					
Minimum qualifications	:				
		x Months per	Annualized (if less than		
Annual Colons	x FTE:	Year.	12 months):		Total
Annual Salary:	X FIE.	Teal.	0		lotai
				\$	
Staff Position 2					-
Brief description of job duties				WAG	
Minimum qualifications					
ivii iii ii dualiioations					
	<u> </u>	x Months per	Annualized (If less than		
Annual Salary:	x FTE:	Year:	12 months):		Total
7 miles Galary			. 0	\$	-
Staff Position 3					
Brief description of job duties					-
Minimum qualifications					
		x Months per	Annualized (if less than		
Annual Salary:	x FTE:	Year:	12 months):		Total
			0 .	\$	-
				8	
Staff Position 4	:				
Brief description of job duties					
Minimum qualifications					
		7			
		x Months per	Annualized (if less than		
Annual Salary:	. x FTE:	Year:	12 months):		Total
	,		0	\$	-
Staff Position 5					
Brief description of job duties					
Minimum qualifications	:				
	i	x Months per	Annualized (if less than		
Annual Salary:	x FTE:	Year:	12 months):		Total
		<u> </u>	0	\$	
Staff Position 6					
Brief description of job duties:					
Minimum qualifications:					
		. Martha are	Annualized ((f) th.		
AI O-lan		x Months per	Annualized (if less than		Total
Annual Salary:	x FTE:	Year:	12 months):	-	Total
	1	1	0	\$	-

Total FTE:

Total Salaries: \$

1b) EMPLOYEE FRINGE BENEFITS:		udantad samasan	nto obould reflect t	the contractor's ladger sees	unto \
(Components provided below are samp	Component	auagetea compone	nts snould reliect i	ne contractor's ledger accord	unts.)
			Social Security		
			Retirement		
			Medical		
		Unemp	Dental loyment insurance		
			isability Insurance		
			Paid Time Off		
			Other (specify):		
				Total Fringe Benefit:	₩.
				Fringe Benefit %:	0%
		TOTAL SAL	ARIES & EMPLO	YEE FRINGE BENEFITS:	-
2) OPERATING EXPENSES:					
Occupancy:					
78	_	Dalas Danas das		Dete	04
Expense Item		Brief Descripti	on	Rate	Cost
		-			
			· · · · · · · · · · · · · · · · · · ·		
				Total Occupancy:	
Materials & Supplies:	-				
Expense Item		Brief Descripti	on	Rate	Cost
				· · · · · · · · · · · · · · · · · · ·	
	-				
	-				
			То	tal Materials & Supplies:	-
General Operating:	_				
Expense Item	[Maintonon on	Brief Descripti		Rate	Cost
Auto repairs,maintenance & Fuel	12 mo.	on program venic	nes. \$376.75/mo x	\$378.75	4,545
					-
	**	Years		Total General Operating:	4,545
Staff Travel:	_				
Purpose of Travel		Location	Expense Item	Rate	Cost
				Total Staff Travel:	

Consultants/Subcontractors:			
Consultant/Subcontractor Name	Service Description	Rate	Cost
	Total (Consultants/Subcontractors:	
Other:	*		
Expense Item	Brief Description	Rate /	Cost
		Total Other:	-
	TOTA	AL OPERATING EXPENSES:	4,545
3) CAPITAL EXPENDITURES: (If needed. A			
Capital Expenditure Item	Brief Description		Cost
-	TOTAL	CAPITAL EXPENDITURES:	-
		TOTAL DIRECT COSTS:	4,545
4) INDIRECT COSTS			
Describe method and basis for Indirect Co	est Allocation (i.e., FTE, square footage	or other)	Amount
San Francisco AIDS Foundation has a negoti of total direct costs.	ated rate of 27%. This contract seeks re	imbursement at a rate of 10%	455
,		Indirect Rate:	10%
		TOTAL INDIRECT COSTS:	455
		TOTAL PURPLIAGO	= 000
		TOTAL EXPENSES:	5,000

Contractor Name San Francisco AIDS Foundation Contract Term (mm/dd/yyyy) Funding Source General Fund

Appendix # Page # B-1f 1

Fiscal Year(s)
Funding Notification Date

18-19 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE	MODES			1
				Pgm Coordina	ation/Bulk			1
Personnel Expenses		Syringe Acces	ss Services	Purchas				<u> </u>
D - 14 T/4 -		0.1.1.		0.1				
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Total
Prgms & Ops Director	0.05	5,250	100%		0%			5,250
Dir. Behavioral Health Svc	0.05	5,100	85%	900	15%	<u> </u>		6,000
Dir. Gov't Contracts	0.05	4,900	100%		0%			4,900
Data Manager	0.05	3,750	100%	7.405	0%			3,750
SAS Director	0.75	60,075	89%	7,425	11%			67,500
Logistice Inventory Mgr	1.00	15,500	25%	46,500	75%			62,000
Logistics Associates	2.00	27,500	25%	82,500	75%			110,000
SSE/Vol Cordinator	0.75	46,500	100%	-	0%			46,500
Health Educator	1.75	96,250	-	-	0%			96,250
Comm. Engagement & Kit Packing Assoc	0.65	33,800	100%	-	0%			33,800
			0%		0%			-
Total FTE & Total Salaries	7.10	298,625	68.500%		31.500%			435,950
Fringe Benefits	25%	74,657	68.500%		31.500%			108,988
Total Personnel Expenses		373,282	68.500%	171,656	31.500%			544,938
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure		Contract Tota
Total Occupancy		74,899	100%	-	0%			74,899
Total Materials and Supplies		191,834	36%	341,038	64%			532,872
Total General Operating		5,303	58%	3,840	42%			9,143
Total Staff Travel		-	0%	-	0%			
Consultants/Subcontractor:		616,947	100%		0%			616,947
Other (specify):		-	0%	_	0%			0.10,0.17
Odior (opooliy).			070		1			
								l
					-			
	_	<u> </u>						
Total Operating Expenses		888,983	72.049%	344,878	27.951%			1,233,861
								1
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Tota
Capital Expenditure 1		-	0%	-	0%			
Capital Expenditure 2			0%		0%			
Total Capital Expenses			0%		0%			
Total Direct Expenses		1,262,265	70.962%	516 534	29.038%		0.74000-0	1,778,799
Indirect Expenses	10%		70.962%		29.038%			177,880
TOTAL EXPENSES	1070	1,388,492			29.038%			1,956,679
Unite of Comics (UCC) Com	ulas Mada	5.000	,	40	7-6-4-02			
Units of Service (UOS) per Ser		5,906 235.10		12				5,918
04 D 11-4 -f 04 0	WICO MODIO	235.10		47,348.95	TOTAL PROPERTY.	- 1		
Cost Per Unit of Service by Ser Number of Contacts (NOC) per Ser		44,300		N/A	}			

1

BUDGET JUSTIFICATION

Contractor Name S	an Francisc	o AIDS Foundati	ion	Appendix #:	B-1f	f.
Program Name: S	m Name: Syringe Access & Disposal Services					9
1a) SALARIES						
Staff Position 1: P						- Control
W	vith all activities on program ada	s and that all require aptation and refinen	ed data is reported; worl	that assures monitoring tooks with partner agencies and tand emerging health informations are procedures.	d program s	staff
M		lic Health and 3 yea bination of education		g and public health experien	ce or an	
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$	\$105,000.00	0.05	12	1	\$ 5,	,250
			-			
Staff Position 2: D				0 - 1 - 1 1 - 1 - 1 - 1 - 1 - 1 - 1		
ev	valuation of the	e program structure is responsive to the	and provision of profes	the implementation, manag sional oversight to create a -being needs, including HIV	service deli	ivery
M	a supervisory	capacity, especial	[100] - 다른 다른 다른 다른 100 전 100	r related discipline; three ye demonstrated program mar		
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
	\$120,000.00	, 0.05	12	1		,000
	-					
Staff Position 3: D	the same of the sa	The state of the s				
				ment and contract related a		

Staff Position 3: Dir. Gov't Grant							
Director, Gov't C	Director, Gov't Contracts - Responsible for all data management and contract related activities.						
			In accordance with contrac				
departmental req	uirements, produc	ces routine and ad hoc r	eporting as needed, and en	sures the			
integrity of the se	rvice database by	overseeing database q	uality assurance activities.				
Brief description of job duties:							
			perience in health services p				
planning, design,	and evaluation; g	grant development and w	vriting; government contracts	manage			
Minimum qualifications: and negotiations.							
			Annualized (if less than				
Annual Salary:	x FTE:	x Months per Year:	12 months):	Tota			
\$98,000.00	0.05	12	1	\$			

Staff Position 4: Data Mana				,	
summades and public h	o ensure foundation pealth impact. Respon	programs are rigorously estible for review, abstract	on, quality assurance, report evaluated for process and he tion from client records and o meet programmatic and co	ealth d datab	outcomes ase entry
Brief description of job duties: requirments					
Bachelor's d	egree and 2 years ex	perience managing and	ensuring quality for large clie	ent da	ta sets or s
Minimum qualifications: years equiva	lent experience requi	red.			
			Annualized (if less than		
Annual Salary:	x FTE:	x Months per Year:	12 months):		Total
\$75,000.0	0.05	12	1	\$	3,750

Staff Position 5: SAS Director						
			exchange sites. Develops a			
	epartmental strategic goals in alignment with agency and city objectives. Builds and maintains					
	ffective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling					
			change protocol. Responsib			
			e from sites and coordinates			
	ompany, prepare	reports for compliance a	nd maintain safety protocols	S.		
Brief description of job duties:						
			ers required. Associates De			
program manage	ement, supervision	n experience preferred. I	Must hold HIV test counselo	r certification or		
Minimum qualifications: be willing to obta	ain certification on	the job.				
			Annualized (if less than			
Annual Salary:	x FTE:	x Months per Year:	12 months):	Total		
\$90,000.00	0.75	12	1	\$ 67,500		

		h h				
Staff Position 6:						
	SAS Director - Provides oversight and management of 11 exchange sites. Develops annual					
	departmental strategic goals in alignment with agency and city objectives. Builds and maintains					
	effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling					
				change protocol. Responsible		
				from sites and coordinates		oval with
	waste removal	company, prepare	reports for compliance a	nd maintain safety protocols	i.	
Brief description of job duties:						
	Three years ex	perience working w	ith injection and drug use	ers required. Associates De	gree \	with
				flust hold HIV test counselor	r certi	fication or
Minimum qualifications:	be willing to ob	tain certification on	the job.			
				Annualized (if less than		
Annual Salary:		x FTE:	x Months per Year:	12 months):		Total
	\$62,000.00	1.00	12	1	\$	62,000
Staff Position 7:						
				volunteers at the sites. Tra	nspor	ts supplies
Priof description of job duties:	to exchanges s	ites and sets up/tea	ars down sites as needed	1.		
Brief description of job duties:	Evperience	rking on a valuation	or paid staff in a human	conice arrestration Diline	ual la	
	Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must					
		naximum 45 pounds		od communications skills ne	cessi	ary. Must
Minimum qualifications:	be able to lift ii	iaximum 45 pounds)•			
	1			Annualized (if less than		
Annual Salary:		x FTE:	x Months per Year:	12 months):		Total
	\$55,000.00	2.00	12	1	S	110,000

Staff Position 8:	SSE/Voluntee	r Coordinator			•	
· ·	Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary exchangers willing to become peer educators. Develops curriculum for these trainings and helps develop training materials, including specific materials relevant to MSM-IDU speed users. Schedules					
Brief description of job duties:	and manages the	he site volunteers a	nd supervises exchange	e sites.		
	High school diploma or equivalency; valid California driver's license and excellent driving record. 1 ye of experience working with injection drug users and with volunteers.					ord. 1 year
Minimum qualifications:						
· ·	1	•		Annualized (if less than		
Annual Salary:		x FTE:	x Months per Year:	12 months):		Total
	\$62,000.00	0.75	12	1	\$	46,500

Staff Position 9: Health Educat		*		
testing and links	age to care; harm r	eduction counseling) thr	evention; vein care; referrals ough mobile and encampme	ent outreach;
Brief description of job duties:	am of street outrea	ch volunteers; and provi	ding crisis intervention supp	ort.
			s license and excellent drivi	ng record. 1 ye
of experience w Minimum qualifications:	orking with injection	n drug users and with vo	olunteers.	
			Annualized (if less than	
Annual Salary:	x FTE:	x Months per Year:	12 months):	Total
\$55,000.00	1.75	12	4	\$ 96,2

Staff Position 10: Community Er						
The Community	The Community Engagement and Kit Packing Associate is responsible for outreach and engagement					
with people who	with people who inject drugs (PWID), organizing harm reduction kit packing events, recruiting and					
Brief description of job duties: coordinating SA	Brief description of job duties: coordinating SAS participant volunteers (PWID) and other volunteers to assist with kit packing.					
	High school diploma or equivalency; 1 year of experience working with injection drug users and with					
Minimum qualifications: volunteers.	Minimum qualifications; volunteers.					
			Annualized (if less than			
Annual Salary:	x FTE:	x Months per Year:	12 months):	Total		
\$52,000.00	0.65	12	1	\$ 33,800		

Total FTE:

7.10

Total Salaries: \$

435,950

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Component	Cost
Social Security	\$ 33,350.00
Retirement	\$ 8,327.00
Medical	\$ 45,034.00
Dental	
Unemployment Insurance	\$ 2,267.00
Disability Insurance	\$ 17,743.00
Paid Time Off	
Workers comp	\$ 2,267.00

Total Fringe Benefit:

108,988

Fringe Benefit %:

25%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:

544,938

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost	
Rent office	1035 Market St -\$800/FTE/mo x 7.1 FTE x 12 mo.	\$800	68,160	
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66	2,000	
Utilities	Phone, PG&E & trash-\$55.62x7.1FTEx12mo.	55.62	4,739	
			· · · · · · · · · · · · · · · · · · ·	
		Total Occupancy:	74,899	

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 7.1 x 12mo.	\$51.16	4,359
Volunteer Spt	Snacks, T-shirts, etc - \$166.66/mo.	\$166.66	2,000
Syringes	Syringes \$.15/each x 2,468,373 syringes.	\$0.15	370,256
Bio Buckets	18/19 gallon buckets - 1,026 x \$24.367.	\$24.367	25,000
Bio Buckets	2 gallon - 9,090 x \$2.75.	\$2.7502	25,000
Alcohol Wipes	178 cases x \$28/case.	\$28.00	4,984
Cotton balls and pellets	1,040bags x \$16.827bag.	\$16.827	17,500
Sterile Water	431 Cases x \$\$81.205/case.	\$81.205	35,000
Bagging Supplies	104 bundles x \$7.433/bundle.	\$7.433	773
Condoms	170 cases x \$70.59/case.	\$70.59	12,000
Lube	55 cases x \$218.18/case.	\$218.18	12,000
Site Supplies	Brillo, Vitaimn C tabs, etc \$1,000/mo.	\$1,000.00	12,000
Sweep Incentives	\$1000/mo for sweeps x 12 months.	\$1,000.00	12,000
	Tot	al Materials & Supplies:	532,872

General Operating:	_			
Expense Item	Brief Descrip	otion	Rate	Cost
	Office equip lease and maint co			
Equip rent & Lease	7.1FTE x 12mo.	\$86.75	7,391	
Offsite storage	Records storage \$4.98/FTE x 7	'.1 x 12 mo.	\$4.98	424
Travel	Vehicle Fuel.		\$69/mo	828
Travel	Vehicle Repairs.		\$41.66/mo	500
				0.110
			otal General Operating:	9,143
Staff Travel:	_			
Purpose of Travel	Location	Expense Item	Rate	Cost
			<u> </u>	
			Total Staff Tours	
			Total Staff Travel:	-
Consultants/Subcontractors:	_			
Consultant/Subcontractor Name	Service Descr		Rate	Cost
Glide	Operational expenses; staffing,		\$147,689/yr	147,689
Saint James Infirmary	Operational expenses; staffing,		\$108,936/yr	108,936
Homeless youth Alliance	Operational expenses; staffing,		\$236,041/yr	236,041
S.F. Drug Users Union	Operational expenses; staffing,	office, IT,etc.	\$124,281/yr	124,281
		Total Cons	ultants/Subcontractors:	616,947
Other:	_			
Expense Item	Brief Descrip	otion	Rate	Cost
			Total Other:	-
		TOTAL C	PERATING EXPENSES:	1,233,861
3) CAPITAL EXPENDITURES: (If nee	ded. A unit valued at \$5,000 or m	nore)		
Capital Expenditure Item	Brief Descrip	otion		Cost
				-
	<u> </u>		<u>_</u>	
		TOTAL CA	PITAL EXPENDITURES:	-
			TOTAL DIDECT COOTS	4 270 700
		·	TOTAL DIRECT COSTS:	1,778,799
4) INDIRECT COSTS				
Describe method and basis for Indir				Amount
San Francisco AIDS Foundation has a	negotiated rate of 27%. This co	ontract seeks reimburs	sement at a rate of 10%	177,880
of total direct costs.		*		
£				

TOTAL EXPENSES: 1,956,679

Indirect Rate:

TOTAL INDIRECT COSTS:

10%

177,880

Contractor Name	San Francisco AIDS Foundation	Appendix#	B-1g
Contract Term (mm/dd/yyyy)	7/1/16-6/30/19	Page #	1
Funding Source	General Fund	Fiscal Year(s)	18-19
		Funding Notification Date	6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

