

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

**Second Amendment**

THIS AMENDMENT (this “Amendment”) is made as of **February 1<sup>st</sup>, 2019**, in San Francisco, California, by and between the **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, increase contract amount, and update standard contractual clauses**; 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 1, 2016, (CID# 1000002634 / BPHC17000019)**, between Contractor and City, as amended by the:

**First Amendment, dated October 1, 2017 (CID# 1000002634 / BPHC17000019).**

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 First Amendment 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, 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."

|           |                         |           |
|-----------|-------------------------|-----------|
| 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 |           |

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, 2026**, 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."

|           |                         |           |
|-----------|-------------------------|-----------|
| Option 1: | 07/01/2018 – 06/30/2019 | Exercised |
| Option 2: | 07/01/2019 – 06/30/2020 | Exercised |
| Option 3: | 07/01/2020 – 06/30/2021 | Exercised |
| Option 4: | 07/01/2021 – 06/30/2022 | Exercised |
| Option 5: | 07/01/2022 – 06/30/2023 | Exercised |
| Option 6: | 07/01/2023 – 06/30/2024 | Exercised |
| Option 7: | 07/01/2024 – 06/30/2025 | Exercised |
| Option 8: | 07/01/2025 – 06/30/2026 | Exercised |

2.2 **Article 3.3.1 Payment** of the First Amendment currently reads as follows:

## Article 3 Financial Matters

### 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.

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

## **Article 3 Financial Matters**

### **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 **Thirty-Five Million Six Hundred Eight Thousand One Hundred Fifty-Nine DOLLARS (\$35,608,159)**. 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.

**2.3 Article 3.4 Audit and Inspection Records**, is hereby amended in its entirety to read as follows:

## **Article 3 Financial Matters**

**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 \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: [https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl).

If Contractor expends less than \$750,000 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.

2.4 **Add Article 12.2 Exclusion Lists and Employee Verification**, to this Agreement as Amended to reads as follows:

## **Article 12 Department Specific Terms**

12.2 **Exclusion Lists and Employee Verification.** Upon hire and monthly thereafter, Contractor will check the exclusion lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency. Proof of checking these lists will be retained for seven years.

2.5 **Article 13.3 Business Associate Agreement**, is hereby amended in its entirety to read as follows:

**Article 13 Data and Security**

**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, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act").

**The parties acknowledge that CONTRACTOR will:**

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

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

- a. **Appendix E SFDPH Business Associate Agreement (BAA) (04-12-2018)**
  - 1. SFDPH Attestation 1 PRIVACY (06-07-2017)
  - 2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

2. ☐ **NOT do any of the activities listed above in subsection 1;**  
Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

The Appendices listed below are Amended as follows:

2.6 Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated: 02/01/2019.

2.7 Delete Appendix A-1, and replace in its entirety with Appendix A-1 to Agreement as amended. Dated: 02/01/2019.

2.8 Delete Appendix A-2, and replace in its entirety with Appendix A-2 to Agreement as amended. Dated: 02/01/2019.

2.9 Delete Appendix A-3, and replace in its entirety with Appendix A-3 to Agreement as amended. Dated: 02/01/2019.

2.10 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: 02/01/2019.

2.11 Delete Appendix B-1f, and replace in its entirety with Appendix B-1f to Agreement as amended. Dated: 02/01/2019.

2.12 Add Appendix B-1i to Agreement as amended. Dated: 02/01/2019.

2.13 Add Appendix B-1j to Agreement as amended. Dated: 02/01/2019.

2.14 Add Appendix B-1k to Agreement as amended. Dated: 02/01/2019.

2.15 Add Appendix B-1l to Agreement as amended. Dated: 02/01/2019.

2.16 Add Appendix B-1m to Agreement as amended. Dated: 02/01/2019.

2.17 Add Appendix B-1n to Agreement as amended. Dated: 02/01/2019.

- 2.18 Add Appendix B-1o to Agreement as amended. Dated: 02/01/2019.
- 2.19 Add Appendix B-1p to Agreement as amended. Dated: 02/01/2019.
- 2.20 Add Appendix B-1q to Agreement as amended. Dated: 02/01/2019.
- 2.21 Add Appendix B-1r to Agreement as amended. Dated: 02/01/2019.
- 2.22 Add Appendix B-1s to Agreement as amended. Dated: 02/01/2019.
- 2.23 Add Appendix B-1t to Agreement as amended. Dated: 02/01/2019.
- 2.24 Add Appendix B-1u to Agreement as amended. Dated: 02/01/2019.
- 2.25 Add Appendix B-1v to Agreement as amended. Dated: 02/01/2019.
- 2.26 Add Appendix B-2c to Agreement as amended. Dated: 02/01/2019.
- 2.27 Add Appendix B-2d to Agreement as amended. Dated: 02/01/2019.
- 2.28 Add Appendix B-2e to Agreement as amended. Dated: 02/01/2019.
- 2.29 Add Appendix B-2f to Agreement as amended. Dated: 02/01/2019.
- 2.30 Add Appendix B-2g to Agreement as amended. Dated: 02/01/2019.
- 2.31 Add Appendix B-2h to Agreement as amended. Dated: 02/01/2019.
- 2.32 Add Appendix B-2i to Agreement as amended. Dated: 02/01/2019.

2.33 Delete Appendix B-3b, and replace in its entirety with Appendix B-3b to Agreement as amended. Dated: 02/01/2019.

2.34 Add Appendix B-3c to Agreement as amended. Dated: 02/01/2019.

2.35 Add Appendix B-3d to Agreement as amended. Dated: 02/01/2019.

2.36 Add Appendix B-3e to Agreement as amended. Dated: 02/01/2019.

2.37 Add Appendix B-3f to Agreement as amended. Dated: 02/01/2019.

2.38 Add Appendix B-3g to Agreement as amended. Dated: 02/01/2019.

2.39 Add Appendix B-3h to Agreement as amended. Dated: 02/01/2019.

2.40 Add Appendix B-3i to Agreement as amended. Dated: 02/01/2019.

2.41 Delete Appendix E, and replace in its entirety with Appendix E to Agreement as amended. Dated: OCPA & CAT v4-12-18 and Attestation forms 06-07-2017.

2.42 Delete Appendix F-1f, and replace in its entirety with Appendix F-1f to Agreement as amended. Dated: 02/01/2019.

2.43 Add Appendix F-1i to Agreement as amended. Dated: 02/01/2019.

2.44 Add Appendix F-1j to Agreement as amended. Dated: 02/01/2019.

2.45 Add Appendix F-1k to Agreement as amended. Dated: 02/01/2019.

- 2.46 Add Appendix F-1l to Agreement as amended. Dated: 02/01/2019.
- 2.47 Add Appendix F-1m to Agreement as amended. Dated: 02/01/2019.
- 2.48 Add Appendix F-1n to Agreement as amended. Dated: 02/01/2019.
- 2.49 Add Appendix F-1o to Agreement as amended. Dated: 02/01/2019.
- 2.50 Add Appendix F-1p to Agreement as amended. Dated: 02/01/2019.
- 2.51 Add Appendix F-1q to Agreement as amended. Dated: 02/01/2019.
- 2.52 Add Appendix F-1r to Agreement as amended. Dated: 02/01/2019.
- 2.53 Add Appendix F-1s to Agreement as amended. Dated: 02/01/2019.
- 2.54 Add Appendix F-1t to Agreement as amended. Dated: 02/01/2019.
- 2.55 Add Appendix F-1u to Agreement as amended. Dated: 02/01/2019.
- 2.56 Add Appendix F-1v to Agreement as amended. Dated: 02/01/2019.
- 2.57 Add Appendix F-2c to Agreement as amended. Dated: 02/01/2019.
- 2.58 Add Appendix F-2d to Agreement as amended. Dated: 02/01/2019.
- 2.59 Add Appendix F-2e to Agreement as amended. Dated: 02/01/2019.
- 2.60 Add Appendix F-2f to Agreement as amended. Dated: 02/01/2019.



- 2.61 Add Appendix F-2g to Agreement as amended. Dated: 02/01/2019.
- 2.62 Add Appendix F-2h to Agreement as amended. Dated: 02/01/2019.
- 2.63 Add Appendix F-2i to Agreement as amended. Dated: 02/01/2019.
- 2.64 Delete Appendix F-3b, and replace in its entirety with Appendix F-3b to Agreement as amended. Dated: 02/01/2019.
- 2.65 Add Appendix F-3c to Agreement as amended. Dated: 02/01/2019.
- 2.66 Add Appendix F-3d to Agreement as amended. Dated: 02/01/2019.
- 2.67 Add Appendix F-3e to Agreement as amended. Dated: 02/01/2019.
- 2.68 Add Appendix F-3f to Agreement as amended. Dated: 02/01/2019.
- 2.69 Add Appendix F-3g to Agreement as amended. Dated: 02/01/2019.
- 2.70 Add Appendix F-3h to Agreement as amended. Dated: 02/01/2019.
- 2.71 Add Appendix F-3i to Agreement as amended. Dated: 02/01/2019.

### **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.

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

CITY

Recommended by:

\_\_\_\_\_  
Grant Colfax, MD  
Director of Health  
Department of Public Health

Approved as to Form:

Dennis J. Herrera  
City Attorney


By: \_\_\_\_\_  
Deputy City Attorney

Approved:

\_\_\_\_\_  
**Alaric Degrafinried**  
City Purchaser and Director of the Office of  
Contract Administration

CONTRACTOR

**SAN FRANCISCO AIDS FOUNDATION**

  
\_\_\_\_\_  
**JOE HOLLENDONER**  
Chief Executive Officer  
1035 Market Street, Suite 400  
San Francisco, CA 94103

Supplier ID number: 0000011638

## **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 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. Possession of Licenses/Permits:**

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

#### **E. Adequate Resources:**

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

F. Admission Policy:

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

G. 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. Under-Utilization Reports:

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

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 | <b>HIV Syringe Access and Disposal Services</b>                           |
| Appendix A-2 | <b>HIV Syringe Access and Disposal Services – Homeless Youth Alliance</b> |
| Appendix A-3 | <b>HIV Syringe Access and Disposal Services – Harm Reduction Center</b>   |

**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.

## CONTRACT SUMMARY

**Service Provider(s):** San Francisco AIDS Foundation  
**Fiscal Agency:** San Francisco AIDS Foundation  
**Total Contract Amount:** \$32,762,870  
**Funding Source:** HPS General Fund/CDC  
**Program Name:** Syringe Access and Disposal Services  
**System of Care:** 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 **Email:** rhill@sfaf.org

**Provider Fax:** 415-487-3094

**RFP#:** 3-2016

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

**Number of UOS:** Syringe Access & Disposal Services Hrs.  
Syringe Access, Disposal Coordination & Bulk Purchasing  
Citywide Syringe Sweeps  
Community-Based Sweeps Events

**Number of NOC:** Syringe Access & Disposal Services Hrs.  
Syringe Access, 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.  
Syringe Access, Disposal Coordination & Bulk Purchasing  
Citywide Syringe Sweeps  
Community-Based Sweeps Events

| Appendix A-1 Syringe Access Services |                  |                  |                  |                  |                  |                  |                  |                  |
|--------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| B-1                                  | B-1a             | B-1b             | B-1c             | B-1d             | B-1e             | B-1f             | B-1g             | B-1h             |
| GF                                   | GF               | CDC              | GF               | GF               | CDC              | GF               | GF               | CDC              |
| \$1,863,232                          | \$196,713        | \$5,000          | \$1,909,813      | \$201,631        | \$5,000          | \$1,956,679      | \$206,672        | \$5,000          |
|                                      |                  |                  |                  |                  | -\$3,036         |                  |                  | -\$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  | 7.1.18-6.30.19   | 7.1.18-6.30.19   | 1.1.18-12.31.18  |
| UOS                                  | UOS              | UOS              | UOS              | UOS              | UOS              | UOS              | UOS              | UOS              |
| 3,614                                | N/A              | N/A              | 3,944            | N/A              | N/A              | 4,302            | N/A              | N/A              |
| 12                                   | 12               | 12               | 12               | 12               | 12               | 12               | 12               | 12               |
| 2,028                                | N/A              | N/A              | 2,861            | N/A              | N/A              | 3,710            | N/A              | N/A              |
| 264                                  | N/A              | N/A              | 40               | N/A              | N/A              | 67               | N/A              | N/A              |
| NOC                                  | NOC              | NOC              | NOC              | NOC              | NOC              | NOC              | NOC              | NOC              |
| 44,300                               | N/A              | N/A              | 56,635           | N/A              | N/A              | 54,300           | N/A              | N/A              |
| N/A                                  | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              |
| N/A                                  | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              |
| N/A                                  | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              |
| B-1i                                 | B-1j             | B-1k             | B-1l             | B-1m             | B-1n             | B-1o             | B-1p             | B-1q             |
| GF                                   | GF               | GF               | GF               | GF               | GF               | GF               | GF               | GF               |
| \$2,006,497                          | \$211,838        | \$2,006,497      | \$211,838        | \$2,006,497      | \$211,838        | \$2,006,497      | \$211,838        | \$2,006,497      |
| 7.1.19 - 6.30.20                     | 7.1.19 - 6.30.20 | 7.1.20 - 6.30.21 | 7.1.20 - 6.30.21 | 7.1.21 - 6.30.22 | 7.1.21 - 6.30.22 | 7.1.22 - 6.30.23 | 7.1.22 - 6.30.23 | 7.1.23 - 6.30.24 |
| UOS                                  | UOS              | UOS              | UOS              | UOS              | UOS              | UOS              | UOS              | UOS              |
| 4,302                                | N/A              | 4,302            | N/A              | 4,302            | N/A              | 4,302            | N/A              | 4,302            |
| 12                                   | 12               | 12               | 12               | 12               | 12               | 12               | 12               | 12               |
| 3,710                                | N/A              | 3,710            | N/A              | 3,710            | N/A              | 3,710            | N/A              | 3,710            |
| 67                                   | N/A              | 67               | N/A              | 67               | N/A              | 67               | N/A              | 67               |



**Number of NOC:**

Syringe Access & Disposal Services Hrs.  
Syringe Access, Disposal Coordination & Bulk Purchasing  
Citywide Syringe Sweeps  
Community-Based Sweeps Events

| NOC    | NOC | NOC    | NOC | NOC    | NOC | NOC    | NOC | NOC    |
|--------|-----|--------|-----|--------|-----|--------|-----|--------|
| 54,300 | N/A | 54,300 | N/A | 54,300 | N/A | 54,300 | N/A | 54,300 |
| N/A    | N/A | N/A    | N/A | N/A    | N/A | N/A    | N/A | N/A    |
| N/A    | N/A | N/A    | N/A | N/A    | N/A | N/A    | N/A | N/A    |
| N/A    | N/A | N/A    | N/A | N/A    | N/A | N/A    | N/A | N/A    |

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

**Number of UOS:**

Syringe Access & Disposal Services Hrs.  
Syringe Access, Disposal Coordination & Bulk Purchasing  
Citywide Syringe Sweeps  
Community-Based Sweeps Events

| B-1r             | B-1s             | B-1t             | B-1u             | B-1v             |  |  |  |  |
|------------------|------------------|------------------|------------------|------------------|--|--|--|--|
| GF               | GF               | GF               | GF               | GF               |  |  |  |  |
| \$211,838        | \$2,006,497      | \$211,838        | \$2,006,497      | \$211,838        |  |  |  |  |
| 7.1.23 - 6.30.24 | 7.1.24 - 6.30.25 | 7.1.24 - 6.30.25 | 7.1.25 - 6.30.26 | 7.1.25 - 6.30.26 |  |  |  |  |
| UOS              | UOS              | UOS              | UOS              | UOS              |  |  |  |  |
| N/A              | 4,302            | N/A              | 4,302            | N/A              |  |  |  |  |

**Number of NOC:**

Syringe Access & Disposal Services Hrs.  
Syringe Access, Disposal Coordination & Bulk Purchasing  
Citywide Syringe Sweeps  
Community-Based Sweeps Events

| 12  | 12     | 12  | 12     | 12  |  |  |  |  |
|-----|--------|-----|--------|-----|--|--|--|--|
| N/A | 3,710  | N/A | 3,710  | N/A |  |  |  |  |
| N/A | 67     | N/A | 67     | N/A |  |  |  |  |
| NOC | NOC    | NOC | NOC    | NOC |  |  |  |  |
| N/A | 54,300 | N/A | 54,300 | N/A |  |  |  |  |
| N/A | N/A    | N/A | N/A    | N/A |  |  |  |  |
| N/A | N/A    | N/A | N/A    | N/A |  |  |  |  |
| N/A | N/A    | 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 Program Coordination.

**Target Population:**

Intravenous drug users (IDUs) throughout San Francisco.

**Description of Services:**

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

**Appendix A:**  
**Appendix B:**  
**Funding Source**  
**Funding Amount:**  
**Funding Term:**  
**Number of UOS:**

HYA Wrap Around & Disposal Services

**Number of UDC/NOC:**

HYA Wrap Around & Disposal Services

| Appendix A-2 Homeless Youth Alliance |                |                |                  |                  |                  |                  |                  |                  |           |
|--------------------------------------|----------------|----------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|
| B-2                                  | B-2a           | B-2b           | B-2c             | B-2d             | B-2e             | B-2f             | B-2g             | B-2h             |           |
| GF                                   | GF             | GF             | GF               | GF               | GF               | GF               | GF               | GF               |           |
| \$156,854                            | \$160,775      | \$164,794      | \$168,914        | \$168,914        | \$168,914        | \$168,914        | \$168,914        | \$168,914        | \$168,914 |
| 7.1.16-6.30.17                       | 7.1.17-6.30.18 | 7.1.18-6.30.19 | 7.1.19 - 6.30.20 | 7.1.20 - 6.30.21 | 7.1.21 - 6.30.22 | 7.1.22 - 6.30.23 | 7.1.23 - 6.30.24 | 7.1.24 - 6.30.25 |           |
| UOS                                  | UOS            | UOS            | UOS              | UOS              | UOS              | UOS              | UOS              | UOS              |           |
| 12                                   | 12             | 12             | 12               | 12               | 12               | 12               | 12               | 12               |           |
| NOC                                  | NOC            | NOC            | NOC              | NOC              | NOC              | NOC              | NOC              | NOC              |           |
| N/A                                  | N/A            | N/A            | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              |           |

**Appendix B:**  
**Funding Source**  
**Funding Amount:**  
**Funding Term:**  
**Number of UOS:**

**Number of**  
**UDC/NOC:**

**Definition and # of**  
**UOS:**

**Target Population:**

**Target Population:**

HYA Wrap Around & Disposal Services

HYA Wrap Around & Disposal Services

A Unit of Service (UOS) is equivalent to 1 month of activities associated with the administration of these funds.

Young adults aged 13-29 living on the street in the Haight and female identified IDUs in the Mission

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.

**Appendix A:**

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

**Number of UOS:**

**Number of NOC:**

Harm Reduction Center Services Hrs.  
Syringe Access Services  
Lounge Services

Harm Reduction Center Services Hrs.  
Syringe Access Services  
Lounge Services

**Appendix A-3 6th Street Harm Reduction Ct.**

| B-3             | B-3a           | B-3b           | B-3c             | B-3d             | B-3e             | B-3f             | B-3g             | B-3h             |
|-----------------|----------------|----------------|------------------|------------------|------------------|------------------|------------------|------------------|
| GF              | GF             | GF             | GF               | GF               | GF               | GF               | GF               | GF               |
| \$344,000       | \$884,000      | \$1,000,000    | \$1,000,000      | \$1,000,000      | \$1,000,000      | \$1,000,000      | \$1,000,000      | \$1,000,000      |
| 11.1.16-6.30.17 | 7.1.17-6.30.18 | 7.1.18-6.30.19 | 7.1.19 - 6.30.20 | 7.1.20 - 6.30.21 | 7.1.21 - 6.30.22 | 7.1.22 - 6.30.23 | 7.1.23 - 6.30.24 | 7.1.24 - 6.30.25 |
| UOS             | UOS            | UOS            | UOS              | UOS              | UOS              | UOS              | UOS              | UOS              |
| 8               | N/A            | N/A            | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              |
| N/A             | 1,724          | 1,888          | 1,888            | 1,888            | 1,888            | 1,888            | 1,888            | 1,888            |
| N/A             | 1,275          | 1,924          | 2,550            | 2,550            | 2,550            | 2,550            | 2,550            | 2,550            |
| NOC             | NOC            | NOC            | NOC              | NOC              | NOC              | NOC              | NOC              | NOC              |
| 18,400          | N/A            | N/A            | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              |
| N/A             | 28,628         | 31,341         | 31,341           | 31,341           | 31,341           | 31,341           | 31,341           | 31,341           |
| N/A             | 7,650          | 11,475         | 15,300           | 15,300           | 15,300           | 15,300           | 15,300           | 15,300           |

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

**Number of UOS:** Harm Reduction Center Services Hrs.  
Syringe Access Services  
Lounge Services

**Number of NOC:** Harm Reduction Center Services Hrs.  
Syringe Access Services  
Lounge Services

**Definition and # of UOS:**

**Target Population:** Intravenous drug users (IDUs) throughout San Francisco.

**Description of Services:** Services available at the Harm Reduction Center include:

- a 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;
- a breakfast club adherence program;
- secure lockers for clients to store HIV and HCV medications.

|                  |  |  |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|--|--|
| B-3i             |  |  |  |  |  |  |  |  |  |
| GF               |  |  |  |  |  |  |  |  |  |
| \$1,000,000      |  |  |  |  |  |  |  |  |  |
| 7.1.25 - 6.30.26 |  |  |  |  |  |  |  |  |  |
| UOS              |  |  |  |  |  |  |  |  |  |
| N/A              |  |  |  |  |  |  |  |  |  |
| 1,888            |  |  |  |  |  |  |  |  |  |
| 2,550            |  |  |  |  |  |  |  |  |  |
| NOC              |  |  |  |  |  |  |  |  |  |
| N/A              |  |  |  |  |  |  |  |  |  |
| 31,341           |  |  |  |  |  |  |  |  |  |
| 15,300           |  |  |  |  |  |  |  |  |  |
|                  |  |  |  |  |  |  |  |  |  |

A Unit of Service (UOS) is equivalent to 1 Month of Harm Reduction Center Services.

**1. Identifiers:**

San Francisco AIDS Foundation – HIV Syringe Access and Disposal Services  
1035 Market Street, Suite 400, San Francisco, CA 94103  
(415) 487-3000/ fax (415) 487-3094  
www.sfaf.org

**Person completing this Narrative:** Richard Hill, Government Contracts Director  
(415) 487-8042, rhill@sfaf.org

**2. Nature of Document:**

Check one ☐ New ☐ RPB ☒ **Contract Amendment**

**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:**

While the SFAF strives to serve all, this program's primary focus is to serve 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.

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

Year One: B-1, B-1a, July 1, 2016 – June 30, 2017 and B-1b, July 1, 2016 – December 31, 2016

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| Syringe Access and Disposal Service Hours (B-1)<br>One UOS = one hour of Syringe Access and Disposal Services<br>69.5 hours of syringe access and disposal services per week * 52 weeks = 3,614 UOS<br>12.26 clients per hour * 3,614 hours = 44,300 NOC | 3,614                  | 44,300                   |
| Syringe Access, Disposal Coordination & Bulk Purchasing (B-1)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                   | 12                     | N/A                      |
| Citywide Syringe Sweeps (B-1)<br>One UOS = one hour of Citywide Sweeps<br>39 hours of sweeps per week * 52 weeks = 2,028 UOS   | 2,028                  | N/A                      |

|  |       |        |
|--|-------|--------|
| Community-Based Sweeps Events (B-1)<br>One UOS = one Community-Based Sweep Event<br>264 events = 264 UOS | 264   | N/A    |
| Total Services Delivered   | 5,918 | 44,300 |

|   |    |     |
|---|----|-----|
| Syringe Access, Disposal Coordination & Bulk Purchasing (B-1a)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| Total Services Delivered  | 12 | N/A |

|   |    |     |
|---|----|-----|
| Syringe Access, Disposal Coordination & Bulk Purchasing (B-1b)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| Total Services Delivered  | 12 | N/A |

Year Two: B-1c, B-1d, July 1, 2017 – June 30, 2018 and B-1e, January 1, 2017 – December 31, 2017

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| Syringe Access and Disposal Service Hours (B-1c)<br>One UOS = one hour of Syringe Access and Disposal Services<br>75.85 hours of syringe access and disposal services per week * 52 weeks = 3,944 UOS<br>14.36 clients per hour * 3,944 hours = 56,635 NOC | 3,944                  | 56,635                   |
| Syringe Access, Disposal Coordination & Bulk Purchasing (B-1c)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                    | 12                     | N/A                      |
| Citywide Syringe Sweeps (B-1c)<br>One UOS = one hour of Citywide Sweeps<br>~55 hours of sweeps per week * 52 weeks = 2,861 UOS   | 2,861                  | N/A                      |
| Community-Based Sweeps Events (B-1c)<br>One UOS = one Community-Based Sweep Event<br>40 events = 40 UOS  | 40                     | N/A                      |
| Total Services Delivered   | 6,857                  | 56,635                   |

|   |    |     |
|---|----|-----|
| Syringe Access, Disposal Coordination & Bulk Purchasing (B-1d)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| Total Services Delivered  | 12 | N/A |

|   |    |     |
|---|----|-----|
| Syringe Access, Disposal Coordination & Bulk Purchasing (B-1e)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| Total Services Delivered  | 12 | N/A |

**Year Three: B-1f, B-1g, July 1, 2018 – June 30, 2019 and B-1h, January 1, 2018 – Dec. 31, 2018**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1f)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                  | 54,300                   |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1f)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                     | N/A                      |
| <b>Citywide Syringe Sweeps (B-1f)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS  | 3,710                  | N/A                      |
| <b>Community-Based Sweeps Events (B-1f)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS   | 67                     | N/A                      |
| <b>Total Services Delivered</b>  | <b>8,091</b>           | <b>54,300</b>            |

|   |    |     |
|---|----|-----|
| Syringe Access, Disposal Coordination & Bulk Purchasing (B-1g)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| Total Services Delivered  | 12 | N/A |



|   |    |     |
|---|----|-----|
| Syringe Access, Disposal Coordination & Bulk Purchasing (B-1h)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>   | 12 | N/A |

**Year Four: B-1i and B-1j July 1, 2019 – June 30, 2020**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1i)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                  | 54,300                   |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1i)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                     | N/A                      |
| <b>Citywide Syringe Sweeps (B-1i)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS  | 3,710                  | N/A                      |
| <b>Community-Based Sweeps Events (B-1i)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS   | 67                     | N/A                      |
| <b>Total Services Delivered</b>  | <b>8,091</b>           | <b>54,300</b>            |

|  |    |     |
|--|----|-----|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1j)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 12 | N/A |

**Year Five: B-1k and B-1l July 1, 2020 – June 30, 2021**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1k)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                  | 54,300                   |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1k)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                     | N/A                      |
| <b>Citywide Syringe Sweeps (B-1k)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS  | 3,710                  | N/A                      |
| <b>Community-Based Sweeps Events (B-1k)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS   | 67                     | N/A                      |
| <b>Total Services Delivered</b>  | <b>8,091</b>           | <b>54,300</b>            |

|  |    |     |
|--|----|-----|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1l)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 12 | N/A |

**Year Six: B-1m and B-1n July 1, 2021 – June 30, 2022**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1m)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                  | 54,300                   |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1m)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                     | N/A                      |



|   |              |               |
|---|--------------|---------------|
| <b>Citywide Syringe Sweeps (B-1m)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS | 3,710        | N/A           |
| <b>Community-Based Sweeps Events (B-1m)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS                          | 67           | N/A           |
| <b>Total Services Delivered</b>   | <b>8,091</b> | <b>54,300</b> |

|  |    |     |
|--|----|-----|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1n)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 12 | N/A |

**Year Seven: B-1o and B-1p July 1, 2022 – June 30, 2023**

| <b>Units of Service (UOS) Description</b>  | <b>Units of Service (UOS)</b> | <b>Number of Contacts (NOC)</b> |
|--|-------------------------------|---------------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1o)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                         | 54,300                          |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1o)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                            | N/A                             |
| <b>Citywide Syringe Sweeps (B-1o)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS  | 3,710                         | N/A                             |
| <b>Community-Based Sweeps Events (B-1o)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS   | 67                            | N/A                             |
| <b>Total Services Delivered</b>  | <b>8,091</b>                  | <b>54,300</b>                   |

|  |    |     |
|--|----|-----|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1p)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 12 | N/A |

**Year Eight: B-1q and B-1r July 1, 2023 – June 30, 2024**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1q)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                  | 54,300                   |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1q)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                     | N/A                      |
| <b>Citywide Syringe Sweeps (B-1q)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS  | 3,710                  | N/A                      |
| <b>Community-Based Sweeps Events (B-1q)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS   | 67                     | N/A                      |
| <b>Total Services Delivered</b>  | <b>8,091</b>           | <b>54,300</b>            |

|  |           |            |
|--|-----------|------------|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1r)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12        | N/A        |
| <b>Total Services Delivered</b>  | <b>12</b> | <b>N/A</b> |

**Year Nine: B-1s and B-1t July 1, 2024 – June 30, 2025**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1s)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                  | 54,300                   |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1s)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                     | N/A                      |

|   |              |               |
|---|--------------|---------------|
| <b>Citywide Syringe Sweeps (B-1s)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS | 3,710        | N/A           |
| <b>Community-Based Sweeps Events (B-1s)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS                          | 67           | N/A           |
| <b>Total Services Delivered</b>   | <b>8,091</b> | <b>54,300</b> |

|  |    |     |
|--|----|-----|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1t)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 12 | N/A |

**Year Ten: B-1u and B-1v July 1, 2025 – June 30, 2026**

| <b>Units of Service (UOS) Description</b>  | <b>Units of Service (UOS)</b> | <b>Number of Contacts (NOC)</b> |
|--|-------------------------------|---------------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1u)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                         | 54,300                          |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1u)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                            | N/A                             |
| <b>Citywide Syringe Sweeps (B-1u)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS  | 3,710                         | N/A                             |
| <b>Community-Based Sweeps Events (B-1u)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS   | 67                            | N/A                             |
| <b>Total Services Delivered</b>  | <b>8,091</b>                  | <b>54,300</b>                   |

|  |    |     |
|--|----|-----|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1v)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 12 | N/A |

**6. Methodology:**

**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 SFPD 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.
- 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-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.
- 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:
1. **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).
  - 2. 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)**  
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**

- 1) By the end of each contract term, Syringe Access Collaborative/San Francisco AIDS Foundation will report on the percentage of HIV tests among people who inject drugs.
- 2) By the end of each contract term, Syringe Access Collaborative/San Francisco AIDS Foundation will report on linkage to care rates among newly diagnosed people who inject drugs, as defined by attending first medical appointment within three months of diagnosis.
- 3) By the end of each contract term, Syringe Access Collaborative/San Francisco AIDS Foundation will report a 70% retention rate among HIV-positive people who inject drugs, retention defined as having had a doctor's appointment, prescription refill, and/or lab work per treatment plan within the past six months.



## 8. Continuous Quality Improvement (CQI):

1. **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.