			SERVICE	MODES			
	Coordination	on/Bulk					
Personnel Expenses	Purchas	sing					
		160					
Position Titles FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
		0%		0%		0%	_
	-	0%	-	0%	-	0%	
	-	0%	1_1	0%	-	0%	_
	_	0%	-	0%	-	0%	-
	-	0%		0%	-	0%	-
	-	0%	-	0%	-	0%	-
Total FTE & Total Salaries -	-	0%	-	0%	-	0%	to to
Fringe Benefits 0%	-	0%	-	0%	-	0%	-
Total Personnel Expenses	-	0%	-	0%	-	0%	-
			U = 11.	9/	W= W T		
Operating Expenses	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy	63,801	100%	-	0%	-	0%	63,801
Total Materials and Supplies	93,300	100%	-	0%	-	0%	93,300
Total General Operating	30,783	100%		0%	-	0%	30,783
Total Staff Travel		0%	-	0%	-	0%	
Consultants/Subcontractor:	-	0%	-	0%	-	0%	-
Other (specify):	-	0%	-	0%	-	0%	-
	_	0%		0%		0%	-
•		0%		0%		0%	-
·		0%		0%		0%	-
		0%		0%		0%	-
		0%		0%		0%	
Total Operating Expenses	187,884	100%	-	0%		0%	187,884
Capital Expenses	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		0%	_	0%		0%	Contract Total
Capital Expenditure 2		0%		0%		0%	
Total Capital Expenses	-	0%	.=	0%	-	0%	
Total Direct Expenses	187,884	100%		0%	-	0%	187,884
Indirect Expenses 10%	18,788	100%		0%		0%	18,788
TOTAL EXPENSES	206,672	100%		0%	-1	0%	206,672
Units of Service (UOS) per Service Mo	de 12 i		-1		_		12
Cost Per Unit of Service by Service Mo		Sept.	-		-		Transfer of State
Number of Contacts (NOC) per Service Mo	de N/A	A STATE OF THE PARTY OF THE PAR		9			

Contractor NameSan Fancisco AIDS FoundationAppendix #:B-1gProgram Name:Syringe Access & Disposal ServicesFiscal Year:18-19

1a) SALARIES

Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:	,	•	,	W
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
<u> </u>	<u></u>	<u> </u>	0	\$ -
Staff Position 2:				
Brief description of job duties:				7, 10, 10
Minimum qualifications:				-5//
1				
		x Months per	Annualized (if less than	-
Annual Salary:	x FTE:	Year:	12 months):	Total
			0	\$ -
				•
01-60-11-0				2.71 X
Staff Position 3:	9 160		· · · · · · · · · · · · · · · · · · ·	
Brief description of job duties:				
Minimum qualifications:				
	to 200 to opening the second of the second o	x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Total
		T .	0	\$ -
<u> </u>				
Staff Position 4:				
Staff Position 4: Brief description of job duties:	· · · · · · · · · · · · · · · · · · ·			
Brief description of job duties:				
Brief description of job duties:	T	y Months ner	Annualized (if less than	
Brief description of job duties: Minimum qualifications:	VETE:	x Months per	Annualized (if less than	Total
Brief description of job duties:	x FTE:	x Months per Year:	12 months):	Total
Brief description of job duties: Minimum qualifications:	x FTE:			Total \$ -
Brief description of job duties: Minimum qualifications: Annual Salary:	x FTE:		12 months):	NV VI 745
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5:	x FTE:		12 months):	NV VI 745
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5:	x FTE:		12 months):	NV VI 745
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties:	x FTE:		12 months):	NV VI 745
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties:	x FTE:		12 months):	NV VI 745
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties:	x FTE:	Year:	12 months): 0	NV VI 745
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications:		Year:	12 months): 0 Annualized (if less than	\$ -
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties:	x FTE:	Year:	12 months): 0 Annualized (if less than 12 months):	\$ -
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications:		Year:	12 months): 0 Annualized (if less than	\$ -
Brief description of job duties:		Year:	12 months): 0 Annualized (if less than 12 months):	\$ -
Brief description of job duties:		Year:	12 months): 0 Annualized (if less than 12 months):	\$ -
Brief description of job duties:		Year:	12 months): 0 Annualized (if less than 12 months):	\$ -
Brief description of job duties:		Year:	12 months): 0 Annualized (if less than 12 months):	\$ -
Brief description of job duties:		Year: x Months per Year:	12 months): 0 Annualized (if less than 12 months): 0	\$ -
Brief description of job duties:		Year:	12 months): 0 Annualized (if less than 12 months):	\$ -
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6: Brief description of job duties: Minimum qualifications:		Year: x Months per Year:	12 months): 0 Annualized (if less than 12 months): 0 Annualized (if less than	Total
Brief description of job duties:	x FTE:	x Months per Year:	12 months): 0 Annualized (if less than 12 months): 0	\$ -

Total FTE:

Total Salaries: \$

(Components provided below are s	amples only. The b	udgeted compone	ents should reflect t	he contractor's ledger accou Cost	ınts.)
	Odinpondik		Social Security	0001	
			Retirement		
			Medical		
			Dental		
	· · · · · · · · · · · · · · · · · · ·		oloyment Insurance		
			Disability Insurance Paid Time Off		
	9		Other (specify):		*
				Total Fringe Benefit:	
				Fringe Benefit %:	0%
		TOTAL SA	LARIES & EMPLO	YEE FRINGE BENEFITS:	-
2) OPERATING EXPENSES:					
Δ.					
Occupancy:					
Expense Item		Brief Descript	ion	Rate	Cost
Rent	Rent for 6th	street location, pa		46,201	46,201
Bldg Maint	Allocated am	ount of bldg main	t for 6 th street.	\$550/mo	6,600
Utilities	Phone, water	r, PG&E, allocate	d for 6th street.	916.67/mo	11,000
		ii .			
	æ			Total Occupancy:	63,801
Materials & Supplies:					
Expense Item		Brief Descript	lon	Rate	Cost
Bio Buckets	18/19 gallon	buckets - 1,026 x		\$24.367	25,000
Bio Buckets	2 gallon - 5,4	54 x \$2.7502.		\$2.7502	15,000
Sterile Water		\$81.321/case.		\$81.321	28,300
Condons & Lube		oms @ \$.10 each		\$0.100	2,500
		ek for location sn	ack/group food x		
Group food/snacks	52 weeks.			\$192.307	10,000
ncentives	1250 incentiv	res @ \$10 each.		\$10.00	12,500
			Tot	tal Materials & Supplies:	93,300
2					30000 00 0000 0000 0000
General Operating:					
Expense Item		Brief Descript	lon	Rate	Cost
Expense item	Auto fuel, rec	airs, maintenance		Nate	COST
Repairs and maintenance	vehicles.	, , , , , , , , , , , , , , , , , , , ,	, , ,	498.59/mo	5,983
Insurance		ount of liability/un	nbrella insurance.	333.34/mo	4,000
Janitorial			6th street location.	\$1,733.34/mo	20,800
				Total Occupation of	AA 744
				Total General Operating:	30,783
Staff Travel:					
Purpose of Travel	P	Location	Expense Item	Rate	Cost
					

Total Staff Travel:

Consultants/Subcontractors:			
Consultant/Subcontractor Name	Service Description	Rate	Cost_
	Total C	onsultants/Subcontractors:	-
Other:		180	
Expense Item	Brief Description	Rate	Cost
L		Total Other:	
	TOTA	AL OPERATING EXPENSES:	187,884
3) CAPITAL EXPENDITURES: (If needed. A	unit valued at \$5,000 or more)		
Capital Expenditure Item	Brief Description		Cost
	TOTAL	CAPITAL EXPENDITURES:	•
		TOTAL DIRECT COSTS:	187,884
4) INDIRECT COSTS			
Describe method and basis for Indirect Co	st Allocation (i.e., FTE, square footage,	or other)	Amount
San Francisco AIDS Foundation has a negotia	ated rate of 27%. This contract seeks rei	mbursement at a rate of 10%	18,788
of total direct costs.			
		Indirect Rate:	10%
		TOTAL INDIRECT COSTS:	18,788

206,672

TOTAL EXPENSES:

Contractor Name	San Francisco AIDS Foundation	Appendix #	B-1h
Contract Term (mm/dd/yyyy)	7/1/16-6/30/18	Page #	1
Funding Source		Fiscal Year(s)	18-19
		Funding Notification Date	6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

			SERVICE	MODES			
	Coordination					9	
Personnel Expenses	Purcha	sing					4
Position Titles FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Total
		0%_	-	0%	1	0%	<u> </u>
	-	0%	-	0%		0%	
	-	0%	-	0%	-	0%	-
	-	0%	-	0%	-	0%	
	-	0% 0%	-	0%		0% 0%	
Total FTE 8 Total Solorina	-	0%	_	0%	-	0%	1
Total FTE & Total Salaries - Fringe Benefits 0%	-	0%	-	0%	-	. 0%	
Total Personnel Expenses	-	0%	-	0%		0%	
Total Personner Expenses		0 70		0 /6		0 /6	
Operating Expenses	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy	_	0%	-	0%	-	0%	
Total Materials and Supplies		0%	-	0%	-	0%	
Total General Operating	4,545	100%	-	0%	-	0%	4,545
Total Staff Travel	-	0%	-	0%	-	0%	
Consultants/Subcontractor:	-	0%	-	0%	-	0%	-
	-	0%	-	0%	-	0%	-
		0%		0%		0%	
		0%		0%		0%	
		0%		0%		0%	-
		0%		0%		0%	
		0%		0%		0%	
Total Operating Expenses	4,545	100%		0%	-	0%	4,545
Capital Expenses	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenses Capital Expenditure 1	Expenditure	0%	Experidimie	0%		0%	Contract Total
Capital Expenditure 2	-	0%	 	0%		0%	<u> </u>
Total Capital Expenses	-	0%		0%		0%	l
Total Ouplan Expenses	I					070	"
Total Direct Expenses	4,545	100%	-	0%		0%	4,545
Indirect Expenses 10%	455	100%		0%		0%	455
TOTAL EXPENSES	5,000	100%	-	0%	-	0%	5,000
	12			124			12
I latte of Comico (I IOC) nor Comico Made	12 1						12
Units of Service (UOS) per Service Mode Cost Per Unit of Service by Service Mode	416.67				- 1		A STATE OF THE PARTY OF THE PAR

	San Francisco AIDS Foundation		Appendix #:		B-1h
Program Name: Syringe Ac	cess & Disposal	Services	Fiscal Year:		18-19
a) SALARIES					
Staff Position 1:					
Brief description of job duties:					
Minimum qualifications:					
				Т	
		x Months per	Annualized (if less than		
Annual Salary:	x FTE:	Year:	12 months):		Total
			0	\$	
Staff Position 2: Brief description of job duties:					
Minimum qualifications:					
Minimum qualineations.					
	T	x Months per	Annualized (if less than	Т	
Annual Salary:	x FTE:	Year:	12 months):		Total
			0	\$	
Staff Position 3:					
Brief description of job duties:					
Minimum qualifications:					
		x Months per	Annualized (if less than	$\overline{}$	
Annual Salary:	x FTE:	Year:	12 months):		Total
Aunida Galary.	ATTE.	1001.	0	\$	10001
				1 4	
Staff Position 4:					
Brief description of job duties:					
Minimum qualifications:					
6					
		x Months per	Annualized (if less than	1	
Annual Salary:	x FTE:	Year:	12 months):	<u> </u>	Total
		1	0	\$	
Staff Position 5:				NAME OF THE OWNER, OWNER, OWNER, OWNER,	
Brief description of job duties:					
Minimum qualifications:					
			Annualized (if less than		
Annual Salary:	x FTE:	Year:	12 months):		Total
			0	\$	
	····				
Staff Position 6:					
Brief description of job duties: Minimum qualifications:					
willimum qualincations.					
	1	x Months per	Annualized (if less than	Г	
Annual Salary:	x FTE:	Year:	12 months):		Total
			0	\$	
		•			
Total FTE	-		Total Salaries:	\$	
1b) EMPLOYEE FRINGE BENEFITS:					_
Components provided below are samples only. The	budgeted compor	nents should reflect		ounts	.)
Component		0.1.10	Cost		
		Social Security			
		Retirement			

			Medical		
			Dental		
		Unemp	oyment Insurance		
		D	isability Insurance		
			Paid Time Off		
			Other (specify):		
				Total Fringe Benefit:	ji i
				Fringe Benefit %:	0%
		TOTAL SA	LARIES & EMPLO	YEE FRINGE BENEFITS:	-
2) OPERATING EXPENSES:				, , , , , , , , , , , , , , , , , , ,	
Occupancy:					
Evnence Item		Brief Descripti	ion	Rate	Cost
Expense Item	T	Brief Descripti	ion	Kate	Cost
	+		· · ·		
				Total Occupancy:	
Materials & Supplies:					
materials & Supplies:	_				
Expense Item		Brief Descripti	ion	Rate	Cost
	 				
			To	otal Materials & Supplies:	-
General Operating:	_				
-		D-1-6DI-4		D-4:	0 1
Expense Item	Maintanana	Brief Description on program vehic	on \$279.75/mg	Rate	Cost
Auto repairs,maintenance & Fuel	x 12 mo.	on program venic	леs. ф <i>31</i> о. <i>1</i> э/то	\$378.75	4,545
Auto repairs, maintenance or ruei	A IZ IIIO.			4010.10	4,040
					,
·					
				Total General Operating:	4,545
Ctaff Travels					
Staff Travel:	_				
Purpose of Travel		Location	Expense Item	Rate	Cost
1 01,000 01 110701				11000	
	***			Total Staff Travel:	
				Total Starr Fravel:	
Consultants/Subcontractors:					
	_				
Consultant/Subcontractor Name		Service Descrip	tion	Rate	Cost
Consultant/Subcontractor Name		Service Descrip	tion	Rate	Cost
Consultant/Subcontractor Name		Service Descrip	tion	Rate	Cost
Consultant/Subcontractor Name		Service Descrip	tion	Rate	Cost

Other:	_		
Expense Item	Brief Description	Rate	Cost
	=	Total Other:	•
	то	TAL OPERATING EXPENSES:	4,545
3) CAPITAL EXPENDITURES: (If need	led. A unit valued at \$5,000 or more)		
Capital Expenditure Item	Brief Description		Cost
	· · · · · · · · · · · · · · · · · · ·		
	TOTA	AL CAPITAL EXPENDITURES:	-
		TOTAL DIDECT COOTS	4.545
		TOTAL DIRECT COSTS:	4,545
4) INDIRECT COSTS			
	ect Cost Allocation (i.e., FTE, square footag	e or other)	Amount
	negotiated rate of 27%. This contract seeks r		455
of total direct costs.	mogoriated rate of 21.701		
	*		
		Indirect Rate:	10%
		TOTAL INDIRECT COSTS:	455
	-	No.	
		TOTAL EXPENSES:	5,000

Contractor Name San Francisco AIDS Foundation Contract Term (mm/dd/yyyy) 7/1/16-6/30/19 Funding Source General Fund

Appendix # Page #

B-2a 1

Fiscal Year(s)
Funding Notification Date

17-18 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

			SERVICE	MODES			
	HYA Wrap						
Personnel Expenses	Dispo	sal					-1
				8			
Position Titles FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
		0%		0%		0%	-
	_	0%	-	0%	_	0%	-
	-	0%	-	0%	-	0%	-
	-	0%	-	0%	-	0%	-
	-	0%	_	0%	_	0%	-
	-	0%	-	0%	-	0%	
Total FTE & Total Salaries		0%	-	0%	-	.0%	
Fringe Benefits 0%	-	0%	-	0%	-	0%	
Total Personnel Expenses	•	0%	-	0%	· -1	0%	
Operating Expenses	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy	-	0%	-	0%	-	0%	_
Total Materials and Supplies	_	0%	-	0%	-	0%	<u> </u>
Total General Operating		0%	_	0%	-	0%	
Total Staff Travel	-	0%	_	0%	-	0%	_
Consultants/Subcontractor:	146,160	100%	-	0%	-	0%	146,160
Other (specify):	-	0%	-	0%	- 1	0%	-
		0%		0%		0%	-
		0%		0%		0%	-
		0%		0%		0%	-
		0%		0%		0%	
		0%		0%		0%	
Total Operating Expenses	146,160	100%	-	0%		0%	146,160
Capital Expenses	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		0%		0%	-	0%	
Capital Expenditure 2		0%		0%		0%	
Total Capital Expenses		0%	_	0%	-	0%	
Total Direct Expenses	146,160	100%		0%	-1	0%	146,160
Indirect Expenses 10%		100%	-	0%		0%	14,615
TOTAL EXPENSES	160,775	100%	-	0%	-	0%	160,775
TOTAL EXPENSES					ll .		
	rde 12				- 1		12
Units of Service (UOS) per Service Mc Cost Per Unit of Service by Service Mc			-		-		12

 Contractor Name
 San Francisco AIDS Foundaiton
 Appendix #:
 B-2a

 Program Name:
 Syringe Access & Disposal Services
 Fiscal Year:
 17-18

1a) SALARIES

	the second secon			
Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Total
Tilliad Galary,	X	7.00.1	0	\$ -
			u u	
Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Williamum qualifications.				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Total
Armuai Salary.	XIII.	Teat.	0	
	l		0	\$ -
Staff Position 3:	-			
Brief description of job duties:		A		
Minimum qualifications:				
		1 - 11 - 11	1.4	
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Total
	l		0	\$ -
Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Total
			0	\$ -
Staff Position 5:		100-10		
Staff Position 5: Brief description of lob duties:				
Brief description of job duties:				
Brief description of job duties:		x Months per	Annualized (if less than	
Brief description of job duties: Minimum qualifications:	x FTE:	x Months per	Annualized (if less than	Total
Brief description of job duties:	x FTE:	x Months per Year:	12 months):	Total
Brief description of job duties: Minimum qualifications:	x FTE:			Total
Brief description of job duties: Minimum qualifications: Annual Salary:	x FTE:		12 months):	
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6:	x FTE:		12 months):	
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6: Brief description of job duties:	x FTE:		12 months):	
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6:	x FTE:		12 months):	
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6: Brief description of job duties:	x FTE:	Year:	12 months): 0	
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6: Brief description of job duties: Minimum qualifications:		Year:	12 months): 0 Annualized (if less than	\$ -
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6: Brief description of job duties:	x FTE:	Year:	12 months): 0	

Total FTE:

Total Salaries: \$

1b) EMPLOYEE FRINGE BENEFITS: (Components provided below are samples	only The h	oudgeted compone	inte chould reflect t	he contractor's ledger acco	nunte)
	nponent	dagetea compone	ijis silodia reliect t	Cost	ourito.)
			Social Security		
			Retirement		
			Medical		
			Dental		
	10)	Unemp	oyment Insurance isability Insurance		
			Paid Time Off		
			Other (specify):		
				Total Fringe Benefit:	-
				Fringe Benefit %:	0%
		TOTAL SALA	RIES & EMPLOYI	EE FRINGE BENEFITS:	
2) OPERATING EXPENSES:					_
Z, OI EIGHING EM ENGLO!					
Occupancy:					
Expense Item		Brief Descripti	on	Rate	Cost
	<u> </u>				
			. *		
				Total Occupancy:	pto pto
Materials & Supplies:					
		D.J. (D J. ()		m-4-	01
Expense Item		Brief Descript	on	Rate	Cost
					-
			- W		
			Tota	l Materials & Supplies:	
General Operating:					
Expense Item		Brief Descripti	OB	Rate	Cost
Expense item		Diei Descripti	011	Nate	OOSt
				4-10	
			10	tal General Operating:	
Staff Travel:					
Purpose of Travel		Location	Expense Item	Rate	Cost
				Total Staff Travel:	-

Consultants/Subcontractors:	_		
Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$146,160	146,160
		Total Consultants/Subcontractors:	146,160
Other:			
Expense Item	Brief Description	Rate	Cost
		Total Other:	-
		TOTAL OPERATING EXPENSES:	146,160
3) CAPITAL EXPENDITURES: (If need	led. A unit valued at \$5,000 or more)		
Capital Expenditure Item	Brief Description		Cost
		TOTAL CAPITAL EXPENDITURES:	-
		TOTAL DIRECT COSTS:	146,160
4) INDIRECT COSTS	·2		
Describe method and basis for Indire	ect Cost Allocation (i.e., FTE, square	e footage, or other)	Amount
San Francisco AIDS Foundation has a roof total direct costs.	negotiated rate of 27%. This contract	t seeks reimbursement at a rate of 10%	14,615
		Indirect Rate:	10%
		TOTAL INDIRECT COSTS:	14,615
		TOTAL EXPENSES:	160 775

Contractor Name	San Francisco AIDS Foundation	Appendix #	B-2b
Contract Term (mm/dd/yyyy)	7/1/16-6/30/19	Page #	1
Funding Source	General Fund	Fiscal Year(s)	18-19
		Funding Notification Date	6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

			7					
Personnel Expenses		HYA Wrap A Dispos						
								1
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
			0%		0%		0%	
		-	0%	-	0%	-	0%	
			0%	-	0%	-	0%	
		-	0%		0%	-	0%	_
		-	0%	-	0%	-	0%	-
		-	0%		0%		0%	-
Total FTE & Total Salaries	-	-	0%	-	0%	-	0%	
Fringe Benefits	0%	-	0%	-	0%	-	0%	-
Total Personnel Expenses		<u>-</u>	0%	-	0%	-1	0%	-
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy			0%	-	0%		0%	-
Total Materials and Supplies		_	0%	-	0%	-	0%	
Total General Operating	-		0%	-	0%	-	0%	
Total Staff Travel		-	0%	-	0%		0%	-
Consultants/Subcontractor:		149,814	100%	_	0%	-	0%	149,814
Other (specify):			0%	_	0%	-	0%	
			0%		0%		0%	-
			0%	1	0%		0%	
			0%		0%		0%	1 .
			0%		0%		0%	
			0%		0%		0%	
Total Operating Expenses		149,814	100%	-	0%	-	0%	149,814
Capital Expenses		Expenditure	% 0%	Expenditure	0%	Expenditure	% 0%	Contract Total
Capital Expenditure 1								
Capital Expenditure 2 Total Capital Expenses		-	0% 0%	-	0% 0%	-	0% 0%	
Total Capital Expenses			0 /0		070	-1	U 76	<u>:</u>
Total Direct Expenses		149,814	100%		0%		0%	149,814
Indirect Expenses	10%	14,980	100%		0%		0%	14,980
TOTAL EXPENSES		164,794	100%	-	0%	- 1	0%	164,794
			-	- /				12
Units of Service (UOS) per Serv	rice Mode	1 12 #						
Units of Service (UOS) per Service Cost Per Unit of Service by Service				-		-		The state of the s

Contractor Name San Francisc		Appendix #:		B-2b	
Program Name: Syringe Acce	ss & Disposal S	ervices	Fiscal Year:		18-19
10) CALADIES					
1a) SALARIES					
Staff Position 1:	<i>**</i> **********************************			-	
Brief description of job duties:					
Minimum qualifications:					
		x Months per	Annualized (if less than		
Annual Salary:	x FTE:	Year:	12 months):		Total
			0 1	\$	-
01.55.0		Andrea Maria	-		
Staff Position 2: Brief description of job duties:					
Minimum qualifications:					
Millimum qualifications.	t - t - t t	x Months per	Annualized (if less than		×
Annual Salary:	x FTE:	Year:	12 months):		Total
randor Garaty.	7		0	\$	-
Staff Position 3:					·
Brief description of job duties:					
Minimum qualifications:					
		x Months per	Annualized (if less than		
Annual Salary:	x FTE:	Year:	12 months):		Total
			0	\$	
Staff Position 4:					- 2000
Brief description of job duties:					
Minimum qualifications:		П			
		x Months per	Annualized (if less than		
Annual Salary:	x FTE:	Year:	12 months):		Total
	10 1 1 10		0	\$	-
Staff Position 5:					
Brief description of job duties:					
Minimum qualifications:		x Months per	Annualized (if less than		
Annual Calons	x FTE:	Year:	12 months):		Total
Annual Salary:	X F I E.	Teal.	0	\$	TOTAL
		<u> </u>	U	Ф	
Claff Davidson Co					
Staff Position 6: Brief description of job duties:					
Minimum qualifications:					
Willington qualifications.		x Months per	Annualized (if less than		
Annual Salary:	x FTE:	Year:	12 months):		Total
7 illion Colory			0	\$	
Total FTE:			Total Salaries:	S	
				*	
1b) EMPLOYEE FRINGE BENEFITS:					
,					
Component			Cost		
		Social Security			
		Retirement		-	
				_	
45 5 10C 346 10C 346 10C 346 00 10C		Medical	1		
		Medical Dental			
		Medical Dental Dyment Insurance			
		Medical Dental Dyment Insurance sability Insurance			
v		Medical Dental Dyment Insurance sability Insurance Paid Time Off			
¥		Medical Dental Dyment Insurance sability Insurance			
		Medical Dental Dyment Insurance sability Insurance Paid Time Off	Total Fringe Benefit:		
		Medical Dental Dyment Insurance sability Insurance Paid Time Off	-	-	
		Medical Dental Dyment Insurance sability Insurance Paid Time Off	Total Fringe Benefit: Fringe Benefit %:		- 0%

2) OPERATING EXPENSES:				
Occupancy:				
Expense Item	Brief Description	on	Rate	Cost
			Total Occupancy:	
Materials & Supplies:				
materials & Ouppiles.				
Expense Item	Brief Description	on	Rate	Cost
		То	tal Materials & Supplies:	-
General Operating:		-		
Evnance Item	Priof Description		Rate	Cook
Expense Item	Brief Description	711	Kate	Cost
			Total General Operating:	
			Total General Operating.	
Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Staff Travel:	
			Total Otali ITavol.	
Consultants/Subcontractors:	_			
Consultant/Subcontractor Name		ion	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal servi	ces.	\$149,814	149,814
		Total Cons	sultants/Subcontractors:	149,814
Other:				
	_			
Expense Item	Brief Description	on	Rate	Cost
			Total Other:	
	r	TOTAL	OPERATING EXPENSES:	149,814
			JI EIGHING EAT ENGLO.	140,014
3) CAPITAL EXPENDITURES: (If ne	eded. A unit valued at \$5,000 or mo	re)		
Capital Expenditure Item	Brief Descriptio	n		Cost
		TOTAL CA	APITAL EXPENDITURES:	
			TOTAL DIRECT COSTS:	149,814
			TOTAL BIRLET COOTS.	140,014
4) INDIRECT COSTS				
Describe method and basis for Ind				Amount
San Francisco AIDS Foundation has of total direct costs.				14,980
or total direct costs.				
	· ·	T	Indirect Rate: OTAL INDIRECT COSTS:	10% 14,980
	ı		OTAL INDIRECT COSTS:	14,500
			TOTAL EVDENCES	164 704

Contractor Name	San Francisco AIDS Foundation	
Contract Term (mm/dd/yyyy)	7/1/16-6/30/19	
Funding Source	General Fund	

B-3a 1

Appendix # Page # Fiscal Year(s) Funding Notification Date

17-18 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE I	MODES			1
		Harm Red	luction					
Personnel Expenses		Cente	er	i]
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries		Contract Totals
V.P Programs & Services	0.10	20,300	100%		0%		0%	20,300
Dir. Behavorial Health Services	0.05	6,000	100%		0%		0%	6,000
Director, SAS	0.20	18,000	100%	-	0%		0%	18,000
Associate Director, 6th Street HRC	1.00	63,000	100%	-	0%		0%	63,000
Health Educator	6.25	343,750	100%	-	0%	=	0%	343,750
Mobile Health Educator	0.50	27,500	100%	-	0%		0%	27,500
Health Educator/Inventory Team Lead	1.00	55,000	100%	-	0%	-	0%	55,000
Inventory Associate/Health Educator	1.00	55,000	100%	-	0%	- 1	0%	55,000
Total FTE & Total Salaries	10.10	588,550	100%	•	0%	-	0%	588,550
Fringe Benefits	25%	147,138	100%	-	0%		0%	147,138
Total Personnel Expenses		735,688	100%	-	0%	- 1	0%	735,688

Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy	• ·	32,214	100%	-	0%	-	0%	32,214
Total Materials and Supplies		24,234	100%	-	0%		0%	24,234
Total General Operating	-	11,500	100%	-	0%	- 1	0%	11,500
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-
Other (specify):		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0% .	-
			0%		0%		0%	
			0%	T	0%		0%	_
			0%		0%		0%	
Total Operating Expenses		67,948	100%	-	0%	-	0%	67,948
								
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2			0%	1	0%		0%	_
Total Capital Expenses		-	0%	-	0%		0%	-
		ا ا					_ = ===================================	"
Total Direct Expenses		803,636	100%	-1	0%		0%	803,636
Indirect Expenses	10%	80,364	100%		0%		0%	80,364
TOTAL EXPENSES	2000 ALM	884,000	100%	-	0%	-	0%	884,000
				i i				
Units of Service (UOS) per Ser	vice Mode	12		- 1		-1		12
Cost Per Unit of Service by Ser	vice Mode		90	-		-		B 126 - 15
Number of Contacts (NOC) per Ser	vice Mode	35,343	FA DE					
				÷				
·								Rev. 07/15

Contractor Name San Francisco AIDS Foundaiton
Program Name: Syringe Access & Disposal Services Appendix #: Fiscal Year: 17-18

Staff Position 1	I: V.P Programs	& Services				
	Responsible for structure and presponsive to t	r ensuring the imple provision of professi	onal oversight to c	ement and evaluation of the reate a service delivery cont s, including HIV needs of ga	inuun	n that Is
Brief description of job duties						
	also include the	ree years' experienc	ce in supervisory ca	ness or related disciplines. Fapacity, especially in HIV pro		
		program manageme	ent and program de	velopment experience.		
Minimum qualifications	3:		*/	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
			x Months per	Annualized (if less than		
Annual Salary:	\$203,000.00	x FTE: 0.10	Year:	12 months):	S	Total 20,30
	Ψ200,000.00	0.10	12		4	20,50
Staff Position 2	2: Dir. Behavoria	al Health Services	-			
Brief description of job duties	structure and presponsive to t	rovision of professi	onal oversight to ca	ement and evaluation of the reate a service delivery cont s, including HIV needs of ga	inuun	n that is
Brief description of Job dudoc	Masters degre			ess or related discipline; thr		
				V prevention and demonstra	ated p	orogram
Minimum qualifications	: management a	nd program develo		I A		
Annual Calana		x FTE:	x Months per Year:	Annualized (if less than		Total
Annual Salary:				12 months):		Total
	\$120,000.00	0.05	12	1	\$	6,00
Staff Position 3	strategic goals partnerships w	ight and manageme in alignment with a ith other HIV/AIDS a	gency and city obje and Harm Reductio	sites. Develops annual dep ctives. Builds and maintains n agencies. Responsible for	effec	ctive eduling an
	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates re	ight and manageme in alignment with a th other HIV/AIDS a e and temporary sta change supplies. O moval with waste re	gency and city obje and Harm Reductio aff in appropriate ex rganizes removal o	ctives. Builds and maintains	s effect sche ble for and	ctive eduling an r
Staff Position 3	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates rei safety protocol	ight and management with a in alignment with a ith other HIV/AIDS a e and temporary sta change supplies. O moval with waste re s.	gency and city obje and Harm Reductio aff in appropriate ex rganizes removal o moval company, pi	ctives. Builds and maintains in agencies. Responsible for schange protocol. Responsible f biohazard waste from sites epare reports for complianc	effect sche ole for and e and	ctive eduling an r I maintain
	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates rei safety protocol Three years ex	ight and management in alignment with a lith other HIV/AIDS are and temporary statement with a supplies. Omoval with waste res.	gency and city objet and Harm Reduction off in appropriate ex- rganizes removal of moval company, put the injection and din	ctives. Builds and maintains in agencies. Responsible for schange protocol. Responsible f biohazard waste from sites epare reports for complianc ug users required. Associate	s effect sche ole for and e and	ctive eduling an r I maintain gree with
Brief description of job duties	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates rei safety protocol Three years ex program mana certification or	ight and management in alignment with a lith other HIV/AIDS are and temporary statement with a supplies. Omoval with waste res.	gency and city objet and Harm Reduction off in appropriate ex- rganizes removal of moval company, put ith injection and dra- n experience prefer	ectives. Builds and maintains on agencies. Responsible for schange protocol. Responsible f biohazard waste from sites repare reports for complianc ug users required. Associate ted. Must hold HIV test cour	s effect sche ole for and e and	ctive eduling an r I maintain gree with
	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates rei safety protocol Three years ex program mana certification or	ight and manageme in alignment with a th other HIV/AIDS a e and temporary sta change supplies. O moval with waste re s. perience working w gement, supervision	gency and city objected the second se	ectives. Builds and maintains on agencies. Responsible for schange protocol. Responsible f biohazard waste from sites repare reports for complianc ug users required. Associate red. Must hold HIV test cour job.	s effect sche ole for and e and	ctive eduling an r I maintain gree with
Brief description of job duties Minimum qualifications	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates rei safety protocol Three years ex program mana certification or	ight and manageme in alignment with a ith other HIV/AIDS a e and temporary sta change supplies. O moval with waste re s. perience working w gement, supervision be willing to obtain	gency and city objected the second se	actives. Builds and maintains on agencies. Responsible for change protocol. Responsible for change protocol. Responsible for biohazard waste from sites repare reports for compliancing users required. Associated Must hold HIV test courieb. Annualized (if less than	s effect sche ole for and e and	ctive eduling an r I maintain gree with r
Brief description of job duties	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates reis safety protocol Three years ex program mana certification or	ight and manageme in alignment with a th other HIV/AIDS a e and temporary sta change supplies. O moval with waste re s. perience working w gement, supervision	gency and city objected the second se	ectives. Builds and maintains on agencies. Responsible for schange protocol. Responsible f biohazard waste from sites repare reports for complianc ug users required. Associate red. Must hold HIV test cour job.	s effect sche ole for and e and	ctive eduling an r I maintain gree with r
Brief description of job duties Minimum qualifications	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates rei safety protocol Three years ex program mana certification or	ight and management in alignment with a lith other HIV/AIDS are and temporary stathange supplies. On moval with waste rest. In perience working waste ment, supervision be willing to obtain a x FTE:	gency and city objected Harm Reduction of In appropriate expanizes removal of moval company, posith injection and draw experience prefer certification on the Year:	actives. Builds and maintains on agencies. Responsible for change protocol. Responsible for change protocol. Responsible for change protocol. Responsible for biohazard waste from sites repare reports for compliancing users required. Associated the following the follow	s effect s sche ble for s and e and es De nselor	ctive eduling an r I maintain gree with r
Brief description of job duties Minimum qualifications Annual Salary:	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates reis safety protocol. Three years exprogram mana certification or s:	ight and management in alignment with a lith other HIV/AIDS are and temporary stathange supplies. On moval with waste rest. In perience working waste ment, supervision be willing to obtain a x FTE:	gency and city objected Harm Reduction of In appropriate expanizes removal of moval company, point injection and draw experience prefer certification on the X Months per Year:	actives. Builds and maintains on agencies. Responsible for change protocol. Responsible for change protocol. Responsible for change protocol. Responsible for biohazard waste from sites repare reports for compliancing users required. Associated the following the follow	s effect s sche ble for s and e and es De nselor	ctive eduling an r I maintain gree with r
Brief description of job duties Minimum qualifications Annual Salary:	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates reis safety protocol. Three years exprogram mana certification or \$90,000.00	ight and manageme in alignment with a ith other HIV/AIDS a e and temporary ste change supplies. O moval with waste re s. perience working w gement, supervision be willing to obtain x FTE: 0.20 ector, 6th Street H s include site opera	gency and city objected Harm Reduction of In appropriate expanizes removal of moval company, position in experience prefer certification on the X Months per Year: 12 RC tions (schedules, lotted and Harm Reductions)	actives. Builds and maintains on agencies. Responsible for schange protocol. Responsible for schange protocol. Responsible for schange protocol. Responsible for both schange protocol. Responsible for schange reports for compliance up users required. Associated and the schange of the schange	s effect sche ole for and e and es Dennselor	ctive eduling and r I maintain gree with r Total 18,00
Brief description of job duties Minimum qualifications Annual Salary:	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates reis safety protocol. Three years exprogram mana certification or \$90,000.00.	ight and manageme in alignment with a ith other HIV/AIDS a e and temporary sta change supplies. O moval with waste re s. perience working w gement, supervision be willing to obtain x FTE: 0.20 ector, 6th Street H is include site opera in Center; supervision	gency and city objected Harm Reduction of In appropriate expanizes removal of moval company, point injection and draw experience prefer certification on the X Months per Year: 12 RC tions (schedules, long health educators)	actives. Builds and maintains on agencies. Responsible for schange protocol. Responsible for schange protocol. Responsible for schange protocol. Responsible for biohazard waste from sites repare reports for compliance ag users required. Associated red. Must hold HIV test cour job. Annualized (if less than 12 months): 1 agistics, QA, programming) of second red. Not programming of second red.	s effect sche ole for sand e and e and e s De nselo	ctive eduling ar r I maintain gree with r Total 18,00 Street zing heal
Brief description of job duties Minimum qualifications Annual Salary:	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates reis safety protocol Three years ex program mana certification or \$90,000.00	ight and manageme in alignment with a ith other HIV/AIDS a e and temporary sta change supplies. O moval with waste re s. perience working w gement, supervision be willing to obtain x FTE: 0.20 ector, 6th Street H s include site opera in Center; supervision overdose preventice	gency and city objected the second se	actives. Builds and maintains an agencies. Responsible for schange protocol. Responsible for compilance agusers required. Associate red. Must hold HIV test cour job. Annualized (if less than 12 months): 1 agistics, QA, programming) of second programming of	s effect scheel	ctive eduling and r in a maintain gree with r in a maintain 18,00 Street cting healtion, and
Brief description of job duties Minimum qualifications Annual Salary: Staff Position 4	Provides overs strategic goals partnerships w training full-tim purchasing excoordinates reis safety protocol. Three years exprogram mana certification or service with the service of the	ight and manageme in alignment with a ith other HIV/AIDS a e and temporary sta hange supplies. O moval with waste re s. perience working w gement, supervision be willing to obtain o x FTE: 0.20 ector, 6th Street H s include site opera in Center; supervision overdose preventic elopment; managin	gency and city objected the second street of the second se	actives. Builds and maintains an agencies. Responsible for schange protocol. Responsible for compilance agencies required. Associate red. Must hold HIV test cour job. Annualized (if less than 12 months): 1 agistics, QA, programming) of strength of the schange of the schan	s effect sche services and services and services and services and services and services between selections and services between selections and services are services and services are services and servi	ctive eduling and r l maintain gree with r l 18,00 Street cting healtion, and g
Brief description of job duties Minimum qualifications Annual Salary:	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates reis safety protocol. Three years exprogram mana certification or \$90,000.00.	ight and manageme in alignment with a ith other HIV/AIDS a e and temporary ste change supplies. O moval with waste re s. perience working w gement, supervision be willing to obtain x FTE: 0.20 ector, 6th Street H is include site opera in Center; supervision overdose prevention elopment; managine HIV/HCV testing an	gency and city objected the second se	actives. Builds and maintains an agencies. Responsible for schange protocol. Responsible for compliance agencies required. Associated and schange for schange	s effect sche send send send send send send send sen	ctive eduling ar r l maintain gree with r Total 18,00 Street cting healion, and g upport.
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Minimum qualifications Annual Salary: Staff Position 4 Brief description of Job duties	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates reis safety protocol Three years exprogram mana certification or \$90,000.00 Associate Dir Responsibilities Harm Reduction (e.g. curriculum dev participants to Five years' exprequired. Associated in the participants of the years' exprequired. Associated in the years' expression of the ye	ight and manageme in alignment with a ith other HIV/AIDS a e and temporary sta change supplies. O moval with waste re s. perience working w gement, supervision be willing to obtain x FTE: 0.20 ector, 6th Street H is include site opera in Center; supervision overdose preventic elopment; managin HIV/HCV testing an erience working with ciates Degree prefe of harm reduction p of HIV/HCV diseas budgeting, and man	gency and city objected Harm Reduction of In appropriate expanizes removal of moval company, point injection and driver a certification on the certification of the certification	actives. Builds and maintains on agencies. Responsible for schange protocol. Responsible for schange reports for compliance agusers required. Associate red. Must hold HIV test couries. Annualized (if less than 12 months): 1 agistics, QA, programming) of sections, and interns; conservations, and intervent of providing crisis intervent of providing crisis intervent of marginalized, or homeless sing motivational interviewing ples, experience doing healtheatment. Supervisory experies required. Annualized (if less than 12 months)	s effect sche sche sche sche sche sche sche sche	ctive eduling an r I maintain gree with r Total 18,00 Street cting healtion, and g upport. Illations strong lection., program
Brief description of job duties Minimum qualifications Annual Salary: Staff Position 4 Brief description of job duties	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates reis safety protocol Three years exprogram mana certification or \$90,000.00 Associate Dir Responsibilities Harm Reduction (e.g. curriculum dev participants to Five years' exprequired. Associated in the participants of the years' exprequired. Associated in the years' expression of the ye	ight and manageme in alignment with a ith other HIV/AIDS a e and temporary sta hange supplies. O moval with waste re s. perience working w gement, supervision be willing to obtain o x FTE: 0.20 ector, 6th Street H s include site opera n Center; supervisi overdose preventic elopment; managin HIV/HCV testing an erlence working wit ciates Degree prefe of HIV/HCV diseas	gency and city objected Harm Reduction of In appropriate expanizes removal of moval company, point injection and driver apprication on the exterior certification on the exterior care injections (schedules, long health educators on, vein care) and rig syringe access, of dinkage to care; at high drug users, high med, experience us ractices and principle prevention and tragement experience.	actives. Builds and maintains on agencies. Responsible for schange protocol. Responsible for compilance agency and see required. Associate red. Must hold HIV test cour job. Annualized (if less than 12 months): 1 agistics, QA, programming) of see volunteers, and interns; concept and providing crisis intervent and providing cr	s effect sche sche sche sche sche sche sche sche	ctive eduling ar r r l maintain gree with r Total 18,00 Street eting healion, and g upport.