### a) **Staff assigned to program evaluation.**

At SFAF, all program data are compiled and reviewed quarterly by our Senior Director of Program Development and Operations, Government Contracts Director, and Chief Program Officer. 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 Chief Program Officer and Senior Director of Program Development and Operations keep and review an active list of the action items. 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.



**1. Identifiers:**

**Program Name:** San Francisco AIDS Foundation: HIV Syringe Access Services – 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](http://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

**2. Nature of Document:**

Check one ☐ New ☐ RPB ☒ **Contract Amendment**

**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:**

While the SFAF strives to serve all, this program's primary focus is to serve 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. 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.

**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) |
|---|------------------------|--------------------------|
| <b>HYA Wraparound &amp; Disposal Services</b>                           |                        |                          |
| a) Personnel and Operating Expenses                                     | 12                     | N/A                      |
| b) HYA Disposal Efforts   |                        |                          |
| One UOS = one month of personnel/operating expenses & disposal services |                        |                          |
| <b>Total Services Delivered</b>   | <b>12</b>              | <b>N/A</b>               |

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

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

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

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

Year Three, B-2c: July 1, 2019 – June 30, 2020

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

Year Three, B-2d: July 1, 2020 – June 30, 2021

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

Year Three, B-2e: July 1, 2021 – June 30, 2022

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

Year Three, B-2f: July 1, 2022 – June 30, 2023

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

Year Three, B-2g: July 1, 2023 – June 30, 2024

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

Year Three, B-2h: July 1, 2024 – June 30, 2025

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

Year Three, B-2i: July 1, 2025 – June 30, 2026

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

6. Methodology

For the **Homeless Youth Alliance Wrap Around** program, the San Francisco AIDS Foundation has developed a Program Plan with the HIV Prevention Section which will reflects program requirements of RFP 3-2016 and community planning priorities. This Plan provides a justification for the UOS in the grid above.

The additional funding for Homeless Youth Alliance will be used for various personnel and operating expenses, and for syringe disposal services.

7. Objectives and Measurements:

N/A

8. Continuous Quality Improvement:

Please see Appendix A-1

**1. Identifiers:**

**Program Name:** San Francisco AIDS Foundation: HIV Syringe Access and Disposal Services – 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

**2. Nature of Document:**

Check one ☐ New ☐ RPB ☒ **Contract Amendment**

**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:**

While the SFAF strives to serve all, this program's primary focus is to serve 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.

**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) |
|--|------------------------|--------------------------|
| <b>Harm Reduction Center service hours</b><br>One UOS = one month of Harm Reduction Center services<br>2,300 clients per month * 8 months = 18,400 NOC** | 8                      | 18,400                   |
| <b>Total Services Delivered</b>  | <b>8</b>               | <b>18,400</b>            |

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

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>7/1/17-12/31/17: 30 hrs/wk * 26 wks = 780 UOS<br>1/1/18-6/30/18: 36.3 hrs/wk * 26 weeks = 944 UOS<br>~16.6 contacts per hour * 1,724 hours = 28,628 NOC | 1,724                  | 28,628                   |
| <b>Lounge Services (six months only)</b><br>One UOS = one hour of Lounge services<br>1/1/18-6/30/18: ~49 hrs/wk * 26 weeks = 1,275 UOS<br>6 contacts per hour * 1,275 hours = 7,650 NOC  | 1,275                  | 7,650                    |
| <b>Total Services Delivered</b>  | <b>2,999</b>           | <b>36,278</b>            |

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

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>37 hrs/wk * 52 weeks = 1,924 UOS<br>~6 contacts per hour * 1,924 hours = 11,475 NOC                   | 1,924                  | 11,475                   |
| <b>Total Services Delivered</b>  | <b>3,812</b>           | <b>42,816</b>            |

Year Four: B-3c July 1, 2019 – June 30, 2020

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>49.03 hrs/wk * 52 weeks = 2,550 UOS<br>6 contacts per hour * 2,550 hours = 15,300 NOC                 | 2,550                  | 15,300                   |
| <b>Total Services Delivered</b>  | <b>4,438</b>           | <b>46,641</b>            |

**Year Five: B-3d July 1, 2020 – June 30, 2021**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>49.03 hrs/wk * 52 weeks = 2,550 UOS<br>6 contacts per hour * 2,550 hours = 15,300 NOC                 | 2,550                  | 15,300                   |
| <b>Total Services Delivered</b>  | <b>4,438</b>           | <b>46,641</b>            |

**Year Six: B-3e July 1, 2021 – June 30, 2022**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>49.03 hrs/wk * 52 weeks = 2,550 UOS<br>6 contacts per hour * 2,550 hours = 15,300 NOC                 | 2,550                  | 15,300                   |
| <b>Total Services Delivered</b>  | <b>4,438</b>           | <b>46,641</b>            |

**Year Seven: B-3f July 1, 2022 – June 30, 2023**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>49.03 hrs/wk * 52 weeks = 2,550 UOS<br>6 contacts per hour * 2,550 hours = 15,300 NOC                 | 2,550                  | 15,300                   |
| <b>Total Services Delivered</b>  | <b>4,438</b>           | <b>46,641</b>            |

**Year Eight: B-3g July 1, 2023 – June 30, 2024**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>49.03 hrs/wk * 52 weeks = 2,550 UOS<br>6 contacts per hour * 2,550 hours = 15,300 NOC                 | 2,550                  | 15,300                   |
| <b>Total Services Delivered</b>  | <b>4,438</b>           | <b>46,641</b>            |

**Year Nine: B-3h July 1, 2024 – June 30, 2025**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>49.03 hrs/wk * 52 weeks = 2,550 UOS<br>6 contacts per hour * 2,550 hours = 15,300 NOC                 | 2,550                  | 15,300                   |
| <b>Total Services Delivered</b>  | <b>4,438</b>           | <b>46,641</b>            |

**Year Ten: B-3i July 1, 2025 – June 30, 2026**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>49.03 hrs/wk * 52 weeks = 2,550 UOS<br>6 contacts per hour * 2,550 hours = 15,300 NOC                 | 2,550                  | 15,300                   |
| <b>Total Services Delivered</b>  | <b>4,438</b>           | <b>46,641</b>            |



\*The Harm Reduction Center serves an estimated 4,000 clients 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.

## **6. Methodology:**

The **Harm Reduction Center** located at 117 6th Street in San Francisco's Mid-Market neighborhood is one of SFAF's storefront syringe access services sites. The service delivery continuum at this location is expanded and enhanced to provide a broad range of services to address the health and well-being needs of people who inject drugs (PWIDs).

Services available at the Harm Reduction Center 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; a breakfast club adherence program; and secure lockers for clients to store HIV and HCV medications.

During the contract period, SFAF will make space improvements for a proposed lab and clinical service expansion.

## **7. Objectives and Measurements:**

### **A. Individualized Objectives**

- 1) By the end of each contract term, Syringe Access Collaborative/San Francisco AIDS Foundation will report on the percentage of HIV tests among people who inject drugs.
- 2) By the end of each contract term, Syringe Access Collaborative/San Francisco AIDS Foundation will report on linkage to care rates among newly diagnosed people who inject drugs, as defined by attending first medical appointment within three months of diagnosis.
- 3) By the end of each contract term, Syringe Access Collaborative/San Francisco AIDS Foundation will report a 70% retention rate among HIV-positive people who inject drugs, retention defined as having had a doctor's appointment, prescription refill, and/or lab work per treatment plan within the past six months.

## **8. Continuous Quality Improvement (CQI):**

See Appendix A-1.

## **9. Required Language:**

None required.

## 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, B-1i, B-1j, B-1k, B-1l, B-1m, B-1n, B-1o, B-1p, B-1q, B-1r, B-1s, B-1t, B-1u, B-1v | <b>HIV Syringe Access and Disposal Services</b>                           |
| Appendix B-2, B-2a, B-2b, B-2c, B-2d, B-2e, B-2f, B-2g, B-2h, B-2i   | <b>HIV Syringe Access and Disposal Services – Homeless Youth Alliance</b> |
| Appendix B-3, B-3a, B-3b, B-3c, B-3d, B-3e, B-3f, B-3g, B-3h, B-3i   | <b>HIV Syringe Access and Disposal Services – Harm Reduction Center</b>   |

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$2,845,289** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

|                    | <u>Term</u>         | <u>Funding Source</u> | <u>Amount</u> |
|--------------------|---------------------|-----------------------|---------------|
| 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 #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        |
| Internal Contract Revision #2      | 07/01/17 – 06/30/18        | General Fund               | \$0                |
| Internal Contract Revision #2      | 07/01/18 – 06/30/19        | General Fund               | \$0                |
| <b>Amendment #2</b>                | <b>01/01/17 – 12/31/17</b> | <b>CDC - Unspent Funds</b> | <b>-\$3,036</b>    |
| <b>Amendment #2</b>                | <b>01/01/18 – 12/31/18</b> | <b>CDC – Unspent Funds</b> | <b>-\$5,000</b>    |
| <b>Amendment #2</b>                | <b>07/01/19 – 06/30/20</b> | <b>General Fund</b>        | <b>\$2,006,497</b> |
| <b>Amendment #2</b>                | <b>07/01/19 – 06/30/20</b> | <b>General Fund</b>        | <b>\$211,838</b>   |
| <b>Amendment #2</b>                | <b>07/01/19 – 06/30/20</b> | <b>General Fund</b>        | <b>\$168,914</b>   |
| <b>Amendment #2</b>                | <b>07/01/19 – 06/30/20</b> | <b>General Fund</b>        | <b>\$1,000,000</b> |
| <b>Amendment #2</b>                | <b>07/01/20 – 06/30/21</b> | <b>General Fund</b>        | <b>\$2,006,497</b> |
| <b>Amendment #2</b>                | <b>07/01/20 – 06/30/21</b> | <b>General Fund</b>        | <b>\$211,838</b>   |
| <b>Amendment #2</b>                | <b>07/01/20 – 06/30/21</b> | <b>General Fund</b>        | <b>\$168,914</b>   |
| <b>Amendment #2</b>                | <b>07/01/20 – 06/30/21</b> | <b>General Fund</b>        | <b>\$1,000,000</b> |
| <b>Amendment #2</b>                | <b>07/01/21 – 06/30/22</b> | <b>General Fund</b>        | <b>\$2,006,497</b> |
| <b>Amendment #2</b>                | <b>07/01/21 – 06/30/22</b> | <b>General Fund</b>        | <b>\$211,838</b>   |
| <b>Amendment #2</b>                | <b>07/01/21 – 06/30/22</b> | <b>General Fund</b>        | <b>\$168,914</b>   |
| <b>Amendment #2</b>                | <b>07/01/21 – 06/30/22</b> | <b>General Fund</b>        | <b>\$1,000,000</b> |
| <b>Amendment #2</b>                | <b>07/01/22 – 06/30/23</b> | <b>General Fund</b>        | <b>\$2,006,497</b> |
| <b>Amendment #2</b>                | <b>07/01/22 – 06/30/23</b> | <b>General Fund</b>        | <b>\$211,838</b>   |
| <b>Amendment #2</b>                | <b>07/01/22 – 06/30/23</b> | <b>General Fund</b>        | <b>\$168,914</b>   |
| <b>Amendment #2</b>                | <b>07/01/22 – 06/30/23</b> | <b>General Fund</b>        | <b>\$1,000,000</b> |
| <b>Amendment #2</b>                | <b>07/01/23 – 06/30/24</b> | <b>General Fund</b>        | <b>\$2,006,497</b> |
| <b>Amendment #2</b>                | <b>07/01/23 – 06/30/24</b> | <b>General Fund</b>        | <b>\$211,838</b>   |
| <b>Amendment #2</b>                | <b>07/01/23 – 06/30/24</b> | <b>General Fund</b>        | <b>\$168,914</b>   |
| <b>Amendment #2</b>                | <b>07/01/23 – 06/30/24</b> | <b>General Fund</b>        | <b>\$1,000,000</b> |
| <b>Amendment #2</b>                | <b>07/01/24 – 06/30/25</b> | <b>General Fund</b>        | <b>\$2,006,497</b> |
| <b>Amendment #2</b>                | <b>07/01/24 – 06/30/25</b> | <b>General Fund</b>        | <b>\$211,838</b>   |
| <b>Amendment #2</b>                | <b>07/01/24 – 06/30/25</b> | <b>General Fund</b>        | <b>\$168,914</b>   |
| <b>Amendment #2</b>                | <b>07/01/24 – 06/30/25</b> | <b>General Fund</b>        | <b>\$1,000,000</b> |
| <b>Amendment #2</b>                | <b>07/01/25 – 06/30/26</b> | <b>General Fund</b>        | <b>\$2,006,497</b> |
| <b>Amendment #2</b>                | <b>07/01/25 – 06/30/26</b> | <b>General Fund</b>        | <b>\$211,838</b>   |
| <b>Amendment #2</b>                | <b>07/01/25 – 06/30/26</b> | <b>General Fund</b>        | <b>\$168,914</b>   |
| <b>Amendment #2</b>                | <b>07/01/25 – 06/30/26</b> | <b>General Fund</b>        | <b>\$1,000,000</b> |
| Total Award                        |                            |                            | \$32,762,870       |
| Contingency (FY19/20 thru FY25/26) |                            |                            | \$2,845,289        |
| (This equals the total NTE) Total  |                            |                            | \$35,608,159       |

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.

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

|  |  |  |                         |   |                         |                              |                         |                                |                         |                         |                         |                |              |                           |            |
|--|--|--|-------------------------|---|-------------------------|------------------------------|-------------------------|--------------------------------|-------------------------|-------------------------|-------------------------|----------------|--------------|---------------------------|------------|
| CID# 1000002634                                  |  |  |                         |   |                         | Appendix #                   |                         | B                              |                         | Page #                  |                         | 4              |              |                           |            |
| DPH Section HPS                                  |  |  |                         |   |                         |                              |                         |                                |                         |                         |                         |                |              |                           |            |
| Check one:                                       |  | <input type="checkbox"/> Original      |                         | <input checked="" type="checkbox"/> AMD |                         | <input type="checkbox"/> RPB |                         | Contract Term (7/1/16-6/30/26) |                         |                         |                         | Fiscal Year(s) |              | 16-26                     |            |
| Agency/Organization Name                         |  |  |                         |   |                         |                              |                         | San Francisco AIDS Foundation  |                         |                         |                         |                |              | Funding Notification Date | 12/21/2018 |
| Contractor Name (may be same as above)           |  |  |                         |   |                         |                              |                         | San Francisco AIDS Foundation  |                         |                         |                         |                |              | FN#5 & #6                 |            |
| Program/Provider Name                            |  | HIV Syringe Access & Disposal Services |                         |   |                         |                              |                         |                                |                         |                         |                         | TOTALS -       |              |                           |            |
| Appendix Number                                  |  | A-1/B-1                                | A-1/B-1a                | A-1/B-1b                                | A-2/B-2                 | A-3/B-3                      | A-1/B-1c                | A-1/B-1d                       | A-1/B-1e                | A-2/B-2a                | Page 4                  |                |              |                           |            |
| Appendix Term (mm/dd/yy-mm/dd/yy)                |  | 7.1.16-6.30.17                         | 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                 | 1.1.17-12.30.17         | 7.1.17-6.30.18          |                         |                |              |                           |            |
| <b>EXPENSES</b>                                  |  |  |                         |   |                         |                              |                         |                                |                         |                         |                         |                |              |                           |            |
| Salaries   |  | \$ 271,038                             | \$ -                    | \$ -                                    | \$ -                    | \$ 174,282                   | \$ 464,500              | \$ -                           | \$ -                    | \$ -                    | \$ -                    | \$ -           | \$ 909,820   |                           |            |
| Employee Benefits                                |  | \$ 67,760                              | \$ -                    | \$ -                                    | \$ -                    | \$ 43,569                    | \$ 116,125              | \$ -                           | \$ -                    | \$ -                    | \$ -                    | \$ -           | \$ 227,454   |                           |            |
| Total Personnel Expenses                         |  | \$ 338,798                             | \$ -                    | \$ -                                    | \$ -                    | \$ 217,851                   | \$ 580,625              | \$ -                           | \$ -                    | \$ -                    | \$ -                    | \$ -           | \$ 1,137,274 |                           |            |
| Operating Expense                                |  | \$ 1,355,049                           | \$ 178,830              | \$ 4,545                                | \$ 142,595              | \$ 94,876                    | \$ 1,155,569            | \$ 183,301                     | \$ 4,545                | \$ 146,160              | \$ 146,160              | \$ 3,265,470   |              |                           |            |
| Subtotal Direct Costs                            |  | \$ 1,693,847                           | \$ 178,830              | \$ 4,545                                | \$ 142,595              | \$ 312,727                   | \$ 1,736,194            | \$ 183,301                     | \$ 4,545                | \$ 146,160              | \$ 146,160              | \$ 4,402,744   |              |                           |            |
| Indirect Cost Amount                             |  | \$ 169,385                             | \$ 17,883               | \$ 455                                  | \$ 14,259               | \$ 31,273                    | \$ 173,619              | \$ 18,330                      | \$ 455                  | \$ 14,615               | \$ 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%                   | 10.0%                   |                |              |                           |            |
| Total Expenses                                   |  | \$ 1,863,232                           | \$ 196,713              | \$ 5,000                                | \$ 156,854              | \$ 344,000                   | \$ 1,909,813            | \$ 201,631                     | \$ 5,000                | \$ 160,775              | \$ 160,775              | \$ 4,843,018   |              |                           |            |
| <b>REVENUES &amp; FUNDING SOURCES</b>            |  |  |                         |   |                         |                              |                         |                                |                         |                         |                         |                |              |                           |            |
| DPH Funding Sources (select from drop-down list) |  |  |                         |   |                         |                              |                         |                                |                         |                         |                         |                |              |                           |            |
| HPS COUNTY HPS GF                                |  | 1,863,232                              |                         |   |                         |                              | 1,909,813               |                                |                         |                         |                         | 3,773,045      |              |                           |            |
| HPS COUNTY GF Children's Fund                    |  |  | 196,713                 |   |                         |                              |                         | 201,631                        |                         |                         |                         | 398,344        |              |                           |            |
| HPS FED CDC - PD90, CFDA #93.940                 |  |  |                         | 5,000                                   |                         |                              |                         |                                | 5,000                   |                         |                         | 10,000         |              |                           |            |
| HPS COUNTY HPS GF                                |  |  |                         |   | 156,854                 |                              |                         |                                |                         | 160,775                 |                         | 317,629        |              |                           |            |
| HHS COUNTY GF                                    |  |  |                         |   |                         | 344,000                      |                         |                                |                         |                         |                         | 344,000        |              |                           |            |
| Unspent Funds                                    |  |  |                         |   |                         |                              |                         |                                | (3,036)                 |                         |                         | (3,036)        |              |                           |            |
| Total DPH Revenues                               |  | 1,863,232                              | 196,713                 | 5,000                                   | 156,854                 | 344,000                      | 1,909,813               | 201,631                        | 1,964                   | 160,775                 | 160,775                 | 4,839,982      |              |                           |            |
| Total Revenues (DPH and Non-DPH)                 |  | 1,863,232                              | 196,713                 | 5,000                                   | 156,854                 | 344,000                      | 1,909,813               | 201,631                        | 1,964                   | 160,775                 | 160,775                 | 4,839,982      |              |                           |            |
| Payment Method                                   |  | Cost Reimbursement (CR)                | Cost Reimbursement (CR) | Cost Reimbursement (CR)                 | Cost Reimbursement (CR) | Cost Reimbursement (CR)      | Cost Reimbursement (CR) | Cost Reimbursement (CR)        | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) |                |              |                           |            |
| Prepared By Larry Zapatka Phone # 415-487-3055   |  |  |                         |   |                         |                              |                         |                                |                         |                         |                         |                |              |                           |            |

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

|   |                         |  |                                |                         |                         |                         |                                      |              |                  |   |
|---|-------------------------|--|--------------------------------|-------------------------|-------------------------|-------------------------|--------------------------------------|--------------|------------------|---|
| CID# 1000002634   |                         |  |                                |                         |                         |                         | Appendix #                           | B            | Page #           | 5 |
| DPH Section HPS   |                         |  |                                |                         |                         |                         |                                      |              |                  |   |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB |                         |  | Contract Term (7/1/16-6/30/26) |                         |                         |                         | Fiscal Year(s)                       |              | 16-26            |   |
| Agency/Organization Name San Francisco AIDS Foundation  |                         |  |                                |                         |                         |                         | Funding Notification Date 12/21/2018 |              |                  |   |
| Contractor Name (may be same as above) San Francisco AIDS Foundation  |                         |  |                                |                         |                         |                         | FN#5 & #6                            |              |                  |   |
| Program/Provider Name   |                         | HIV Syringe Access & Disposal Services |                                |                         |                         |                         |                                      | TOTALS -     | TOTALS -         |   |
| Appendix Number   |                         | A-3/B-3a                               | A-1/B-1f                       | A-1/B-1g                | A-1/B-1h                | A-2/B-2b                | A-3/B-3b                             | Page 5       | Pages 4 & 5      |   |
| Appendix Term (mm/dd/yy-mm/dd/yy)   |                         | 7.1.17-6.30.18                         | 7.1.18-6.30.19                 | 7.1.18-6.30.19          | 1.1.18 - 12.31.18       | 7.1.18-6.30.19          | 7.1.18-6.30.19                       |              |                  |   |
| <b>EXPENSES</b>   |                         |  |                                |                         |                         |                         |                                      |              |                  |   |
| Salaries  | \$                      | 588,550                                | \$ 488,174                     | \$ -                    | \$ -                    | \$ -                    | \$ 671,050                           | \$ 1,747,774 | \$ 2,657,594     |   |
| Employee Benefits   | \$                      | 147,138                                | \$ 122,044                     | \$ -                    | \$ -                    | \$ -                    | \$ 167,763                           | \$ 436,945   | \$ 664,399       |   |
| Total Personnel Expenses  | \$                      | 735,688                                | \$ 610,218                     | \$ -                    | \$ -                    | \$ -                    | \$ 838,813                           | \$ 2,184,719 | \$ 3,321,993     |   |
| Operating Expense   | \$                      | 67,948                                 | \$ 1,168,581                   | \$ 187,884              | \$ 4,545                | \$ 149,814              | \$ 70,278                            | \$ 1,649,050 | \$ 4,914,520     |   |
| <b>Subtotal Direct Costs</b>  | \$                      | 803,636                                | \$ 1,778,799                   | \$ 187,884              | \$ 4,545                | \$ 149,814              | \$ 909,091                           | \$ 3,833,769 | \$ 8,236,513     |   |
| Indirect Cost Amount  | \$                      | 80,364                                 | \$ 177,880                     | \$ 18,788               | \$ 455                  | \$ 14,980               | \$ 90,909                            | \$ 383,376   | \$ 823,650       |   |
| Indirect Cost Rate (%)  |                         | 10.0%                                  | 10.0%                          | 10.0%                   | 10.0%                   | 10.0%                   | 10.0%                                |              |                  |   |
| <b>Total Expenses</b>   | \$                      | 884,000                                | \$ 1,956,679                   | \$ 206,672              | \$ 5,000                | \$ 164,794              | \$ 1,000,000                         | \$ 4,217,145 | \$ 9,060,163     |   |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |                         |  |                                |                         |                         |                         |                                      |              |                  |   |
| <b>DPH Funding Sources (select from drop-down list)</b>   |                         |  |                                |                         |                         |                         |                                      |              |                  |   |
| HPS COUNTY HPS GF   |                         |  | 1,956,679                      |                         |                         |                         |                                      | 1,956,679    | 5,729,724        |   |
| HPS COUNTY GF Children's Fund   |                         |  |                                | 206,672                 |                         |                         |                                      | 206,672      | 605,016          |   |
| HPS FED CDC - PD90, CFDA #93.940  |                         |  |                                |                         | 5,000                   |                         |                                      | 5,000        | 15,000           |   |
| HPS COUNTY HPS GF   |                         |  |                                |                         |                         | 164,794                 |                                      | 164,794      | 482,423          |   |
| HHS COUNTY GF   |                         | 884,000                                |                                |                         |                         |                         | 1,000,000                            | 1,884,000    | 2,228,000        |   |
| Unspent Funds   |                         |  |                                |                         | (5,000)                 |                         |                                      | (5,000)      | (8,036)          |   |
| <b>Total DPH Revenues</b>   |                         | <b>884,000</b>                         | <b>1,956,679</b>               | <b>206,672</b>          | <b>-</b>                | <b>164,794</b>          | <b>1,000,000</b>                     | <b>-</b>     | <b>4,212,145</b> |   |
| <b>Total Revenues (DPH and Non-DPH)</b>   |                         | <b>884,000</b>                         | <b>1,956,679</b>               | <b>206,672</b>          | <b>0</b>                | <b>164,794</b>          | <b>1,000,000</b>                     | <b>-</b>     | <b>9,052,127</b> |   |
| Payment Method  | Cost Reimbursement (CR) | Cost Reimbursement (CR)                | Cost Reimbursement (CR)        | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR)              |              |                  |   |
| Prepared By   | Larry Zapatka           |  |                                |                         | Phone #                 | 415-487-3055            |                                      |              |                  |   |

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

|   |  |  |           |                         |                                |                         |         |                         |                |                         |           |                         |         |                         |         |                         |           |           |           |             |            |
|---|--|--|-----------|-------------------------|--------------------------------|-------------------------|---------|-------------------------|----------------|-------------------------|-----------|-------------------------|---------|-------------------------|---------|-------------------------|-----------|-----------|-----------|-------------|------------|
| CID# 1000002634   |  |  |           |                         | Appendix #                     |                         | B       |                         | Page #         |                         | 6         |                         |         |                         |         |                         |           |           |           |             |            |
| DPH Section HPS   |  |  |           |                         |                                |                         |         |                         |                |                         |           |                         |         |                         |         |                         |           |           |           |             |            |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB |  |  |           |                         | Contract Term (7/1/16-6/30/26) |                         |         |                         | Fiscal Year(s) |                         |           | 16-26                   |         |                         |         |                         |           |           |           |             |            |
| Agency/Organization Name San Francisco AIDS Foundation  |  |  |           |                         | Funding Notification Date      |                         |         |                         |                |                         |           | 12/21/2018              |         |                         |         |                         |           |           |           |             |            |
| Contractor Name (may be same as above) San Francisco AIDS Foundation  |  |  |           |                         |                                |                         |         |                         |                |                         |           | FN#5 & #6               |         |                         |         |                         |           |           |           |             |            |
| Program/Provider Name   |  | HIV Syringe Access & Disposal Services |           |                         |                                |                         |         |                         |                | TOTALS -                |           | TOTALS -                |         |                         |         |                         |           |           |           |             |            |
| Appendix Number   |  | A-1/B-1i                               |           | A-1/B-1j                |                                | A-2/B-2c                |         | A-3/B-3c                |                | A-1/B-1k                |           | A-1/B-1l                |         | A-2/B-2d                |         | A-3/B-3d                |           | Page 6    |           | Pages 4 - 6 |            |
| Appendix Term (mm/dd/yy-mm/dd/yy)   |  | 7.1.19-6.30.20                         |           | 7.1.19-6.30.20          |                                | 7.1.19-6.30.20          |         | 7.1.19-6.30.20          |                | 7.1.20-6.30.21          |           | 7.1.20-6.30.21          |         | 7.1.20-6.30.21          |         | 7.1.20-6.30.21          |           |           |           |             |            |
| <b>EXPENSES</b>   |  |  |           |                         |                                |                         |         |                         |                |                         |           |                         |         |                         |         |                         |           |           |           |             |            |
| Salaries  |  | \$                                     | 496,916   | \$                      | -                              | \$                      | -       | \$                      | 680,792        | \$                      | 496,916   | \$                      | -       | \$                      | -       | \$                      | 680,792   | \$        | 2,355,416 | \$          | 5,013,010  |
| Employee Benefits   |  | \$                                     | 124,229   | \$                      | -                              | \$                      | -       | \$                      | 170,198        | \$                      | 124,229   | \$                      | -       | \$                      | -       | \$                      | 170,198   | \$        | 588,854   | \$          | 1,253,253  |
| Total Personnel Expenses  |  | \$                                     | 621,145   | \$                      | -                              | \$                      | -       | \$                      | 850,990        | \$                      | 621,145   | \$                      | -       | \$                      | -       | \$                      | 850,990   | \$        | 2,944,270 | \$          | 6,266,263  |
| Operating Expense   |  | \$                                     | 1,202,943 | \$                      | 192,580                        | \$                      | 153,559 | \$                      | 58,101         | \$                      | 1,202,943 | \$                      | 192,580 | \$                      | 153,559 | \$                      | 58,101    | \$        | 3,214,366 | \$          | 8,128,886  |
| Subtotal Direct Costs   |  | \$                                     | 1,824,088 | \$                      | 192,580                        | \$                      | 153,559 | \$                      | 909,091        | \$                      | 1,824,088 | \$                      | 192,580 | \$                      | 153,559 | \$                      | 909,091   | \$        | 6,158,636 | \$          | 14,395,149 |
| Indirect Cost Amount  |  | \$                                     | 182,409   | \$                      | 19,258                         | \$                      | 15,355  | \$                      | 90,909         | \$                      | 182,409   | \$                      | 19,258  | \$                      | 15,355  | \$                      | 90,909    | \$        | 615,862   | \$          | 1,439,512  |
| Indirect Cost Rate (%)  |  | 10.0%                                  |           | 10.0%                   |                                | 10.0%                   |         | 10.0%                   |                | 10.0%                   |           | 10.0%                   |         | 10.0%                   |         | 10.0%                   |           |           |           |             |            |
| Total Expenses  |  | \$                                     | 2,006,497 | \$                      | 211,838                        | \$                      | 168,914 | \$                      | 1,000,000      | \$                      | 2,006,497 | \$                      | 211,838 | \$                      | 168,914 | \$                      | 1,000,000 | \$        | 6,774,498 | \$          | 15,834,661 |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |  |  |           |                         |                                |                         |         |                         |                |                         |           |                         |         |                         |         |                         |           |           |           |             |            |
| DPH Funding Sources (select from drop-down list)  |  |  |           |                         |                                |                         |         |                         |                |                         |           |                         |         |                         |         |                         |           |           |           |             |            |
| HPS COUNTY HPS GF   |  | 2,006,497                              |           |                         |                                |                         |         |                         |                | 2,006,497               |           |                         |         |                         |         |                         |           | 4,012,994 |           | 9,742,718   |            |
| HPS COUNTY GF Children's Fund   |  |  |           | 211,838                 |                                |                         |         |                         |                |                         |           | 211,838                 |         |                         |         |                         |           | 423,676   |           | 1,028,692   |            |
| HPS FED CDC - PD90, CFDA #93.940  |  |  |           |                         |                                |                         |         |                         |                |                         |           |                         |         |                         |         |                         |           | -         |           | 15,000      |            |
| HPS COUNTY HPS GF   |  |  |           |                         |                                | 168,914                 |         |                         |                |                         |           |                         |         | 168,914                 |         |                         |           | 337,828   |           | 820,251     |            |
| HHS COUNTY GF   |  |  |           |                         |                                |                         |         | 1,000,000               |                |                         |           |                         |         |                         |         | 1,000,000               |           | 2,000,000 |           | 4,228,000   |            |
| Unspent Funds   |  |  |           |                         |                                |                         |         |                         |                |                         |           |                         |         |                         |         |                         |           | -         |           | (8,036)     |            |
| Total DPH Revenues  |  | 2,006,497                              |           | 211,838                 |                                | 168,914                 |         | 1,000,000               |                | 2,006,497               |           | 211,838                 |         | 168,914                 |         | 1,000,000               |           | 6,774,498 |           | 15,826,625  |            |
| Total Revenues (DPH and Non-DPH)  |  | 2,006,497                              |           | 211,838                 |                                | 168,914                 |         | 1,000,000               |                | 2,006,497               |           | 211,838                 |         | 168,914                 |         | 1,000,000               |           | 6,774,498 |           | 15,826,625  |            |
| Payment Method  |  | Cost Reimbursement (CR)                |           | Cost Reimbursement (CR) |                                | Cost Reimbursement (CR) |         | Cost Reimbursement (CR) |                | Cost Reimbursement (CR) |           | Cost Reimbursement (CR) |         | Cost Reimbursement (CR) |         | Cost Reimbursement (CR) |           |           |           |             |            |
| Prepared By   |  | Larry Zapatka                          |           |                         |                                | Phone #                 |         | 415-487-3055            |                |                         |           |                         |         |                         |         |                         |           |           |           |             |            |



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

|   |  |  |                                |                         |                         |                         |                         |                         |                         |                                      |                         |                         |                         |
|---|--|--|--------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------------------|-------------------------|-------------------------|-------------------------|
| CID# 1000002634   |  |  |                                |                         | Appendix #              |                         | B                       |                         | Page #                  |                                      | 7                       |                         |                         |
| DPH Section HPS   |  |  |                                |                         |                         |                         |                         |                         |                         |                                      |                         |                         |                         |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB |  |  | Contract Term (7/1/16-6/30/26) |                         |                         |                         |                         | Fiscal Year(s) 16-26    |                         |                                      |                         |                         |                         |
| Agency/Organization Name San Francisco AIDS Foundation  |  |  |                                |                         |                         |                         |                         |                         |                         | Funding Notification Date 12/21/2018 |                         |                         |                         |
| Contractor Name (may be same as above) San Francisco AIDS Foundation  |  |  |                                |                         |                         |                         |                         |                         |                         | FN#5 & #6                            |                         |                         |                         |
| Program/Provider Name   |  | HIV Syringe Access & Disposal Services |                                |                         |                         |                         |                         |                         |                         | TOTALS -                             |                         | TOTALS -                |                         |
| Appendix Number   |  | A-1/B-1m                               | A-1/B-1n                       | A-2/B-2e                | A-3/B-3e                | A-1/B-1o                | A-1/B-1p                | A-2/B-2f                | A-3/B-3f                | Page 7                               |                         | Pages 4 - 7             |                         |
| Appendix Term (mm/dd/yy-mm/dd/yy)   |  | 7.1.21-6.30.22                         | 7.1.21-6.30.22                 | 7.1.21-6.30.22          | 7.1.21-6.30.22          | 7.1.22-6.30.23          | 7.1.22-6.30.23          | 7.1.22-6.30.23          | 7.1.22-6.30.23          |                                      |                         |                         |                         |
| <b>EXPENSES</b>   |  |  |                                |                         |                         |                         |                         |                         |                         |                                      |                         |                         |                         |
| Salaries  |  | \$ 496,916                             | \$ -                           | \$ -                    | \$ 680,792              | \$ 496,916              | \$ -                    | \$ -                    | \$ 680,792              | \$ 2,355,416                         | \$ 7,368,426            | \$                      | \$                      |
| Employee Benefits   |  | \$ 124,229                             | \$ -                           | \$ -                    | \$ 170,198              | \$ 124,229              | \$ -                    | \$ -                    | \$ 170,198              | \$ 588,854                           | \$ 1,842,107            | \$                      | \$                      |
| Total Personnel Expenses  |  | \$ 621,145                             | \$ -                           | \$ -                    | \$ 850,990              | \$ 621,145              | \$ -                    | \$ -                    | \$ 850,990              | \$ 2,944,270                         | \$ 9,210,533            | \$                      | \$                      |
| Operating Expense   |  | \$ 1,202,943                           | \$ 192,580                     | \$ 153,559              | \$ 58,101               | \$ 1,202,943            | \$ 192,580              | \$ 153,559              | \$ 58,101               | \$ 3,214,366                         | \$ 11,343,252           | \$                      | \$                      |
| <b>Subtotal Direct Costs</b>  |  | <b>\$ 1,824,088</b>                    | <b>\$ 192,580</b>              | <b>\$ 153,559</b>       | <b>\$ 909,091</b>       | <b>\$ 1,824,088</b>     | <b>\$ 192,580</b>       | <b>\$ 153,559</b>       | <b>\$ 909,091</b>       | <b>\$ 6,158,636</b>                  | <b>\$ 20,553,785</b>    | <b>\$</b>               | <b>\$</b>               |
| Indirect Cost Amount  |  | \$ 182,409                             | \$ 19,258                      | \$ 15,355               | \$ 90,909               | \$ 182,409              | \$ 19,258               | \$ 15,355               | \$ 90,909               | \$ 615,862                           | \$ 2,055,374            | \$                      | \$                      |
| Indirect Cost Rate (%)  |  | 10.0%                                  | 10.0%                          | 10.0%                   | 10.0%                   | 10.0%                   | 10.0%                   | 10.0%                   | 10.0%                   | \$                                   | \$                      | \$                      | \$                      |
| <b>Total Expenses</b>   |  | <b>\$ 2,006,497</b>                    | <b>\$ 211,838</b>              | <b>\$ 168,914</b>       | <b>\$ 1,000,000</b>     | <b>\$ 2,006,497</b>     | <b>\$ 211,838</b>       | <b>\$ 168,914</b>       | <b>\$ 1,000,000</b>     | <b>\$ 6,774,498</b>                  | <b>\$ 22,609,159</b>    | <b>\$</b>               | <b>\$</b>               |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |  |  |                                |                         |                         |                         |                         |                         |                         |                                      |                         |                         |                         |
| <b>DPH Funding Sources (select from drop-down list)</b>   |  |  |                                |                         |                         |                         |                         |                         |                         |                                      |                         |                         |                         |
| HPS COUNTY HPS GF   |  | 2,006,497                              |                                |                         |                         | 2,006,497               |                         |                         |                         | 4,012,994                            | 13,755,712              | \$                      | \$                      |
| HPS COUNTY GF Children's Fund   |  |  | 211,838                        |                         |                         |                         | 211,838                 |                         |                         | 423,676                              | 1,452,368               | \$                      | \$                      |
| HPS FED CDC - PD90, CFDA #93.940  |  |  |                                |                         |                         |                         |                         |                         |                         | -                                    | 15,000                  | \$                      | \$                      |
| HPS COUNTY HPS GF   |  |  |                                | 168,914                 |                         |                         |                         | 168,914                 |                         | 337,828                              | 1,158,079               | \$                      | \$                      |
| HHS COUNTY GF   |  |  |                                |                         | 1,000,000               |                         |                         |                         | 1,000,000               | 2,000,000                            | 6,228,000               | \$                      | \$                      |
| Unspent Funds   |  |  |                                |                         |                         |                         |                         |                         |                         | -                                    | (8,036)                 | \$                      | \$                      |
| <b>Total DPH Revenues</b>   |  | <b>2,006,497</b>                       | <b>211,838</b>                 | <b>168,914</b>          | <b>1,000,000</b>        | <b>2,006,497</b>        | <b>211,838</b>          | <b>168,914</b>          | <b>1,000,000</b>        | <b>6,774,498</b>                     | <b>22,601,123</b>       | <b>\$</b>               | <b>\$</b>               |
| <b>Total Revenues (DPH and Non-DPH)</b>   |  | <b>2,006,497</b>                       | <b>211,838</b>                 | <b>168,914</b>          | <b>1,000,000</b>        | <b>2,006,497</b>        | <b>211,838</b>          | <b>168,914</b>          | <b>1,000,000</b>        | <b>6,774,498</b>                     | <b>22,601,123</b>       | <b>\$</b>               | <b>\$</b>               |
| Payment Method  |  | Cost Reimbursement (CR)                | Cost Reimbursement (CR)        | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR)              | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) |
| Prepared By Larry Zapatka   |  |  |                                |                         | Phone #                 |                         |                         |                         |                         | 415-487-3055                         |                         |                         |                         |



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

|   |  |  |                         |                         |                                |                         |                         |                         |                         |                     |                      |             |  |
|---|--|--|-------------------------|-------------------------|--------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---------------------|----------------------|-------------|--|
| CID# 1000002634   |  |  |                         |                         | Appendix #                     |                         | B                       |                         | Page #                  |                     | 8                    |             |  |
| DPH Section HPS   |  |  |                         |                         |                                |                         |                         |                         |                         |                     |                      |             |  |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB |  |  |                         |                         | Contract Term (7/1/16-6/30/26) |                         |                         |                         | Fiscal Year(s)          |                     |                      | 16-26       |  |
| Agency/Organization Name San Francisco AIDS Foundation  |  |  |                         |                         | Funding Notification Date      |                         |                         |                         |                         |                     |                      | 12/21/2018  |  |
| Contractor Name (may be same as above) San Francisco AIDS Foundation  |  |  |                         |                         |                                |                         |                         |                         |                         |                     |                      | FN#5 & #6   |  |
| Program/Provider Name   |  | HIV Syringe Access & Disposal Services |                         |                         |                                |                         |                         |                         |                         | TOTALS -            |                      | TOTALS -    |  |
| Appendix Number   |  | A-1/B-1q                               | A-1/B-1r                | A-2/B-2g                | A-3/B-3g                       | A-1/B-1s                | A-1/B-1t                | A-2/B-2h                | A-3/B-3h                | Page 8              |                      | Pages 4 - 8 |  |
| Appendix Term (mm/dd/yy-mm/dd/yy)   |  | 7.1.23-6.30.24                         | 7.1.23-6.30.24          | 7.1.23-6.30.24          | 7.1.23-6.30.24                 | 7.1.24-6.30.25          | 7.1.24-6.30.25          | 7.1.24-6.30.25          | 7.1.24-6.30.25          |                     |                      |             |  |
| <b>EXPENSES</b>   |  |  |                         |                         |                                |                         |                         |                         |                         |                     |                      |             |  |
| Salaries  |  | \$ 496,916                             | \$ -                    | \$ -                    | \$ 680,792                     | \$ 496,916              | \$ -                    | \$ -                    | \$ 680,792              | \$ 2,355,416        | \$ 9,723,842         |             |  |
| Employee Benefits   |  | \$ 124,229                             | \$ -                    | \$ -                    | \$ 170,198                     | \$ 124,229              | \$ -                    | \$ -                    | \$ 170,198              | \$ 588,854          | \$ 2,430,961         |             |  |
| Total Personnel Expenses  |  | \$ 621,145                             | \$ -                    | \$ -                    | \$ 850,990                     | \$ 621,145              | \$ -                    | \$ -                    | \$ 850,990              | \$ 2,944,270        | \$ 12,154,803        |             |  |
| Operating Expense   |  | \$ 1,202,943                           | \$ 192,580              | \$ 153,559              | \$ 58,101                      | \$ 1,202,943            | \$ 192,580              | \$ 153,559              | \$ 58,101               | \$ 3,214,366        | \$ 14,557,618        |             |  |
| <b>Subtotal Direct Costs</b>  |  | <b>\$ 1,824,088</b>                    | <b>\$ 192,580</b>       | <b>\$ 153,559</b>       | <b>\$ 909,091</b>              | <b>\$ 1,824,088</b>     | <b>\$ 192,580</b>       | <b>\$ 153,559</b>       | <b>\$ 909,091</b>       | <b>\$ 6,158,636</b> | <b>\$ 26,712,421</b> |             |  |
| Indirect Cost Amount  |  | \$ 182,409                             | \$ 19,258               | \$ 15,355               | \$ 90,909                      | \$ 182,409              | \$ 19,258               | \$ 15,355               | \$ 90,909               | \$ 615,862          | \$ 2,671,236         |             |  |
| Indirect Cost Rate (%)  |  | 10.0%                                  | 10.0%                   | 10.0%                   | 10.0%                          | 10.0%                   | 10.0%                   | 10.0%                   | 10.0%                   |                     |                      |             |  |
| <b>Total Expenses</b>   |  | <b>\$ 2,006,497</b>                    | <b>\$ 211,838</b>       | <b>\$ 168,914</b>       | <b>\$ 1,000,000</b>            | <b>\$ 2,006,497</b>     | <b>\$ 211,838</b>       | <b>\$ 168,914</b>       | <b>\$ 1,000,000</b>     | <b>\$ 6,774,498</b> | <b>\$ 29,383,657</b> |             |  |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |  |  |                         |                         |                                |                         |                         |                         |                         |                     |                      |             |  |
| <b>DPH Funding Sources (select from drop-down list)</b>   |  |  |                         |                         |                                |                         |                         |                         |                         |                     |                      |             |  |
| HPS COUNTY HPS GF   |  | 2,006,497                              |                         |                         |                                | 2,006,497               |                         |                         |                         | 4,012,994           | 17,768,706           |             |  |
| HPS COUNTY GF Children's Fund   |  |  | 211,838                 |                         |                                |                         | 211,838                 |                         |                         | 423,676             | 1,876,044            |             |  |
| HPS FED CDC - PD90, CFDA #93.940  |  |  |                         |                         |                                |                         |                         |                         |                         | -                   | 15,000               |             |  |
| HPS COUNTY HPS GF   |  |  |                         | 168,914                 |                                |                         |                         | 168,914                 |                         | 337,828             | 1,495,907            |             |  |
| HHS COUNTY GF   |  |  |                         |                         | 1,000,000                      |                         |                         |                         | 1,000,000               | 2,000,000           | 10,228,000           |             |  |
| Unspent Funds   |  |  |                         |                         |                                |                         |                         |                         |                         | -                   | (8,036)              |             |  |
| <b>Total DPH Revenues</b>   |  | <b>2,006,497</b>                       | <b>211,838</b>          | <b>168,914</b>          | <b>1,000,000</b>               | <b>2,006,497</b>        | <b>211,838</b>          | <b>168,914</b>          | <b>1,000,000</b>        | <b>6,774,498</b>    | <b>29,375,621</b>    |             |  |
| <b>Total Revenues (DPH and Non-DPH)</b>   |  | <b>2,006,497</b>                       | <b>211,838</b>          | <b>168,914</b>          | <b>1,000,000</b>               | <b>2,006,497</b>        | <b>211,838</b>          | <b>168,914</b>          | <b>1,000,000</b>        | <b>6,774,498</b>    | <b>29,375,621</b>    |             |  |
| Payment Method  |  | Cost Reimbursement (CR)                | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR)        | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) |                     |                      |             |  |
| Prepared By Larry Zapatka   |  | Phone #                                |                         |                         |                                | 415-487-3055            |                         |                         |                         |                     |                      |             |  |

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

|   |  |  |                         |                         |                                      |             |             |             |                      |                                   |
|---|--|--|-------------------------|-------------------------|--------------------------------------|-------------|-------------|-------------|----------------------|-----------------------------------|
| CID# 1000002634   |  |  |                         |                         | Appendix # <b>B</b>                  |             |             |             | Page # <b>9</b>      |                                   |
| DPH Section HPS   |  |  |                         |                         |                                      |             |             |             |                      |                                   |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB |  |  |                         |                         | Contract Term (7/1/16-6/30/26)       |             |             |             | Fiscal Year(s) 16-26 |                                   |
| Agency/Organization Name San Francisco AIDS Foundation  |  |  |                         |                         | Funding Notification Date 12/21/2018 |             |             |             |                      |                                   |
| Contractor Name (may be same as above) San Francisco AIDS Foundation  |  |  |                         |                         | FN#5 & #6                            |             |             |             |                      |                                   |
| Program/Provider Name   |  | HIV Syringe Access & Disposal Services |                         |                         |                                      |             |             |             | TOTALS -             |                                   |
| Appendix Number   |  | A-1/B-1u                               | A-1/B-1v                | A-2/B-2i                | A-3/B-3i                             |             |             |             |                      | Page 9                            |
| Appendix Term (mm/dd/yy-mm/dd/yy)   |  | 7.1.25-6.30.26                         | 7.1.25-6.30.26          | 7.1.25-6.30.26          | 7.1.25-6.30.26                       |             |             |             |                      | Page 4 - 9                        |
| <b>EXPENSES</b>   |  |  |                         |                         |                                      |             |             |             |                      |                                   |
| Salaries  |  | \$ 496,916                             | \$ -                    | \$ -                    | \$ 680,792                           |             |             |             |                      | \$ 1,177,708 \$ 10,901,550        |
| Employee Benefits   |  | \$ 124,229                             | \$ -                    | \$ -                    | \$ 170,198                           |             |             |             |                      | \$ 294,427 \$ 2,725,388           |
| Total Personnel Expenses  |  | \$ 621,145                             | \$ -                    | \$ -                    | \$ 850,990                           | \$ -        | \$ -        | \$ -        | \$ -                 | \$ 1,472,135 \$ 13,626,938        |
| Operating Expense   |  | \$ 1,202,943                           | \$ 192,580              | \$ 153,559              | \$ 58,101                            |             |             |             |                      | \$ 1,607,183 \$ 16,164,801        |
| <b>Subtotal Direct Costs</b>  |  | <b>\$ 1,824,088</b>                    | <b>\$ 192,580</b>       | <b>\$ 153,559</b>       | <b>\$ 909,091</b>                    | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b>          | <b>\$ 3,079,318 \$ 29,791,739</b> |
| Indirect Cost Amount  |  | \$ 182,409                             | \$ 19,258               | \$ 15,355               | \$ 90,909                            |             |             |             |                      | \$ 307,931 \$ 2,979,167           |
| Indirect Cost Rate (%)  |  | 10.0%                                  | 10.0%                   | 10.0%                   | 10.0%                                | 0.0%        | 0.0%        | 0.0%        | 0.0%                 |                                   |
| <b>Total Expenses</b>   |  | <b>\$ 2,006,497</b>                    | <b>\$ 211,838</b>       | <b>\$ 168,914</b>       | <b>\$ 1,000,000</b>                  | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b>          | <b>\$ 3,387,249 \$ 32,770,906</b> |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |  |  |                         |                         |                                      |             |             |             |                      |                                   |
| <b>DPH Funding Sources (select from drop-down list)</b>   |  |  |                         |                         |                                      |             |             |             |                      |                                   |
| HPS COUNTY HPS GF   |  | 2,006,497                              |                         |                         |                                      |             |             |             |                      | 2,006,497 19,775,203              |
| HPS COUNTY GF Children's Fund   |  |  | 211,838                 |                         |                                      |             |             |             |                      | 211,838 2,087,882                 |
| HPS FED CDC - PD90, CFDA #93.940  |  |  |                         |                         |                                      |             |             |             |                      | - 15,000                          |
| HPS COUNTY HPS GF   |  |  |                         | 168,914                 |                                      |             |             |             |                      | 168,914 1,664,821                 |
| HHS COUNTY GF   |  |  |                         |                         | 1,000,000                            |             |             |             |                      | 1,000,000 11,228,000              |
| Unspent Funds   |  |  |                         |                         |                                      |             |             |             |                      | - (8,036)                         |
| <b>Total DPH Revenues</b>   |  | <b>2,006,497</b>                       | <b>211,838</b>          | <b>168,914</b>          | <b>1,000,000</b>                     | <b>-</b>    | <b>-</b>    | <b>-</b>    | <b>-</b>             | <b>3,387,249 32,762,870</b>       |
| <b>Total Revenues (DPH and Non-DPH)</b>   |  | <b>2,006,497</b>                       | <b>211,838</b>          | <b>168,914</b>          | <b>1,000,000</b>                     | <b>-</b>    | <b>-</b>    | <b>-</b>    | <b>-</b>             | <b>3,387,249 32,762,870</b>       |
| Payment Method  |  | Cost Reimbursement (CR)                | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR)              |             |             |             |                      |                                   |
| Prepared By Larry Zapatka   |  | Phone # 415-487-3055                   |                         |                         |                                      |             |             |             |                      |                                   |

Contractor Name **San Francisco AIDS Foundation**  
Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
Funding Source **General Fund**

Appendix # **B-1f**  
Page # **1**  
Fiscal Year(s) **18-19**  
Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES  |       |   |       |             |       |                 |
|--|--------|--|-------|---|-------|-------------|-------|-----------------|
|  |        | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |       | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |       |             |       |                 |
| Personnel Expenses                       |        |  |       |   |       |             |       |                 |
| Position Titles                          | FTE    | Salaries   | % FTE | Salaries  | % FTE | Salaries    | % FTE | Contract Totals |
| Pgms & Ops Director                      | 0.05   | 5,709  | 100%  |   | 0%    |             |       | 5,709           |
| Dir. Behavioral Health Svc               | 0.05   | 6,100  | 87%   | 900   | 13%   |             |       | 7,000           |
| Dir. Gov't Contracts                     | 0.05   | 5,190  | 100%  |   | 0%    |             |       | 5,190           |
| Data Manager                             | 0.05   | 4,412  | 100%  |   | 0%    |             |       | 4,412           |
| SAS Director                             | 0.75   | 36,267   | 89%   | 4,483   | 11%   |             |       | 40,750          |
| Logistics Inventory Mgr                  | 1.00   | 16,089   | 25%   | 48,267  | 75%   |             |       | 64,356          |
| Logistics Associates                     | 2.00   | 28,545   | 25%   | 85,635  | 75%   |             |       | 114,180         |
| SSE/Vol Coordinator                      | 0.75   | 54,495   | 100%  | -   | 0%    |             |       | 54,495          |
| Health Educator                          | 2.75   | 156,998  |       | -   | 0%    |             |       | 156,998         |
| Comm. Engagement & Kit Packing Assoc     | 0.65   | 35,084   | 100%  | -   | 0%    |             |       | 35,084          |
|  |        | -  | 0%    | -   | 0%    |             |       | -               |
| Total FTE & Total Salaries               | 8.10   | 348,889  | 71%   | 139,285   | 29%   |             |       | 488,174         |
| Fringe Benefits                          | 25.00% | 87,222   | 71%   | 34,822  | 29%   |             |       | 122,044         |
| Total Personnel Expenses                 |        | 436,111  | 71%   | 174,107   | 29%   |             |       | 610,218         |
|  |        |  |       |   |       |             |       |                 |
| Operating Expenses                       |        | Expenditure  | %     | Expenditure   | %     | Expenditure |       | Contract Total  |
| Total Occupancy                          |        | 85,166   | 89%   | 10,500  | 11%   |             |       | 95,666          |
| Total Materials and Supplies             |        | 160,385  | 30%   | 369,728   | 70%   |             |       | 530,113         |
| Total General Operating                  |        | 6,354  | 61%   | 4,062   | 39%   |             |       | 10,416          |
| Consultants/Subcontractor:               |        | 532,386  | 100%  | -   | 0%    |             |       | 532,386         |
| Total Operating Expenses                 |        | 784,291  | 67%   | 384,290   | 33%   |             |       | 1,168,581       |
|  |        |  |       |   |       |             |       |                 |
| Total Direct Expenses                    |        | 1,220,402  | 69%   | 558,397   | 31%   |             |       | 1,778,799       |
| Indirect Expenses 10.00%                 |        | 122,040  | 69%   | 55,840  | 31%   |             |       | 177,880         |
| TOTAL EXPENSES                           |        | 1,342,442  | 69%   | 614,237   | 31%   |             |       | 1,956,679       |
|  |        |  |       |   |       |             |       |                 |
| Units of Service (UOS) per Service Mode  |        | 8,079  |       | 12  |       | -           |       | 8,091           |
| Cost Per Unit of Service by Service Mode |        | 166.17   |       | 51,186.42   |       | -           |       |                 |
| NOC                                      |        | 54,300   |       | N/A   |       |             |       |                 |
|  |        |  |       |   |       |             |       |                 |

Rev. 07/15

Rev. 07/15

## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

Appendix #: B-1f  
 Fiscal Year: 18-19

### 1a) SALARIES

| Staff Position 1: Programs & Operations Director  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; Brief description of job duties: <u>coordinates program monitoring, evaluation and quality assurance procedures.</u> |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an Minimum qualifications: equivalent combination of education and experience.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$114,180.00  | 0.05   | 12                 | 1                                    | \$ 5,709 |

| Staff Position 2: Director, Behavioral Health Services   |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay Brief description of job duties: <u>and bisexual men.</u> |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and Minimum qualifications: <u>program development experience.</u>   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$140,000.00   | 0.05   | 12                 | 1                                    | \$ 7,000 |

| Staff Position 3: Dir. Gov't Grants  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the Brief description of job duties: <u>integrity of the service database by overseeing database quality assurance activities.</u> |        |                    |                                      |          |
| Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management Minimum qualifications: <u>and negotiations.</u>  |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$103,800.00   | 0.05   | 12                 | 1                                    | \$ 5,190 |

| Staff Position 4: Data Manager  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract Brief description of job duties: <u>requirements.</u> |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 Minimum qualifications: <u>years equivalent experience required.</u>   |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$88,230.00   | 0.05   | 12                 | 1                                    | \$ 4,412 |

| Staff Position 5: SAS Director   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with Brief description of job duties: <u>waste removal company, prepare reports for compliance and maintain safety protocols.</u> |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job. Minimum qualifications:   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$108,666.00   | 0.75   | 6                  | 0.5                                  | \$ 40,750 |

| Staff Position 6: Logistics Inventory Mrg   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.   |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of |        |                    |                                      |           |
| Minimum qualifications: safe lifting techniques and injury prevention.  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$64,356.00   | 1.00   | 12                 | 1                                    | \$ 64,356 |

| Staff Position 7: Logistics Associates  |        |                    |                                      |            |
|---|--------|--------------------|--------------------------------------|------------|
| Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.  |        |                    |                                      |            |
| Brief description of job duties:  |        |                    |                                      |            |
| 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 be able to lift maximum 45 pounds. |        |                    |                                      |            |
| Minimum qualifications:   |        |                    |                                      |            |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$57,090.00   | 2.00   | 12                 | 1                                    | \$ 114,180 |

| Staff Position 8: SSE/Volunteer 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 and manages the site volunteers and supervises exchange sites. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$72,660.00  | 0.75   | 12                 | 1                                    | \$ 54,495 |

| Staff Position 9: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |        |                    |                                      |            |
| Minimum qualifications:  |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$57,090.00  | 2.75   | 12                 | 1                                    | \$ 156,998 |

| Staff Position 10: Community Engagement & Kit Packing Associate   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| The Community Engagement and Kit Packing Associate is responsible for outreach and engagement 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:  |        |                    |                                      |           |
| High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.   |        |                    |                                      |           |
| Minimum qualifications:   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$53,976.00   | 0.65   | 12                 | 1                                    | \$ 35,084 |

**Total FTE: 8.10**

**Total Salaries: \$ 488,174**

**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component   | Cost           |
|---|----------------|
| Social Security   | \$ 37,345.00   |
| Retirement  | \$ 9,324.00    |
| Medical   | \$ 50,428.00   |
| Dental  |                |
| Unemployment Insurance  | \$ 2,539.00    |
| Disability Insurance  | \$ 19,869.00   |
| Paid Time Off   |                |
| Workers comp  | \$ 2,539.00    |
| <b>Total Fringe Benefit:</b>                                  | <b>122,044</b> |
| <b>Fringe Benefit %:</b>                                      | <b>25.00%</b>  |
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: 610,218</b> |                |

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description                               | Rate           | Cost          |
|-------------------------|---|----------------|---------------|
| Rent office             | 1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo. | \$800/FTE*12   | 77,760        |
| Bldg Maintenance        | Janitorial at \$166.66/mo.                      | \$166.66/mo*12 | 2,000         |
| Utilities               | Phone, PG&E & trash.                            | 55.620/FTE*12  | 5,406         |
| Rent office             | Additional space for 6th Street.                | 875/mo*12      | 10,500        |
|                         |   |                |               |
| <b>Total Occupancy:</b> |   |                | <b>95,666</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate         | Cost           |
|--|--|--------------|----------------|
| Office Supplies & Postage              | Office supply & Postage \$51.16/FTE x 8.1 x 12mo.          | \$51.16      | 4,973          |
| Volunteer Spt                          | Snacks, T-shirts, etc - \$166.66/mo.                       | \$166.66     | 2,000          |
| Syringes                               | Syringes \$.15/each x 1,793,333 syringes.                  | \$0.15       | 269,000        |
| Bio Buckets                            | 18/19 gallon buckets - 2,175 x \$24.368.                   | \$24.368     | 53,000         |
| Bio Buckets                            | 2 gallon - 18,182 x \$2.75.                                | \$2.75       | 50,000         |
| Alcohol Wipes                          | 268 cases x \$27.985/case.                                 | \$27.985     | 7,500          |
| Cotton balls and pellets               | 1,040bags x \$16.827/bag.                                  | \$16.827     | 17,500         |
| Condoms & Lube                         | Condoms and lube.  | \$833.33/mo  | 10,000         |
| Sterile Water                          | 492 Cases x \$81.301/case.                                 | \$81.301     | 40,000         |
| Bagging Supplies                       | 100 bundles x \$7.10/bundle.                               | \$7.100      | 710            |
| Misc Exchanges Supplies                | Incl, tourniquets, ensure, bandaids, etc.                  | \$1,000/mo   | 12,000         |
| Group Food                             | Additional food for increased groups \$718.14/wk x 50 wks. | 718.14/wk    | 35,907         |
| Outreach and Program materials         | Additional expense for increase outreach.                  | \$529.289/wk | 27,523         |
|  |  |              |                |
| <b>Total Materials &amp; Supplies:</b> |  |              | <b>530,113</b> |

**General Operating:**

| Expense Item                    | Brief Description                                       | Rate         | Cost          |
|---------------------------------|---|--------------|---------------|
| Equip rent & Lease              | Office equip lease and maint cost \$86.75/FTE x 8.1FTE. | \$86.75/ FTE | 8,432         |
| Offsite storage                 | Records storage \$4.98/FTE x 8.1 x 12 mo.               | \$4.98/FTE   | 484           |
| Travel                          | Vehicle Fuel.   | \$62.50/mo   | 750           |
| Travel                          | Vehicle Repairs.  | \$62.50/mo   | 750           |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>10,416</b> |



**Consultants/Subcontractors:**

| Consultant/Subcontractor Name     | Service Description                              | Rate         | Cost    |
|-----------------------------------|--|--------------|---------|
| Glide                             | Operational expenses; staffing, office, IT, etc. | \$99,002/yr  | 99,002  |
| Saint James Infirmary             | Operational expenses; staffing, office, IT, etc. | \$103,042/yr | 103,042 |
| Homeless youth Alliance           | Operational expenses; staffing, office, IT, etc. | \$225,279/yr | 225,279 |
| S.F. Drug Users Union             | Operational expenses; staffing, office, IT, etc. | \$105,063/yr | 105,063 |
| Total Consultants/Subcontractors: |  |              | 532,386 |

|                           |           |
|---------------------------|-----------|
| TOTAL OPERATING EXPENSES: | 1,168,581 |
|---------------------------|-----------|

|                     |           |
|---------------------|-----------|
| TOTAL DIRECT COSTS: | 1,778,799 |
|---------------------|-----------|