Staff Position 5:						
	referrals; progra	ım design, facilitati	on, and curriculum	(e.g. overdose prevention, v development; supports syric V/HCV testing and linkage to	nge a	ccess,
Brief description of job duties:	providing crisis	intervention suppo	rt.			
	Minimum, 1-3 y	ears experiencing v	vorking with drug u	sers. Associates Degree predege of HIV/HCV prevention		
Minimum qualifications:						
			x Months per	Annualized (if less than		
Annual Salary:		x FTE:	Year:	12 months):		Total
	\$55,000.00	6.25	12	1	\$	343,750

Staff Position 6: Mobile				
HIV/HC encam	V testing and linkage to ca	are; harm reduction	ose prevention; vein care; re counseling) through mobile outreach volunteers; and pro	and
Minimu	m, 1-3 years experiencing	working with drug u	sers. Associates Degree pre	eferred. Harm
Minimum qualifications: reduction	on, motivational interviewing	ng skills, and knowle	edge of HIV/HCV prevention	tx preferred.
· · · · · · · · · · · · · · · · · · ·		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Total
\$55,	0.50	12	1	\$ 27,500

Staff Position 7: Health Educa	tor/Inventory Tear	n Lead						
Responsibilities include conducting health education (e.g. overdose prevention, vein care) and								
referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV								
testing and link	testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th							
Brief description of job duties: Street sites; su								
Minimum, 1-3 y	ears experiencing	working with drug u	sers. Associates Degree pre	eferre	d. Harm			
Minimum qualifications: reduction, moti	vational interviewin	g skills, and knowle	edge of HIV/HCV prevention	tx pr	eferred.			
		x Months per	Annualized (if less than					
Annual Salary:	x FTE:	Year:	12 months):		Total			
\$55,000.00	1.00	12	1	\$	55,000			

Staff Position 8: Inventory Associate/Health Educator								
Responsibilities include conducting health education (e.g. overdose prevention, vein care) and								
referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV								
	testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th							
	Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory							
Brief description of Job duties:	Brief description of job duties: maintenance and transport.							
			sers. Associates Degree pro					
Minimum qualifications: reduction, moti	vational interviewin	g skills, and knowle	dge of HIV/HCV prevention.	/tx pr	eferred.			
		x Months per	Annualized (if less than					
Annual Salary:	x FTE:	Year:	12 months):	L	Total			
\$55,000.00	1.00	12	1	\$	55,000			

Total FTE: 10.10 Total Salaries: \$ 588,550

1b) EMPLOYEE FRINGE BENEFITS:

Component	Co	ost
Social Security	\$	45,024.00
Retirement	\$	11,242.00
Medical	\$	60,797.00
Dental		
Unemployment Insurance	\$	3,060.00
Disability Insurance		23,955.00
Paid Time Off		
Other (Workers Comp):	\$	3,060.00
	Total Fringe Bene	efit: 147,138

141,100

Fringe Benefit %:

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 735,688

25%

2) OPERATING EXPENSES:

Expense Item		Brief Description	on ?	Rate	Cost
Rent -Warehouse	\$1,000/mo x 12			1000	12,00
Rent-6th Street	Prorated rent @		12 mo.	351.17	4,21
Parking	Monthly parking			1000	8,00
Utilities	\$1,000/mo x 8 n	no.		1000	8,00
	.1			Total Occupancy:	32,21
laterials & Supplies:	_				
Expense Item		Brief Description		Rate	Cost
Supplies	General office a	ind program sup	plies\$519.5/mo.	519.5	6,23
Incentives	exhange incenti =\$6,000.	ives, 1,200 incer	ntives @ \$5each	5	6,00
Volunteer support	snacks, t-shirts,	etc \$1,000/mo	x 12 mo.	1000	12,00
			Tota	I Materials & Supplies:	24,23
General Operating:	_				
Expense Item		Brief Description		Rate	Cost
Janitorial	Monthly janitorioal svc \$750/mo.			750	9,00
Insurance	Prorated gen lia	Prorated gen liability, hazzard and auto insurance		208.34	2,50
			To	otal General Operating:	11,50
Staff Travel:					
Purpose of Travel		Location	Expense Item	Rate	Cost
				Total Staff Travel:	-
Consultants/Subcontractors:					
Canada ti Cuba antinata u Nama	-	andas Dagadas		Dete	04
Consultant/Subcontractor Name	3i	ervice Descript	ion	Rate	Cost
				16 1 10 1	
		<i>#</i>	Total Consu	Itants/Subcontractors:	-
Other:		÷.	Total Consu	Itants/Subcontractors:	-
Other: Expense Item	_	Brief Descriptio		Itants/Subcontractors:	Cost
		Brief Description			Cost
		Brief Description			Cost
		Brief Description	on .	Rate Total Other:	-
		Brief Descriptio	on .	Rate	- Cost - 67,94
Expense Item			TOTAL OF	Rate Total Other:	-
Expense Item	ded. A unit valued		TOTAL OF	Rate Total Other:	-
CAPITAL EXPENDITURES: (If need	ded. A unit valued	at \$5,000 or mo	TOTAL OF	Rate Total Other:	67,94
Expense Item CAPITAL EXPENDITURES: (If need	ded. A unit valued	at \$5,000 or mo	TOTAL OF	Rate Total Other:	67,94
Expense Item CAPITAL EXPENDITURES: (If need	ded. A unit valued	at \$5,000 or mo	TOTAL OF	Total Other:	67,94

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	80,364
of total direct costs.	
Ladina 4 Bata	400/
Indirect Rate:	10%

	the state of the s
TOTAL INDIRECT COSTS:	80,364
TOTAL EXPENSES:	884,000

Contractor Name	San Francisco AIDS Foundation	
Contract Term (mm/dd/yyyy)	7/1/16-6/30/19	
Funding Source		

B-3b 1 18-19

Appendix # Page # Fiscal Year(s) Funding Notification Date

6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE	MODES			
Personnel Expenses		Harm Red Cente			•			.!
Personner Expenses	_	Cente	31					
Para Wilder		0.1	0/ 575	Onloring	0/ FTF	0.1	0/ ====	
Position Titles	FTE	Salaries	% FTE 100%	Salaries	% FTE 0%	Salaries	% FTE	Contract Total
V.P Programs & Services Dir. Behavorlal Health Services	0.10	20,300 6,000	100%	-	0%	1	0%	20,300
	0.05	18,000	100%	-	0%	-	0%	6,000 18,000
Director, SAS Associate Director, 6th Street HRC	1.00	63,000	100%	-	0%	-	0%	63,000
Health Educator	7.75	426,250	100%	-	0%		0%	426,250
Mobile Health Educator	0.50	27,500	100%	-	0%	-	0%	27,500
Health Educator/Inventory Team Lead	1.00	55,000	100%	-	0%		0%	55.000
Inventory Associate/Health Educator	1.00	55,000	100%		0%		0%	55,000
Total FTE & Total Salaries	11.60	671,050	100%	-	0%	-	0%	671,050
Fringe Benefits	25%	167,763	100%	-	0%		0%	167,763
Total Personnel Expenses	2576	838,813	100%	-	0%	-	0%	838,813
TOTAL PERSONNEL EXPENSES		000,010	100 /0	<u> </u>	0 70		0 /0	030,013
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Tota
Total Occupancy		33.214	100%	- Apolitate	0%	Experience	0%	33,214
Total Materials and Supplies		24,564	100%	-	0%	-	0%	24,564
Total General Operating		12,500	100%	-	0%	-	0%	12,500
Total Staff Travel		12,000	0%	-	0%	-	0%	12,000
Consultants/Subcontractor:		-	0%	-	0%		0%	
Other (specify):		-	0%	_	0%	-	0%	
oursi (aposity).			0%		0%		0%	
			0%		0%		0%	
			0%		0%		0%	
			0%		0%		0%	
			0%		0%		0%	
Total Operating Expenses		70,278	100%	-	0%	-	0%	70,278
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2			0%		0%		0%	-
Total Capital Expenses		-	0%	- 1	0%	-	0%	
Total Direct Expenses		909,091	100%	-	0%	-	0%	909,091
Indirect Expenses	10%	90,909	100%		0%		0%	90,909
TOTAL EXPENSES		1,000,000	100%	-	0%	-	0%	1,000,000
Units of Service (UOS) per Serv				-1		-	A CONTRACTOR OF THE PARTY OF TH	12
Cost Per Unit of Service by Serv	ice Mode	83,333.34		-		-		
Number of Contacts (NOC) per Serv		36,960					The second liverage in the second	

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 Contractor Name
 San Francisco AIDS Foundaiton
 Appendix #:
 B-3b