**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% of total direct costs. | 177,880 |
|   |         |
|   |         |

|                       |         |
|-----------------------|---------|
| Indirect Rate:        | 10.00%  |
| TOTAL INDIRECT COSTS: | 177,880 |

|                 |           |
|-----------------|-----------|
| TOTAL EXPENSES: | 1,956,679 |
|-----------------|-----------|

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1i**  
 Page # **1**  
 Fiscal Year(s) **19-20**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |               | SERVICE MODES  |              |   |              |                    |              |                        |
|---|---------------|--|--------------|---|--------------|--------------------|--------------|------------------------|
|   |               | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |              | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |              |                    |              |                        |
| <b>Personnel Expenses</b>                       |               |  |              |   |              |                    |              |                        |
| <b>Position Titles</b>                          | <b>FTE</b>    | <b>Salaries</b>  | <b>% FTE</b> | <b>Salaries</b>   | <b>% FTE</b> | <b>Salaries</b>    | <b>% FTE</b> | <b>Contract Totals</b> |
| Pgms & Ops Director                             | 0.05          | 5,651  | 100%         |   | 0%           |                    |              | 5,651                  |
| Dir. Behavioral Health Svc                      | 0.05          | 6,100  | 87%          | 900   | 13%          |                    |              | 7,000                  |
| Dir. Gov't Contracts                            | 0.05          | 5,138  | 100%         |   | 0%           |                    |              | 5,138                  |
| Data Manager                                    | 0.05          | 4,367  | 100%         |   | 0%           |                    |              | 4,367                  |
| SAS Director                                    | 0.75          | 48,010   | 89%          | 5,934   | 11%          |                    |              | 53,944                 |
| Logistics Inventory Mgr                         | 1.00          | 15,926   | 25%          | 47,779  | 75%          |                    |              | 63,705                 |
| Logistics Associates                            | 2.00          | 28,256   | 25%          | 84,770  | 75%          |                    |              | 113,026                |
| SSE/Vol Coordinator                             | 0.75          | 53,944   | 100%         | -   | 0%           |                    |              | 53,944                 |
| Health Educator                                 | 2.75          | 155,411  |              | -   | 0%           |                    |              | 155,411                |
| Comm. Engagement & Kit Packing Assoc            | 0.65          | 34,730   | 100%         | -   | 0%           |                    |              | 34,730                 |
|   |               | -  | 0%           | -   | 0%           |                    |              | -                      |
| <b>Total FTE &amp; Total Salaries</b>           | <b>8.10</b>   | <b>357,533</b>   | <b>72%</b>   | <b>139,383</b>  | <b>28%</b>   |                    |              | <b>496,916</b>         |
| Fringe Benefits                                 | 25.00%        | 89,383   | 72%          | 34,846  | 28%          |                    |              | 124,229                |
| <b>Total Personnel Expenses</b>                 |               | <b>446,916</b>   | <b>72%</b>   | <b>174,229</b>  | <b>28%</b>   |                    |              | <b>621,145</b>         |
|   |               |  |              |   |              |                    |              |                        |
| <b>Operating Expenses</b>                       |               | <b>Expenditure</b>   | <b>%</b>     | <b>Expenditure</b>  | <b>%</b>     | <b>Expenditure</b> |              | <b>Contract Total</b>  |
| Total Occupancy                                 |               | 85,166   | 89%          | 10,500  | 11%          |                    |              | 95,666                 |
| Total Materials and Supplies                    |               | 160,385  | 29%          | 390,280   | 71%          |                    |              | 550,665                |
| Total General Operating                         |               | 6,659  | 61%          | 4,257   | 39%          |                    |              | 10,916                 |
| Consultants/Subcontractor:                      |               | 545,696  | 100%         | -   | 0%           |                    |              | 545,696                |
| <b>Total Operating Expenses</b>                 |               | <b>797,906</b>   | <b>66%</b>   | <b>405,037</b>  | <b>34%</b>   |                    |              | <b>1,202,943</b>       |
|   |               |  |              |   |              |                    |              |                        |
| <b>Total Direct Expenses</b>                    |               | <b>1,244,822</b>   | <b>68%</b>   | <b>579,266</b>  | <b>32%</b>   |                    |              | <b>1,824,088</b>       |
| <b>Indirect Expenses</b>                        | <b>10.00%</b> | <b>124,482</b>   | <b>68%</b>   | <b>57,927</b>   | <b>32%</b>   |                    |              | <b>182,409</b>         |
| <b>TOTAL EXPENSES</b>                           |               | <b>1,369,304</b>   | <b>68%</b>   | <b>637,193</b>  | <b>32%</b>   |                    |              | <b>2,006,497</b>       |
|   |               |  |              |   |              |                    |              |                        |
| <b>Units of Service (UOS) per Service Mode</b>  |               | <b>8,079</b>   |              | <b>12</b>   |              | <b>-</b>           |              | <b>8,091</b>           |
| <b>Cost Per Unit of Service by Service Mode</b> |               | <b>169.49</b>  |              | <b>53,099.42</b>  |              | <b>-</b>           |              |                        |
| <b>NOC</b>                                      |               | <b>54,300</b>  |              | <b>N/A</b>  |              |                    |              |                        |

Rev. 07/15



## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

Appendix #: B-1i  
Fiscal Year: 19-20

### 1a) SALARIES

| Staff Position 1: Programs & Operations Director  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Brief description of job duties: coordinates program monitoring, evaluation and quality assurance procedures.   |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.  |        |                    |                                      |          |
| Minimum qualifications:   |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$113,025.00  | 0.05   | 12                 | 1                                    | \$ 5,651 |

| Staff Position 2: Director, Behavioral Health Services   |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |        |                    |                                      |          |
| Brief description of job duties: and bisexual men.   |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |        |                    |                                      |          |
| Minimum qualifications:  |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$140,000.00   | 0.05   | 12                 | 1                                    | \$ 7,000 |

| Staff Position 3: Dir. Gov't Grants  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities. |        |                    |                                      |          |
| Brief description of job duties: integrity of the service database by overseeing database quality assurance activities.  |        |                    |                                      |          |
| Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.   |        |                    |                                      |          |
| Minimum qualifications:  |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$102,750.00   | 0.05   | 12                 | 1                                    | \$ 5,138 |

| Staff Position 4: Data Manager  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements. |        |                    |                                      |          |
| Brief description of job duties: requirements.  |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.  |        |                    |                                      |          |
| Minimum qualifications:   |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$87,338.00   | 0.05   | 12                 | 1                                    | \$ 4,367 |

| Staff Position 5: SAS Director   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Brief description of job duties: waste removal company, prepare reports for compliance and maintain safety protocols.  |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.   |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 6: Logistics Inventory Mrg   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p>   |        |                    |                                      |           |
| <p>Minimum qualifications: Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of safe lifting techniques and injury prevention.</p> |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$63,705.00   | 1.00   | 12                 | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates   |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.</p>   |        |                    |                                      |            |
| <p>Minimum qualifications: 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 be able to lift maximum 45 pounds.</p> |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00  | 2.00   | 12                 | 1                                    | \$ 113,026 |

| Staff Position 8: SSE/Volunteer Coordinator  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: 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 and manages the site volunteers and supervises exchange sites.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support.</p> |        |                    |                                      |            |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00  | 2.75   | 12                 | 1                                    | \$ 155,411 |

| Staff Position 10: Community Engagement & Kit Packing Associate   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: The Community Engagement and Kit Packing Associate is responsible for outreach and engagement 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.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.</p>  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$53,430.00   | 0.65   | 12                 | 1                                    | \$ 34,730 |

**Total FTE: 8.10                      Total Salaries: \$ 496,916**

**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 38,014.00   |
| Retirement                   | \$ 9,492.00    |
| Medical                      | \$ 51,331.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 2,584.00    |
| Disability Insurance         | \$ 20,224.00   |
| Paid Time Off                |                |
| Workers comp                 | \$ 2,584.00    |
| <b>Total Fringe Benefit:</b> | <b>124,229</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>621,145</b> |
|---|----------------|

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description                               | Rate        | Cost          |
|-------------------------|---|-------------|---------------|
| Rent office             | 1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo. | \$800/FTE   | 77,760        |
| Bldg Maintenance        | Janitorial at \$166.66/mo.                      | \$166.66/mo | 2,000         |
| Utilities               | Phone, PG&E & trash.                            | 55.618/FTE  | 5,406         |
| Rent office             | Additional space for 6th Street.                | 875/mo      | 10,500        |
|                         |   |             |               |
| <b>Total Occupancy:</b> |   |             | <b>95,666</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate      | Cost           |
|--|--|-----------|----------------|
| Office Supplies & Postage              | Office supply & Postage \$51.16/FTE x 8.1 x 12mo.          | \$51.16   | 4,973          |
| Volunteer Spt                          | Snacks, T-shirts, etc - \$333.34/mo.                       | \$333.34  | 4,000          |
| Syringes                               | Syringes \$.15/each x 2,286,666 syringes.                  | \$0.15    | 343,000        |
| Bio Buckets                            | 18/19 gallon buckets - 2,052 x \$24.367.                   | \$24.367  | 50,000         |
| Bio Buckets                            | 2 gallon - 18,182 x \$2.75.                                | \$2.7500  | 50,000         |
| Alcohol Wipes                          | 257 cases x \$38.91/case.                                  | \$38.91   | 10,000         |
| Cotton balls and pellets               | 1,040bags x \$16.827/bag.                                  | \$16.827  | 17,500         |
| Sterile Water                          | 430 Cases x \$81.396/case.                                 | \$81.396  | 35,000         |
| Bagging Supplies                       | 40 bundles x \$7.125/bundle.                               | \$7.125   | 285            |
| Group Food                             | Additional food for increased groups \$600.00/wk x 50 wks. | 600.00/wk | 30,000         |
| Outreach and Program materials         | Additional expense for increase outreach \$118.14 x 50 wk. | \$118.14  | 5,907          |
|  |  |           |                |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>550,665</b> |

**General Operating:**

| Expense Item                    | Brief Description                                       | Rate         | Cost          |
|---------------------------------|---|--------------|---------------|
| Equip rent & Lease              | Office equip lease and maint cost \$86.75/FTE x 8.1FTE. | \$86.75/ FTE | 8,432         |
| Offsite storage                 | Records storage \$4.98/FTE x 8.1 x 12 mo.               | \$4.98/FTE   | 484           |
| Travel                          | Vehicle Fuel.   | \$83.33/mo   | 1,000         |
| Travel                          | Vehicle Repairs.  | \$83.33/mo   | 1,000         |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name     | Service Description                              | Rate         | Cost    |
|-----------------------------------|--|--------------|---------|
| Glide                             | Operational expenses; staffing, office, IT, etc. | \$101,477/yr | 101,477 |
| Saint James Infirmary             | Operational expenses; staffing, office, IT, etc. | \$105,618/yr | 105,618 |
| Homeless youth Alliance           | Operational expenses; staffing, office, IT, etc. | \$230,911/yr | 230,911 |
| S.F. Drug Users Union             | Operational expenses; staffing, office, IT, etc. | \$107,690/yr | 107,690 |
| Total Consultants/Subcontractors: |  |              | 545,696 |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,202,943</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,824,088</b> |
|----------------------------|------------------|

**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% of total direct costs. | 182,409 |
|   |         |
|   |         |

|                |        |
|----------------|--------|
| Indirect Rate: | 10.00% |
|----------------|--------|

|                              |                |
|------------------------------|----------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>182,409</b> |
|------------------------------|----------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,006,497</b> |
|------------------------|------------------|

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1j**  
 Page # **1**  
 Fiscal Year(s) **19-20**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES   |             |                  |           |                  |           | Contract Totals       |
|--|--------|---|-------------|------------------|-----------|------------------|-----------|-----------------------|
| Personnel Expenses                                 |        | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |             |                  |           |                  |           |                       |
| <b>Operating Expenses</b>                          |        | <b>Expenditure</b>  | <b>%</b>    | <b>xpenditur</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>  | <b>Contract Total</b> |
| Total Occupancy                                    |        | 33,000  | 100%        | -                | 0%        | -                | 0%        | 33,000                |
| Total Materials and Supplies                       |        | 147,580   | 100%        | -                | 0%        | -                | 0%        | 147,580               |
| Total General Operating                            |        | 12,000  | 100%        | -                | 0%        | -                | 0%        | 12,000                |
| <b>Total Operating Expenses</b>                    |        | <b>192,580</b>  | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>192,580</b>        |
| <b>Total Direct Expenses</b>                       |        | 192,580   | 100%        | -                | 0%        | -                | 0%        | 192,580               |
| <b>Indirect Expenses</b>                           | 10.00% | 19,258  | 100%        | -                | 0%        | -                | 0%        | 19,258                |
| <b>TOTAL EXPENSES</b>                              |        | <b>211,838</b>  | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>211,838</b>        |
| <b>Units of Service (UOS) per Service Mode</b>     |        | 12  |             | -                |           | -                |           | 12                    |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | 17,653.17   |             | -                |           | -                |           |                       |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        | N/A   |             |                  |           |                  |           |                       |

Rev. 01/15

## BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1j  
Fiscal Year: 19-20

### 2) OPERATING EXPENSES:

#### Occupancy:

| Expense Item     | Brief Description                                 | Rate      | Cost   |
|------------------|---|-----------|--------|
| Rent             | Rent for 6th street location, partial allocation. | 25,000    | 25,000 |
| Bldg Maint       | Allocated amount of bldg maint for 6 th street.   | \$250/mo  | 3,000  |
| Utilities        | Phone, water, PG&E, allocated for 6th street.     | 416.67/mo | 5,000  |
|                  |   |           |        |
| Total Occupancy: |   |           | 33,000 |

#### Materials & Supplies:

| Expense Item                | Brief Description  | Rate      | Cost    |
|-----------------------------|--|-----------|---------|
| Syringes                    | 366,666 syringes @ \$.15 each.                           | \$0.15    | 55,000  |
| Bio Buckets                 | 18/19 gallon buckets - 1,026 x \$24.367.                 | \$24.367  | 25,000  |
| Bio Buckets                 | 2 gallon - 5,454 x \$2.7502.                             | \$2.7502  | 15,000  |
| Sterile Water               | 185 Cases x \$81.081/case.                               | \$81.081  | 15,000  |
| Misc Exchange supplies      | Turniquets, band-aids, ensure.                           | \$215/mo  | 2,580   |
| Condoms & Lube              | 16,666 Lube packets @ \$.75 each.                        | \$0.750   | 12,500  |
| Group food/snacks           | \$192.307/week for location snack/group food x 52 weeks. | \$192.307 | 10,000  |
| Incentives                  | 1250 incentives @ \$10 each.                             | \$10.00   | 12,500  |
| Total Materials & Supplies: |  |           | 147,580 |

#### General Operating:

| Expense Item             | Brief Description                                      | Rate        | Cost   |
|--------------------------|--|-------------|--------|
| Repairs and maintenance  | Auto fuel, repairs, maintenance for delivery vehicles. | 83.33/mo    | 1,000  |
| Insurance                | Allocated amount of liability/umbrella insurance.      | 83.33/mo    | 1,000  |
| Janitorial               | Prorated janitorial services for 6th street location.  | \$833.33/mo | 10,000 |
|                          |  |             |        |
| Total General Operating: |  |             | 12,000 |

**TOTAL OPERATING EXPENSES: 192,580**

**TOTAL DIRECT COSTS: 192,580**

### 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% of total direct costs. | 19,258 |
|   |        |
|   |        |

Indirect Rate: 10.00%

**TOTAL INDIRECT COSTS: 19,258**

**TOTAL EXPENSES: 211,838**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1k**  
 Page # **1**  
 Fiscal Year(s) **20-21**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES  |       |   |       |            |       |                 |
|--|--------|--|-------|---|-------|------------|-------|-----------------|
|  |        | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |       | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |       |            |       |                 |
| Personnel Expenses                       |        |  |       |   |       |            |       |                 |
| Position Titles                          | FTE    | Salaries   | % FTE | Salaries  | % FTE | Salaries   | % FTE | Contract Totals |
| Pgms & Ops Director                      | 0.05   | 5,651  | 100%  |   | 0%    |            |       | 5,651           |
| Dir. Behavioral Health Svc               | 0.05   | 6,100  | 87%   | 900   | 13%   |            |       | 7,000           |
| Dir. Gov't Contracts                     | 0.05   | 5,138  | 100%  |   | 0%    |            |       | 5,138           |
| Data Manager                             | 0.05   | 4,367  | 100%  |   | 0%    |            |       | 4,367           |
| SAS Director                             | 0.75   | 48,010   | 89%   | 5,934   | 11%   |            |       | 53,944          |
| Logistics Inventory Mgr                  | 1.00   | 15,926   | 25%   | 47,779  | 75%   |            |       | 63,705          |
| Logistics Associates                     | 2.00   | 28,256   | 25%   | 84,770  | 75%   |            |       | 113,026         |
| SSE/Vol Coordinator                      | 0.75   | 53,944   | 100%  | -   | 0%    |            |       | 53,944          |
| Health Educator                          | 2.75   | 155,411  |       | -   | 0%    |            |       | 155,411         |
| Comm. Engagement & Kit Packing Assoc     | 0.65   | 34,730   | 100%  | -   | 0%    |            |       | 34,730          |
|  |        | -  | 0%    | -   | 0%    |            |       | -               |
| Total FTE & Total Salaries               | 8.10   | 357,533  | 72%   | 139,383   | 28%   |            |       | 496,916         |
| Fringe Benefits                          | 25.00% | 89,383   | 72%   | 34,846  | 28%   |            |       | 124,229         |
| Total Personnel Expenses                 |        | 446,916  | 72%   | 174,229   | 28%   |            |       | 621,145         |
|  |        |  |       |   |       |            |       |                 |
| Operating Expenses                       |        | Expenditure  | %     | Expenditure   | %     | xpenditure |       | Contract Total  |
| Total Occupancy                          |        | 85,166   | 89%   | 10,500  | 11%   |            |       | 95,666          |
| Total Materials and Supplies             |        | 160,385  | 29%   | 390,280   | 71%   |            |       | 550,665         |
| Total General Operating                  |        | 6,659  | 61%   | 4,257   | 39%   |            |       | 10,916          |
| Consultants/Subcontractor:               |        | 545,696  | 100%  | -   | 0%    |            |       | 545,696         |
| Total Operating Expenses                 |        | 797,906  | 66%   | 405,037   | 34%   |            |       | 1,202,943       |
|  |        |  |       |   |       |            |       |                 |
| Total Direct Expenses                    |        | 1,244,822  | 68%   | 579,266   | 32%   |            |       | 1,824,088       |
| Indirect Expenses 10.00%                 |        | 124,482  | 68%   | 57,927  | 32%   |            |       | 182,409         |
| TOTAL EXPENSES                           |        | 1,369,304  | 68%   | 637,193   | 32%   |            |       | 2,006,497       |
|  |        |  |       |   |       |            |       |                 |
| Units of Service (UOS) per Service Mode  |        | 8,079  |       | 12  |       | -          |       | 8,091           |
| Cost Per Unit of Service by Service Mode |        | 169.49   |       | 53,099.42   |       | -          |       |                 |
| NOC                                      |        | 54,300   |       | N/A   |       |            |       |                 |
|  |        |  |       |   |       |            |       |                 |

Rev. 07/15

Rev. 07/15



## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

Appendix #: B-1k  
 Fiscal Year: 20-21

### 1a) SALARIES

| Staff Position 1: Programs & Operations Director   |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; Brief description of job duties: coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an Minimum qualifications: equivalent combination of education and experience.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$113,025.00   | 0.05   | 12                 | 1                                    | \$ 5,651 |

| Staff Position 2: Director, Behavioral Health Services  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay Brief description of job duties: and bisexual men. |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and Minimum qualifications: program development experience.   |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$140,000.00  | 0.05   | 12                 | 1                                    | \$ 7,000 |

| Staff Position 3: Dir. Gov't Grants   |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the Brief description of job duties: integrity of the service database by overseeing database quality assurance activities. |        |                    |                                      |          |
| Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management Minimum qualifications: and negotiations.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$102,750.00  | 0.05   | 12                 | 1                                    | \$ 5,138 |

| Staff Position 4: Data Manager   |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract Brief description of job duties: requirements. |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 Minimum qualifications: years equivalent experience required.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$87,338.00  | 0.05   | 12                 | 1                                    | \$ 4,367 |

| Staff Position 5: SAS Director  |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with Brief description of job duties: waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or Minimum qualifications: be willing to obtain certification on the job.  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00   | 0.75   | 12                 | 1                                    | \$ 53,944 |



| Staff Position 6: Logistics Inventory Mrg   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.   |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of |        |                    |                                      |           |
| Minimum qualifications: safe lifting techniques and injury prevention.  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$63,705.00   | 1.00   | 12                 | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates  |        |                    |                                      |            |
|---|--------|--------------------|--------------------------------------|------------|
| Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.  |        |                    |                                      |            |
| Brief description of job duties:  |        |                    |                                      |            |
| 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 be able to lift maximum 45 pounds. |        |                    |                                      |            |
| Minimum qualifications:   |        |                    |                                      |            |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00   | 2.00   | 12                 | 1                                    | \$ 113,026 |

| Staff Position 8: SSE/Volunteer 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 and manages the site volunteers and supervises exchange sites. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |        |                    |                                      |            |
| Minimum qualifications:  |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00  | 2.75   | 12                 | 1                                    | \$ 155,411 |

| Staff Position 10: Community Engagement & Kit Packing Associate   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| The Community Engagement and Kit Packing Associate is responsible for outreach and engagement 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:  |        |                    |                                      |           |
| High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.   |        |                    |                                      |           |
| Minimum qualifications:   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$53,430.00   | 0.65   | 12                 | 1                                    | \$ 34,730 |

**Total FTE: 8.10**

**Total Salaries: \$ 496,916**

**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 38,014.00   |
| Retirement                   | \$ 9,492.00    |
| Medical                      | \$ 51,331.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 2,584.00    |
| Disability Insurance         | \$ 20,224.00   |
| Paid Time Off                |                |
| Workers comp                 | \$ 2,584.00    |
| <b>Total Fringe Benefit:</b> | <b>124,229</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>621,145</b> |
|---|----------------|

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description                               | Rate        | Cost          |
|-------------------------|---|-------------|---------------|
| Rent office             | 1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo. | \$800/FTE   | 77,760        |
| Bldg Maintenance        | Janitorial at \$166.66/mo.                      | \$166.66/mo | 2,000         |
| Utilities               | Phone, PG&E & trash.                            | 55.618/FTE  | 5,406         |
| Rent office             | Additional space for 6th Street.                | 875/mo      | 10,500        |
|                         |   |             |               |
| <b>Total Occupancy:</b> |   |             | <b>95,666</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate      | Cost           |
|--|--|-----------|----------------|
| Office Supplies & Postage              | Office supply & Postage \$51.16/FTE x 8.1 x 12mo.          | \$51.16   | 4,973          |
| Volunteer Spt                          | Snacks, T-shirts, etc - \$333.34/mo.                       | \$333.34  | 4,000          |
| Syringes                               | Syringes \$.15/each x 2,286,666 syringes.                  | \$0.15    | 343,000        |
| Bio Buckets                            | 18/19 gallon buckets - 2,052 x \$24.367.                   | \$24.367  | 50,000         |
| Bio Buckets                            | 2 gallon - 18,182 x \$2.75.                                | \$2.7500  | 50,000         |
| Alcohol Wipes                          | 257 cases x \$38.91/case.                                  | \$38.91   | 10,000         |
| Cotton balls and pellets               | 1,040bags x \$16.827/bag.                                  | \$16.827  | 17,500         |
| Sterile Water                          | 430 Cases x \$81.396/case.                                 | \$81.396  | 35,000         |
| Bagging Supplies                       | 40 bundles x \$7.125/bundle.                               | \$7.125   | 285            |
| Group Food                             | Additional food for increased groups \$600.00/wk x 50 wks. | 600.00/wk | 30,000         |
| Outreach and Program materials         | Additional expense for increase outreach \$118.14 x 50 wk. | \$118.14  | 5,907          |
|  |  |           |                |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>550,665</b> |

**General Operating:**

| Expense Item                    | Brief Description                                       | Rate         | Cost          |
|---------------------------------|---|--------------|---------------|
| Equip rent & Lease              | Office equip lease and maint cost \$86.75/FTE x 8.1FTE. | \$86.75/ FTE | 8,432         |
| Offsite storage                 | Records storage \$4.98/FTE x 8.1 x 12 mo.               | \$4.98/FTE   | 484           |
| Travel                          | Vehicle Fuel.   | \$83.33/mo   | 1,000         |
| Travel                          | Vehicle Repairs.  | \$83.33/mo   | 1,000         |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                             | Rate         | Cost           |
|--|---|--------------|----------------|
| Glide                                    | Operational expenses; staffing, office, IT, etc | \$101,477/yr | 101,477        |
| Saint James Infirmary                    | Operational expenses; staffing, office, IT, etc | \$105,618/yr | 105,618        |
| Homeless youth Alliance                  | Operational expenses; staffing, office, IT, etc | \$230,911/yr | 230,911        |
| S.F. Drug Users Union                    | Operational expenses; staffing, office, IT, etc | \$107,690/yr | 107,690        |
| <b>Total Consultants/Subcontractors:</b> |   |              | <b>545,696</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,202,943</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,824,088</b> |
|----------------------------|------------------|

**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% of total direct costs. | 182,409 |
|   |         |
|   |         |

|                       |            |
|-----------------------|------------|
| <b>Indirect Rate:</b> | <b>10%</b> |
|-----------------------|------------|

|                              |                |
|------------------------------|----------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>182,409</b> |
|------------------------------|----------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,006,497</b> |
|------------------------|------------------|

Contractor Name **San Francisco AIDS Foundation**  
Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
Funding Source **General Fund**

Appendix # **B-11**  
Page # **1**  
Fiscal Year(s) **20-21**  
Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

| SERVICE MODES                               |        |   |      |           |    |           |                 |                |
|---|--------|---|------|-----------|----|-----------|-----------------|----------------|
| Personnel Expenses                          |        | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |      |           |    |           | Contract Totals |                |
| Operating Expenses                          |        | Expenditure   | %    | xpenditur | %  | xpenditur | %               | Contract Total |
| Total Occupancy                             |        | 33,000  | 100% | -         | 0% | -         | 0%              | 33,000         |
| Total Materials and Supplies                |        | 147,580   | 100% | -         | 0% | -         | 0%              | 147,580        |
| Total General Operating                     |        | 12,000  | 100% | -         | 0% | -         | 0%              | 12,000         |
| Total Operating Expenses                    |        | 192,580   | 100% | -         | 0% | -         | 0%              | 192,580        |
|   |        |   |      |           |    |           |                 |                |
| Total Direct Expenses                       |        | 192,580   | 100% | -         | 0% | -         | 0%              | 192,580        |
| Indirect Expenses                           | 10.00% | 19,258  | 100% |           | 0% |           | 0%              | 19,258         |
| TOTAL EXPENSES                              |        | 211,838   | 100% | -         | 0% | -         | 0%              | 211,838        |
|   |        |   |      |           |    |           |                 |                |
| Units of Service (UOS) per Service Mode     |        | 12  |      | -         |    | -         |                 | 12             |
| Cost Per Unit of Service by Service Mode    |        | 17,653.17   |      | -         |    | -         |                 |                |
| Unduplicated Clients (UDC) per Service Mode |        | N/A   |      |           |    |           |                 |                |
| Rev. 01/15                                  |        |   |      |           |    |           |                 |                |

## BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-11  
Fiscal Year: 20-21

### 2) OPERATING EXPENSES:

#### Occupancy:

| Expense Item            | Brief Description                                 | Rate      | Cost          |
|-------------------------|---|-----------|---------------|
| Rent                    | Rent for 6th street location, partial allocation. | 25,000    | 25,000        |
| Bldg Maint              | Allocated amount of bldg maint for 6 th street.   | \$250/mo  | 3,000         |
| Utilities               | Phone, water, PG&E, allocated for 6th street.     | 416.67/mo | 5,000         |
|                         |   |           |               |
| <b>Total Occupancy:</b> |   |           | <b>33,000</b> |

#### Materials & Supplies:

| Expense Item                           | Brief Description  | Rate      | Cost           |
|--|--|-----------|----------------|
| Syringes                               | 366,666 syringes @ \$.15 each.                           | \$0.15    | 55,000         |
| Bio Buckets                            | 18/19 gallon buckets - 1,026 x \$24.367.                 | \$24.367  | 25,000         |
| Bio Buckets                            | 2 gallon - 5,454 x \$2.7502.                             | \$2.7502  | 15,000         |
| Sterile Water                          | 185 Cases x \$81.081/case.                               | \$81.081  | 15,000         |
| Misc Exchange supplies                 | Turniquets, bandaids, ensure.                            | \$215/mo  | 2,580          |
| Condoms & Lube                         | 16,666 Lube packets @ \$.75 each.                        | \$0.750   | 12,500         |
| Group food/snacks                      | \$192.307/week for location snack/group food x 52 weeks. | \$192.307 | 10,000         |
| Incentives                             | 1250 incentives @ \$10 each.                             | \$10.00   | 12,500         |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>147,580</b> |

#### General Operating:

| Expense Item                    | Brief Description                                      | Rate        | Cost          |
|---------------------------------|--|-------------|---------------|
| Repairs and maintenance         | Auto fuel, repairs, maintenance for delivery vehicles. | 83.33/mo    | 1,000         |
| Insurance                       | Allocated amount of liability/umbrella insurance.      | 83.33/mo    | 1,000         |
| Janitorial                      | Prorated janitorial services for 6th street location.  | \$833.33/mo | 10,000        |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>12,000</b> |

**TOTAL OPERATING EXPENSES: 192,580**

**TOTAL DIRECT COSTS: 192,580**

### 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% of total direct costs. | 19,258 |
|   |        |
|   |        |

**Indirect Rate: 10%**

**TOTAL INDIRECT COSTS: 19,258**

**TOTAL EXPENSES: 211,838**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1m**  
 Page # **1**  
 Fiscal Year(s) **21-22**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES  |       |   |       |            |       |                 |
|--|--------|--|-------|---|-------|------------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |       | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |       |            |       |                 |
| Position Titles                          | FTE    | Salaries   | % FTE | Salaries  | % FTE | Salaries   | % FTE | Contract Totals |
| Pgms & Ops Director                      | 0.05   | 5,651  | 100%  |   | 0%    |            |       | 5,651           |
| Dir. Behavioral Health Svc               | 0.05   | 6,100  | 87%   | 900   | 13%   |            |       | 7,000           |
| Dir. Gov't Contracts                     | 0.05   | 5,138  | 100%  |   | 0%    |            |       | 5,138           |
| Data Manager                             | 0.05   | 4,367  | 100%  |   | 0%    |            |       | 4,367           |
| SAS Director                             | 0.75   | 48,010   | 89%   | 5,934   | 11%   |            |       | 53,944          |
| Logistics Inventory Mgr                  | 1.00   | 15,926   | 25%   | 47,779  | 75%   |            |       | 63,705          |
| Logistics Associates                     | 2.00   | 28,256   | 25%   | 84,770  | 75%   |            |       | 113,026         |
| SSE/Vol Coordinator                      | 0.75   | 53,944   | 100%  | -   | 0%    |            |       | 53,944          |
| Health Educator                          | 2.75   | 155,411  |       | -   | 0%    |            |       | 155,411         |
| Comm. Engagement & Kit Packing Assoc     | 0.65   | 34,730   | 100%  | -   | 0%    |            |       | 34,730          |
|  |        | -  | 0%    | -   | 0%    |            |       | -               |
| Total FTE & Total Salaries               | 8.10   | 357,533  | 72%   | 139,383   | 28%   |            |       | 496,916         |
| Fringe Benefits                          | 25.00% | 89,383   | 72%   | 34,846  | 28%   |            |       | 124,229         |
| Total Personnel Expenses                 |        | 446,916  | 72%   | 174,229   | 28%   |            |       | 621,145         |
|  |        |  |       |   |       |            |       |                 |
| Operating Expenses                       |        | Expenditure  | %     | Expenditure   | %     | xpenditure |       | Contract Total  |
| Total Occupancy                          |        | 85,166   | 89%   | 10,500  | 11%   |            |       | 95,666          |
| Total Materials and Supplies             |        | 160,385  | 29%   | 390,280   | 71%   |            |       | 550,665         |
| Total General Operating                  |        | 6,659  | 61%   | 4,257   | 39%   |            |       | 10,916          |
| Consultants/Subcontractor:               |        | 545,696  | 100%  | -   | 0%    |            |       | 545,696         |
| Total Operating Expenses                 |        | 797,906  | 66%   | 405,037   | 34%   |            |       | 1,202,943       |
|  |        |  |       |   |       |            |       |                 |
| Total Direct Expenses                    |        | 1,244,822  | 68%   | 579,266   | 32%   |            |       | 1,824,088       |
| Indirect Expenses                        |        | 124,482  | 68%   | 57,927  | 32%   |            |       | 182,409         |
| TOTAL EXPENSES                           |        | 1,369,304  | 68%   | 637,193   | 32%   |            |       | 2,006,497       |
|  |        |  |       |   |       |            |       |                 |
| Units of Service (UOS) per Service Mode  |        | 8,079  |       | 12  |       | -          |       | 8,091           |
| Cost Per Unit of Service by Service Mode |        | 169.49   |       | 53,099.42   |       | -          |       |                 |
| NOC                                      |        | 54,300   |       | N/A   |       |            |       |                 |
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## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

Appendix #: B-1m  
 Fiscal Year: 21-22

### 1a) SALARIES

|  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| <b>Staff Position 1: Programs &amp; Operations Director</b>  |        |                    |                                      |          |
| Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; Brief description of job duties: coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an Minimum qualifications: equivalent combination of education and experience.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$113,025.00   | 0.05   | 12                 | 1                                    | \$ 5,651 |

|   |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| <b>Staff Position 2: Director, Behavioral Health Services</b>   |        |                    |                                      |          |
| Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay Brief description of job duties: and bisexual men. |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and Minimum qualifications: program development experience.   |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$140,000.00  | 0.05   | 12                 | 1                                    | \$ 7,000 |

|   |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| <b>Staff Position 3: Dir. Gov't Grants</b>  |        |                    |                                      |          |
| Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the Brief description of job duties: integrity of the service database by overseeing database quality assurance activities. |        |                    |                                      |          |
| Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management Minimum qualifications: and negotiations.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$102,750.00  | 0.05   | 12                 | 1                                    | \$ 5,138 |

|  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| <b>Staff Position 4: Data Manager</b>  |        |                    |                                      |          |
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract Brief description of job duties: requirements. |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 Minimum qualifications: years equivalent experience required.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$87,338.00  | 0.05   | 12                 | 1                                    | \$ 4,367 |

|   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 5: SAS Director</b>   |        |                    |                                      |           |
| 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with Brief description of job duties: waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job. Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00   | 0.75   | 12                 | 1                                    | \$ 53,944 |



| Staff Position 6: Logistics Inventory Mrg   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.   |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of |        |                    |                                      |           |
| Minimum qualifications: safe lifting techniques and injury prevention.  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$63,705.00   | 1.00   | 12                 | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates  |        |                    |                                      |            |
|---|--------|--------------------|--------------------------------------|------------|
| Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.  |        |                    |                                      |            |
| Brief description of job duties:  |        |                    |                                      |            |
| 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 be able to lift maximum 45 pounds. |        |                    |                                      |            |
| Minimum qualifications:   |        |                    |                                      |            |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00   | 2.00   | 12                 | 1                                    | \$ 113,026 |

| Staff Position 8: SSE/Volunteer 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 and manages the site volunteers and supervises exchange sites. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |        |                    |                                      |            |
| Minimum qualifications:  |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00  | 2.75   | 12                 | 1                                    | \$ 155,411 |

| Staff Position 10: Community Engagement & Kit Packing Associate   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| The Community Engagement and Kit Packing Associate is responsible for outreach and engagement 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:  |        |                    |                                      |           |
| High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.   |        |                    |                                      |           |
| Minimum qualifications:   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$53,430.00   | 0.65   | 12                 | 1                                    | \$ 34,730 |

**Total FTE: 8.10**

**Total Salaries: \$ 496,916**

**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 38,014.00   |
| Retirement                   | \$ 9,492.00    |
| Medical                      | \$ 51,331.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 2,584.00    |
| Disability Insurance         | \$ 20,224.00   |
| Paid Time Off                |                |
| Workers comp                 | \$ 2,584.00    |
| <b>Total Fringe Benefit:</b> | <b>124,229</b> |

Fringe Benefit %: 25.00%

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>621,145</b> |
|---|----------------|

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description                               | Rate        | Cost          |
|-------------------------|---|-------------|---------------|
| Rent office             | 1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo. | \$800/FTE   | 77,760        |
| Bldg Maintenance        | Janitorial at \$166.66/mo.                      | \$166.66/mo | 2,000         |
| Utilities               | Phone, PG&E & trash.                            | 55.618/FTE  | 5,406         |
| Rent office             | Additional space for 6th Street.                | 875/mo      | 10,500        |
|                         |   |             |               |
| <b>Total Occupancy:</b> |   |             | <b>95,666</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description   | Rate      | Cost           |
|--|---|-----------|----------------|
| Office Supplies & Postage              | Office supply & Postage \$51.16/FTE x 8.1 x 12mo          | \$51.16   | 4,973          |
| Volunteer Spt                          | Snacks, T-shirts, etc - \$333.34/mo                       | \$333.34  | 4,000          |
| Syringes                               | Syringes \$.15/each x 2,286,666 syringes                  | \$0.15    | 343,000        |
| Bio Buckets                            | 18/19 gallon buckets - 2,052 x \$24.367                   | \$24.367  | 50,000         |
| Bio Buckets                            | 2 gallon - 18,182 x \$2.75                                | \$2.7500  | 50,000         |
| Alcohol Wipes                          | 257 cases x \$38.91/case.                                 | \$38.91   | 10,000         |
| Cotton balls and pellets               | 1,040bags x \$16.827/bag                                  | \$16.827  | 17,500         |
| Sterile Water                          | 430 Cases x \$81.396/case                                 | \$81.396  | 35,000         |
| Bagging Supplies                       | 40 bundles x \$7.125/bundle                               | \$7.125   | 285            |
| Group Food                             | Additional food for increased groups \$600.00/wk x 50 wks | 600.00/wk | 30,000         |
| Outreach and Program materials         | Additional expense for increase outreach \$118.14 x 50 wk | \$118.14  | 5,907          |
|  |   |           |                |
| <b>Total Materials &amp; Supplies:</b> |   |           | <b>550,665</b> |

**General Operating:**

| Expense Item                    | Brief Description                                       | Rate         | Cost          |
|---------------------------------|---|--------------|---------------|
| Equip rent & Lease              | Office equip lease and maint cost \$86.75/FTE x 8.1FTE. | \$86.75/ FTE | 8,432         |
| Offsite storage                 | Records storage \$4.98/FTE x 8.1 x 12 mo.               | \$4.98/FTE   | 484           |
| Travel                          | Vehicle Fuel.   | \$83.33/mo   | 1,000         |
| Travel                          | Vehicle Repairs.  | \$83.33/mo   | 1,000         |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                             | Rate         | Cost           |
|--|---|--------------|----------------|
| Glide                                    | Operational expenses; staffing, office, IT, etc | \$101,477/yr | 101,477        |
| Saint James Infirmary                    | Operational expenses; staffing, office, IT, etc | \$105,618/yr | 105,618        |
| Homeless youth Alliance                  | Operational expenses; staffing, office, IT, etc | \$230,911/yr | 230,911        |
| S.F. Drug Users Union                    | Operational expenses; staffing, office, IT, etc | \$107,690/yr | 107,690        |
| <b>Total Consultants/Subcontractors:</b> |   |              | <b>545,696</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,202,943</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,824,088</b> |
|----------------------------|------------------|

**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% of total direct costs. | 182,409 |
|   |         |
|   |         |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |                |
|------------------------------|----------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>182,409</b> |
|------------------------------|----------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,006,497</b> |
|------------------------|------------------|

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1n**  
 Page # **1**  
 Fiscal Year(s) **21-22**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |        | SERVICE MODES   |      |           |    |           |                 |                |
|---|--------|---|------|-----------|----|-----------|-----------------|----------------|
| Personnel Expenses                          |        | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |      |           |    |           | Contract Totals |                |
| Operating Expenses                          |        | Expenditure   | %    | xpenditur | %  | xpenditur | %               | Contract Total |
| Total Occupancy                             |        | 33,000  | 100% | -         | 0% | -         | 0%              | 33,000         |
| Total Materials and Supplies                |        | 147,580   | 100% | -         | 0% | -         | 0%              | 147,580        |
| Total General Operating                     |        | 12,000  | 100% | -         | 0% | -         | 0%              | 12,000         |
| Total Operating Expenses                    |        | 192,580   | 100% | -         | 0% | -         | 0%              | 192,580        |
|   |        |   |      |           |    |           |                 |                |
| Total Direct Expenses                       |        | 192,580   | 100% | -         | 0% | -         | 0%              | 192,580        |
| Indirect Expenses                           | 10.00% | 19,258  | 100% |           | 0% |           | 0%              | 19,258         |
| TOTAL EXPENSES                              |        | 211,838   | 100% | -         | 0% | -         | 0%              | 211,838        |
|   |        |   |      |           |    |           |                 |                |
| Units of Service (UOS) per Service Mode     |        | 12  |      | -         |    | -         |                 | 12             |
| Cost Per Unit of Service by Service Mode    |        | 17,653.17   |      | -         |    | -         |                 |                |
| Unduplicated Clients (UDC) per Service Mode |        | N/A   |      |           |    |           |                 |                |
| Rev. 07/15                                  |        |   |      |           |    |           |                 |                |

## BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1n  
Fiscal Year: 21-22

### 2) OPERATING EXPENSES:

#### Occupancy:

| Expense Item     | Brief Description                                 | Rate      | Cost   |
|------------------|---|-----------|--------|
| Rent             | Rent for 6th street location, partial allocation. | 25,000    | 25,000 |
| Bldg Maint       | Allocated amount of bldg maint for 6 th street.   | \$250/mo  | 3,000  |
| Utilities        | Phone, water, PG&E, allocated for 6th street.     | 416.67/mo | 5,000  |
|                  |   |           |        |
| Total Occupancy: |   |           | 33,000 |

#### Materials & Supplies:

| Expense Item                | Brief Description  | Rate      | Cost    |
|-----------------------------|--|-----------|---------|
| Syringes                    | 366,666 syringes @ \$.15 each.                           | \$0.15    | 55,000  |
| Bio Buckets                 | 18/19 gallon buckets - 1,026 x \$24.367.                 | \$24.367  | 25,000  |
| Bio Buckets                 | 2 gallon - 5,454 x \$2.7502.                             | \$2.7502  | 15,000  |
| Sterile Water               | 185 Cases x \$81.081/case.                               | \$81.081  | 15,000  |
| Misc Exchange supplies      | Turniquets, bandaids, ensure.                            | \$215/mo  | 2,580   |
| Condoms & Lube              | 16,666 Lube packets @ \$.75 each.                        | \$0.750   | 12,500  |
| Group food/snacks           | \$192.307/week for location snack/group food x 52 weeks. | \$192.307 | 10,000  |
| Incentives                  | 1250 incentives @ \$10 each.                             | \$10.00   | 12,500  |
| Total Materials & Supplies: |  |           | 147,580 |

#### General Operating:

| Expense Item             | Brief Description                                      | Rate        | Cost   |
|--------------------------|--|-------------|--------|
| Repairs and maintenance  | Auto fuel, repairs, maintenance for delivery vehicles. | 83.33/mo    | 1,000  |
| Insurance                | Allocated amount of liability/umbrella insurance.      | 83.33/mo    | 1,000  |
| Janitorial               | Prorated janitorial services for 6th street location.  | \$833.33/mo | 10,000 |
|                          |  |             |        |
| Total General Operating: |  |             | 12,000 |

**TOTAL OPERATING EXPENSES: 192,580**

**TOTAL DIRECT COSTS: 192,580**

### 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% of total direct costs. | 19,258 |
|   |        |
|   |        |

Indirect Rate: 10.00%

**TOTAL INDIRECT COSTS: 19,258**

**TOTAL EXPENSES: 211,838**

Contractor Name **San Francisco AIDS Foundation**  
Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
Funding Source **General Fund**

Appendix # **B-1o**  
Page # **1**  
Fiscal Year(s) **22-23**  
Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES  |       |   |       |             |       |                 |
|--|--------|--|-------|---|-------|-------------|-------|-----------------|
|  |        | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |       | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |       |             |       |                 |
| Personnel Expenses                       |        |  |       |   |       |             |       |                 |
| Position Titles                          | FTE    | Salaries   | % FTE | Salaries  | % FTE | Salaries    | % FTE | Contract Totals |
| Pgms & Ops Director                      | 0.05   | 5,651  | 100%  |   | 0%    |             |       | 5,651           |
| Dir. Behavioral Health Svc               | 0.05   | 6,100  | 87%   | 900   | 13%   |             |       | 7,000           |
| Dir. Gov't Contracts                     | 0.05   | 5,138  | 100%  |   | 0%    |             |       | 5,138           |
| Data Manager                             | 0.05   | 4,367  | 100%  |   | 0%    |             |       | 4,367           |
| SAS Director                             | 0.75   | 48,010   | 89%   | 5,934   | 11%   |             |       | 53,944          |
| Logistics Inventory Mgr                  | 1.00   | 15,926   | 25%   | 47,779  | 75%   |             |       | 63,705          |
| Logistics Associates                     | 2.00   | 28,256   | 25%   | 84,770  | 75%   |             |       | 113,026         |
| SSE/Vol Coordinator                      | 0.75   | 53,944   | 100%  | -   | 0%    |             |       | 53,944          |
| Health Educator                          | 2.75   | 155,411  |       | -   | 0%    |             |       | 155,411         |
| Comm. Engagement & Kit Packing Assoc     | 0.65   | 34,730   | 100%  | -   | 0%    |             |       | 34,730          |
|  |        | -  | 0%    | -   | 0%    |             |       | -               |
| Total FTE & Total Salaries               | 8.10   | 357,533  | 72%   | 139,383   | 28%   |             |       | 496,916         |
| Fringe Benefits                          | 25.00% | 89,383   | 72%   | 34,846  | 28%   |             |       | 124,229         |
| Total Personnel Expenses                 |        | 446,916  | 72%   | 174,229   | 28%   |             |       | 621,145         |
|  |        |  |       |   |       |             |       |                 |
| Operating Expenses                       |        | Expenditure  | %     | Expenditure   | %     | Expenditure |       | Contract Total  |
| Total Occupancy                          |        | 85,166   | 89%   | 10,500  | 11%   |             |       | 95,666          |
| Total Materials and Supplies             |        | 160,385  | 29%   | 390,280   | 71%   |             |       | 550,665         |
| Total General Operating                  |        | 6,659  | 61%   | 4,257   | 39%   |             |       | 10,916          |
| Consultants/Subcontractor:               |        | 545,696  | 100%  | -   | 0%    |             |       | 545,696         |
| Total Operating Expenses                 |        | 797,906  | 66%   | 405,037   | 34%   |             |       | 1,202,943       |
|  |        |  |       |   |       |             |       |                 |
| Total Direct Expenses                    |        | 1,244,822  | 68%   | 579,266   | 32%   |             |       | 1,824,088       |
| Indirect Expenses 10.00%                 |        | 124,482  | 68%   | 57,927  | 32%   |             |       | 182,409         |
| TOTAL EXPENSES                           |        | 1,369,304  | 68%   | 637,193   | 32%   |             |       | 2,006,497       |
|  |        |  |       |   |       |             |       |                 |
| Units of Service (UOS) per Service Mode  |        | 8,079  |       | 12  |       | -           |       | 8,091           |
| Cost Per Unit of Service by Service Mode |        | 169.49   |       | 53,099.42   |       | -           |       |                 |
| NOC                                      |        | 54,300   |       | N/A   |       |             |       |                 |
|  |        |  |       |   |       |             |       |                 |

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## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

Appendix #: B-1o  
Fiscal Year: 22-23

### 1a) SALARIES

| Staff Position 1: Programs & Operations Director  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Brief description of job duties: coordinates program monitoring, evaluation and quality assurance procedures.   |        |                    |                                      |          |
| Minimum qualifications: Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$113,025.00  | 0.05   | 12                 | 1                                    | \$ 5,651 |

| Staff Position 2: Director, Behavioral Health Services   |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |        |                    |                                      |          |
| Brief description of job duties: and bisexual men.   |        |                    |                                      |          |
| Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$140,000.00   | 0.05   | 12                 | 1                                    | \$ 7,000 |

| Staff Position 3: Dir. Gov't Grants  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities. |        |                    |                                      |          |
| Brief description of job duties: integrity of the service database by overseeing database quality assurance activities.  |        |                    |                                      |          |
| Minimum qualifications: Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$102,750.00   | 0.05   | 12                 | 1                                    | \$ 5,138 |

| Staff Position 4: Data Manager  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements. |        |                    |                                      |          |
| Brief description of job duties: requirements.  |        |                    |                                      |          |
| Minimum qualifications: Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$87,338.00   | 0.05   | 12                 | 1                                    | \$ 4,367 |

| Staff Position 5: SAS Director   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Brief description of job duties: waste removal company, prepare reports for compliance and maintain safety protocols.  |        |                    |                                      |           |
| Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |



| Staff Position 6: Logistics Inventory Mrg   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: safe lifting techniques and injury prevention.</p>   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$63,705.00   | 1.00   | 12                 | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates   |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.</p>   |        |                    |                                      |            |
| <p>Minimum qualifications: 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 be able to lift maximum 45 pounds.</p> |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00  | 2.00   | 12                 | 1                                    | \$ 113,026 |

| Staff Position 8: SSE/Volunteer Coordinator  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: 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 and manages the site volunteers and supervises exchange sites.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support.</p> |        |                    |                                      |            |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00  | 2.75   | 12                 | 1                                    | \$ 155,411 |

| Staff Position 10: Community Engagement & Kit Packing Associate   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: The Community Engagement and Kit Packing Associate is responsible for outreach and engagement 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.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.</p>  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$53,430.00   | 0.65   | 12                 | 1                                    | \$ 34,730 |

**Total FTE: 8.10**

**Total Salaries: \$ 496,916**

**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 38,014.00   |
| Retirement                   | \$ 9,492.00    |
| Medical                      | \$ 51,331.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 2,584.00    |
| Disability Insurance         | \$ 20,224.00   |
| Paid Time Off                |                |
| Workers comp                 | \$ 2,584.00    |
| <b>Total Fringe Benefit:</b> | <b>124,229</b> |

**Fringe Benefit %: 25.00%****TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 621,145****2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description                               | Rate        | Cost          |
|-------------------------|---|-------------|---------------|
| Rent office             | 1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo. | \$800/FTE   | 77,760        |
| Bldg Maintenance        | Janitorial at \$166.66/mo.                      | \$166.66/mo | 2,000         |
| Utilities               | Phone, PG&E & trash.                            | 55.618/FTE  | 5,406         |
| Rent office             | Additional space for 6th Street.                | 875/mo      | 10,500        |
|                         |   |             |               |
| <b>Total Occupancy:</b> |   |             | <b>95,666</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate      | Cost           |
|--|--|-----------|----------------|
| Office Supplies & Postage              | Office supply & Postage \$51.16/FTE x 8.1 x 12mo.          | \$51.16   | 4,973          |
| Volunteer Spt                          | Snacks, T-shirts, etc - \$333.34/mo.                       | \$333.34  | 4,000          |
| Syringes                               | Syringes \$.15/each x 2,286,666 syringes.                  | \$0.15    | 343,000        |
| Bio Buckets                            | 18/19 gallon buckets - 2,052 x \$24.367.                   | \$24.367  | 50,000         |
| Bio Buckets                            | 2 gallon - 18,182 x \$2.75.                                | \$2.7500  | 50,000         |
| Alcohol Wipes                          | 257 cases x \$38.91/case.                                  | \$38.91   | 10,000         |
| Cotton balls and pellets               | 1,040bags x \$16.827/bag.                                  | \$16.827  | 17,500         |
| Sterile Water                          | 430 Cases x \$81.396/case.                                 | \$81.396  | 35,000         |
| Bagging Supplies                       | 40 bundles x \$7.125/bundle.                               | \$7.125   | 285            |
| Group Food                             | Additional food for increased groups \$600.00/wk x 50 wks. | 600.00/wk | 30,000         |
| Outreach and Program materials         | Additional expense for increase outreach \$118.14 x 50 wk. | \$118.14  | 5,907          |
|  |  |           |                |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>550,665</b> |

**General Operating:**

| Expense Item                    | Brief Description                                       | Rate         | Cost          |
|---------------------------------|---|--------------|---------------|
| Equip rent & Lease              | Office equip lease and maint cost \$86.75/FTE x 8.1FTE. | \$86.75/ FTE | 8,432         |
| Offsite storage                 | Records storage \$4.98/FTE x 8.1 x 12 mo.               | \$4.98/FTE   | 484           |
| Travel                          | Vehicle Fuel.   | \$83.33/mo   | 1,000         |
| Travel                          | Vehicle Repairs.  | \$83.33/mo   | 1,000         |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                              | Rate         | Cost           |
|--|--|--------------|----------------|
| Glide                                    | Operational expenses; staffing, office, IT, etc. | \$101,477/yr | 101,477        |
| Saint James Infirmary                    | Operational expenses; staffing, office, IT, etc. | \$105,618/yr | 105,618        |
| Homeless youth Alliance                  | Operational expenses; staffing, office, IT, etc. | \$230,911/yr | 230,911        |
| S.F. Drug Users Union                    | Operational expenses; staffing, office, IT, etc. | \$107,690/yr | 107,690        |
| <b>Total Consultants/Subcontractors:</b> |  |              | <b>545,696</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,202,943</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,824,088</b> |
|----------------------------|------------------|

**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% of total direct costs. | 182,409 |
|   |         |
|   |         |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |                |
|------------------------------|----------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>182,409</b> |
|------------------------------|----------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,006,497</b> |
|------------------------|------------------|

Contractor Name San Francisco AIDS Foundation  
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26  
 Funding Source General Fund

Appendix # B-1p  
 Page # 1  
 Fiscal Year(s) 22-23  
 Funding Notification Date 12/21/2018

**UOS COST ALLOCATION BY SERVICE MODE**

|  |  | SERVICE MODES   |             |                  |           |                  |           |                       |
|--|--|---|-------------|------------------|-----------|------------------|-----------|-----------------------|
| Personnel Expenses                                 |  | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |             |                  |           |                  |           | Contract Totals       |
| <b>Operating Expenses</b>                          |  | <b>Expenditure</b>  | <b>%</b>    | <b>xpenditur</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>  | <b>Contract Total</b> |
| Total Occupancy                                    |  | 33,000  | 100%        | -                | 0%        | -                | 0%        | 33,000                |
| Total Materials and Supplies                       |  | 147,580   | 100%        | -                | 0%        | -                | 0%        | 147,580               |
| Total General Operating                            |  | 12,000  | 100%        | -                | 0%        | -                | 0%        | 12,000                |
| <b>Total Operating Expenses</b>                    |  | <b>192,580</b>  | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>192,580</b>        |
| <b>Total Direct Expenses</b>                       |  | <b>192,580</b>  | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>192,580</b>        |
| <b>Indirect Expenses</b> 10.00%                    |  | <b>19,258</b>   | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>19,258</b>         |
| <b>TOTAL EXPENSES</b>                              |  | <b>211,838</b>  | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>211,838</b>        |
| <b>Units of Service (UOS) per Service Mode</b>     |  | <b>12</b>   |             | <b>-</b>         |           | <b>-</b>         |           | <b>12</b>             |
| <b>Cost Per Unit of Service by Service Mode</b>    |  | <b>17,653.17</b>  |             | <b>-</b>         |           | <b>-</b>         |           |                       |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |  | <b>N/A</b>  |             |                  |           |                  |           |                       |
| Rev. 07/15   |  |   |             |                  |           |                  |           |                       |

Contractor Name San Francisco AIDS Foundation  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1p  
Fiscal Year: 22-23

## 2) OPERATING EXPENSES:

### Occupancy:

| Expense Item            | Brief Description                                 | Rate      | Cost          |
|-------------------------|---|-----------|---------------|
| Rent                    | Rent for 6th street location, partial allocation. | 25,000    | 25,000        |
| Bldg Maint              | Allocated amount of bldg maint for 6 th street.   | \$250/mo  | 3,000         |
| Utilities               | Phone, water, PG&E, allocated for 6th street.     | 416.67/mo | 5,000         |
|                         |   |           |               |
| <b>Total Occupancy:</b> |   |           | <b>33,000</b> |

### Materials & Supplies:

| Expense Item                           | Brief Description  | Rate      | Cost           |
|--|--|-----------|----------------|
| Syringes                               | 366,666 syringes @ \$.15 each.                           | \$0.15    | 55,000         |
| Bio Buckets                            | 18/19 gallon buckets - 1,026 x \$24.367.                 | \$24.367  | 25,000         |
| Bio Buckets                            | 2 gallon - 5,454 x \$2.7502.                             | \$2.7502  | 15,000         |
| Sterile Water                          | 185 Cases x \$81.081/case.                               | \$81.081  | 15,000         |
| Misc Exchange supplies                 | Turniquets, band-aids, ensure.                           | \$215/mo  | 2,580          |
| Condoms & Lube                         | 16,666 Lube packets @ \$.75 each.                        | \$0.750   | 12,500         |
|  |  |           |                |
| Group food/snacks                      | \$192.307/week for location snack/group food x 52 weeks. | \$192.307 | 10,000         |
| Incentives                             | 1250 incentives @ \$10 each.                             | \$10.00   | 12,500         |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>147,580</b> |

### General Operating:

| Expense Item                    | Brief Description                                      | Rate        | Cost          |
|---------------------------------|--|-------------|---------------|
| Repairs and maintenance         | Auto fuel, repairs, maintenance for delivery vehicles. | 83.33/mo    | 1,000         |
| Insurance                       | Allocated amount of liability/umbrella insurance.      | 83.33/mo    | 1,000         |
| Janitorial                      | Prorated janitorial services for 6th street location.  | \$833.33/mo | 10,000        |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>12,000</b> |

**TOTAL OPERATING EXPENSES: 192,580**

**TOTAL DIRECT COSTS: 192,580**

## 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% of total direct costs. |
| 19,258  |
|   |
|   |

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: 19,258**

**TOTAL EXPENSES: 211,838**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1q**  
 Page # **1**  
 Fiscal Year(s) **23-24**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |             | SERVICE MODES  |            |   |            |                   |       |                       |
|---|-------------|--|------------|---|------------|-------------------|-------|-----------------------|
| Personnel Expenses                              |             | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |            | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |            |                   |       |                       |
| Position Titles                                 | FTE         | Salaries   | % FTE      | Salaries  | % FTE      | Salaries          | % FTE | Contract Totals       |
| Pgms & Ops Director                             | 0.05        | 5,651  | 100%       |   | 0%         |                   |       | 5,651                 |
| Dir. Behavioral Health Svc                      | 0.05        | 6,100  | 87%        | 900   | 13%        |                   |       | 7,000                 |
| Dir. Gov't Contracts                            | 0.05        | 5,138  | 100%       |   | 0%         |                   |       | 5,138                 |
| Data Manager                                    | 0.05        | 4,367  | 100%       |   | 0%         |                   |       | 4,367                 |
| SAS Director                                    | 0.75        | 48,010   | 89%        | 5,934   | 11%        |                   |       | 53,944                |
| Logistics Inventory Mgr                         | 1.00        | 15,926   | 25%        | 47,779  | 75%        |                   |       | 63,705                |
| Logistics Associates                            | 2.00        | 28,256   | 25%        | 84,770  | 75%        |                   |       | 113,026               |
| SSE/Vol Coordinator                             | 0.75        | 53,944   | 100%       | -   | 0%         |                   |       | 53,944                |
| Health Educator                                 | 2.75        | 155,411  |            | -   | 0%         |                   |       | 155,411               |
| Comm. Engagement & Kit Packing Assoc            | 0.65        | 34,730   | 100%       | -   | 0%         |                   |       | 34,730                |
|   |             | -  | 0%         | -   | 0%         |                   |       | -                     |
| <b>Total FTE &amp; Total Salaries</b>           | <b>8.10</b> | <b>357,533</b>   | <b>72%</b> | <b>139,383</b>  | <b>28%</b> |                   |       | <b>496,916</b>        |
| Fringe Benefits                                 | 25.00%      | 89,383   | 72%        | 34,846  | 28%        |                   |       | 124,229               |
| <b>Total Personnel Expenses</b>                 |             | <b>446,916</b>   | <b>72%</b> | <b>174,229</b>  | <b>28%</b> |                   |       | <b>621,145</b>        |
|   |             |  |            |   |            |                   |       |                       |
| <b>Operating Expenses</b>                       |             | <b>Expenditure</b>   | <b>%</b>   | <b>Expenditure</b>  | <b>%</b>   | <b>xpenditure</b> |       | <b>Contract Total</b> |
| Total Occupancy                                 |             | 85,166   | 89%        | 10,500  | 11%        |                   |       | 95,666                |
| Total Materials and Supplies                    |             | 160,385  | 29%        | 390,280   | 71%        |                   |       | 550,665               |
| Total General Operating                         |             | 6,659  | 61%        | 4,257   | 39%        |                   |       | 10,916                |
| Consultants/Subcontractor:                      |             | 545,696  | 100%       | -   | 0%         |                   |       | 545,696               |
| <b>Total Operating Expenses</b>                 |             | <b>797,906</b>   | <b>66%</b> | <b>405,037</b>  | <b>34%</b> |                   |       | <b>1,202,943</b>      |
|   |             |  |            |   |            |                   |       |                       |
| <b>Total Direct Expenses</b>                    |             | 1,244,822  | 68%        | 579,266   | 32%        |                   |       | 1,824,088             |
| <b>Indirect Expenses</b>                        |             | 124,482  | 68%        | 57,927  | 32%        |                   |       | 182,409               |
| <b>TOTAL EXPENSES</b>                           |             | <b>1,369,304</b>   | <b>68%</b> | <b>637,193</b>  | <b>32%</b> |                   |       | <b>2,006,497</b>      |
|   |             |  |            |   |            |                   |       |                       |
| <b>Units of Service (UOS) per Service Mode</b>  |             | 8,079  |            | 12  |            | -                 |       | 8,091                 |
| <b>Cost Per Unit of Service by Service Mode</b> |             | 169.49   |            | 53,099.42   |            | -                 |       |                       |
| <b>NOC</b>                                      |             | 54,300   |            | N/A   |            |                   |       |                       |
|   |             |  |            |   |            |                   |       |                       |