 Program Name:
 Syringe Access & Disposal Services
 Fiscal Year:
 18-19

1a) SALARIES

Staff Position	1: V.P Programs	s & Services			
Stall Fosition			ementation manage	ement and evaluation of the	program
				eate a service delivery cont	
				, including HIV needs of ga	
Brief description of job dutie	s; men.				•
		e in psychology, so	cial services, busin	ess or related disciplines. F	Requirements
				pacity, especially in HIV pre	evention and
	demonstrated	program manageme	ent and program de	velopment experience.	
Minimum qualification	s:				
			x Months per	Annualized (if less than	
Annual Salary:		x FTE:	Year:	12 months):	Total
7 tiridar Ocici y.	\$203,000.00	0.10	12	1	\$ 20,30
·	4200,000,00	0.10	12		V 20,00
Staff Position	2. Dir Behavoria	al Health Services			
Otali i Ootaoii				ement and evaluation of the	program
				eate a service delivery cont	
				, including HIV needs of ga	
Brief description of job dutie					
	Masters degre	e in psychology, so	cial sciences, busin	ess or related discipline; thr	ee years
				√ prevention and demonstra	ated program
Minimum qualification	s: management a	nd program develo			
			x Months per	Annualized (if less than	
Annual Salary:		x FTE:	Year:	12 months):	Total
	\$120,000.00	0.05	12	1	\$ 6,00
Staff Position	Director, SAS				
Staff Position	Provides overs	sight and manageme		sites. Develops annual dep	
Staff Position	Provides overs strategic goals	sight and management with a	gency and city obje	ctives. Builds and maintains	effective
Staff Position	Provides overs strategic goals partnerships w	ight and management with a ith other HIV/AIDS	gency and city obje and Harm Reductio	ctives. Builds and maintains n agencies. Responsible for	effective scheduling ar
Staff Position	Provides overs strategic goals partnerships w training full-tim	sight and manageme in alignment with a ith other HIV/AIDS a e and temporary sta	gency and city obje and Harm Reductio aff in appropriate ex	ctives. Builds and maintains n agencies. Responsible for change protocol. Responsit	s effective scheduling ar ole for
Staff Position	Provides overs strategic goals partnerships w training full-tim purchasing exc	sight and management in alignment with a sith other HIV/AIDS are and temporary stachange supplies. O	gency and city obje and Harm Reductio aff in appropriate ex rganizes removal o	ctives. Builds and maintains n agencies. Responsible for change protocol. Responsit f biohazard waste from sites	effective scheduling ar ole for and
	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates re	sight and management in alignment with a ith other HIV/AIDS is and temporary stachange supplies. Omoval with waste re	gency and city obje and Harm Reductio aff in appropriate ex rganizes removal o	ctives. Builds and maintains n agencies. Responsible for change protocol. Responsit	effective scheduling ar ole for and
Staff Position Brief description of job dutie	Provides overs strategic goals partnerships w training full-tim purchasing exc coordinates rei safety protocol	sight and management in alignment with a ith other HIV/AIDS are and temporary standard supplies. O moval with waste res.	gency and city obje and Harm Reductio aff in appropriate ex rganizes removal or moval company, pr	ctives. Builds and maintains n agencies. Responsible for change protocol. Responsib f biohazard waste from sites epare reports for complianc	s effective scheduling ar ole for and e and maintair
	Provides overs strategic goals partnerships w training full-tim purchasing excoordinates reis safety protocol Three years ex	sight and management in alignment with a ith other HIV/AIDS is and temporary stachange supplies. Omoval with waste resuperience working werence working were in alignment in all in a second control in a seco	gency and city obje and Harm Reductio aff in appropriate ex rganizes removal or moval company, pr ith injection and dru	ctives. Builds and maintains n agencies. Responsible for change protocol. Responsit f biohazard waste from sites	s effective r scheduling ar ole for s and e and maintair
Brief description of job dutie	Provides overs strategic goals partnerships w training full-tim purchasing excoordinates reis safety protocol Three years exprogram mana certification or	sight and management in alignment with a ith other HIV/AIDS is and temporary stachange supplies. O moval with waste resuperience working wasternt, supervision	gency and city obje and Harm Reductio aff in appropriate ex rganizes removal or moval company, pr ith injection and dru	ctives. Builds and maintains in agencies. Responsible for change protocol. Responsible f biohazard waste from sites epare reports for complianc ing users required. Associate red. Must hold HIV test cour	s effective r scheduling ar ole for s and e and maintair
	Provides overs strategic goals partnerships w training full-tim purchasing excoordinates reis safety protocol Three years exprogram mana certification or	sight and management in alignment with a ith other HIV/AIDS is and temporary stachange supplies. O moval with waste resuperience working wasternt, supervision	gency and city objet and Harm Reduction aff in appropriate extraganizes removal or moval company, profith injection and drunt experience preferocertification on the jection and the jectification on the jection and the jectification on the jection and the jectification on the jectification on the jectification and city or the jectification on t	ctives. Builds and maintains n agencies. Responsible for change protocol. Responsible f biohazard waste from sites epare reports for complianc ng users required. Associate red. Must hold HIV test cour ob.	s effective r scheduling ar ole for s and e and maintair
Brief description of job dutie Minimum qualification	Provides overs strategic goals partnerships w training full-tim purchasing excoordinates reis safety protocol Three years exprogram mana certification or	sight and management in alignment with a tith other HIV/AIDS are and temporary stachange supplies. Omoval with waste restroperience working wasternet, supervision be willing to obtain	gency and city objet and Harm Reduction aff in appropriate extraganizes removal or moval company, profith injection and drunce experience prefer certification on the jet and the company of the prefer of the certification on the jet and the certification of the certification on the jet and the certification on the jet and the certification of the cer	ctives. Builds and maintains n agencies. Responsible for change protocol. Responsit f biohazard waste from sites epare reports for complianc ng users required. Associate red. Must hold HIV test cour ob.	s effective scheduling ar ble for s and e and maintair es Degree with nselor
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Brief description of job dutie Minimum qualification	Provides overs strategic goals partnerships w training full-tim purchasing excoordinates reis safety protocol Three years exprogram mana certification or	sight and management in alignment with a tith other HIV/AIDS are and temporary stachange supplies. Omoval with waste restroperience working wasternet, supervision be willing to obtain	gency and city objet and Harm Reduction aff in appropriate extraganizes removal or moval company, profith injection and drunce experience prefer certification on the jet and the company of the prefer of the certification on the jet and the certification of the certification on the jet and the certification on the jet and the certification of the cer	ctives. Builds and maintains n agencies. Responsible for change protocol. Responsit f biohazard waste from sites epare reports for complianc ng users required. Associate red. Must hold HIV test cour ob.	s effective scheduling ar ble for s and e and maintair es Degree with nselor
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Staff Position 5:							
	Responsibilities include conducting health education (e.g. overdose prevention, vein care) and						
	referrals; program design, facilitation, and curriculum development; supports syringe access,						
	disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and						
Brief description of job duties:	es: providing crisis intervention support.						
	Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm						
	reduction, moti	vational interviewin	g skills, and knowle	dge of HIV/HCV prevention	tx preferred.		
Minimum qualifications:							
			x Months per	Annualized (if less than			
Annual Salary:		x FTE:	Year:	12 months):	Total		
	\$55,000.00	7.75	12	1	\$ 426,250		

Staff Position 6; Mobile Health E	Educator						
Responsibilities i	include health edu	cation (e.g. overdo	ose prevention; vein care; re	ferral	s to		
HIV/HCV testing	HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and						
encampment out	treach; overseeing	a team of street of	outreach volunteers; and pro-	viding	crisis		
Brief description of job duties: intervention supr	port.						
Minimum, 1-3 ye	ars experiencing v	vorking with drug u	isers. Associates Degree pre	eferre	d. Harm		
Minimum qualifications: reduction, motiva	ational interviewing	g skil ls, and knowl e	edge of HIV/HCV prevention	/bx pre	eferred.		
		x Months per	Annualized (if less than				
Annual Salary:	x FTE:	Year:	12 months):		Total		
\$55,000.00	0.50	12	1	\$	27,500		

Staff Position 7: Health Educato	r/Inventory Tean	n Lead		33.5	
Responsibilities	Include conductin	g health education	(e.g. overdose prevention,	vein (care) and
referrals; support	s syringe access,	disposal, and lour	nge space; linking participant	ts to	HIV/HCV
			ention support. Supports me	obile	and 6th
Brief description of job duties: Street sites; supe	ervises volunteers	; and coordinates	supply inventory.		
Minimum, 1-3 ye	ars experiencing v	working with drug t	isers. Associates Degree pre	eferre	d. Harm
Minimum qualifications: reduction, motiva	itional interviewing	g skills, and knowle	edge of HIV/HCV prevention	tx pr	eferred.
		x Months per	Annualized (if less than		
Annual Salary:	x FTE:	Year:	12 months):	Total	
\$55,000.00	1.00	12	1	\$	55,00

Staff Position 8: Inventory Ass	Staff Position 8: Inventory Associate/Health Educator								
Responsibilities include conducting health education (e.g. overdose prevention, vein care) and									
referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV									
	testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th								
Street sites; supervises volunteers; and assists inventory Team Lead with supply inventory									
Brief description of job duties: maintenance a									
			sers. Associates Degree pro						
Minimum qualifications: reduction, mot	ivational interviewin			/tx pre	ferred.				
		x Months per	Annualized (if less than						
Annual Salary:	x FTE: Year: 12 months): Total								
\$55,000.00	1.00	12	1	\$	55,000				

Total FTE: 11.60 Total Salaries: \$ 671,050

1b) EMPLOYEE FRINGE BENEFITS:

Component	Cost
Social Security	\$ 51,335.00
Retirement	\$ 12,817.00
Medica	
Denta	
Unemployment Insurance	\$ 3,489.00
Disability Insurance	\$ 27,312.00
Paid Time Off	
Other (Workers Comp):	\$ 3,489.00

Total Fringe Benefit: 167,763

Fringe Benefit %:

25%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:

838,813

2) OPERATING EXPENSES:

	-		
Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$1,000/mo x 12 mo.	1000	12,000
Rent-6th Street	Prorated rent @ \$434.50/mo x 12 mo.	434.5	5,214
Parking	Monthly parking for vans, \$1,000/mo x 8 mo.	1000	8,000
Utilities	\$1,000/mo x 8 mo.	1000	8,000
		Total Occupancy:	33,214
Materials & Supplies:			
Expense Item	- Brief Description	Rate	Cost
Supplies	General office and program supplies\$547/mo.	547	6,564
- Cappineo	exhange incentives, 1,200 incentives @ \$5each		0,00.
Incentives	=\$6,000.	5	6,000
Volunteer support	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,000
	Tota	al Materials & Supplies:	24,564
General Operating:	_		
Expense Item	Brief Description	Rate	Cost
Janitorial	Monthly janitorioal svc \$750/mo.	750	9,000
Insurance	Prorated gen liability, hazzard and auto insurance		3,500
	<u> </u>		
	To	otal General Operating:	12,500
Purpose of Travel	Location Expense Item	Rate	Cost
		Total Staff Travel:	-
Consultants/Subcontractors:	-		
Consultant/Subcontractor Name	Service Description	Rate	Cost
	Total Consu	ultants/Subcontractors:	-
Other:	Total Consu	ultants/Subcontractors:	•
Other: Expense Item	Total Consu	ultants/Subcontractors:	Cost
	-		
	-		
	Brief Description	Rate	Cost
Expense Item	Brief Description TOTAL OF	Rate Total Other:	Cost -
Expense Item	Brief Description TOTAL OF	Rate Total Other:	Cost -
3) CAPITAL EXPENDITURES: (If need	Brief Description TOTAL OF ed. A unit valued at \$5,000 or more)	Rate Total Other:	Cost - - 70,278
Expense Item B) CAPITAL EXPENDITURES: (If need	Brief Description TOTAL OF ed. A unit valued at \$5,000 or more) Brief Description	Rate Total Other:	Cost - - 70,278

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	90,909
of total direct costs.	
Indirect Rate:	10%
TOTAL INDIRECT COSTS:	90,909

TOTAL EXPENSES:

1,000,000

Appendix D Reserved

San Francisco Department of Public Health

Protected Information Privacy and Security Agreement

PROTECTED INFORMATION Privacy and Security Agreement

San Francisco AID Foundation ("CONTRACTOR") hereby acknowledges and agrees to the following privacy and security obligations and commitments in regard to access to the Department of Public Health's (SFDPH) Protected Information:

- a. Compliance with Federal and State Laws. CONTRACTOR shall protect the privacy and provide for the security of SFDPH's medical information or protected health information ("PHI") (collectively, "Protected Information") in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").
- b. Attestations. Except when SFDPH's data privacy officer exempts CONTRACTOR in writing, the CONTRACTOR shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1), Data Security (Attachment 2), and Compliance (Attachment 3) within sixty (60) calendar days from the execution of the Agreement. If SFDPH makes substantial changes to any of these forms during the term of the Agreement, the CONTRACTOR will be required to complete SFDPH's updated forms within sixty (60) calendar days from the date that SFDPH provides CONTRACTOR with written notice of such changes. CONTRACTOR shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to SFDPH within 15 calendar days of a written request by SFDPH.
- c. Appropriate Safeguards. CONTRACTOR shall take the appropriate security measures to protect the confidentiality, integrity and availability of Protected Information that it accesses, creates, receives, maintains, or transmits.
- d. Notification of Breach, Security Threats, and Unpermitted Uses or Disclosures. CONTRACTOR shall notify SFDPH in writing within 5 calendar days of any breach of Protected Information; any reasonable suspicion or detection of security incidents related to Protected Information and any use or disclosure of data in violation of any applicable federal or state laws by CONTRACTOR or its agents or subcontractors. SFDPH will notify CONTRACTOR of any reasonable suspicion or detection of security incidents that could compromise SFDPH systems and confidentiality. In such security incidents, both parties will work collaboratively to mitigate the situation and to identify a solution.

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APPENDIX E



San Francisco Department of Public Health

Protected Information Privacy and Security Agreement

- e. Notification of Breach to Regulatory Agencies. CONTRACTOR acknowledges and agrees that, as a Covered Entity and health care provider, it has an obligation independent of SFDPH to notify regulatory agencies and patients of privacy breaches caused by the acts or omissions of its employees or agents or related to the security of its electronic systems.
- f. Corrective Action. CONTRACTOR shall take prompt corrective action to remedy any breach of Protected Information, mitigate to the extent practicable any harmful effect of a use or disclosure of Protected Information, and take any other action required by applicable federal and state laws and regulations pertaining to such breach.
- g. Protection Against Threats. CONTRACTOR shall protect against any reasonably anticipated threats or hazards to the security or integrity of the Protected Information.
- h. Protection Against Unpermitted Uses or Disclosures. CONTRACTOR shall protect against any reasonably anticipated access, uses or disclosures of the Protected Information that are not permitted or required under federal or state law.
- i. Security Violations. CONTRACTOR shall maintain written policies and procedures to prevent, detect, contain, and correct security violations, including risk analysis, risk management, sanctions, and information system activity review.
- j. Privacy and Security Officers. CONTRACTOR shall maintain qualified Privacy and Security Officers.
- k. Appropriate Access. CONTRACTOR shall ensure that all CONTRACTOR employees and agents have appropriate access to electronic Protected Information and shall prevent those employees and agents who do not need access from obtaining it. This includes procedures for authorizing and supervising access, workforce clearance, and personnel termination procedures.
- l. Training. CONTRACTOR shall provide privacy and security awareness and training for all employees and agents, including management. This shall include initial training and periodic reminders and updates, including requirements and obligations under federal and state law. Training shall cover protecting against viruses and malicious software and password management.
- m. Security Incidents. CONTRACTOR shall maintain policies and procedures to report, mitigate and document Security Incidents.
- n. Periodic Evaluations. CONTRACTOR shall conduct periodic evaluations of the security implementation against the Security Standards and environmental or operational changes affecting the security of electronic Protected Information.

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San Francisco Department of Public Health

Protected Information Privacy and Security Agreement

- Facility Access Controls. CONTRACTOR shall maintain facility access controls, which limit physical access to the provider's electronic information systems and the facilities in which they are housed, while ensuring that authorized access is allowed. These controls include a facility security plan, access control procedures, and facility maintenance.
- CONTRACTOR shall maintain security policies and Workstation Use. procedures on workstation use, including the physical surroundings of workstations that permit access to electronic Protected Information.
- Access Controls. CONTRACTOR shall maintain access controls to restrict access to persons or processes that have been granted access rights. These include unique user identification, emergency access procedures, and automatic log off of systems after no more than a ten minute period of inactivity.
- Audit Control Mechanisms. CONTRACTOR shall comply with SFDPH requests to audit appropriateness of usage of SFDPH electronic records systems. Quarterly, SFDPH shall provide CONTRACTOR with a list representing a random 1% of patient records that were accessed by CONTRACTOR staff during the fiscal year. CONTRACTOR shall develop an audit tool to ensure that the SFDPH electronic records systems are accessed only for treatment reasons, shall conduct quarterly audits, and shall provide the results of these audits to the SFDPH Chief Integrity Officer within 14 calendar days of receipt.
- Civil and Criminal Penalties. CONTRACTOR understands and agrees that it may be subject to civil or criminal penalties for the 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) and other state and federal laws.
- Deprovision of Access. Within 24 hours of expiration or earlier termination of the t. Agreement, CONTRACTOR shall provide SFDPH with a list of all employees and other individuals or entities that have access to SFDPH's electronic records systems. Within 48 hours of expiration or earlier termination of the Agreement, SFDPH shall ensure that all access to SFDPH's electronic records systems is deprovisioned with respect to all individuals and entities on CONTRACTOR's user list.
- Data Destruction. When no longer needed, CONTRACTOR must destroy all Protected Information received from SFDPH or obtained on SFDPH's behalf that CONTRACTOR has in its possession using the Gutmann or U.S. Department of Defense (DoD) 5220,22-M (7 Pass) standard, or by degaussing. Media may also be physically destroyed in accordance with NIST Special Publication 800-88.
- Survival. The obligations of CONTRACTOR under this Appendix shall survive the expiration or termination of this Agreement.

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APPENDIX E



San Francisco Department of Public Health

Protected Information Privacy and Security Agreement

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

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

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

Attachment 3 – SFDPH Compliance Attestation, version (06-07-2017)

San Francisco Department of Public Health (S	SFDPH) Office of Comp	oliance and Privacy	Affairs (0	OCPA)
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all FlailCISCU I	bepartment of Public nea	אונוו נארטפר	office of Compilar	ice allu Privacy	Alialis (OCFA)				ATTACH	IAILIAI T
Contractor Na	me:							Contractor City Vendor ID	av 15	¥
			F	PRIVACY AT	TESTATION					
rm. Retain co do so by SFDI <u>Except</u> i	ions: If you believe that a re	ur files for a	or have access to heal period of 7 years. Be p	th or medical info prepared to subm	ormation or elect nit completed atte	estations,	along with evi	dence related to the fol	lowing ite	ms, if red
All Contracto	rs. RGANIZATION								Yes	No*
		مراه ماخان درام	Heelth Inguinees David	ability and Asso	untability Act (LIII	14412			res	MO.
	al Privacy Policies that com vacy Officer or other individ						lakad ingidank	-3		
If Na	ime & lile:	iuai designa	ted as the person in cr	Phone #	iting privacy brea	Email:	lated incident			
	ealth information Privacy Tr ation of trainings for a perio									
health info	f that employees have sign ormation privacy training? [Retain docu	mentation of acknowl	edgement of trai	nings for a period	of 7 year	s.]	•	i Ma	
health info										
1	It staff who create, or trans health information is only t			E			•			4
Contractors v	who serve patients/clients	and have ac	cess to SEDPH PHI, mi	ust also complet	e this section.					
	DOES YOUR ORGANIZATION								Yes	No*
	vill have if/when applicable		nat SFDPH Service Des	k (628-206-SERV) was notified to	le-provisi	on employees	who have access to		
	alth information record syst				-	-				
Have evid	ence in each patient's / clientered language? (English,	nt's chart or	electronic file that a P	rivacy Notice tha	at meets HIPAA re	gulations	was provided	in the patient's /		
The same of the sa	st the Summary of the Notic				The same of the sa		The second secon			
	t each disclosure of a patien								- N	
	uired by law, have proof the									
	eleasing a patient's/client's			a. a roinis juidt ii	, oot are required	on to	- / III / / I I I V O	-,, 6.0 00000000		
. ATTEST: Un	der penalty of perjury, I her			knowledge the	information here	in is true	and correct an	nd that I have authority	to sign o	n behalf
		Name:								
A	TTESTED by Privacy Officer or designated person	(print)			Signatur	e			Date	
. *EXCEPTIO	NS: If you have answered				s Not Applicable	, please				
_			ior a consultation. /	All NO OF N//	answers mus	De revie	wed and app	proved by OCPA below	/.	
	EXCEPTION(S) APPROVED	(print)			Simulation of the second					

San Francisco Depart	ment of Public Health	(SFDPH) Office of Co	mpliance and Privac	y Affairs (OCP.	A)
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	Δ	СН	M	Fr	JT.	7

Contractor N	Name:									ie,	Contractor City Vendor ID	THE	. %. \$	
					DATA	SECUR	ITY ATT	STATIC	N		<u> </u>			
ISTRUCTION	NS: Contracto	rs and Partners w	ho receive	or have acc	ess to healt	h or medica	l information	on or electi	onic hea	ith record systems	s maintained by S	FDPH mu	ıst co	mplete t
		ttestations in your								•				
do so by SF		,		7	,								5	,
•		u believe that a re	quirement	is Not Appli	cable to vo	u. see instru	actions in Se	ection III be	low on l	now to request cla	rification or obtain	n an exce	eptior	١.
			The second secon							construit and the second secon			•	
All Contrac												-		
DOES YOUR	ORGANIZAT	ION										Ye	S	No*
A Conduc	t assessment	s/audits of your da	ata securit	y safeguards	to demons	trate and d	ocument co	mpliance v	with you	r security policies a	and the			
require	ments of HIP	AA/HITECH at leas	t every two	years? [Re	tain docum	entation for	a period o	f 7 years]						
3 Use find	dings from th	e assessments/aud	dits to iden	tify and mit	igate knowi	n risks into	documente	d remediat	ion plan	s?	-			
	Date of last	Data Security Risk	Assessme	nt/Audit:					100				3	
		m or person(s) who												
		/Audit and/or aut				W								
		ecurity Awarenes												
		curity Policies and									urance Portability			
		ct (HIPAA) and the										3		
E Have a	Data Security	Officer or other in	ndividual d	esignated as	the persor	in charge o	of ensuring	the securit	y of conf	idential information	on?		-	
If	Name &					Phone #			Email:				2	
yes:	Title:							rise de		. 5 Deal 1				v V
F Require	Data Securit	y Training upon hi	re and ann	ually therea	fter for all	employees v	who have a	ccess to he	alth info	rmation? [Retain o	locumentation of			
training	s for a period	of 7 years.] [SFDF	PH data sec	curity training	g materials	are availab	le for use;	ontact OC	PA at 1-8	55-729-6040.]				
G Have pr	oof that emp	loyees have signe	d a form u	pon hire and	annually,	or regularly,	thereafter	with their	name a	nd the date, ackno	wledging that the	y		
		ecurity training? [I												
		when applicable)									or access SFDPH's			
	nformation?	.,								,				
		when applicable)	a diagram	of how SFDF	PH data flov	vs between	vour organ	ization and	subcont	ractors or vendors	(including name	-		
		ds, on-premise dat					,				(
1 400107 4		, on promise act	ш постој ја	000001118 0 / 1	realino, etaly	•								
ATTEST:	Under penalt	y of perjury, I her	ebv attest	that to the	best of my	knowledge	the inform	ation here	in is true	and correct and t	hat I have author	itv to sig	n on	behalf o
	tor listed abo										(4	,		
ACCIONATION ACCIONATION AND ACCIONATION AND ACCIONATION ACCIONATIONA ACCIONATION ACCIONATION ACCIONATION ACCIONATION ACCIONATION ACCIONATION ACCIONATION ACCIONATION ACCIONATION ACCIONATIONI ACCIONATIONI ACCIONATIONI ACCIONATIONI ACCIONATIONI ACCIONATIONI ACC	ATTECTED	hu Data Casumita	Name:				11 46 1							
i		by Data Security	(print)						= 2 1				_	
L	Officer or a	esignated person	(Signature				Date		
					D 600			g 82						
I. *EXCEPT		ı have answered												
_	comp	liance.privacy@:	sfdph.org	for a consu	ultation. A	ll "No" or '	'N/A" ansv	vers must	be revi	ewed and approv	ved by OCPA bel	ow.		
	EYCEDTION	(S) APPROVED by	Name											
	LACLFION	OCPA	(print)			THE REST							6.72	
		UCPA						Signature	2			Date		æ

San Francisco Department of Public Health (S	SFDPH) Office	of Compliance and Privacy	Affairs (OCPA)
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an	Francisc	o Department of Public H <mark>ealth (</mark> S	FDPH) Office of Complia	nce and Privacy Affai	rs (OCPA)		ATTACHME	NT3		
Co	ntractor N	Name:	The Mark Millian			Contractor City Vendor ID	E 174			
tte	estations i	artners of SFDPH that are HIPAA Co n your files for a period of 7 years. E f you believe that a requirement is I	vered Entities must have a se prepared to submit com	formal compliance propoleted attestations, alo	ng with evidence related to t	rity in their business practices he following items, if requesto	ed to do so by			
I. I	DOES YOU	UR ORGANIZATION					Yes	No*		
A	Have a f	formal Compliance Program that me	ets Office of the Inspector	General (OIG) requiren	nents?					
В	Have a (Compliance Officer or other individu	al designated as the person	n in charge of handling	compliance matters?					
	If _	Name & Title:		Phone #	Email:					
	yes:									
C Require Compliance Training upon hire and annually thereafter for all employees? [Retain training materials for 7 years.]										
D	Have pr	oof that employees have completed	compliance training? [Retaining]	ain proof for 7 years.]						
Have a Code of Conduct or Ethics policy that includes a non-retaliation clause and a mechanism for staff to confidentially and anonymously report potential compliance concerns. [Retain versions for 7 years.]										
F	Have pr	oof that employees upon hire, and a	annually thereafter, have si	gned agreement to you	r organization's Code of Con	duct? [Retain proof for 7 year	rs.]	1		
G		echanisms in place to identify and p ganization's continued participation					rdize			
Н		tand and comply with state and fede ported by the required medical reco		illing Medicare and Me	di-Cal programs and assure t	hat bills submitted to such pro	ograms			
I	1	e the SFDPH Compliance and Privactions in staff areas where it can be se		29-6040) or the City's W	histleblower Program includ	ling posting a notice of whistle	eblower			
J	the Calif	ire and monthly thereafter, check the fornia Department of Health Care So r responsible for oversight, administ ogram or agency? [Retain proof for	ervices (DHCS) to ensure the tering or delivering state or	at any employee, temp	orary employee, volunteer, o	consultant, or governing body	- 3			
K		ire and re-enrollment of clinical prov illed in the name of a deceased prov			eath Master File to ensure t	hat Medicaid or Medicare is n	ot			
L	Require	(or will require if/when applicable)	subcontractors that are HI	PAA Covered Entities to	comply with all applicable re	equirements in this Attestatio	n?			
. U	Jnder pen	alty of perjury, I attest that I have a	authority to sign on behalf	of my organization and	that, to the best of my kno	wledge, the information here	ein is true and	correct		
		Name: (print)	Title:				Date:			
by	:						9867			
		ONS: If you answered "NO" to any or or "N/"				sultation at 1-855-729-6040 o	r			
	proved	Name: (print)	Title:		Signature	:	Date:			
	OCPA:									

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1c 07/01/17 - 06/30/18 PAGE A

Contractor: San Francisco AIDS Found				oct ID # 02634	Invoice Number A-1JUL17					
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	00			Con	tract Pur	chase C	order No:			
				1						
Telephone: 415-487-3000 Fax: 415-487-3009		СН	ΕP			_	Source:	G	eneral Fu	und
Program Name: Syringe Access Services		L		ļ	Gı	rant Cod	le/Detail:			
ACE Control #:	P				Pro	ject Cod	le/Detail:			
AOL OUILION W.						Invoice	e Period:	07/1	/17 - 07/:	31/17
				+		FINAL	. Invoice		(check if	Yes)
	CONTR		DELIV THIS P	ERED		ERED		OF TAL		AINING RABLES
DELIVERABLES	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Access Services	5,906	44,300						51/2	5,906	44,300
Program Coordination	12	N/A						N/A	12	N/A
		-			-	-				
							_		-	1
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		44300		NOC		NOC		NOC		44,300
EVACUATION										
EXPENDITURES	BUD	GET	EXPE THIS P		and the second s	NSES ATE		OF GET		AINING '
Total Salaries (See Page B)	\$415		111101	LINIOD	101	X12	1		\$415.1	
Fringe Benefits	\$103				-		\vdash		\$103,7	
Total Personnel Expenses	\$518								\$518,9	
Operating Expenses:		-								
Occupancy-(e.g., Rental of Property, Utilities,	\$70,	792							\$70,7	92.00
Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office,	\$536,	,189							\$536,1	189.00
Postage, Printing and Repro., Program Supplies)										
Constant of the state of the st	fo c	75			ļ				60.0	75.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$8,3	1/5							\$8,37	75.00
Training, Equipment Rentarmaintenance)										
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$601,	900							\$601,9	00.00
Other - (Meals, Audit, Transportation Relmb,										
Stipends, Facilitators)										
Total Operating Expenses	\$1,217	7 256					<u> </u>		\$1,217,	256.00
Capital Expenditures	71217	,200							Ψ1,217,	230.00
TOTAL DIRECT EXPENSES	\$1,736	3.194							\$1,736,	194.00
Indirect Expenses	\$173,	619							\$173,6	
TOTAL EXPENSES	\$1,909								\$1,909,	
LESS: Initial Payment Recovery					NOTES					
Other Adjustments (Enter as negative, if approp	oriate)				1					
REIMBURSEMENT										
I certify that the information provided above is, to the bes	at of my kno	wledge, com	plete and	accurate;	the amour	nt request	ed for reim	bursement	is in	
accordance with the budget approved for the contract cit			under the	provision	of that co	ntract. Fu	ull justificati	on and bad	ckup	
records for those claims are maintained in our office at the							Deter			
Signature: Date:										
Title:										
Send to: SFDPH Fiscal / Invoice Process	ina	- ******								
1380 Howard Street, 4th Floor, 9	-									- 1
San Francisco, CA 94103		By:						Date:		
Attn: Contract Payments (DPH Authorized Signatory)										

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1c 07/01/17 - 06/30/18 PAGE B

					Invo	ice Number		
Contractor: San Francisco	oundation			A	-1JUL17			
Address: 1035 Market S								
San Francisco			Contract	Purchase Order No:				
Telephone: 415-487-3000				Fund Source:	Ger	General Fund		
Fex: 415-487-3009								
*				Grant Code/Detail:				
Program Name: Syringe Acces	s Servic	es						
			,	Project Code/Detail:				
ACE Control #:								
			Invoice Period:	07/1/1	7 - 07/31/17			
			FINAL Invoice	(check if Yes)				
				FIRME INVOICE		(cneck if Yes)		
	-							
DETAIL PERSONNEL EXPEND	ITURES		EVDENCED	EXPENSES	N 0F			
PERSONNEL	FTE	BUDGETED	EXPENSES THIS PERIOD	TO DATE	% OF BUDGET	REMAINING BALANCE		
Prgms & Ops Director	0.051	\$5,250	THO TENOD	TODATE	DODOLI	\$5,250,00		
Dir. Behavioral Health Svc	0.05	\$6,000				\$6,000.00		
Dir. Gov't Contracts	0.05	\$4,900		 		\$4,900.00		
Data Manager	0.05	\$3,750				\$3,750.00		
SAS Director	0.75	\$67,500				\$67,500.00		
Logistics Inventory Mgr	1.00	\$62,000				\$62,000.00		
Logistics Associates	2.00	\$110,000				\$110,000.00		
SSE/Vol Coordinator	0.75	\$46,500	-			\$46,500.00		
Health Educator	1.75	\$96,250				\$96,250.00		
Comm. Engagement & Kit Packing A	0.25	\$13,000		1		\$13,000.00		
	-	7.0,000				V.IC,000.00		
			7/1001					
				1				
	7.0							
	0.70	8445758						
TOTAL SALARIES	6.70	\$415,150		<u> </u>	L	\$415,150.00		
I certify that the information provided above is,			Constitution and the contract of the contract	TO A STATE OF THE PARTY OF THE				
accordance with the budget approved for the co			d under the provision	of that contract. Full just	stification and	backup		
records for those claims are maintained in our	office at the	address indicated.						
Certified By:			Date:					
74,1								
Title:								

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1d 07/01/17 - 06/30/18 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4 San Francisco, CA 94103				Con	Contract ID # 1000002634 Contract Purchase Order No:			Invoice Number A-1JUL17		
San Handisco, On Servi				COI						
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	G	eneral Fu	nd
Program Name: Syringe Access Services										
ACE Control #:	1				Pro	Ject Cod	e/Detail:			
						invoice	Perlod:	07/1	/17 - 07/3	31/17
						FINAL	. Invoice		(check if	Yes)
DELIVERABLES	TOTAL CONTRACTED UOS NOC		DELIVERED THIS PERIOD UOS NOC		DELIVERED TO DATE UOS NOC		% OF TOTAL UOS NOC		REMAINING DELIVERABLES UOS NOC	
Program Coordination	12	N/A							12	N/A
						_				
	l						L			
		NOC		NOC		NOC		NOC	-	NOC
Number of Clients for Appendix		N/A						N/A		N/A
EXPENDITURES	BUDGET		EXPE THIS P		EXPENSES TO DATE		% OF BUDGET		REMAINING BALANCE	
Total Salaries (See Page B)										
Fringe Benefits Total Personnel Expenses					-					
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities,	\$61,	\$61,801							\$61,80	01.00
Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office,	\$93,300								\$93,30	00.00
Postage, Printing and Repro., Program Supplies)										
Conord Operating to a Insurance State	629	\$28,200							\$28,20	20.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$20,	200	-				<u> </u>		φ20,2t	30.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb,										
Stipends, Facilitators)	ļ——-									
Total Operating Expenses	\$183	301							\$183,3	01.00
Capital Expenditures	6402	204							04000	04.00
TOTAL DIRECT EXPENSES Indirect Expenses	\$183 \$18,				-				\$183,3 \$18,33	
TOTAL EXPENSES	\$201,631								\$201,6	
LESS: Initial Payment Recovery					NOTES	:			0.00	
Other Adjustments (Enter as negative, if appro REIMBURSEMENT	priate)		2,000		ļ					
I certify that the information provided above is, to the be accordance with the budget approved for the contract c records for those claims are maintained in our office at Signature:	Ited for servi	ces provide indicated.	d under the	provisio	n of that co			on and ba		
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor,			V-10400	3, 322	***					
San Francisco, CA 94103 Attn: Contract Payments	contestion (IIII)	Ву:	(DPH Au	horized	Signator	۸		Date:		

APPENDIX F-1d 07/01/17 - 06/30/18 PAGE B

	San Francisco 1035 Market S					Invoice Number A-1JUL17		
, 3001	San Francisco	-		Contract P	Purchase Order No:			
	415-487-3000 415-487-3009				Fund Source:	Ger	neral Fund	
Program Name:	Suringe Acces	e Soni	COP		Grant Code/Detail:			
		2 201 AI	Ces	Р	roject Code/Detail:			
ACE Control #:				J	Invoice Period:	07/1/1	7 - 07/31/17	
		18			FINAL Invoice		(check if Yes)	
DETAIL PERSON	NEL EXPEND		s					
PERSONNEL		FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE	
			-					
				· ·				
TOTAL SALARIES								
I certify that the information accordance with the budge records for those claims an	t approved for the co	ontract cit	ed for services provi	ded under the provision of				
Certified By:				Date:				

APPENDIX F-1e 01/01/17 - 12/31/17 PAGE A

Contractor: San Francisco AIDS Foundation Address: 1035 Market Street, Suite 400						Contract ID # 1000002634				Invoice Number A-1JAN17		
	San Francisco, CA 94103				Cor	ntract Pur	chase C	rder No:				
	415-487-3000 415-487-3009		СН	EP				Source:		CDC	<u>. </u>	
Program Name:	Syringe Access Services					G	rant Coo	le/Detail:				
ACE Control #:						Pro	ject Cod	le/Detail:		HCPD90)	
AGE CONGO! #.							Invoice	Period:	01/1	/17 - 01/3	31/17	
							FINAL	_ Invoice		(check if	Yes)	
DELIVERABLES		CONTR UOS		DELIV THIS P UOS		DELIV TO D UOS	ERED DATE NOC		OF TAL NOC		INING RABLES NOC	
Program Coord	lination	12	N/A		1100					12	N/A	
						<u> </u>						
				-		 						
			шоо			~ ~ .						
Number of Clients	for Appendix		NOC N/A	1	NOC	II .	NOC		NOC N/A	i	NOC N/A	
realization of official	Tot Appendix		I NIA	1		11			IND		INA	
EXPENDITURES		BUD	GET	EXPE THIS P		EXPE TO D			OF GET		ANCE	
Total Salaries (
Fringe Benefits	nnel Expenses				4	-			_			
Operating Expe							-			_		
	(e.g., Rental of Property, Utilities,						100000					
	nance Supplies and Repairs)											
	Id Supplies-(e.g., Office,		-,									
Postage, Printin	ng and Repro., Program Supplies)							-				
General Ope	erating-(e.g., Insurance, Staff	\$4,5	45							\$4,54	5.00	
Training, Equipr	ment Rental/Maintenance)		×									
Staff Travel	- (e.g., Local & Out of Town)											
Consultant/	Subcontractor					 						
CONSCILLATION	Cubcond Lotor											
	s, Audit, Transportation Relmb,											
Stipends, Facilita	ators)											
Total Operati	ing Expenses	\$4,5	45		_ :=	 			-	\$4,54	5.00	
Capital Expe					_					ψ4,04	0.00	
TOTAL DIRECT	T EXPENSES	\$4,5								\$4,54		
Indirect Expe		\$45	CALLED TO SECURITY OF THE PARTY							\$455		
TOTAL EXPEN	Payment Recovery	\$5,0	00	100		NOTES		<u> </u>		\$5,00	0.00	
	ments (Enter as negative, if approp	oriate)				NOTEO					- 1	
REIMBURSEM		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			No. of Control	Ĭ						
accordance with the	rmation provided above is, to the best budget approved for the contract of aims are maintained in our office at the	ted for service	es provide									
records for those CR	Signature:								Date:			
Send to:	SFDPH Fiscal / Invoice Process	ina		-	_	-						
	1380 Howard Street, 4th Floor, 5		D						D-t-			
	San Francisco, CA 94103 Attn: Contract Payments		By:		horized	Signatory)		Date:			

APPENDIX F-1e 01/01/17 - 12/31/17 PAGE B

					Inve	oice Number	
	San Francisco AIDS				A-1JAN17		
Address:	1035 Market Street,		011				
	San Francisco, CA	94103	Contract F	urchase Order No:			
Telephone:	415-487-3000			Fund Source:	CDC		
	415-487-3009						
				Grant Code/Detail:			
Program Name:	Syringe Access Ser	vices				100000	
ACE Control #:			٦ .	roject Code/Detail:	HCPD90		
ACE COMBON #.			_	Invoice Period:	01/1/1	17 - 01/31/17	
				FINAL Invoice		(check if Yes)	
DETAIL PERSON	NEL EXPENDITUR	E8					
DEDOGNALIE		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING	
PERSONNEL	FIE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE	
					:		
		.					
		-					
			-				
		-					
		 					
							
TOTAL SALARIES							
	provided above is, to the b						
4.5	e maintained in our office at			•			
Certified By:			Date:				
Title:							
1100.							