Rev. 07/15

Rev. 07/15

## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

Appendix #: B-1q  
 Fiscal Year: 23-24

### 1a) SALARIES

|  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| <b>Staff Position 1: Programs &amp; Operations Director</b>  |        |                    |                                      |          |
| Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; Brief description of job duties: coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an Minimum qualifications: equivalent combination of education and experience.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$113,025.00   | 0.05   | 12                 | 1                                    | \$ 5,651 |

|   |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| <b>Staff Position 2: Director, Behavioral Health Services</b>   |        |                    |                                      |          |
| Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay Brief description of job duties: and bisexual men. |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and Minimum qualifications: program development experience.   |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$140,000.00  | 0.05   | 12                 | 1                                    | \$ 7,000 |

|   |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| <b>Staff Position 3: Dir. Gov't Grants</b>  |        |                    |                                      |          |
| Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the Brief description of job duties: integrity of the service database by overseeing database quality assurance activities. |        |                    |                                      |          |
| Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management Minimum qualifications: and negotiations.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$102,750.00  | 0.05   | 12                 | 1                                    | \$ 5,138 |

|  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| <b>Staff Position 4: Data Manager</b>  |        |                    |                                      |          |
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract Brief description of job duties: requirements. |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 Minimum qualifications: years equivalent experience required.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$87,338.00  | 0.05   | 12                 | 1                                    | \$ 4,367 |

|   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 5: SAS Director</b>   |        |                    |                                      |           |
| 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. Brief description of job duties: |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job. Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00   | 0.75   | 12                 | 1                                    | \$ 53,944 |





**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 38,014.00   |
| Retirement                   | \$ 9,492.00    |
| Medical                      | \$ 51,331.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 2,584.00    |
| Disability Insurance         | \$ 20,224.00   |
| Paid Time Off                |                |
| Workers comp                 | \$ 2,584.00    |
| <b>Total Fringe Benefit:</b> | <b>124,229</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>621,145</b> |
|---|----------------|

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description                               | Rate        | Cost          |
|-------------------------|---|-------------|---------------|
| Rent office             | 1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo. | \$800/FTE   | 77,760        |
| Bldg Maintenance        | Janitorial at \$166.66/mo.                      | \$166.66/mo | 2,000         |
| Utilities               | Phone, PG&E & trash.                            | 55.618/FTE  | 5,406         |
| Rent office             | Additional space for 6th Street.                | 875/mo      | 10,500        |
|                         |   |             |               |
| <b>Total Occupancy:</b> |   |             | <b>95,666</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate      | Cost           |
|--|--|-----------|----------------|
| Office Supplies & Postage              | Office supply & Postage \$51.16/FTE x 8.1 x 12mo.          | \$51.16   | 4,973          |
| Volunteer Spt                          | Snacks, T-shirts, etc - \$333.34/mo.                       | \$333.34  | 4,000          |
| Syringes                               | Syringes \$.15/each x 2,286,666 syringes.                  | \$0.15    | 343,000        |
| Bio Buckets                            | 18/19 gallon buckets - 2,052 x \$24.367.                   | \$24.367  | 50,000         |
| Bio Buckets                            | 2 gallon - 18,182 x \$2.75.                                | \$2.7500  | 50,000         |
| Alcohol Wipes                          | 257 cases x \$38.91/case.                                  | \$38.91   | 10,000         |
| Cotton balls and pellets               | 1,040bags x \$16.827/bag.                                  | \$16.827  | 17,500         |
| Sterile Water                          | 430 Cases x \$81.396/case.                                 | \$81.396  | 35,000         |
| Bagging Supplies                       | 40 bundles x \$7.125/bundle.                               | \$7.125   | 285            |
| Group Food                             | Additional food for increased groups \$600.00/wk x 50 wks. | 600.00/wk | 30,000         |
| Outreach and Program materials         | Additional expense for increase outreach \$118.14 x 50 wk. | \$118.14  | 5,907          |
|  |  |           |                |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>550,665</b> |

**General Operating:**

| Expense Item                    | Brief Description                                       | Rate         | Cost          |
|---------------------------------|---|--------------|---------------|
| Equip rent & Lease              | Office equip lease and maint cost \$86.75/FTE x 8.1FTE. | \$86.75/ FTE | 8,432         |
| Offsite storage                 | Records storage \$4.98/FTE x 8.1 x 12 mo.               | \$4.98/FTE   | 484           |
| Travel                          | Vehicle Fuel.   | \$83.33/mo   | 1,000         |
| Travel                          | Vehicle Repairs.  | \$83.33/mo   | 1,000         |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name | Service Description                             | Rate         | Cost    |
|-------------------------------|---|--------------|---------|
| Glide                         | Operational expenses; staffing, office, IT, etc | \$101,477/yr | 101,477 |
| Saint James Infirmary         | Operational expenses; staffing, office, IT, etc | \$105,618/yr | 105,618 |
| Homeless youth Alliance       | Operational expenses; staffing, office, IT, etc | \$230,911/yr | 230,911 |
| S.F. Drug Users Union         | Operational expenses; staffing, office, IT, etc | \$107,690/yr | 107,690 |

**Total Consultants/Subcontractors: 545,696**

**TOTAL OPERATING EXPENSES: 1,202,943**

**TOTAL DIRECT COSTS: 1,824,088**

**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% of total direct costs. | 182,409 |
|   |         |
|   |         |

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: 182,409**

**TOTAL EXPENSES: 2,006,497**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1r**  
 Page # **1**  
 Fiscal Year(s) **23-24**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES   |             |                  |           |                  |                        |
|--|--------|---|-------------|------------------|-----------|------------------|------------------------|
|  |        | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |             |                  |           |                  |                        |
| <b>Personnel Expenses</b>                          |        |   |             |                  |           |                  | <b>Contract Totals</b> |
| <b>Operating Expenses</b>                          |        | <b>Expenditure</b>  | <b>%</b>    | <b>xpenditur</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>               |
| Total Occupancy                                    |        | 33,000  | 100%        | -                | 0%        | -                | 0%                     |
| Total Materials and Supplies                       |        | 147,580   | 100%        | -                | 0%        | -                | 0%                     |
| Total General Operating                            |        | 12,000  | 100%        | -                | 0%        | -                | 0%                     |
| <b>Total Operating Expenses</b>                    |        | <b>192,580</b>  | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b>              |
| <b>Total Direct Expenses</b>                       |        | 192,580   | 100%        | -                | 0%        | -                | 0%                     |
| <b>Indirect Expenses</b>                           | 10.00% | 19,258  | 100%        | -                | 0%        | -                | 0%                     |
| <b>TOTAL EXPENSES</b>                              |        | <b>211,838</b>  | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b>              |
| <b>Units of Service (UOS) per Service Mode</b>     |        | 12  |             | -                |           | -                |                        |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | 17,653.17   |             | -                |           | -                |                        |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        | N/A   |             |                  |           |                  |                        |

Rev. 01/15

## BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1r  
Fiscal Year: 23-24

### 2) OPERATING EXPENSES:

#### Occupancy:

| Expense Item            | Brief Description                                 | Rate      | Cost          |
|-------------------------|---|-----------|---------------|
| Rent                    | Rent for 6th street location, partial allocation. | 25,000    | 25,000        |
| Bldg Maint              | Allocated amount of bldg maint for 6 th street.   | \$250/mo  | 3,000         |
| Utilities               | Phone, water, PG&E, allocated for 6th street.     | 416.67/mo | 5,000         |
|                         |   |           |               |
| <b>Total Occupancy:</b> |   |           | <b>33,000</b> |

#### Materials & Supplies:

| Expense Item                           | Brief Description  | Rate      | Cost           |
|--|--|-----------|----------------|
| Syringes                               | 366,666 syringes @ \$.15 each.                           | \$0.15    | 55,000         |
| Bio Buckets                            | 18/19 gallon buckets - 1,026 x \$24.367.                 | \$24.367  | 25,000         |
| Bio Buckets                            | 2 gallon - 5,454 x \$2.7502.                             | \$2.7502  | 15,000         |
| Sterile Water                          | 185 Cases x \$81.081/case.                               | \$81.081  | 15,000         |
| Misc Exchange supplies                 | Turniquets, band-aids, ensure.                           | \$215/mo  | 2,580          |
| Condoms & Lube                         | 16,666 Lube packets @ \$.75 each.                        | \$0.750   | 12,500         |
| Group food/snacks                      | \$192.307/week for location snack/group food x 52 weeks. | \$192.307 | 10,000         |
| Incentives                             | 1250 incentives @ \$10 each.                             | \$10.00   | 12,500         |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>147,580</b> |

#### General Operating:

| Expense Item                    | Brief Description                                      | Rate        | Cost          |
|---------------------------------|--|-------------|---------------|
| Repairs and maintenance         | Auto fuel, repairs, maintenance for delivery vehicles. | 83.33/mo    | 1,000         |
| Insurance                       | Allocated amount of liability/umbrella insurance.      | 83.33/mo    | 1,000         |
| Janitorial                      | Prorated janitorial services for 6th street location.  | \$833.33/mo | 10,000        |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>12,000</b> |

**TOTAL OPERATING EXPENSES: 192,580**

**TOTAL DIRECT COSTS: 192,580**

### 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% of total direct costs. | 19,258 |
|   |        |
|   |        |

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: 19,258**

**TOTAL EXPENSES: 211,838**

Contractor Name **San Francisco AIDS Foundation**  
Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
Funding Source **General Fund**

Appendix # **B-1s**  
Page # **1**  
Fiscal Year(s) **24-25**  
Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES  |       |   |       |             |       |                 |
|--|--------|--|-------|---|-------|-------------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |       | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |       |             |       |                 |
| Position Titles                          | FTE    | Salaries   | % FTE | Salaries  | % FTE | Salaries    | % FTE | Contract Totals |
| Pgms & Ops Director                      | 0.05   | 5,651  | 100%  |   | 0%    |             |       | 5,651           |
| Dir. Behavioral Health Svc               | 0.05   | 6,100  | 87%   | 900   | 13%   |             |       | 7,000           |
| Dir. Gov't Contracts                     | 0.05   | 5,138  | 100%  |   | 0%    |             |       | 5,138           |
| Data Manager                             | 0.05   | 4,367  | 100%  |   | 0%    |             |       | 4,367           |
| SAS Director                             | 0.75   | 48,010   | 89%   | 5,934   | 11%   |             |       | 53,944          |
| Logistics Inventory Mgr                  | 1.00   | 15,926   | 25%   | 47,779  | 75%   |             |       | 63,705          |
| Logistics Associates                     | 2.00   | 28,256   | 25%   | 84,770  | 75%   |             |       | 113,026         |
| SSE/Vol Coordinator                      | 0.75   | 53,944   | 100%  | -   | 0%    |             |       | 53,944          |
| Health Educator                          | 2.75   | 155,411  |       | -   | 0%    |             |       | 155,411         |
| Comm. Engagement & Kit Packing Assoc     | 0.65   | 34,730   | 100%  | -   | 0%    |             |       | 34,730          |
|  |        | -  | 0%    | -   | 0%    |             |       | -               |
| Total FTE & Total Salaries               | 8.10   | 357,533  | 72%   | 139,383   | 28%   |             |       | 496,916         |
| Fringe Benefits                          | 25.00% | 89,383   | 72%   | 34,846  | 28%   |             |       | 124,229         |
| Total Personnel Expenses                 |        | 446,916  | 72%   | 174,229   | 28%   |             |       | 621,145         |
|  |        |  |       |   |       |             |       |                 |
| Operating Expenses                       |        | Expenditure  | %     | Expenditure   | %     | Expenditure |       | Contract Total  |
| Total Occupancy                          |        | 85,166   | 89%   | 10,500  | 11%   |             |       | 95,666          |
| Total Materials and Supplies             |        | 160,385  | 29%   | 390,280   | 71%   |             |       | 550,665         |
| Total General Operating                  |        | 6,659  | 61%   | 4,257   | 39%   |             |       | 10,916          |
| Consultants/Subcontractor:               |        | 545,696  | 100%  | -   | 0%    |             |       | 545,696         |
| Total Operating Expenses                 |        | 797,906  | 66%   | 405,037   | 34%   |             |       | 1,202,943       |
|  |        |  |       |   |       |             |       |                 |
| Total Direct Expenses                    |        | 1,244,822  | 68%   | 579,266   | 32%   |             |       | 1,824,088       |
| Indirect Expenses 10.00%                 |        | 124,482  | 68%   | 57,927  | 32%   |             |       | 182,409         |
| TOTAL EXPENSES                           |        | 1,369,304  | 68%   | 637,193   | 32%   |             |       | 2,006,497       |
|  |        |  |       |   |       |             |       |                 |
| Units of Service (UOS) per Service Mode  |        | 8,079  |       | 12  |       | -           |       | 8,091           |
| Cost Per Unit of Service by Service Mode |        | 169.49   |       | 53,099.42   |       | -           |       |                 |
| NOC                                      |        | 54,300   |       | N/A   |       |             |       |                 |
|  |        |  |       |   |       |             |       |                 |

Rev. 07/15

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## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

Appendix #: B-1s  
 Fiscal Year: 24-25

### 1a) SALARIES

|  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| <b>Staff Position 1: Programs &amp; Operations Director</b>  |        |                    |                                      |          |
| Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; Brief description of job duties: coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an Minimum qualifications: equivalent combination of education and experience.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$113,025.00   | 0.05   | 12                 | 1                                    | \$ 5,651 |

|   |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| <b>Staff Position 2: Director, Behavioral Health Services</b>   |        |                    |                                      |          |
| Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay Brief description of job duties: and bisexual men. |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and Minimum qualifications: program development experience.   |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$140,000.00  | 0.05   | 12                 | 1                                    | \$ 7,000 |

|   |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| <b>Staff Position 3: Dir. Gov't Grants</b>  |        |                    |                                      |          |
| Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the Brief description of job duties: integrity of the service database by overseeing database quality assurance activities. |        |                    |                                      |          |
| Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management Minimum qualifications: and negotiations.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$102,750.00  | 0.05   | 12                 | 1                                    | \$ 5,138 |

|  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| <b>Staff Position 4: Data Manager</b>  |        |                    |                                      |          |
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract Brief description of job duties: requirements. |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 Minimum qualifications: years equivalent experience required.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$87,338.00  | 0.05   | 12                 | 1                                    | \$ 4,367 |

|   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 5: SAS Director</b>   |        |                    |                                      |           |
| 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with Brief description of job duties: waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job. Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00   | 0.75   | 12                 | 1                                    | \$ 53,944 |



| Staff Position 6: Logistics Inventory Mrg  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.  |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of safe lifting techniques and injury prevention. |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$63,705.00  | 1.00   | 12                 | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates  |        |                    |                                      |            |
|---|--------|--------------------|--------------------------------------|------------|
| Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.  |        |                    |                                      |            |
| Brief description of job duties:  |        |                    |                                      |            |
| 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 be able to lift maximum 45 pounds. |        |                    |                                      |            |
| Minimum qualifications:   |        |                    |                                      |            |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00   | 2.00   | 12                 | 1                                    | \$ 113,026 |

| Staff Position 8: SSE/Volunteer 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 and manages the site volunteers and supervises exchange sites. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |        |                    |                                      |            |
| Minimum qualifications:  |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00  | 2.75   | 12                 | 1                                    | \$ 155,411 |

| Staff Position 10: Community Engagement & Kit Packing Associate   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| The Community Engagement and Kit Packing Associate is responsible for outreach and engagement 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:  |        |                    |                                      |           |
| High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.   |        |                    |                                      |           |
| Minimum qualifications:   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$53,430.00   | 0.65   | 12                 | 1                                    | \$ 34,730 |

**Total FTE: 8.10                      Total Salaries: \$ 496,916**

**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 38,014.00   |
| Retirement                   | \$ 9,492.00    |
| Medical                      | \$ 51,331.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 2,584.00    |
| Disability Insurance         | \$ 20,224.00   |
| Paid Time Off                |                |
| Workers comp                 | \$ 2,584.00    |
| <b>Total Fringe Benefit:</b> | <b>124,229</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>621,145</b> |
|---|----------------|

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description                               | Rate        | Cost          |
|-------------------------|---|-------------|---------------|
| Rent office             | 1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo. | \$800/FTE   | 77,760        |
| Bldg Maintenance        | Janitorial at \$166.66/mo.                      | \$166.66/mo | 2,000         |
| Utilities               | Phone, PG&E & trash.                            | 55.618/FTE  | 5,406         |
| Rent office             | Additional space for 6th Street.                | 875/mo      | 10,500        |
|                         |   |             |               |
| <b>Total Occupancy:</b> |   |             | <b>95,666</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate      | Cost           |
|--|--|-----------|----------------|
| Office Supplies & Postage              | Office supply & Postage \$51.16/FTE x 8.1 x 12mo.          | \$51.16   | 4,973          |
| Volunteer Spt                          | Snacks, T-shirts, etc - \$333.34/mo.                       | \$333.34  | 4,000          |
| Syringes                               | Syringes \$.15/each x 2,286,666 syringes.                  | \$0.15    | 343,000        |
| Bio Buckets                            | 18/19 gallon buckets - 2,052 x \$24.367.                   | \$24.367  | 50,000         |
| Bio Buckets                            | 2 gallon - 18,182 x \$2.75.                                | \$2.7500  | 50,000         |
| Alcohol Wipes                          | 257 cases x \$38.91/case.                                  | \$38.91   | 10,000         |
| Cotton balls and pellets               | 1,040bags x \$16.827/bag.                                  | \$16.827  | 17,500         |
| Sterile Water                          | 430 Cases x \$81.396/case.                                 | \$81.396  | 35,000         |
| Bagging Supplies                       | 40 bundles x \$7.125/bundle.                               | \$7.125   | 285            |
| Group Food                             | Additional food for increased groups \$600.00/wk x 50 wks. | 600.00/wk | 30,000         |
| Outreach and Program materials         | Additional expense for increase outreach \$118.14 x 50 wk. | \$118.14  | 5,907          |
|  |  |           |                |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>550,665</b> |

**General Operating:**

| Expense Item                    | Brief Description                                       | Rate         | Cost          |
|---------------------------------|---|--------------|---------------|
| Equip rent & Lease              | Office equip lease and maint cost \$86.75/FTE x 8.1FTE. | \$86.75/ FTE | 8,432         |
| Offsite storage                 | Records storage \$4.98/FTE x 8.1 x 12 mo.               | \$4.98/FTE   | 484           |
| Travel                          | Vehicle Fuel.   | \$83.33/mo   | 1,000         |
| Travel                          | Vehicle Repairs.  | \$83.33/mo   | 1,000         |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name     | Service Description                             | Rate         | Cost    |
|-----------------------------------|---|--------------|---------|
| Glide                             | Operational expenses; staffing, office, IT, etc | \$101,477/yr | 101,477 |
| Saint James Infirmary             | Operational expenses; staffing, office, IT, etc | \$105,618/yr | 105,618 |
| Homeless youth Alliance           | Operational expenses; staffing, office, IT, etc | \$230,911/yr | 230,911 |
| S.F. Drug Users Union             | Operational expenses; staffing, office, IT, etc | \$107,690/yr | 107,690 |
| Total Consultants/Subcontractors: |   |              | 545,696 |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,202,943</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,824,088</b> |
|----------------------------|------------------|

**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% of total direct costs. | 182,409 |
|   |         |
|   |         |

|                |        |
|----------------|--------|
| Indirect Rate: | 10.00% |
|----------------|--------|

|                              |                |
|------------------------------|----------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>182,409</b> |
|------------------------------|----------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,006,497</b> |
|------------------------|------------------|

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1t**  
 Page # **1**  
 Fiscal Year(s) **24-25**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

| SERVICE MODES                                      |                    |   |                  |           |                  |           |                       |
|--|--------------------|---|------------------|-----------|------------------|-----------|-----------------------|
| Personnel Expenses                                 |                    | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |                  |           |                  |           | Contract Totals       |
| <b>Operating Expenses</b>                          | <b>Expenditure</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>  | <b>Contract Total</b> |
| Total Occupancy                                    | 33,000             | 100%  | -                | 0%        | -                | 0%        | 33,000                |
| Total Materials and Supplies                       | 147,580            | 100%  | -                | 0%        | -                | 0%        | 147,580               |
| Total General Operating                            | 12,000             | 100%  | -                | 0%        | -                | 0%        | 12,000                |
| <b>Total Operating Expenses</b>                    | <b>192,580</b>     | <b>100%</b>   | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>192,580</b>        |
| <b>Total Direct Expenses</b>                       | 192,580            | 100%  | -                | 0%        | -                | 0%        | 192,580               |
| <b>Indirect Expenses</b> 10.00%                    | 19,258             | 100%  | -                | 0%        | -                | 0%        | 19,258                |
| <b>TOTAL EXPENSES</b>                              | <b>211,838</b>     | <b>100%</b>   | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>211,838</b>        |
| <b>Units of Service (UOS) per Service Mode</b>     | 12                 |   | -                |           | -                |           | 12                    |
| <b>Cost Per Unit of Service by Service Mode</b>    | 17,653.17          |   | -                |           | -                |           |                       |
| <b>Unduplicated Clients (UDC) per Service Mode</b> | N/A                |   |                  |           |                  |           |                       |
| Rev. 0/1/15  |                    |   |                  |           |                  |           |                       |

## BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1t  
Fiscal Year: 24-25

### 2) OPERATING EXPENSES:

#### Occupancy:

| Expense Item     | Brief Description                                 | Rate      | Cost   |
|------------------|---|-----------|--------|
| Rent             | Rent for 6th street location, partial allocation. | 25,000    | 25,000 |
| Bldg Maint       | Allocated amount of bldg maint for 6 th street.   | \$250/mo  | 3,000  |
| Utilities        | Phone, water, PG&E, allocated for 6th street.     | 416.67/mo | 5,000  |
|                  |   |           |        |
| Total Occupancy: |   |           | 33,000 |

#### Materials & Supplies:

| Expense Item                | Brief Description  | Rate      | Cost    |
|-----------------------------|--|-----------|---------|
| Syringes                    | 366,666 syringes @ \$.15 each.                           | \$0.15    | 55,000  |
| Bio Buckets                 | 18/19 gallon buckets - 1,026 x \$24.367.                 | \$24.367  | 25,000  |
| Bio Buckets                 | 2 gallon - 5,454 x \$2.7502.                             | \$2.7502  | 15,000  |
| Sterile Water               | 185 Cases x \$81.081/case.                               | \$81.081  | 15,000  |
| Misc Exchange supplies      | Turniquets, band-aids, ensure.                           | \$215/mo  | 2,580   |
| Condoms & Lube              | 16,666 Lube packets @ \$.75 each.                        | \$0.750   | 12,500  |
| Group food/snacks           | \$192.307/week for location snack/group food x 52 weeks. | \$192.307 | 10,000  |
| Incentives                  | 1250 incentives @ \$10 each.                             | \$10.00   | 12,500  |
| Total Materials & Supplies: |  |           | 147,580 |

#### General Operating:

| Expense Item             | Brief Description                                      | Rate        | Cost   |
|--------------------------|--|-------------|--------|
| Repairs and maintenance  | Auto fuel, repairs, maintenance for delivery vehicles. | 83.33/mo    | 1,000  |
| Insurance                | Allocated amount of liability/umbrella insurance.      | 83.33/mo    | 1,000  |
| Janitorial               | Prorated janitorial services for 6th street location.  | \$833.33/mo | 10,000 |
|                          |  |             |        |
| Total General Operating: |  |             | 12,000 |

**TOTAL OPERATING EXPENSES: 192,580**

**TOTAL DIRECT COSTS: 192,580**

### 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% of total direct costs. | 19,258 |
|   |        |
|   |        |

Indirect Rate: 10.00%

**TOTAL INDIRECT COSTS: 19,258**

**TOTAL EXPENSES: 211,838**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1u**  
 Page # **1**  
 Fiscal Year(s) **25-26**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

| SERVICE MODES                                   |             |  |            |   |            |                    |       |                       |
|---|-------------|--|------------|---|------------|--------------------|-------|-----------------------|
|   |             | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |            | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |            |                    |       | Contract Totals       |
| Personnel Expenses                              | FTE         | Salaries   | % FTE      | Salaries  | % FTE      | Salaries           | % FTE |                       |
| Position Titles                                 |             |  |            |   |            |                    |       |                       |
| Pgms & Ops Director                             | 0.05        | 5,651  | 100%       |   | 0%         |                    |       | 5,651                 |
| Dir. Behavioral Health Svc                      | 0.05        | 6,100  | 87%        | 900   | 13%        |                    |       | 7,000                 |
| Dir. Gov't Contracts                            | 0.05        | 5,138  | 100%       |   | 0%         |                    |       | 5,138                 |
| Data Manager                                    | 0.05        | 4,367  | 100%       |   | 0%         |                    |       | 4,367                 |
| SAS Director                                    | 0.75        | 48,010   | 89%        | 5,934   | 11%        |                    |       | 53,944                |
| Logistics Inventory Mgr                         | 1.00        | 15,926   | 25%        | 47,779  | 75%        |                    |       | 63,705                |
| Logistics Associates                            | 2.00        | 28,256   | 25%        | 84,770  | 75%        |                    |       | 113,026               |
| SSE/Vol Coordinator                             | 0.75        | 53,944   | 100%       | -   | 0%         |                    |       | 53,944                |
| Health Educator                                 | 2.75        | 155,411  |            | -   | 0%         |                    |       | 155,411               |
| Comm. Engagement & Kit Packing Assoc            | 0.65        | 34,730   | 100%       | -   | 0%         |                    |       | 34,730                |
|   |             | -  | 0%         | -   | 0%         |                    |       | -                     |
| <b>Total FTE &amp; Total Salaries</b>           | <b>8.10</b> | <b>357,533</b>   | <b>72%</b> | <b>139,383</b>  | <b>28%</b> |                    |       | <b>496,916</b>        |
| Fringe Benefits                                 | 25.00%      | 89,383   | 72%        | 34,846  | 28%        |                    |       | 124,229               |
| <b>Total Personnel Expenses</b>                 |             | <b>446,916</b>   | <b>72%</b> | <b>174,229</b>  | <b>28%</b> |                    |       | <b>621,145</b>        |
|   |             |  |            |   |            |                    |       |                       |
| <b>Operating Expenses</b>                       |             | <b>Expenditure</b>   | <b>%</b>   | <b>Expenditure</b>  | <b>%</b>   | <b>Expenditure</b> |       | <b>Contract Total</b> |
| Total Occupancy                                 |             | 85,166   | 89%        | 10,500  | 11%        |                    |       | 95,666                |
| Total Materials and Supplies                    |             | 160,385  | 29%        | 390,280   | 71%        |                    |       | 550,665               |
| Total General Operating                         |             | 6,659  | 61%        | 4,257   | 39%        |                    |       | 10,916                |
| Consultants/Subcontractor:                      |             | 545,696  | 100%       | -   | 0%         |                    |       | 545,696               |
| <b>Total Operating Expenses</b>                 |             | <b>797,906</b>   | <b>66%</b> | <b>405,037</b>  | <b>34%</b> |                    |       | <b>1,202,943</b>      |
|   |             |  |            |   |            |                    |       |                       |
| <b>Total Direct Expenses</b>                    |             | 1,244,822  | 68%        | 579,266   | 32%        |                    |       | 1,824,088             |
| <b>Indirect Expenses</b>                        | 10.00%      | 124,482  | 68%        | 57,927  | 32%        |                    |       | 182,409               |
| <b>TOTAL EXPENSES</b>                           |             | <b>1,369,304</b>   | <b>68%</b> | <b>637,193</b>  | <b>32%</b> |                    |       | <b>2,006,497</b>      |
|   |             |  |            |   |            |                    |       |                       |
| <b>Units of Service (UOS) per Service Mode</b>  |             | 8,079  |            | 12  |            | -                  |       | 8,091                 |
| <b>Cost Per Unit of Service by Service Mode</b> |             | 169.49   |            | 53,099.42   |            | -                  |       |                       |
| <b>NOC</b>                                      |             | 54,300   |            | N/A   |            |                    |       |                       |

Rev. 07/15

## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

Appendix #: B-1u  
 Fiscal Year: 25-26

### 1a) SALARIES

| Staff Position 1: Programs & Operations Director  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Brief description of job duties: Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.   |        |                    |                                      |          |
| Minimum qualifications:   |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$113,025.00  | 0.05   | 12                 | 1                                    | \$ 5,651 |

| Staff Position 2: Director, Behavioral Health Services   |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |        |                    |                                      |          |
| Brief description of job duties: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.   |        |                    |                                      |          |
| Minimum qualifications:  |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$140,000.00   | 0.05   | 12                 | 1                                    | \$ 7,000 |

| Staff Position 3: Dir. Gov't Grants  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities. |        |                    |                                      |          |
| Brief description of job duties: Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.  |        |                    |                                      |          |
| Minimum qualifications:  |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$102,750.00   | 0.05   | 12                 | 1                                    | \$ 5,138 |

| Staff Position 4: Data Manager  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements. |        |                    |                                      |          |
| Brief description of job duties: Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.   |        |                    |                                      |          |
| Minimum qualifications:   |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$87,338.00   | 0.05   | 12                 | 1                                    | \$ 4,367 |

| Staff Position 5: SAS Director   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Brief description of job duties: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |



| Staff Position 6: Logistics Inventory Mrg   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p>  |        |                    |                                      |           |
| <p>Brief description of job duties:</p>   |        |                    |                                      |           |
| <p>Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of safe lifting techniques and injury prevention.</p> |        |                    |                                      |           |
| <p>Minimum qualifications:</p>  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$63,705.00   | 1.00   | 12                 | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates   |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.</p>  |        |                    |                                      |            |
| <p>Brief description of job duties:</p>  |        |                    |                                      |            |
| <p>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 be able to lift maximum 45 pounds.</p> |        |                    |                                      |            |
| <p>Minimum qualifications:</p>   |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00  | 2.00   | 12                 | 1                                    | \$ 113,026 |

| Staff Position 8: SSE/Volunteer Coordinator   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>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 and manages the site volunteers and supervises exchange sites.</p> |        |                    |                                      |           |
| <p>Brief description of job duties:</p>   |        |                    |                                      |           |
| <p>High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>  |        |                    |                                      |           |
| <p>Minimum qualifications:</p>  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00   | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator   |        |                    |                                      |            |
|---|--------|--------------------|--------------------------------------|------------|
| <p>Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support.</p> |        |                    |                                      |            |
| <p>Brief description of job duties:</p>   |        |                    |                                      |            |
| <p>High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>  |        |                    |                                      |            |
| <p>Minimum qualifications:</p>  |        |                    |                                      |            |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00   | 2.75   | 12                 | 1                                    | \$ 155,411 |

| Staff Position 10: Community Engagement & Kit Packing Associate  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <p>The Community Engagement and Kit Packing Associate is responsible for outreach and engagement 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.</p> |        |                    |                                      |           |
| <p>Brief description of job duties:</p>  |        |                    |                                      |           |
| <p>High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |           |
| <p>Minimum qualifications:</p>   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$53,430.00  | 0.65   | 12                 | 1                                    | \$ 34,730 |