APPENDIX F-1f 07/01/18 - 06/30/19 PAGE A

Contractor: Address:		p-V-street,	02634	Invoice Number A-1JUL18							
	San Francisco, CA 94103				Cor	ntract Pui	chase C	rder No:			
M-2	415-487-3000 415-487-3009		СН	EP		Funding Source: General Fund Grant Code/Detail:					ınd
Program Name:	Syringe Access Services				f	G	rant Cod	e/Detail:			
ACE Control #:		1				Pro	ject Cod	e/Detail:			
AGE COILLOI W							Invoice	Period:	07/1	/18 - 07/3	31/18
							FINAL	_ Invoice		(check if	Yes)
		TO	ΓAL	DELIV	ERED	DELIV	ERED	%	OF		UNING
DELIVERABLES		CONTR	ACTED NOC	THIS P	NOC	UOS	NOC	UOS	TAL NOC	DELIVE	RABLES
Syringe Access	Services	5,906	44,300							5,906	44,300
Program Coord		12	N/A						N/A	12	N/A
										i	
											12722721
N 1 100 1			NOC	***	NOC		NOC		NOC		NOC
Number of Clients	for Appendix		44300			<u> </u>	l			<u> </u>	44,300
EXPENDITURES	5	BUD	GET	EXPE THIS P			NSES DATE		OF GET		INING INCE
Total Salaries (See Page B)	\$435,950		the the same of th					*	\$435.9	50.00
Fringe Benefits		\$108,988								\$108,9	00.88
	nnel Expenses	\$544	,938							\$544,9	38.00
Operating Expe											
	(e.g., Rental of Property, Utilities,	\$74,	899							\$74,8	99.00
Building Mainter	nance Supplies and Repairs)			• •							
					197						
	d Supplies-(e.g., Office,	\$532	,872							\$532,8	372.00
Postage, Printin	g and Repro., Program Supplies)										
			40			-					
	erating-(e.g., Insurance, Staff	\$9,1	43							\$9,14	3.00
Training, Equipr	ment Rental/Maintenance)					 					
Staff Travel	- (e.g., Local & Out of Town)										
Consultant/	Subcontractor	\$616	0/17			├ ──-				\$616,9	47 00
Consultario	Subcontractor	3010	,947			 			-	\$0.10,8	47.00
Other - (Meals	s, Audit, Transportation Relmb,					 			-		
Stipends, Facility											
	,					1					
Total Operati	ing Expenses	\$1,233	3,861							\$1,233,	861.00
Capital Expe											
TOTAL DIREC		\$1,778								\$1,778,	
Indirect Expe		\$177								\$177,8	
TOTAL EXPEN		\$1,956	5,679			NOTEO				\$1,956,	679.00
	Payment Recovery					NOTES					
REIMBURSEM	ments (Enter as negative, if approp	priate)									1
KLIMBURSEN	15141										
I certify that the info	rmation provided above is, to the bes	st of my kno	wledge com	nolete and	accurate	the amou	nt request	ed for reim	hursement	is in	
	budget approved for the contract cit	•							5.50		
	aims are maintained in our office at the		•					,			
	Signature:								Date:		
	-						* ******			- 10	
	Title:										
Send to:	SFDPH Fiscal / Invoice Process	ing									
	1380 Howard Street, 4th Floor, 5										
	San Francisco, CA 94103		Ву:						Date:		
	Attn: Contract Payments		-,.	(DPH Au	thorized	Signatory	r)	u .			

APPENDIX F-1f 07/01/18 - 06/30/19 PAGE B

					Invo	ice Number
Contractor: San Francisco	oundation		ĺ	A	-1JUL18	
Address: 1035 Market S	treet. Su	Ite 400		,		
San Francisco			Contract P	urchase Order No:		
Telephone: 415-487-3000				Fund Source:	Ger	neral Fund
Fax: 415-487-3009						
Process Names Comings Assess	01-		,	Grant Code/Detail:		
Program Name: Syringe Acces	ss Servic	es	D	roject Code/Detail:		
ACE Control #:	-			oject coderbetan. [
HOL GOINGOI III				Invoice Period:	07/1/1	8 - 07/31/18
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEND	TURES	5				
PERSONNEL	ETE	BUDGETED SALARY	EXPENSES	EXPENSES	% OF	REMAINING
	FTE	the state of the s	THIS PERIOD	TO DATE	BUDGET	BALANCE
Prgms & Ops Director Dir. Behavioral Health Svc	0.05	\$5,250				\$5,250.00
	0.05	\$6,000				\$6,000.00
Dir. Gov't Contracts	0.05	\$4,900				\$4,900.00
Data Manager	0.05	\$3,750				\$3,750.00
SAS Director	0.75	\$67,500				\$67,500.00
ogistics Inventory Mgr	1.00	\$62,000				\$62,000.00
ogistics Associates	2.00	\$110,000				\$110,000.00
SE/Vol Coordinator	0.75	\$46,500				\$46,500.00
lealth Educator	1.75	\$96,250				\$96,250.00
comm. Engagement & Kit Pack ing A	0.65	\$33,800				\$33,800.00
			'			
						36
•						
OTAL SALARIES	1	\$435,950				\$435,950.00

APPENDIX F-1g 07/01/18 - 06/30/19 PAGE A

Contractor: San Francisco AIDS Founda			Contract ID # 1000002634				Invoice Number A-1JUL18				
Address: 1035 Market Street, Sulte 40 San Francisco, CA 94103)0			Con	tract Pur	chase O	rder No:				
Telephone: 415-487-3000 Fax: 415-487-3009		CH	EP)	Funding	Source:	G	eneral Fu	nd	
Program Name: Syringe Access Services		CIT	LF		G	rant Cod	le/Detail:				
					Pro	ject Cod	le/Detail:				
ACE Control #:						Involce	Period:	07/1	/18 - 07/3	31/18	
						FINAL	_ Invoice		(check if	Yes)	
DELIVERABLES	TOT CONTR UOS		DELIV THIS P UOS			ERED DATE NOC		OF TAL NOC		INING RABLES NOC	
Program Coordination	12	N/A	003	NOC	003	NOC	003	NOC	12	N/A	
		1477								1477	
									<u> </u>		
"		NOC		NOC		NOC		NOC		NOC	
Number of Clients for Appendix		N/A						N/A		N/A	
EXPENDITURES	BUD	GFT	EXPE THIS P		EXPE	NSES DATE		OF OGET		INING	
Total Salaries (See Page B)		-								1	
Fringe Benefits											
Total Personnel Expenses											
Operating Expenses:	\$63,	904							\$63.80	04.00	
Occupancy-(e.g., Rental of Property, Utilities, Bullding Maintenance Supplies and Repairs)	\$03,	001							\$03,0	01.00	
Materials and Supplies-(e.g., Office,	\$93,	300							\$93,30	00.00	
Postage, Printing and Repro., Program Supplies)	\$00,	000							400,0	00.00	
General Operating-(e.g., Insurance, Staff	\$30,7	783							\$30,78	83.00	
Training, Equipment Rental/Maintenance)	Ψ00,	700							Ψου, / (30.00	
Staff Travel - (e.g., Local & Out of Town)											
Consultant/Subcontractor											
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)											
	645=	004							0407	04.00	
Total Operating Expenses Capital Expenditures	\$187,	884	<u></u>						\$187,8	84.00	
TOTAL DIRECT EXPENSES	\$187.	.884				_			\$187,8	84.00	
Indirect Expenses	\$18,								\$18,7		
TOTAL EXPENSES	\$206,	672							\$206,6	72.00	
LESS: Initial Payment Recovery					NOTES						
Other Adjustments (Enter as negative, if approp REIMBURSEMENT	riate)]	
I certify that the information provided above is, to the best			and the same								
records for those claims are maintained in our office at th							•		•		
Signature: _		-						Date:			
Title: _					_		e.				
Send to: SFDPH Fiscal / Invoice Processi	ng	-0						-			
1380 Howard Street, 4th Floor, S	_										
San Francisco, CA 94103		By:					pio.	Date:			
Attn: Contract Payments			(DPH Au	thorized	Signatory)					

APPENDIX F-1g 07/01/18 - 06/30/19 PAGE B

						Invo	ice Number
	San Francisco 1035 Market St						-1JUL18
sands dees	San Francisco			Contract P	Purchase Order No:		
	415-487-3000				Fund Source:	Ger	neral Fund
	415-487-3009				Grant Code/Detali:		
Program Name:	Syringe Acces	s Servic	96	P	roject Code/Detail:		
ACE Control #:					Invoice Period:	07/1/1	8 - 07/31/18
					FINAL Invoice		(check if Yes)
DETAIL PERSON	NEL EXPEND	TURES					
PERSONNEL		FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
		-					
						1	
		-					
TOTAL SALARIES I certify that the information	provided above is	to the best	of my knowledge of	complete and accumular t	ne amount requested to	r colmbureem	ant le in
accordance with the budge	at approved for the co	o une besi ontract cite	d for services provi	ded under the provision	of that contract. Full jus	tification and	backup
records for those claims ar	re maintained in our o	office at the	address indicated.				
O-48-3 P				D-1-			
Certified By:				Date:			
Title:							

APPENDIX F-1h 01/01/18 - 12/31/18 PAGE A

	San Francisco AIDS Found 1035 Market Street, Suite 4			Contra 10000	oct ID # 02634	Invoice Number A-1JAN18					
Address:	San Francisco, CA 94103	00			Con	tract Pur	chase O	rder No:			
	415-487-3000 415-487-3009		СН	EP		1	Funding	Source:		CDC	
Program Name	Syringe Access Services					Gı	rant Cod	e/Detail:			
						Pro	ject Cod	e/Detail:		HCPD90	
ACE Control #:							Invoice	Period:	01/1	/18 - 01/3	31/18
	×.						FINAL	_ Invoice		(check if	Yes)
DELIVERABLES	_ 1	TOT CONTR UOS		DELIV THIS P UOS		DELIV TO D UOS			OF TAL NOC		INING RABLES NOC
Program Coord	lination	12	N/A							12	N/A
								<u> </u>			
								"	-		
			NOC		NOC		NOC		NOC		NOC
Number of Clients	s for Appendix		N/A		_;	I			N/A	1	N/A
EXPENDITURES	S	BUD	GET	EXPE		EXPE TO D	NSES DATE		OF GET	REMA BALA	INING
Total Salaries (
Fringe Benefits											
	nnel Expenses										_==
Operating Expe	(e.g., Rental of Property, Utilities,							_			
	nance Supplies and Repairs)	00000		 						-	
Dancing Mainton	Tarios Supplies and Proparis										
Materials an	nd Supplies-(e.g., Office,										×
Postage, Printin	ng and Repro., Program Supplies)										
	erating-(e.g., Insurance, Staff	\$4,5	45	<u> </u>						\$4,54	5.00
Training, Equipi	ment Rental/Maintenance)							<u></u>		<u> </u>	
Staff Travel	- (e.g., Local & Out of Town)										
Consultant	Subcontractor	-						-			
	s, Audit, Transportation Reimb,										
Stipends, Facility	ators)					-		<u> </u>			
Total Operat	ing Expenses	\$4,5	45							\$4,54	5.00
Capital Expe	nditures										
TOTAL DIREC		\$4,5								\$4,54	
Indirect Expe TOTAL EXPEN		\$45 \$5,0								\$458 \$5,00	
	Payment Recovery	90,0	00			NOTES				_ φυ,υυ	0.00
	ments (Enter as negative, if approp	riate)									- 1
REIMBURSEN	MENT										
	ormation provided above is, to the bes										
	aims are maintained in our office at the			o or root till	PINTERIO	. or trial 60	muoti Pl	jesunudli	on and Da		
	Signature:								Date:		
Send to:	SFDPH Fiscal / Involce Process	ino		·						-5	
Cena to.	1380 Howard Street, 4th Floor, \$										
	San Francisco, CA 94103		By:						Date:		ŀ
	Attn: Contract Payments		-,.		thorized	Signatory	')	•			

APPENDIX F-1h 01/01/18 - 12/31/18 PAGE B

						ACE NUMBER
	San Francisco AID				A	-1JAN18
Address:	1035 Market Street San Francisco, CA		Contract P	urchase Order No:		
	415-487-3000 415-487-3009			Fund Source:		CDC
Drogram Namer	Syringe Access Se	mula a a		Grant Code/Detail:		
		ryices	, Р	roject Code/Detail:	ŀ	ICPD90
ACE Control #:			J	Invoice Period:	01/1/1	18 - 01/31/18
				FINAL Invoice		(check if Yes)
DETAIL PERSON	NEL EXPENDITUR	RES BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FIE		THIS PERIOD	TO DATE	BUDGET	BALANCE
		-				
				<u></u>		
		-				
				i		
TOTAL SALARIES						
	provided above is, to the	hest of my knowledge.	complete and accurate: t	ne amount requested to	r reimhursem	ent le lo
ccordance with the budge	at approved for the contrac	cited for services prov	ided under the provision	of that contract. Full jus	tification and	backup
	e maintained in our office a					
*						
Certified By:			Date:			
T:41						
i itie:			•			

APPENDIX F-2a 07/01/17 - 06/30/18 PAGE A

Contractor: San Francisco AIDS Found			oct ID #		Invoice Number A-2JUL17					
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	400			Con	tract Pur	chase O	rder No:			
,										
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP			_	Source:	Ge	eneral Fu	nd
Program Name: Syringe Access Services -	HYA			Į			e/Detail:			
ACE Control #:]				Pro		e/Detail:			
						Invoice	Period:	07/1/	/17 - 07/3	31/17
						FINAL	. Invoice		(check if	Yes)
DELIVERABLES	TOT CONTR UOS	TAL ACTED NOC	DELIV THIS P UOS	ERED ERIOD NOC		ERED DATE NOC	% TO	OF TAL NOC	REMA DELIVER UOS	
HYA Wrap Around & Dosposal	12	N/A	000	1400	003	1400	1	1400	12	N/A
TITA VIIZP AIGUNG & DOOPGOG		1007								1071
		1	1		<u> </u>	40005	l			
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A		L				N/A		N/A
EXPENDITURES	BUD	GET	EXPE THIS P			NSES DATE	% BUD	OF GET	REMA BALA	
Total Salaries (See Page B)										
Fringe Benefits										
Total Personnel Expenses Operating Expenses:			ļ						<u></u>	
Occupancy-(e.g., Rental of Property, Utilities,	-									
Building Maintenance Supplies and Repairs)								-		
				-						
Materials and Supplies-(e.g., Office,										
Postage, Printing and Repro., Program Supplies)					-					
Consess Operating to a leave of Claff					 					
General Operating-(e.g., insurance, Staff Training, Equipment Rental/Maintenance)					1					
Training, Equipment Pentarwantenance)					-					
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$146	.160	<u> </u>		-				\$146,1	60.00
Other - (Meals, Audit, Transportation Relmb,										
Stipends, Facilitators)	<u> </u>						<u> </u>			
Total Operating Expenses	\$146	,160							\$146,1	60.00
Capital Expenditures										
TOTAL DIRECT EXPENSES	\$146								\$146,1	
Indirect Expenses	\$14,					_	<u> </u>		\$14,6	
TOTAL EXPENSES LESS: Initial Payment Recovery	\$160	,//5	<u> </u>		NOTES				\$160,7	75.00
Other Adjustments (Enter as negative, if appro	opriate)				NO ILO	•				
REIMBURSEMENT					<u></u>					
		7-6								
I certify that the information provided above is, to the be		500 100 0 0 1100 100 100								
accordance with the budget approved for the contract or records for those claims are maintained in our office at			d under the	e provisio	n of that co	ontract. Fl	ili justificati	on and bad	скир	
Signature:								Date:		
					-					
Title:		7704								
Send to: SFDPH Fiscal / Invoice Proces	The second									
1380 Howard Street, 4th Floor,	Suite 423	D						Data	*	
San Francisco, CA 94103 Attn: Contract Payments		Ву:	(DPH Au	thorized	Signator	Α.		Date:		

APPENDIX F-2a 07/01/17 - 06/30/18 PAGE B

							ice Number			
	Contractor: San Francisco AIDS Foundation					A	-2JUL17			
Address	: 1035 Market St									
	San Francisco,	CA 94	103	Contract P	urchase Order No:					
Telephone	: 415-487-3000				Fund Source:	Gov	neral Fund			
	415-487-3009				Turiu oouroe.	Ger	iciai ruiiu			
1 600	410 407 0000				Grant Code/Detail:					
Program Name:	: Syringe Access	Service	es - HYA							
				P						
ACE Control #	:									
					Invoice Period:	07/1/1	7 - 07/31/17			
					FINAL Invoice		(check if Yes)			
							(
DETAIL PERSON	NEL EXPEND	TURES	3							
REDOONNEL		-	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING			
PERSONNEL	- 	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE			
		-								
		-								
		-								
		-								
		_								
					!					
		-								
TOTAL SALARIES	a aroudded above la t	o the best	of my knowledge e	amplete and accurate t	no amount requested to	r raim human	oot lo in			
I certify that the informatio accordance with the budg	n provided above is, t et approved for the co	o ine besi otract cite	of my knowledge, c of for services provid	omplete and accurate; to led under the provision (of that contract. Full lus	r reimpurseme	em is in backup			
records for those claims a					,					
Carlified Dur	2			Deter						
Certified by:	V			Date.						
Title:										

APPENDIX F-2b 07/01/18 - 06/30/19 PAGE A

Contractor: San Francisco AIDS Foundation Address: 1035 Market Street, Suite 400							oct ID #_		A-2JUL18		
Address: 1035 Market San Francisco	- All Schools St. Longitude Co.	UU			Con	tract Pur	chase O	rder No:			
Telephone: 415-487-3000 Fax: 415-487-3009			СН	EP		d	Funding	Source:	G	eneral Fu	nd
Program Name: Syringe Acco		UVA				G	rant Cod	e/Detail:			
	sss services -	IIIA,				Pro	ject Cod	e/Detail:			
ACE Control #:	,						Invoice	Period:	07/1	/18 - 07/3	31/18
							FINAL	Invoice		(check if	Yes)
DELIVERABLES		TOT CONTR UOS			ERED ERIOD NOC		ERED DATE NOC		OF TAL NOC	REMA DELIVER UOS	
HYA Wrap Around & Dosposa	al II	12	N/A							12	N/A
THE THE PARTY OF THE CONTROL OF THE PARTY OF	-	14	1073			-				12	1007
				<u> </u>							
							-				
			NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix			N/A						N/A		N/A
EXPENDITURES		BUD	GET		NSES ERIOD		NSES DATE		OF GET	REMA BALA	
Total Salaries (See Page B)											
Fringe Benefits											
Total Personnel Expense	S										
Operating Expenses:											
Occupancy-(e.g., Rental of Pr											
Building Maintenance Supplies ar	d Repairs)										
Materials and Supplies-(e								<u> </u>			
Postage, Printing and Repro., Pro	gram Supplies)										
Consent Orienting (0: "										
General Operating-(e.g., Ins								<u> </u>			
Training, Equipment Rental/Main	tenance)										
Staff Travel - (e.g., Local & C	Out of Town)										
Consultant/Subcontracto	or	\$149,	814							\$149,8	14.00
Other - (Meals, Audit, Transpor	tation Reimb			-							
Stipends, Facilitators)											
Total Operating Expenses		\$149,	814			200				\$149,8	14.00
Capital Expenditures											
TOTAL DIRECT EXPENSES		\$149,								\$149,8	
Indirect Expenses		\$14,9								\$14,98	
TOTAL EXPENSES		\$164,	794			NATES				\$164,7	94.00
LESS: Initial Payment Rec	Make the same of the paper.					NOTES	:				- 1
Other Adjustments (Enter as	negative, if approp	riate)		765	No.	l.					1
REIMBURSEMENT											
I certify that the information provided	shove is to the bes	t of my know	wledne cor	nnlete and	accurate	the amou	nt requiest	ad for raim	hureamont	le in	
accordance with the budget approved											
records for those claims are maintain				E. 200 7 25 2				,			
	Clanatura								Date:		
	_										
	Title:										
Send to: SFDPH Fiscal	Invoice Process	ing				——————————————————————————————————————				W/	
4.	treet, 4th Floor, S	_									- 1
San Francisco,			Ву:						Date:		
Attn: Contract			- y.	(DPH Au	thorized	Signator	٨		-40.		

APPENDIX F-2b 07/01/18 - 06/30/19 PAGE B

						Invo	olce Number	
	Contractor: San Francisco AIDS Foundation Address: 1035 Market Street, Suite 400				A	-2JUL18		
Address:					harden Carlos N			
	San Francisco,	CA 9	4103	Contract F	urchase Order No:			
Telephone:	415-487-3000				Fund Source:	Ger	neral Fund	
Fax:	415-487-3009							
Program Namo:	Syringe Access	- Consi	one - UVA		Grant Code/Detail:			
i iogiani nama.	Oymige Access	o Colvi	003 - IIIA	P	roject Code/Detail:			
ACE Control #:								
					Invoice Period:	07/1/1	18 - 07/31/18	
					FINAL invoice		(check if Yes)	
	Y							
DETAIL PERSON	NEL EXPENDI	TURE	S BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING	
PERSONNEL		FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE	
		-						
				·				
		-						
		-						
TOTAL SALARIES Certify that the information	provided shows in t	o the bes	t of my knowledge o	omplete and socurete: #	a emount requested for	E polos burganos	ant la la	
accordance with the budge								
records for those claims ar	e maintained in our o	ffice at ti	ne address indicated.					
				. 47				
Certified By:				Date:				
Title-								
Title.								

APPENDIX F-3a 07/01/17 - 06/30/18 PAGE A

Telephone: 415-487-3000 Fax: 415-487-3000	Contractor: San Francisco AIDS Foundation Address: 1035 Market Street, Suite 400					Contract ID # 1000002634			Invoice Number A-3JUL17		
Program Name: Syringe Access - Harm Reduction Center	AND THE PROPERTY OF THE PROPER				Con	tract Pur	chase 0	rder No:			-
Project Code/Detail:	The state of the s		СН	EP					G	eneral Fo	und
Invoice Period:	Program Name: Syringe Access - Harm Re	duction C	enter		ı						
Check if Yes Contracted C	ACE Control #:]				Pro	ject Cod	e/Detall:			
DELIVERABLES							Invoice	Period:	07/1	/17 - 07/	31/17
DELIVERABLES							FINAL	. Invoice		(check if	Yes)
NOC	DELIVERABLES	CONTR	ACTED	THIS P	ERIOD	TOE	ATE	TO	TAL	DELIVE	
Number of Cilients for Appendix S5343	Harm Reduction Center		35,343							12	35,343
Number of Cilients for Appendix S5343											
Number of Cilients for Appendix S5343		-	-			-					
Number of Cilients for Appendix S5343											
EXPENDITURES BUDGET Total Salaries (See Page B) \$588,550 Total Personnel Expenses \$588,550.00 Total Personnel Expenses Cocupancy-(a.g., Rental of Property, Utilities, \$32,214 Building Maintenance Supplies and Repairs) Materials and Supplies-(a.g., Office, \$24,234 Postage, Printing and Repro, Program Supplies) General Operating-(a.g., insurance, Staff Traivel - (a.g., Local & Out of Town) Staff Travel - (a.g., Local & Out of Town) Staff Travel - (a.g., Local & Out of Town) Other - (Meels, Audit, Transportation Relmb, Sighends, Facilitators) Total Operating Expenses \$67,948 Total Operating Expenses \$803,636 Indirect Expenses Indirect Expenses \$803,636 Indirect Expenses Indirect Exp					NOC		NOC		NOC		NOC
BUDGET THIS PERIOD TO DATE BUDGET BALANCE	Number of Clients for Appendix	<u> </u>	35343							1	35,343
Total Salaries (See Page B) \$588,550 \$147,138 \$147,138 \$147,138 \$147,138 \$147,138 \$147,138 \$147,138 \$147,138 \$147,138 \$147,138 \$147,138 \$147,138 \$147,138 \$147,138 \$147,138 \$175,588 \$187,558 \$11,500 \$11,	EXPENDITURES	חוום	CET								
Total Personnel Expenses Operating Expenses: Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies) General Operating-(e.g., Insurance, Staff \$11,500 \$11,500.00 Training, Equipment Rental/Maintenance) Staff Travel - (e.g., Local & Out of Town) Consultant/Subcontractor Other - (Meals, Audit, Transportation Relimb, Stipends, Facilitators) Total Operating Expenses \$67,948 \$803,636 \$803,636 \$803,636 \$803,636.00 Indirect Expenses \$80,364 \$803,636 \$803,636 \$803,636.00 Indirect Expenses \$80,364 \$803,000 \$803,000.00 LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropriate) REIMBURSEMENT Ittel: Send to: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 423 San Francisco. CA 94103 By: Date:	Total Salaries (See Page B)				ERIOD	101	AIE	B0L	GEI		
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Indirect Expenses \$80,364 \$80,364.00 TOTAL EXPENSES \$884,000 \$884,000.00 LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropriate) REIMBURSEMENT I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Date: Title: Send to: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 423 San Francisco. CA 94103 By: Date:		0000	626							8000	1616 700
TOTAL EXPENSES \$884,000 \$884,000.00 LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropriate) REIMBURSEMENT I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Date: Send to: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 423 San Francisco. CA 94103 By: Date:											
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1380 Howard Street, 4th Floor, Suite 423 San Francisco, CA 94103 By: Date:	Title:	r 2									
San Francisco, CA 94103 By: Date:					*						
		Juite 423	Ву:_	(DDH A	thorizod	Signator	1		Date:		

APPENDIX F-3a 07/01/17 - **06/30/18** PAGE B

Contractor: Sa Address: 10	W-21						ice Number
Address: 10					1	A-	3JUL17
	35 Market Str in Francisco. (Contract P	urchase Order No:		
34	II Francisco,	UM 34	103	Oonidadt F	archiase order ito.		
Telephone: 41					Fund Source:	Gen	eral Fund
Fax: 41	5-487-3009				Grant Code/Detail:		
Program Name: Sy	ringe Access	- Harm	Reduction Cen		Otalit Godd/Detail:		
				Р	roject Code/Detail:		
ACE Control #:					Invoice Period:	07/1/1	7 - 07/31/17
					TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CON	077171	7 - 07/01/17
					FINAL Invoice		(check if Yes)
ETAIL PERSONNE	L EXPENDI	TURES					
ERSONNEL		FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
.P. Programs & Service	28	0.101	\$20,300		7,00		\$20,300.0
ir. Behavorial Health Se		0.05	\$6,000				\$6,000.0
irector, SAS	SIVICES	0.20	\$18,000				\$18,000.0
ssociate Director, 6th S	treet HPC	1.00	\$63,000				\$63,000.0
	lieer HKC	6.25					\$03,000.0
ealth Educator			\$343,750				\$343,750.0
lobile Health Educator		0.50	\$27,500				\$27,500.0
ealth Educator/Invento	ry Team Lea	1.00	\$55,000				\$55,000.0
ventory Associate/Hea	Ith Educator	1.00	\$55,000				\$55,000.0
1							
2							
OTAL SALARIES		0.10	\$588,550				

APPENDIX F-3b 07/01/18 - 06/30/19 PAGE A

Contractor: San Francisco AIDS Found	lation			Contract ID # 1000002634				Invoice Number			
Address: 1035 Market Street, Suite 400					1000002634				A-3JUL1	8	
San Francisco, CA 94103				Cor	ntract Pur	chase O	rder No:				
Telephone: 415-487-3000		011	-		Funding Source:				General Fund		
Fax: 415-487-3009		СН	EP		Grant Code/Detail:						
Program Name: Syringe Access - Harm Re	duction C	enter			Pro	ect Cod	e/Detail:		-		
ACE Control #:					ally vasors		Period:	07/4	/18 - 07/	24/40	
								0771	-		
			=				. Invoice		(check if		
DELIVERABLES	CONTR UOS		DELÎV THIS P UOS		DELIVI TO D UOS			OF TAL NOC		AINING RABLES NOC	
Harm Reduction Center	12	36,960		1400	1	1100	000	1100	12	36,960	
Tidilli Todadalari Gorica	1.2	00,000							12	50,800	
		\vdash	(1.00,00,000								
									1		
		2 1									
	Jean Continues					,					
		NOC		NOC		NOC		NOC		NOC	
Number of Clients for Appendix		36960								36,960	
EXPENDITURES	DUD		EXPE		EXPE		10.00	OF		AINING	
		\$671,050		ERIOD	TO DATE		BUDGET		BALANCE \$671,050.00		
Total Salaries (See Page B) Fringe Benefits											
Total Personnel Expenses	\$167 \$838									763.00	
Operating Expenses:	\$030	,013					<u> </u>		\$000,0	313.00	
	\$33,	214							622.2	14.00	
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	φου,	214							\$33,2	14.00	
Materials and Supplies-(e.g., Office,	\$24,	564			1				\$24,5	64.00	
Postage, Printing and Repro., Program Supplies)	ΨΖ-4,-	304		•					924,3	04.00	
General Operating-(e.g., Insurance, Staff	\$12,	500			₩	-			\$12,5	00.00	
Training, Equipment Rental/Maintenance)	Ψ12,				-				\$12,U	00.00	
Training, Equipment Period/Maintenace/					-						
Staff Travel - (e.g., Local & Out of Town)											
Consultant/Subcontractor											
Other - (Meals, Audit, Transportation Reimb.											
Stipends, Facilitators)											
Total Operating Expenses	\$70,2	278							\$70,2	78.00	
Capital Expenditures			Li Company	ð							
TOTAL DIRECT EXPENSES	\$909,								\$909,0		
Indirect Expenses	\$90,9								\$90,9		
TOTAL EXPENSES	\$1,000	0,000			NIC				\$1,000,	00.00	
LESS: Initial Payment Recovery					NOTES:						
Other Adjustments (Enter as negative, if appropriate Adjustments) REIMBURSEMENT	oriate)						- 11 11 -				
A CONTRACTOR OF THE CONTRACTOR		**************************************									
certify that the information provided above is, to the bea		100 N									
accordance with the budget approved for the contract cli records for those claims are maintained in our office at ti			under the	provisio	n or that cor	itract. Fu	III Justincati	on and ba	скир		
Signature:								Date:			
Title:					211/22						
	_										
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, 9											
San Francisco, CA 94103		Ву:						Date:			
Attn: Contract Payments		-,-	(DPH A++	horized	Signatory			_0.0.			

APPENDIX F-3b 07/01/18 - 06/30/19 PAGE B

					Invo	ce Number
Contractor: San Francisco	AIDS F	oundation			A-	3JUL18
Address: 1035 Market S	treet, Su	ite 400				
San Francisco	, CA 94	103	Contract	Purchase Order No:		
T. I				E 1 6	-	
Telephone: 415-487-3000 Fax: 415-487-3009				Fund Source:	Gen	eral Fund
Fax: 415-467-3009				Grant Code/Detail:		
Program Name: Syringe Acces	e - Harm	Reduction Cen	ter	Oranic Ooder Detail.		
riogiam name. Cyringe Acces	- 110111	i ikeddeddii ocii		Project Code/Detail:		
ACE Control #:						
				Invoice Period:	07/1/1	8 - 07/31/18
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEND	ITURES					
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
V.P. Programs & Services	0.10	\$20,300	THO PERIOD	IODAIL	DODGET	\$20,300.00
Dir. Behavorial Health Services	0.05	\$6,000				\$6,000.00
Director, SAS	0.20	\$18,000				\$18,000.00
Associate Director, 6th Street HRC	1.00	\$63,000	-			\$63,000.00
Health Educator	7.75	\$426,250		· ·		\$426,250.00
Mobile Health Educator	0.50					
		\$27,500	* * * **	-		\$27,500.00
Health Educator/Inventory Team Lea		\$55,000				\$55,000.00
Inventory Associate/Health Educator	1.00	\$55,000				\$55,000.00
			,			
TOTAL SALARIES	11.60	\$671,050				\$671,050,00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/21/2017

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER License # 0H81923 CONTACT NAME: G2 Insurance Services, LLC PHONE (A/C, No, Ext): (415) 426-6600 FAX (A/C, No): (415) 426-6601 140 New Montgomery, 21st Floor San Francisco, CA 94105 **INSURER(S) AFFORDING COVERAGE** NAIC# INSURER A: Nonprofits' Insurance Alliance of California (NIAC) INSURED INSURER B : Berkshire Hathaway Homestate Insurance Company San Francisco AIDS Foundation INSURER C : 1035 Market Street, Ste. 400 INSURER D: San Francisco, CA 94103 INSURER E: INSURER F: **COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** LIMITS 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1.000.000 CLAIMS-MADE X OCCUR 2017-00950 04/01/2017 04/01/2018 X 20,000 MED EXP (Any one person) \$ 1.000,000 PERSONAL & ADV INJURY 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 3,000,000 JEC+ X LOC POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 1.000.000 AUTOMOBILE LIABILITY X ANY AUTO 04/01/2017 04/01/2018 2017-00950 X BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED PROPERTY DAMAGE (Per accident) HIRED ONLY NON-OWNED AUTOS ONLY \$ 10,000,000 X UMBRELLA LIAB OCCUR **EACH OCCURRENCE** 04/01/2017 04/01/2018 10,000,000 EXCESS LIAB 2017-00950-UMB CLAIMS-MADE **AGGREGATE** \$ 10,000 DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PTH-X SAWC819099 07/01/2018 07/01/2017 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT NIA 1.000.000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1.000.000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Ongoing service contracts with City and County of San Francisco City and County of San Francisco, its officers, directors, employees, agents, and representatives are named as additional insureds as respects General Liability and Auto Liability as required by written contract. Waiver of subrogation applies in faver of the City and County of San Francisco with respects to Workers Compensation as permitted by law. CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City and County of San Francisco, Department of Public Health **Attn: Contracts** 101 Grove Street, Suite 307 **AUTHORIZED REPRESENTATIVE** San Francisco, CA 94102

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

City And County Of San Francisco, SFDPH, its Officers, Directors, Employees, Agents and Representatives 101 Grove Street
San Francisco, CA 94102
As respects vehicle(s): ALL

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

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

NIAC A1 03 91 Page 1 of 1