**Total FTE: 8.10                      Total Salaries: \$ 496,916**

**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 38,014.00   |
| Retirement                   | \$ 9,492.00    |
| Medical                      | \$ 51,331.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 2,584.00    |
| Disability Insurance         | \$ 20,224.00   |
| Paid Time Off                |                |
| Workers comp                 | \$ 2,584.00    |
| <b>Total Fringe Benefit:</b> | <b>124,229</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>621,145</b> |
|---|----------------|

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description                               | Rate        | Cost          |
|-------------------------|---|-------------|---------------|
| Rent office             | 1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo. | \$800/FTE   | 77,760        |
| Bldg Maintenance        | Janitorial at \$166.66/mo.                      | \$166.66/mo | 2,000         |
| Utilities               | Phone, PG&E & trash.                            | 55.618/FTE  | 5,406         |
| Rent office             | Additional space for 6th Street.                | 875/mo      | 10,500        |
|                         |   |             |               |
| <b>Total Occupancy:</b> |   |             | <b>95,666</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate      | Cost           |
|--|--|-----------|----------------|
| Office Supplies & Postage              | Office supply & Postage \$51.16/FTE x 8.1 x 12mo.          | \$51.16   | 4,973          |
| Volunteer Spt                          | Snacks, T-shirts, etc - \$333.34/mo.                       | \$333.34  | 4,000          |
| Syringes                               | Syringes \$.15/each x 2,286,666 syringes.                  | \$0.15    | 343,000        |
| Bio Buckets                            | 18/19 gallon buckets - 2,052 x \$24.367.                   | \$24.367  | 50,000         |
| Bio Buckets                            | 2 gallon - 18,182 x \$2.75.                                | \$2.7500  | 50,000         |
| Alcohol Wipes                          | 257 cases x \$38.91/case.                                  | \$38.91   | 10,000         |
| Cotton balls and pellets               | 1,040bags x \$16.827/bag.                                  | \$16.827  | 17,500         |
| Sterile Water                          | 430 Cases x \$81.396/case.                                 | \$81.396  | 35,000         |
| Bagging Supplies                       | 40 bundles x \$7.125/bundle.                               | \$7.125   | 285            |
| Group Food                             | Additional food for increased groups \$600.00/wk x 50 wks. | 600.00/wk | 30,000         |
| Outreach and Program materials         | Additional expense for increase outreach \$118.14 x 50 wk. | \$118.14  | 5,907          |
|  |  |           |                |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>550,665</b> |

**General Operating:**

| Expense Item                    | Brief Description                                       | Rate         | Cost          |
|---------------------------------|---|--------------|---------------|
| Equip rent & Lease              | Office equip lease and maint cost \$86.75/FTE x 8.1FTE. | \$86.75/ FTE | 8,432         |
| Offsite storage                 | Records storage \$4.98/FTE x 8.1 x 12 mo.               | \$4.98/FTE   | 484           |
| Travel                          | Vehicle Fuel.   | \$83.33/mo   | 1,000         |
| Travel                          | Vehicle Repairs.  | \$83.33/mo   | 1,000         |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                             | Rate         | Cost           |
|--|---|--------------|----------------|
| Glide                                    | Operational expenses; staffing, office, IT, etc | \$101,477/yr | 101,477        |
| Saint James Infirmary                    | Operational expenses; staffing, office, IT, etc | \$105,618/yr | 105,618        |
| Homeless youth Alliance                  | Operational expenses; staffing, office, IT, etc | \$230,911/yr | 230,911        |
| S.F. Drug Users Union                    | Operational expenses; staffing, office, IT, etc | \$107,690/yr | 107,690        |
| <b>Total Consultants/Subcontractors:</b> |   |              | <b>545,696</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,202,943</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,824,088</b> |
|----------------------------|------------------|

**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% of total direct costs. | 182,409 |
|   |         |
|   |         |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |                |
|------------------------------|----------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>182,409</b> |
|------------------------------|----------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,006,497</b> |
|------------------------|------------------|

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # B-1v  
 Page # 1  
 Fiscal Year(s) 25-26  
 Funding Notification Date 12/21/2018

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES   |             |                  |          |                  |          |                        |
|--|--------|---|-------------|------------------|----------|------------------|----------|------------------------|
| <b>Personnel Expenses</b>                          |        | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |             |                  |          |                  |          | <b>Contract Totals</b> |
| <b>Operating Expenses</b>                          |        | <b>Expenditure</b>  | <b>%</b>    | <b>xpenditur</b> | <b>%</b> | <b>xpenditur</b> | <b>%</b> | <b>Contract Total</b>  |
| Total Occupancy                                    |        | 33,000  | 100%        | -                | 0%       | -                | 0%       | 33,000                 |
| Total Materials and Supplies                       |        | 147,580   | 100%        | -                | 0%       | -                | 0%       | 147,580                |
| Total General Operating                            |        | 12,000  | 100%        | -                | 0%       | -                | 0%       | 12,000                 |
| <b>Total Operating Expenses</b>                    |        | <b>192,580</b>  | <b>100%</b> | -                | 0%       | -                | 0%       | <b>192,580</b>         |
| <b>Total Direct Expenses</b>                       |        | 192,580   | 100%        | -                | 0%       | -                | 0%       | 192,580                |
| <b>Indirect Expenses</b>                           | 10.00% | 19,258  | 100%        | -                | 0%       | -                | 0%       | 19,258                 |
| <b>TOTAL EXPENSES</b>                              |        | <b>211,838</b>  | <b>100%</b> | -                | 0%       | -                | 0%       | <b>211,838</b>         |
| <b>Units of Service (UOS) per Service Mode</b>     |        | 12  |             | -                |          | -                |          | 12                     |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | 17,653.17   |             | -                |          | -                |          |                        |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        | N/A   |             |                  |          |                  |          |                        |

Rev. 07/15

## BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1v  
Fiscal Year: 25-26

### 2) OPERATING EXPENSES:

#### Occupancy:

| Expense Item     | Brief Description                                 | Rate      | Cost   |
|------------------|---|-----------|--------|
| Rent             | Rent for 6th street location, partial allocation. | 25,000    | 25,000 |
| Bldg Maint       | Allocated amount of bldg maint for 6 th street.   | \$250/mo  | 3,000  |
| Utilities        | Phone, water, PG&E, allocated for 6th street.     | 416.67/mo | 5,000  |
|                  |   |           |        |
| Total Occupancy: |   |           | 33,000 |

#### Materials & Supplies:

| Expense Item                | Brief Description  | Rate      | Cost    |
|-----------------------------|--|-----------|---------|
| Syringes                    | 366,666 syringes @ \$.15 each.                           | \$0.15    | 55,000  |
| Bio Buckets                 | 18/19 gallon buckets - 1,026 x \$24.367.                 | \$24.367  | 25,000  |
| Bio Buckets                 | 2 gallon - 5,454 x \$2.7502.                             | \$2.7502  | 15,000  |
| Sterile Water               | 185 Cases x \$81.081/case.                               | \$81.081  | 15,000  |
| Misc Exchange supplies      | Turniquets, band-aids, ensure.                           | \$215/mo  | 2,580   |
| Condoms & Lube              | 16,666 Lube packets @ \$.75 each.                        | \$0.750   | 12,500  |
| Group food/snacks           | \$192.307/week for location snack/group food x 52 weeks. | \$192.307 | 10,000  |
| Incentives                  | 1250 incentives @ \$10 each.                             | \$10.00   | 12,500  |
| Total Materials & Supplies: |  |           | 147,580 |

#### General Operating:

| Expense Item             | Brief Description                                      | Rate        | Cost   |
|--------------------------|--|-------------|--------|
| Repairs and maintenance  | Auto fuel, repairs, maintenance for delivery vehicles. | 83.33/mo    | 1,000  |
| Insurance                | Allocated amount of liability/umbrella insurance.      | 83.33/mo    | 1,000  |
| Janitorial               | Prorated janitorial services for 6th street location.  | \$833.33/mo | 10,000 |
|                          |  |             |        |
| Total General Operating: |  |             | 12,000 |

**TOTAL OPERATING EXPENSES: 192,580**

**TOTAL DIRECT COSTS: 192,580**

### 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% of total direct costs. | 19,258 |
|   |        |
|   |        |

Indirect Rate: 10.00%

**TOTAL INDIRECT COSTS: 19,258**

**TOTAL EXPENSES: 211,838**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # B-2c  
 Page # 1  
 Fiscal Year(s) 19-20  
 Funding Notification Date 12/21/2018

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES                       |             |                  |           |                  |           | Contract Totals       |
|--|--------|-------------------------------------|-------------|------------------|-----------|------------------|-----------|-----------------------|
| Personnel Expenses                                 |        | HYA Wrap Around & Disposal Services |             |                  |           |                  |           |                       |
| <b>Operating Expenses</b>                          |        | <b>Expenditure</b>                  | <b>%</b>    | <b>xpenditur</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>  | <b>Contract Total</b> |
| Consultants/Subcontractor:                         |        | 153,559                             | 100%        | -                | 0%        | -                | 0%        | 153,559               |
| <b>Total Operating Expenses</b>                    |        | <b>153,559</b>                      | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>153,559</b>        |
| <b>Total Direct Expenses</b>                       |        | 153,559                             | 100%        | -                | 0%        | -                | 0%        | 153,559               |
| <b>Indirect Expenses</b>                           | 10.00% | 15,355                              | 100%        |                  | 0%        |                  | 0%        | 15,355                |
| <b>TOTAL EXPENSES</b>                              |        | <b>168,914</b>                      | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>168,914</b>        |
|  |        |                                     |             |                  |           |                  |           |                       |
| <b>Units of Service (UOS) per Service Mode</b>     |        | 12                                  |             | -                |           | -                |           | 12                    |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | 14,076.17                           |             | -                |           | -                |           |                       |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        | N/A                                 |             |                  |           |                  |           |                       |
| Rev. 0/1/15  |        |                                     |             |                  |           |                  |           |                       |

**BUDGET JUSTIFICATION**

**Contractor Name** San Francisco AIDS Foundaiton  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-2c  
**Fiscal Year:** 19-20

**Consultants/Subcontractors:**

| <b>Consultant/Subcontractor Name</b> | <b>Service Description</b>         | <b>Rate</b> | <b>Cost</b> |
|--------------------------------------|------------------------------------|-------------|-------------|
| Homeless Youth Alliance              | Wrap around and disposal services. | \$153,559   | 153,559     |
|                                      |                                    |             |             |
|                                      |                                    |             |             |

**Total Consultants/Subcontractors:** **153,559**

**TOTAL OPERATING EXPENSES:** **153,559**

**TOTAL DIRECT COSTS:** **153,559**

**4) INDIRECT COSTS**

| <b>Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)</b>                                   | <b>Amount</b> |
|---|---------------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 15,355        |
|   |               |
|   |               |

**Indirect Rate:** **10.00%**

**TOTAL INDIRECT COSTS:** **15,355**

**TOTAL EXPENSES:** **168,914**



Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-2d**  
 Page # **1**  
 Fiscal Year(s) **20-21**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |        | SERVICE MODES                       |      |           |    |           |    |                 |
|---|--------|-------------------------------------|------|-----------|----|-----------|----|-----------------|
| Personnel Expenses                          |        | HYA Wrap Around & Disposal Services |      |           |    |           |    | Contract Totals |
| Operating Expenses                          |        | Expenditure                         | %    | xpenditur | %  | xpenditur | %  | Contract Total  |
| Consultants/Subcontractor:                  |        | 153,559                             | 100% | -         | 0% | -         | 0% | 153,559         |
| Total Operating Expenses                    |        | 153,559                             | 100% | -         | 0% | -         | 0% | 153,559         |
| Total Direct Expenses                       |        | 153,559                             | 100% | -         | 0% | -         | 0% | 153,559         |
| Indirect Expenses                           | 10.00% | 15,355                              | 100% |           | 0% |           | 0% | 15,355          |
| TOTAL EXPENSES                              |        | 168,914                             | 100% | -         | 0% | -         | 0% | 168,914         |
| Units of Service (UOS) per Service Mode     |        | 12                                  |      | -         |    | -         |    | 12              |
| Cost Per Unit of Service by Service Mode    |        | 14,076.17                           |      | -         |    | -         |    |                 |
| Unduplicated Clients (UDC) per Service Mode |        | N/A                                 |      |           |    |           |    |                 |
| Rev. 07/15                                  |        |                                     |      |           |    |           |    |                 |

### BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundaiton  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-2d  
**Fiscal Year:** 20-21

**Consultants/Subcontractors:**

| <b>Consultant/Subcontractor Name</b>     | <b>Service Description</b>         | <b>Rate</b> | <b>Cost</b>    |
|--|------------------------------------|-------------|----------------|
| Homeless Youth Alliance                  | Wrap around and disposal services. | \$153,559   | 153,559        |
|  |                                    |             |                |
|  |                                    |             |                |
|  |                                    |             |                |
| <b>Total Consultants/Subcontractors:</b> |                                    |             | <b>153,559</b> |

**TOTAL OPERATING EXPENSES:** **153,559**

**TOTAL DIRECT COSTS:** **153,559**

#### **4) INDIRECT COSTS**

| <b>Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)</b>                                   | <b>Amount</b> |
|---|---------------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 15,355        |
|   |               |
|   |               |

**Indirect Rate:** **10%**

**TOTAL INDIRECT COSTS:** **15,355**

**TOTAL EXPENSES:** **168,914**

Contractor Name **San Francisco AIDS Foundation**  
Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
Funding Source **General Fund**

Appendix # **B-2e**  
Page # **1**  
Fiscal Year(s) **21-22**  
Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES                       |             |           |           |           |           | Contract Totals |
|--|--------|-------------------------------------|-------------|-----------|-----------|-----------|-----------|-----------------|
| Personnel Expenses                                 |        | HYA Wrap Around & Disposal Services |             |           |           |           |           |                 |
| Operating Expenses                                 |        | Expenditure                         | %           | xpenditur | %         | xpenditur | %         | Contract Total  |
| Consultants/Subcontractor:                         |        | 153,559                             | 100%        | -         | 0%        | -         | 0%        | 153,559         |
| <b>Total Operating Expenses</b>                    |        | <b>153,559</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>153,559</b>  |
| <b>Total Direct Expenses</b>                       |        | <b>153,559</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>153,559</b>  |
| <b>Indirect Expenses</b>                           | 10.00% | <b>15,355</b>                       | <b>100%</b> |           | <b>0%</b> |           | <b>0%</b> | <b>15,355</b>   |
| <b>TOTAL EXPENSES</b>                              |        | <b>168,914</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>168,914</b>  |
|  |        |                                     |             |           |           |           |           |                 |
| <b>Units of Service (UOS) per Service Mode</b>     |        | 12                                  |             | -         |           | -         |           | 12              |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | 14,076.17                           |             | -         |           | -         |           |                 |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        |                                     |             |           |           |           |           |                 |
|  |        |                                     |             |           |           |           |           |                 |
| Rev. 07/15   |        |                                     |             |           |           |           |           |                 |

**BUDGET JUSTIFICATION**

**Contractor Name** San Francisco AIDS Foundaiton  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-2e  
**Fiscal Year:** 21-22

**Consultants/Subcontractors:**

| <b>Consultant/Subcontractor Name</b> | <b>Service Description</b>         | <b>Rate</b> | <b>Cost</b> |
|--------------------------------------|------------------------------------|-------------|-------------|
| Homeless Youth Alliance              | Wrap around and disposal services. | \$153,559   | 153,559     |
|                                      |                                    |             |             |
|                                      |                                    |             |             |
|                                      |                                    |             |             |

**Total Consultants/Subcontractors:** **153,559**

**TOTAL OPERATING EXPENSES:** **153,559**

**TOTAL DIRECT COSTS:** **153,559**

**4) INDIRECT COSTS**

| <b>Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)</b>                                   | <b>Amount</b> |
|---|---------------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 15,355        |
|   |               |
|   |               |

**Indirect Rate:** **10.00%**

**TOTAL INDIRECT COSTS:** **15,355**

**TOTAL EXPENSES:** **168,914**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-2f**  
 Page # **1**  
 Fiscal Year(s) **22-23**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |  | SERVICE MODES                       |      |           |    |           |    | Contract Totals |
|---|--|-------------------------------------|------|-----------|----|-----------|----|-----------------|
| Personnel Expenses                          |  | HYA Wrap Around & Disposal Services |      |           |    |           |    |                 |
| Operating Expenses                          |  | Expenditure                         | %    | xpenditur | %  | xpenditur | %  | Contract Total  |
| Consultants/Subcontractor:                  |  | 153,559                             | 100% | -         | 0% | -         | 0% | 153,559         |
| Total Operating Expenses                    |  | 153,559                             | 100% | -         | 0% | -         | 0% | 153,559         |
| Total Direct Expenses                       |  | 153,559                             | 100% | -         | 0% | -         | 0% | 153,559         |
| Indirect Expenses 10.00%                    |  | 15,355                              | 100% | -         | 0% | -         | 0% | 15,355          |
| TOTAL EXPENSES                              |  | 168,914                             | 100% | -         | 0% | -         | 0% | 168,914         |
| Units of Service (UOS) per Service Mode     |  | 12                                  |      | -         |    | -         |    | 12              |
| Cost Per Unit of Service by Service Mode    |  | 14,076.17                           |      | -         |    | -         |    |                 |
| Unduplicated Clients (UDC) per Service Mode |  | N/A                                 |      |           |    |           |    |                 |
| Rev. 01/15                                  |  |                                     |      |           |    |           |    |                 |

### BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-2f  
Fiscal Year: 22-23

**Consultants/Subcontractors:** \_\_\_\_\_

| Consultant/Subcontractor Name     | Service Description                | Rate      | Cost    |
|-----------------------------------|------------------------------------|-----------|---------|
| Homeless Youth Alliance           | Wrap around and disposal services. | \$153,559 | 153,559 |
|                                   |                                    |           |         |
|                                   |                                    |           |         |
|                                   |                                    |           |         |
| Total Consultants/Subcontractors: |                                    |           | 153,559 |

**TOTAL OPERATING EXPENSES:** 153,559

**TOTAL DIRECT COSTS:** 153,559

#### 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% of total direct costs. | 15,355 |
|   |        |
|   |        |

Indirect Rate: 10.00%

**TOTAL INDIRECT COSTS:** 15,355

**TOTAL EXPENSES:** 168,914

Contractor Name **San Francisco AIDS Foundation**  
Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
Funding Source **General Fund**

Appendix # B-2g  
Page # 1  
Fiscal Year(s) 23-24  
Funding Notification Date 12/21/2018

**UOS COST ALLOCATION BY SERVICE MODE**

|   |  | SERVICE MODES                       |      |           |    |           |    | Contract Totals |
|---|--|-------------------------------------|------|-----------|----|-----------|----|-----------------|
| Personnel Expenses                          |  | HYA Wrap Around & Disposal Services |      |           |    |           |    |                 |
| Operating Expenses                          |  | Expenditure                         | %    | xpenditur | %  | xpenditur | %  | Contract Total  |
| Consultants/Subcontractor:                  |  | 153,559                             | 100% | -         | 0% | -         | 0% | 153,559         |
| Total Operating Expenses                    |  | 153,559                             | 100% | -         | 0% | -         | 0% | 153,559         |
| Total Direct Expenses                       |  | 153,559                             | 100% | -         | 0% | -         | 0% | 153,559         |
| Indirect Expenses 10.00%                    |  | 15,355                              | 100% |           | 0% |           | 0% | 15,355          |
| TOTAL EXPENSES                              |  | 168,914                             | 100% | -         | 0% | -         | 0% | 168,914         |
| Units of Service (UOS) per Service Mode     |  | 12                                  |      | -         |    | -         |    | 12              |
| Cost Per Unit of Service by Service Mode    |  | 14,076.17                           |      | -         |    | -         |    |                 |
| Unduplicated Clients (UDC) per Service Mode |  | N/A                                 |      |           |    |           |    |                 |
| Rev. 01/15                                  |  |                                     |      |           |    |           |    |                 |



## BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-2g  
Fiscal Year: 23-24

Consultants/Subcontractors:

| Consultant/Subcontractor Name | Service Description                | Rate      | Cost    |
|-------------------------------|------------------------------------|-----------|---------|
| Homeless Youth Alliance       | Wrap around and disposal services. | \$153,559 | 153,559 |
|                               |                                    |           |         |
|                               |                                    |           |         |
|                               |                                    |           |         |

**Total Consultants/Subcontractors: 153,559**

**TOTAL OPERATING EXPENSES: 153,559**

**TOTAL DIRECT COSTS: 153,559**

#### 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% of total direct costs. | 15,355 |
|   |        |
|   |        |

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: 15,355**

**TOTAL EXPENSES: 168,914**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # B-2h  
 Page # 1  
 Fiscal Year(s) 24-25  
 Funding Notification Date 12/21/2018

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES                       |             |           |    |           |    | Contract Totals |
|--|--------|-------------------------------------|-------------|-----------|----|-----------|----|-----------------|
| Personnel Expenses                                 |        | HYA Wrap Around & Disposal Services |             |           |    |           |    |                 |
| Operating Expenses                                 |        | Expenditure                         | %           | xpenditur | %  | xpenditur | %  | Contract Total  |
| Consultants/Subcontractor:                         |        | 153,559                             | 100%        | -         | 0% | -         | 0% | 153,559         |
| <b>Total Operating Expenses</b>                    |        | <b>153,559</b>                      | <b>100%</b> | -         | 0% | -         | 0% | <b>153,559</b>  |
| <b>Total Direct Expenses</b>                       |        | 153,559                             | 100%        | -         | 0% | -         | 0% | 153,559         |
| <b>Indirect Expenses</b>                           | 10.00% | 15,355                              | 100%        | -         | 0% | -         | 0% | 15,355          |
| <b>TOTAL EXPENSES</b>                              |        | <b>168,914</b>                      | <b>100%</b> | -         | 0% | -         | 0% | <b>168,914</b>  |
| <b>Units of Service (UOS) per Service Mode</b>     |        | 12                                  |             | -         |    | -         |    | 12              |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | 14,076.17                           |             | -         |    | -         |    |                 |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        | N/A                                 |             |           |    |           |    |                 |

Rev. 07/15

## BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-2h  
Fiscal Year: 24-25

Consultants/Subcontractors:

| Consultant/Subcontractor Name | Service Description                | Rate      | Cost    |
|-------------------------------|------------------------------------|-----------|---------|
| Homeless Youth Alliance       | Wrap around and disposal services. | \$153,559 | 153,559 |
|                               |                                    |           |         |
|                               |                                    |           |         |

**Total Consultants/Subcontractors: 153,559**

**TOTAL OPERATING EXPENSES: 153,559**

**TOTAL DIRECT COSTS: 153,559**

#### 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% of total direct costs. | 15,355 |
|   |        |

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: 15,355**

**TOTAL EXPENSES: 168,914**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-2i**  
 Page # **1**  
 Fiscal Year(s) **25-26**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES                       |             |                  |           |                  |           | Contract Totals       |
|--|--------|-------------------------------------|-------------|------------------|-----------|------------------|-----------|-----------------------|
| Personnel Expenses                                 |        | HYA Wrap Around & Disposal Services |             |                  |           |                  |           |                       |
| <b>Operating Expenses</b>                          |        | <b>Expenditure</b>                  | <b>%</b>    | <b>xpenditur</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>  | <b>Contract Total</b> |
| Consultants/Subcontractor:                         |        | 153,559                             | 100%        | -                | 0%        | -                | 0%        | 153,559               |
| <b>Total Operating Expenses</b>                    |        | <b>153,559</b>                      | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>153,559</b>        |
| <b>Total Direct Expenses</b>                       |        | 153,559                             | 100%        | -                | 0%        | -                | 0%        | 153,559               |
| <b>Indirect Expenses</b>                           | 10.00% | 15,355                              | 100%        |                  | 0%        |                  | 0%        | 15,355                |
| <b>TOTAL EXPENSES</b>                              |        | <b>168,914</b>                      | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>168,914</b>        |
| <b>Units of Service (UOS) per Service Mode</b>     |        | 12                                  |             | -                |           | -                |           | 12                    |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | 14,076.17                           |             | -                |           | -                |           |                       |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        | N/A                                 |             |                  |           |                  |           |                       |

Rev. 07/15

**BUDGET JUSTIFICATION**

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-2i  
**Fiscal Year:** 25-26

**Consultants/Subcontractors:**

| <b>Consultant/Subcontractor Name</b> | <b>Service Description</b>         | <b>Rate</b> | <b>Cost</b> |
|--------------------------------------|------------------------------------|-------------|-------------|
| Homeless Youth Alliance              | Wrap around and disposal services. | \$153,559   | 153,559     |
|                                      |                                    |             |             |
|                                      |                                    |             |             |

**Total Consultants/Subcontractors:** **153,559**

**TOTAL OPERATING EXPENSES:** **153,559**

**TOTAL DIRECT COSTS:** **153,559**

**4) INDIRECT COSTS**

| <b>Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)</b>                                   | <b>Amount</b> |
|---|---------------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 15,355        |
|   |               |
|   |               |

**Indirect Rate:** **10.00%**

**TOTAL INDIRECT COSTS:** **15,355**

**TOTAL EXPENSES:** **168,914**

Contractor Name **San Francisco AIDS Foundation**  
Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
Funding Source **General Fund**

Appendix # **B-3b**  
Page # **1**  
Fiscal Year(s) **18-19**  
Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |             |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-------------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |             |       |                 |
| Position Titles                          | FTE    | Salaries                | % FTE | Salaries        | % FTE | Salaries    | % FTE | Contract Totals |
| V.P Programs & Services                  | 0.10   | 10,150                  | 50%   | 10,150          | 50%   |             | 0%    | 20,300          |
| Director, Behavioral Health Services     | 0.05   | 3,000                   | 50%   | 3,000           | 50%   | -           | 0%    | 6,000           |
| Director, SAS                            | 0.20   | 9,000                   | 50%   | 9,000           | 50%   | -           | 0%    | 18,000          |
| Associate Director, 6th Street HRC       | 1.00   | 31,500                  | 50%   | 31,500          | 50%   | -           | 0%    | 63,000          |
| Mobile Health Educator                   | 7.75   | 213,125                 | 50%   | 213,125         | 50%   | -           | 0%    | 426,250         |
| Mobile Health Educator                   | 0.50   | 13,750                  | 50%   | 13,750          | 50%   | -           | 0%    | 27,500          |
| Health Educator/Inventory Team Lead      | 1.00   | 27,500                  | 50%   | 27,500          | 50%   | -           | 0%    | 55,000          |
| Inventory Associate/Health Educator      | 1.00   | 27,500                  | 50%   | 27,500          | 50%   | -           | 0%    | 55,000          |
| Total FTE & Total Salaries               | 11.60  | 335,525                 | 50%   | 335,525         | 50%   | -           | 0%    | 671,050         |
| Fringe Benefits                          | 25.00% | 83,881                  | 50%   | 83,882          | 50%   | -           | 0%    | 167,763         |
| Total Personnel Expenses                 |        | 419,406                 | 50%   | 419,407         | 50%   | -           | 0%    | 838,813         |
|  |        |                         |       |                 |       |             |       |                 |
| Operating Expenses                       |        | Expenditure             | %     | Expenditure     | %     | Expenditure | %     | Contract Total  |
| Total Occupancy                          |        | 16,607                  | 50%   | 16,607          | 50%   | -           | 0%    | 33,214          |
| Total Materials and Supplies             |        | 12,282                  | 50%   | 12,282          | 50%   | -           | 0%    | 24,564          |
| Total General Operating                  |        | 6,250                   | 50%   | 6,250           | 50%   | -           | 0%    | 12,500          |
| Total Operating Expenses                 |        | 35,139                  | 50%   | 35,139          | 50%   | -           | 0%    | 70,278          |
|  |        |                         |       |                 |       |             |       |                 |
| Total Direct Expenses                    |        | 454,545                 | 50%   | 454,546         | 50%   | -           | 0%    | 909,091         |
| Indirect Expenses 10.00%                 |        | 45,454                  | 50%   | 45,455          | 50%   | -           | 0%    | 90,909          |
| TOTAL EXPENSES                           |        | 499,999                 | 50%   | 500,001         | 50%   | -           | 0%    | 1,000,000       |
|  |        |                         |       |                 |       |             |       |                 |
| Units of Service (UOS) per Service Mode  |        | 1,888                   |       | 1,924           |       | -           |       | 3,812           |
| Cost Per Unit of Service by Service Mode |        | 264.83                  |       | 259.88          |       | -           |       |                 |
| NOC                                      |        | 31,341                  |       | 11,475          |       |             |       | 42,816          |
|  |        |                         |       |                 |       |             |       |                 |

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## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3b  
**Fiscal Year:** 18-19

### 1a) SALARIES

| Staff Position 1: V.P Programs & Services |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:          |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men. |                                      |           |
| Minimum qualifications:                   |        | Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.                         |                                      |           |
| Annual Salary:                            | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$203,000.00                              | 0.10   | 12   | 1                                    | \$ 20,300 |

| Staff Position 2: Director, Behavioral Health Services |        |  |                                      |          |
|--|--------|--|--------------------------------------|----------|
| Brief description of job duties:                       |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |                                      |          |
| Minimum qualifications:                                |        | Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total    |
| \$120,000.00   | 0.05   | 12   | 1                                    | \$ 6,000 |

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$90,000.00                      | 0.20   | 12  | 1                                    | \$ 18,000 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$63,000.00  | 1.00   | 12   | 1                                    | \$ 63,000 |



| Staff Position 5: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | 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 providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$55,000.00                       | 7.75   | 12   | 1                                    | \$ 426,250 |

| Staff Position 6: Mobile Health Educator |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:         |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                  |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:                           | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$55,000.00                              | 0.50   | 12   | 1                                    | \$ 27,500 |

| Staff Position 7: Health Educator/Inventory Team Lead |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                      |        | 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 coordinates supply inventory. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$55,000.00   | 1.00   | 12  | 1                                    | \$ 55,000 |

| Staff Position 8: Inventory Associate/Health Educator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                      |        | 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 maintenance and transport. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$55,000.00   | 1.00   | 12   | 1                                    | \$ 55,000 |

**Total FTE: 11.60**

**Total Salaries: \$ 671,050**

**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 51,335.00   |
| Retirement                   | \$ 12,817.00   |
| Medical                      | \$ 69,321.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 3,489.00    |
| Disability Insurance         | \$ 27,312.00   |
| Paid Time Off                |                |
| Other (Workers Comp):        | \$ 3,489.00    |
| <b>Total Fringe Benefit:</b> | <b>167,763</b> |

**Fringe Benefit %: 25.00%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 838,813**

**2) OPERATING EXPENSES:****Occupancy:**

| 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         |
|                         |  |       |               |
| <b>Total Occupancy:</b> |  |       | <b>33,214</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate | Cost          |
|--|--|------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | 547  | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |      | 6,000         |
| Volunteer support                      | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000 | 12,000        |
|  |  |      |               |
| <b>Total Materials &amp; Supplies:</b> |  |      | <b>24,564</b> |

**General Operating:**

| Expense Item                    | Brief Description                                   | Rate   | Cost          |
|---------------------------------|---|--------|---------------|
| Janitorial                      | Monthly janitorial svc \$750/mo.                    | 750    | 9,000         |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 291.67 | 3,500         |
|                                 |   |        |               |
|                                 |   |        |               |
| <b>Total General Operating:</b> |   |        | <b>12,500</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>70,278</b> |
|----------------------------------|---------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>909,091</b> |
|----------------------------|----------------|

**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% of total direct costs. | 90,909 |
|   |        |
|   |        |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>90,909</b> |
|------------------------------|---------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,000,000</b> |
|------------------------|------------------|

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-3c**  
 Page # **1**  
 Fiscal Year(s) **19-20**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |           |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-----------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |           |       |                 |
| Position Titles                          | FTE    | Salaries                | % FTE | Salaries        | % FTE | Salaries  | % FTE | Contract Totals |
| V.P Programs & Services                  | 0.10   | 10,150                  | 50%   | 10,150          | 50%   |           | 0%    | 20,300          |
| Director, Behavioral Health Services     | 0.05   | 3,000                   | 50%   | 3,000           | 50%   | -         | 0%    | 6,000           |
| Director, SAS                            | 0.15   | 5,250                   | 50%   | 5,250           | 50%   | -         | 0%    | 10,500          |
| Associate Director, 6th Street HRC       | 1.00   | 32,366                  | 50%   | 32,367          | 50%   | -         | 0%    | 64,733          |
| Mobile Health Educator                   | 7.75   | 218,988                 | 50%   | 218,988         | 50%   | -         | 0%    | 437,976         |
| Health Educator/Inventory Team Lead      | 0.50   | 14,129                  | 50%   | 14,128          | 50%   | -         | 0%    | 28,257          |
| Health Educator/Inventory Team Lead      | 1.00   | 28,256                  | 50%   | 28,257          | 50%   | -         | 0%    | 56,513          |
| Inventory Associate/Health Educator      | 1.00   | 28,257                  | 50%   | 28,256          | 50%   | -         | 0%    | 56,513          |
| Total FTE & Total Salaries               | 11.55  | 340,396                 | 50%   | 340,396         | 50%   | -         | 0%    | 680,792         |
| Fringe Benefits                          | 25.00% | 85,099                  | 50%   | 85,099          | 50%   | -         | 0%    | 170,198         |
| Total Personnel Expenses                 |        | 425,495                 | 50%   | 425,495         | 50%   | -         | 0%    | 850,990         |
|  |        |                         |       |                 |       |           |       |                 |
| Operating Expenses                       |        | Expenditure             | %     | Expenditure     | %     | xpenditur | %     | Contract Total  |
| Total Occupancy                          |        | 12,607                  | 50%   | 12,607          | 50%   | -         | 0%    | 25,214          |
| Total Materials and Supplies             |        | 12,282                  | 50%   | 12,282          | 50%   | -         | 0%    | 24,564          |
| Total General Operating                  |        | 4,161                   | 50%   | 4,162           | 50%   | -         | 0%    | 8,323           |
| Total Operating Expenses                 |        | 29,050                  | 50%   | 29,051          | 50%   | -         | 0%    | 58,101          |
|  |        |                         |       |                 |       |           |       |                 |
| Total Direct Expenses                    |        | 454,545                 | 50%   | 454,546         | 50%   | -         | 0%    | 909,091         |
| Indirect Expenses                        | 10.00% | 45,454                  | 50%   | 45,455          | 50%   | -         | 0%    | 90,909          |
| TOTAL EXPENSES                           |        | 499,999                 | 50%   | 500,001         | 50%   | -         | 0%    | 1,000,000       |
|  |        |                         |       |                 |       |           |       |                 |
| Units of Service (UOS) per Service Mode  |        | 1,888                   |       | 2,550           |       | -         |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 264.83                  |       | 196.08          |       | -         |       |                 |
| NOC                                      |        | 31,341                  |       | 15,300          |       |           |       | 46,641          |
|  |        |                         |       |                 |       |           |       |                 |

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## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3c  
**Fiscal Year:** 19-20

### 1a) SALARIES

| Staff Position 1: V.P Programs & Services |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties: men.     |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men. |                                      |           |
| Minimum qualifications:                   |        | Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.                         |                                      |           |
| Annual Salary:                            | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$203,000.00                              | 0.10   | 12   | 1                                    | \$ 20,300 |

| Staff Position 2: Director, Behavioral Health Services |        |  |                                      |          |
|--|--------|--|--------------------------------------|----------|
| Brief description of job duties: men.                  |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |                                      |          |
| Minimum qualifications:                                |        | Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total    |
| \$120,000.00   | 0.05   | 12   | 1                                    | \$ 6,000 |

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$70,000.00                      | 0.15   | 12  | 1                                    | \$ 10,500 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$64,733.00  | 1.00   | 12   | 1                                    | \$ 64,733 |

| Staff Position 5: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | 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 providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$56,513.00                       | 7.75   | 12   | 1                                    | \$ 437,976 |

| Staff Position 6: Mobile Health Educator |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:         |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                  |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:                           | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00                              | 0.50   | 12   | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                      |        | 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 coordinates supply inventory. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12  | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                      |        | 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 maintenance and transport. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12   | 1                                    | \$ 56,513 |

**Total FTE: 11.55**

**Total Salaries: \$ 680,792**

#### 1b) EMPLOYEE FRINGE BENEFITS:

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

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 52,081.00   |
| Retirement                   | \$ 13,003.00   |
| Medical                      | \$ 70,326.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 3,540.00    |
| Disability Insurance         | \$ 27,708.00   |
| Paid Time Off                |                |
| Other (Workers Comp):        | \$ 3,540.00    |
| <b>Total Fringe Benefit:</b> | <b>170,198</b> |

**Fringe Benefit %: 25.00%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 850,990**

**2) OPERATING EXPENSES:****Occupancy:**

| 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         |
| Building Maint          | Prorated maintenance cost @ \$166.67/mo. | 166.67 | 2,000         |
| Utilities               | \$500/mo x 12 mo.                        | 500    | 6,000         |
|                         |  |        |               |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>25,214</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate     | Cost          |
|--|--|----------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | \$547/mo | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |          | 6,000         |
| Group supplies                         | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000     | 12,000        |
|  |  |          |               |
| <b>Total Materials &amp; Supplies:</b> |  |          | <b>24,564</b> |

**General Operating:**

| Expense Item                    | Brief Description                                   | Rate      | Cost         |
|---------------------------------|---|-----------|--------------|
| Janitorial                      | Prorated Monthly janitorial svc \$485.25/mo.        | 485.25/mo | 5,823        |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 208.34    | 2,500        |
|                                 |   |           |              |
|                                 |   |           |              |
| <b>Total General Operating:</b> |   |           | <b>8,323</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>58,101</b> |
|----------------------------------|---------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>909,091</b> |
|----------------------------|----------------|

**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% of total direct costs. | 90,909 |
|   |        |
|   |        |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>90,909</b> |
|------------------------------|---------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,000,000</b> |
|------------------------|------------------|



Contractor Name **San Francisco AIDS Foundation**  
Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
Funding Source **General Fund**

Appendix # **B-3d**  
Page # **1**  
Fiscal Year(s) **20-21**  
Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |             |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-------------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |             |       |                 |
| Position Titles                          | FTE    | Salaries                | % FTE | Salaries        | % FTE | Salaries    | % FTE | Contract Totals |
| V.P Programs & Services                  | 0.10   | 10,150                  | 50%   | 10,150          | 50%   |             | 0%    | 20,300          |
| Director, Behavioral Health Services     | 0.05   | 3,000                   | 50%   | 3,000           | 50%   | -           | 0%    | 6,000           |
| Director, SAS                            | 0.15   | 5,250                   | 50%   | 5,250           | 50%   | -           | 0%    | 10,500          |
| Associate Director, 6th Street HRC       | 1.00   | 32,366                  | 50%   | 32,367          | 50%   | -           | 0%    | 64,733          |
| Health Educator                          | 7.75   | 218,988                 | 50%   | 218,988         | 50%   | -           | 0%    | 437,976         |
| Mobile Health Educator                   | 0.50   | 14,129                  | 50%   | 14,128          | 50%   | -           | 0%    | 28,257          |
| Health Educator/Inventory Team Lead      | 1.00   | 28,256                  | 50%   | 28,257          | 50%   | -           | 0%    | 56,513          |
| Inventory Associate/Health Educator      | 1.00   | 28,257                  | 50%   | 28,256          | 50%   | -           | 0%    | 56,513          |
| Total FTE & Total Salaries               | 11.55  | 340,396                 | 50%   | 340,396         | 50%   | -           | 0%    | 680,792         |
| Fringe Benefits                          | 25.00% | 85,099                  | 50%   | 85,099          | 50%   | -           | 0%    | 170,198         |
| Total Personnel Expenses                 |        | 425,495                 | 50%   | 425,495         | 50%   | -           | 0%    | 850,990         |
|  |        |                         |       |                 |       |             |       |                 |
| Operating Expenses                       |        | Expenditure             | %     | Expenditure     | %     | Expenditure | %     | Contract Total  |
| Total Occupancy                          |        | 12,607                  | 50%   | 12,607          | 50%   | -           | 0%    | 25,214          |
| Total Materials and Supplies             |        | 12,282                  | 50%   | 12,282          | 50%   | -           | 0%    | 24,564          |
| Total General Operating                  |        | 4,161                   | 50%   | 4,162           | 50%   | -           | 0%    | 8,323           |
| Total Operating Expenses                 |        | 29,050                  | 50%   | 29,051          | 50%   | -           | 0%    | 58,101          |
|  |        |                         |       |                 |       |             |       |                 |
| Total Direct Expenses                    |        | 454,545                 | 50%   | 454,546         | 50%   | -           | 0%    | 909,091         |
| Indirect Expenses 10.00%                 |        | 45,454                  | 50%   | 45,455          | 50%   | -           | 0%    | 90,909          |
| TOTAL EXPENSES                           |        | 499,999                 | 50%   | 500,001         | 50%   | -           | 0%    | 1,000,000       |
|  |        |                         |       |                 |       |             |       |                 |
| Units of Service (UOS) per Service Mode  |        | 1,888                   |       | 2,550           |       | -           |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 264.83                  |       | 196.08          |       | -           |       |                 |
| NOC                                      |        | 31,341                  |       | 15,300          |       |             |       | 46,641          |
|  |        |                         |       |                 |       |             |       |                 |

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## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3d  
**Fiscal Year:** 20-21

### 1a) SALARIES

| Staff Position 1: V.P Programs & Services |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:          |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men. |                                      |           |
| Minimum qualifications:                   |        | Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.                         |                                      |           |
| Annual Salary:                            | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$203,000.00                              | 0.10   | 12   | 1                                    | \$ 20,300 |

| Staff Position 2: Director, Behavioral Health Services |        |  |                                      |          |
|--|--------|--|--------------------------------------|----------|
| Brief description of job duties:                       |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |                                      |          |
| Minimum qualifications:                                |        | Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total    |
| \$120,000.00   | 0.05   | 12   | 1                                    | \$ 6,000 |

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$70,000.00                      | 0.15   | 12  | 1                                    | \$ 10,500 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$64,733.00  | 1.00   | 12   | 1                                    | \$ 64,733 |

| Staff Position 5: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| 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 providing crisis intervention support. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00  | 7.75   | 12                 | 1                                    | \$ 437,976 |

| Staff Position 6: Mobile Health Educator   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00  | 0.50   | 12                 | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team 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 linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12                 | 1                                    | \$ 56,513 |

| 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 maintenance and transport. |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00  | 1.00   | 12                 | 1                                    | \$ 56,513 |

Total FTE: 11.55

Total Salaries: \$ 680,792

#### 1b) EMPLOYEE FRINGE BENEFITS:

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

| Component   | Cost           |
|---|----------------|
| Social Security   | \$ 52,081.00   |
| Retirement  | \$ 13,003.00   |
| Medical   | \$ 70,326.00   |
| Dental  |                |
| Unemployment Insurance  | \$ 3,540.00    |
| Disability Insurance  | \$ 27,708.00   |
| Paid Time Off   |                |
| Other (Workers Comp):   | \$ 3,540.00    |
| <b>Total Fringe Benefit:</b>                                  | <b>170,198</b> |
| <b>Fringe Benefit %:</b>                                      | <b>25.00%</b>  |
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: 850,990</b> |                |

## 2) OPERATING EXPENSES:

### Occupancy:

| 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         |
| Building Maint          | Prorated maintenance cost @ \$166.67/mo. | 166.67 | 2,000         |
| Utilities               | \$500/mo x 12 mo.                        | 500    | 6,000         |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>25,214</b> |

### Materials & Supplies:

| Expense Item                           | Brief Description  | Rate     | Cost          |
|--|--|----------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | \$547/mo | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |          | 6,000         |
| Group supplies                         | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000     | 12,000        |
|  |  |          |               |
| <b>Total Materials &amp; Supplies:</b> |  |          | <b>24,564</b> |

### General Operating:

| Expense Item                    | Brief Description                                   | Rate      | Cost         |
|---------------------------------|---|-----------|--------------|
| Janitorial                      | Prorated Monthly janitorial svc \$485.25/mo.        | 485.25/mo | 5,823        |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 208.34    | 2,500        |
|                                 |   |           |              |
|                                 |   |           |              |
| <b>Total General Operating:</b> |   |           | <b>8,323</b> |

**TOTAL OPERATING EXPENSES: 58,101**

**TOTAL DIRECT COSTS: 909,091**

## 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% of total direct costs. | 90,909 |
|   |        |
|   |        |

**Indirect Rate: 10%**

**TOTAL INDIRECT COSTS: 90,909**

**TOTAL EXPENSES: 1,000,000**

Contractor Name **San Francisco AIDS Foundation**  
Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
Funding Source **General Fund**

Appendix # **B-3e**  
Page # **1**  
Fiscal Year(s) **21-22**  
Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |              | SERVICE MODES           |            |                    |            |                    |          |                       |
|---|--------------|-------------------------|------------|--------------------|------------|--------------------|----------|-----------------------|
| Personnel Expenses                              |              | Syringe Access Services |            | Lounge Services    |            |                    |          |                       |
| Position Titles                                 | FTE          | Salaries                | % FTE      | Salaries           | % FTE      | Salaries           | % FTE    | Contract Totals       |
| V.P Programs & Services                         | 0.10         | 10,150                  | 50%        | 10,150             | 50%        |                    | 0%       | 20,300                |
| Director, Behavioral Health Services            | 0.05         | 3,000                   | 50%        | 3,000              | 50%        | -                  | 0%       | 6,000                 |
| Director, SAS                                   | 0.15         | 5,250                   | 50%        | 5,250              | 50%        | -                  | 0%       | 10,500                |
| Associate Director, 6th Street HRC              | 1.00         | 32,366                  | 50%        | 32,367             | 50%        | -                  | 0%       | 64,733                |
| Health Educator                                 | 7.75         | 218,988                 | 50%        | 218,988            | 50%        | -                  | 0%       | 437,976               |
| Mobile Health Educator                          | 0.50         | 14,129                  | 50%        | 14,128             | 50%        | -                  | 0%       | 28,257                |
| Health Educator/Inventory Team Lead             | 1.00         | 28,256                  | 50%        | 28,257             | 50%        | -                  | 0%       | 56,513                |
| Inventory Associate/Health Educator             | 1.00         | 28,257                  | 50%        | 28,256             | 50%        | -                  | 0%       | 56,513                |
| <b>Total FTE &amp; Total Salaries</b>           | <b>11.55</b> | <b>340,396</b>          | <b>50%</b> | <b>340,396</b>     | <b>50%</b> | -                  | 0%       | <b>680,792</b>        |
| Fringe Benefits                                 | 25.00%       | 85,099                  | 50%        | 85,099             | 50%        | -                  | 0%       | 170,198               |
| <b>Total Personnel Expenses</b>                 |              | <b>425,495</b>          | <b>50%</b> | <b>425,495</b>     | <b>50%</b> | -                  | 0%       | <b>850,990</b>        |
|   |              |                         |            |                    |            |                    |          |                       |
| <b>Operating Expenses</b>                       |              | <b>Expenditure</b>      | <b>%</b>   | <b>Expenditure</b> | <b>%</b>   | <b>Expenditure</b> | <b>%</b> | <b>Contract Total</b> |
| Total Occupancy                                 |              | 12,607                  | 50%        | 12,607             | 50%        | -                  | 0%       | 25,214                |
| Total Materials and Supplies                    |              | 12,282                  | 50%        | 12,282             | 50%        | -                  | 0%       | 24,564                |
| Total General Operating                         |              | 4,161                   | 50%        | 4,162              | 50%        | -                  | 0%       | 8,323                 |
| <b>Total Operating Expenses</b>                 |              | <b>29,050</b>           | <b>50%</b> | <b>29,051</b>      | <b>50%</b> | -                  | 0%       | <b>58,101</b>         |
|   |              |                         |            |                    |            |                    |          |                       |
| <b>Total Direct Expenses</b>                    |              | 454,545                 | 50%        | 454,546            | 50%        | -                  | 0%       | 909,091               |
| <b>Indirect Expenses</b>                        | 10.00%       | 45,454                  | 50%        | 45,455             | 50%        | -                  | 0%       | 90,909                |
| <b>TOTAL EXPENSES</b>                           |              | <b>499,999</b>          | <b>50%</b> | <b>500,001</b>     | <b>50%</b> | -                  | 0%       | <b>1,000,000</b>      |
|   |              |                         |            |                    |            |                    |          |                       |
| <b>Units of Service (UOS) per Service Mode</b>  |              | 1,888                   |            | 2,550              |            | -                  |          | 4,438                 |
| <b>Cost Per Unit of Service by Service Mode</b> |              | 264.83                  |            | 196.08             |            | -                  |          |                       |
| <b>NOC</b>                                      |              | 31,341                  |            | 15,300             |            |                    |          | 46,641                |
|   |              |                         |            |                    |            |                    |          |                       |
| Rev. 07/15                                      |              |                         |            |                    |            |                    |          |                       |

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## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3e  
**Fiscal Year:** 21-22

### 1a) SALARIES

| Staff Position 1: V.P Programs & Services |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties: men.     |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men. |                                      |           |
| Minimum qualifications:                   |        | Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.                         |                                      |           |
| Annual Salary:                            | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$203,000.00                              | 0.10   | 12   | 1                                    | \$ 20,300 |

| Staff Position 2: Director, Behavioral Health Services |        |  |                                      |          |
|--|--------|--|--------------------------------------|----------|
| Brief description of job duties: men.                  |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |                                      |          |
| Minimum qualifications:                                |        | Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total    |
| \$120,000.00   | 0.05   | 12   | 1                                    | \$ 6,000 |

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$70,000.00                      | 0.15   | 12  | 1                                    | \$ 10,500 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$64,733.00  | 1.00   | 12   | 1                                    | \$ 64,733 |

| Staff Position 5: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | 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 providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$56,513.00                       | 7.75   | 12   | 1                                    | \$ 437,976 |

| Staff Position 6: Mobile Health Educator |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:         |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                  |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:                           | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00                              | 0.50   | 12   | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                      |        | 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 coordinates supply inventory. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12  | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                      |        | 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 maintenance and transport. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12   | 1                                    | \$ 56,513 |

**Total FTE: 11.55**

**Total Salaries: \$ 680,792**

**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 52,081.00   |
| Retirement                   | \$ 13,003.00   |
| Medical                      | \$ 70,326.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 3,540.00    |
| Disability Insurance         | \$ 27,708.00   |
| Paid Time Off                |                |
| Other (Workers Comp):        | \$ 3,540.00    |
| <b>Total Fringe Benefit:</b> | <b>170,198</b> |

**Fringe Benefit %: 25.00%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 850,990**



**2) OPERATING EXPENSES:****Occupancy:**

| 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         |
| Building Maint          | Prorated maintenance cost @ \$166.67/mo. | 166.67 | 2,000         |
| Utilities               | \$500/mo x 12 mo.                        | 500    | 6,000         |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>25,214</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate     | Cost          |
|--|--|----------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | \$547/mo | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |          | 6,000         |
| Group supplies                         | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000     | 12,000        |
|  |  |          |               |
| <b>Total Materials &amp; Supplies:</b> |  |          | <b>24,564</b> |

**General Operating:**

| Expense Item                    | Brief Description                                   | Rate      | Cost         |
|---------------------------------|---|-----------|--------------|
| Janitorial                      | Prorated Monthly janitorial svc \$485.25/mo.        | 485.25/mo | 5,823        |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 208.34    | 2,500        |
|                                 |   |           |              |
|                                 |   |           |              |
| <b>Total General Operating:</b> |   |           | <b>8,323</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>58,101</b> |
|----------------------------------|---------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>909,091</b> |
|----------------------------|----------------|

**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% of total direct costs. | 90,909 |
|   |        |
|   |        |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>90,909</b> |
|------------------------------|---------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,000,000</b> |
|------------------------|------------------|



Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-3f**  
 Page # **1**  
 Fiscal Year(s) **22-23**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |             |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-------------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |             |       |                 |
| Position Titles                          | FTE    | Salaries                | % FTE | Salaries        | % FTE | Salaries    | % FTE | Contract Totals |
| V.P Programs & Services                  | 0.10   | 10,150                  | 50%   | 10,150          | 50%   |             | 0%    | 20,300          |
| Director, Behavioral Health Services     | 0.05   | 3,000                   | 50%   | 3,000           | 50%   | -           | 0%    | 6,000           |
| Director, SAS                            | 0.15   | 5,250                   | 50%   | 5,250           | 50%   | -           | 0%    | 10,500          |
| Associate Director, 6th Street HRC       | 1.00   | 32,366                  | 50%   | 32,367          | 50%   | -           | 0%    | 64,733          |
| Health Educator                          | 7.75   | 218,988                 | 50%   | 218,988         | 50%   | -           | 0%    | 437,976         |
| Mobile Health Educator                   | 0.50   | 14,129                  | 50%   | 14,128          | 50%   | -           | 0%    | 28,257          |
| Health Educator/Inventory Team Lead      | 1.00   | 28,256                  | 50%   | 28,257          | 50%   | -           | 0%    | 56,513          |
| Inventory Associate/Health Educator      | 1.00   | 28,257                  | 50%   | 28,256          | 50%   | -           | 0%    | 56,513          |
| Total FTE & Total Salaries               | 11.55  | 340,396                 | 50%   | 340,396         | 50%   | -           | 0%    | 680,792         |
| Fringe Benefits                          | 25.00% | 85,099                  | 50%   | 85,099          | 50%   | -           | 0%    | 170,198         |
| Total Personnel Expenses                 |        | 425,495                 | 50%   | 425,495         | 50%   | -           | 0%    | 850,990         |
|  |        |                         |       |                 |       |             |       |                 |
| Operating Expenses                       |        | Expenditure             | %     | Expenditure     | %     | Expenditure | %     | Contract Total  |
| Total Occupancy                          |        | 12,607                  | 50%   | 12,607          | 50%   | -           | 0%    | 25,214          |
| Total Materials and Supplies             |        | 12,282                  | 50%   | 12,282          | 50%   | -           | 0%    | 24,564          |
| Total General Operating                  |        | 4,161                   | 50%   | 4,162           | 50%   | -           | 0%    | 8,323           |
| Total Operating Expenses                 |        | 29,050                  | 50%   | 29,051          | 50%   | -           | 0%    | 58,101          |
|  |        |                         |       |                 |       |             |       |                 |
| Total Direct Expenses                    |        | 454,545                 | 50%   | 454,546         | 50%   | -           | 0%    | 909,091         |
| Indirect Expenses 10.00%                 |        | 45,454                  | 50%   | 45,455          | 50%   | -           | 0%    | 90,909          |
| TOTAL EXPENSES                           |        | 499,999                 | 50%   | 500,001         | 50%   | -           | 0%    | 1,000,000       |
|  |        |                         |       |                 |       |             |       |                 |
| Units of Service (UOS) per Service Mode  |        | 1,888                   |       | 2,550           |       | -           |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 264.83                  |       | 196.08          |       | -           |       |                 |
| NOC                                      |        | 31,341                  |       | 15,300          |       |             |       | 46,641          |
|  |        |                         |       |                 |       |             |       |                 |

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## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3f  
**Fiscal Year:** 22-23

### 1a) SALARIES

| Staff Position 1: V.P Programs & Services |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:          |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men. |                                      |           |
| Minimum qualifications:                   |        | Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.                         |                                      |           |
| Annual Salary:                            | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$203,000.00                              | 0.10   | 12   | 1                                    | \$ 20,300 |

| Staff Position 2: Director, Behavioral Health Services |        |  |                                      |          |
|--|--------|--|--------------------------------------|----------|
| Brief description of job duties:                       |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |                                      |          |
| Minimum qualifications:                                |        | Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total    |
| \$120,000.00   | 0.05   | 12   | 1                                    | \$ 6,000 |

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$70,000.00                      | 0.15   | 12  | 1                                    | \$ 10,500 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$64,733.00  | 1.00   | 12   | 1                                    | \$ 64,733 |

| Staff Position 5: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | 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 providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$56,513.00                       | 7.75   | 12   | 1                                    | \$ 437,976 |

| Staff Position 6: Mobile Health Educator |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:         |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                  |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:                           | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00                              | 0.50   | 12   | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                      |        | 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 coordinates supply inventory. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12  | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                      |        | 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 maintenance and transport. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12   | 1                                    | \$ 56,513 |

**Total FTE: 11.55**

**Total Salaries: \$ 680,792**

**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 52,081.00   |
| Retirement                   | \$ 13,003.00   |
| Medical                      | \$ 70,326.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 3,540.00    |
| Disability Insurance         | \$ 27,708.00   |
| Paid Time Off                |                |
| Other (Workers Comp):        | \$ 3,540.00    |
| <b>Total Fringe Benefit:</b> | <b>170,198</b> |

**Fringe Benefit %: 25.00%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 850,990**

**2) OPERATING EXPENSES:****Occupancy:** \_\_\_\_\_

| 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         |
| Building Maint          | Prorated maintenance cost @ \$166.67/mo. | 166.67 | 2,000         |
| Utilities               | \$500/mo x 12 mo.                        | 500    | 6,000         |
|                         |  |        |               |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>25,214</b> |

**Materials & Supplies:** \_\_\_\_\_

| Expense Item                           | Brief Description  | Rate     | Cost          |
|--|--|----------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | \$547/mo | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |          | 6,000         |
| Group supplies                         | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000     | 12,000        |
|  |  |          |               |
| <b>Total Materials &amp; Supplies:</b> |  |          | <b>24,564</b> |

**General Operating:** \_\_\_\_\_

| Expense Item                    | Brief Description                                   | Rate      | Cost         |
|---------------------------------|---|-----------|--------------|
| Janitorial                      | Prorated Monthly janitorial svc \$485.25/mo.        | 485.25/mo | 5,823        |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 208.34    | 2,500        |
|                                 |   |           |              |
|                                 |   |           |              |
| <b>Total General Operating:</b> |   |           | <b>8,323</b> |

**TOTAL OPERATING EXPENSES: 58,101****TOTAL DIRECT COSTS: 909,091****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% of total direct costs. | 90,909 |
|   |        |
|   |        |

**Indirect Rate: 10.00%****TOTAL INDIRECT COSTS: 90,909****TOTAL EXPENSES: 1,000,000**

Contractor Name **San Francisco AIDS Foundation**  
Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
Funding Source **General Fund**

Appendix # **B-3g**  
Page # **1**  
Fiscal Year(s) **23-24**  
Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |           |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-----------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |           |       |                 |
| Position Titles                          | FTE    | Salaries                | % FTE | Salaries        | % FTE | Salaries  | % FTE | Contract Totals |
| V.P Programs & Services                  | 0.10   | 10,150                  | 50%   | 10,150          | 50%   |           | 0%    | 20,300          |
| Director, Behavioral Health Services     | 0.05   | 3,000                   | 50%   | 3,000           | 50%   | -         | 0%    | 6,000           |
| Director, SAS                            | 0.15   | 5,250                   | 50%   | 5,250           | 50%   | -         | 0%    | 10,500          |
| Associate Director, 6th Street HRC       | 1.00   | 32,366                  | 50%   | 32,367          | 50%   | -         | 0%    | 64,733          |
| Health Educator                          | 7.75   | 218,988                 | 50%   | 218,988         | 50%   | -         | 0%    | 437,976         |
| Mobile Health Educator                   | 0.50   | 14,129                  | 50%   | 14,128          | 50%   | -         | 0%    | 28,257          |
| Health Educator/Inventory Team Lead      | 1.00   | 28,256                  | 50%   | 28,257          | 50%   | -         | 0%    | 56,513          |
| Inventory Associate/Health Educator      | 1.00   | 28,257                  | 50%   | 28,256          | 50%   | -         | 0%    | 56,513          |
| Total FTE & Total Salaries               | 11.55  | 340,396                 | 50%   | 340,396         | 50%   | -         | 0%    | 680,792         |
| Fringe Benefits                          | 25.00% | 85,099                  | 50%   | 85,099          | 50%   | -         | 0%    | 170,198         |
| Total Personnel Expenses                 |        | 425,495                 | 50%   | 425,495         | 50%   | -         | 0%    | 850,990         |
|  |        |                         |       |                 |       |           |       |                 |
| Operating Expenses                       |        | Expenditure             | %     | Expenditure     | %     | xpenditur | %     | Contract Total  |
| Total Occupancy                          |        | 12,607                  | 50%   | 12,607          | 50%   | -         | 0%    | 25,214          |
| Total Materials and Supplies             |        | 12,282                  | 50%   | 12,282          | 50%   | -         | 0%    | 24,564          |
| Total General Operating                  |        | 4,161                   | 50%   | 4,162           | 50%   | -         | 0%    | 8,323           |
| Total Operating Expenses                 |        | 29,050                  | 50%   | 29,051          | 50%   | -         | 0%    | 58,101          |
|  |        |                         |       |                 |       |           |       |                 |
| Total Direct Expenses                    |        | 454,545                 | 50%   | 454,546         | 50%   | -         | 0%    | 909,091         |
| Indirect Expenses                        | 10.00% | 45,454                  | 50%   | 45,455          | 50%   | -         | 0%    | 90,909          |
| TOTAL EXPENSES                           |        | 499,999                 | 50%   | 500,001         | 50%   | -         | 0%    | 1,000,000       |
|  |        |                         |       |                 |       |           |       |                 |
| Units of Service (UOS) per Service Mode  |        | 1,888                   |       | 2,550           |       | -         |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 264.83                  |       | 196.08          |       | -         |       |                 |
| NOC                                      |        | 31,341                  |       | 15,300          |       |           |       | 46,641          |
|  |        |                         |       |                 |       |           |       |                 |
| Rev. 07/15                               |        |                         |       |                 |       |           |       |                 |

Rev. 07/15

## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3g  
**Fiscal Year:** 23-24

### 1a) SALARIES

| Staff Position 1: V.P Programs & Services |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:          |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men. |                                      |           |
| Minimum qualifications:                   |        | Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.                         |                                      |           |
| Annual Salary:                            | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$203,000.00                              | 0.10   | 12   | 1                                    | \$ 20,300 |

| Staff Position 2: Director, Behavioral Health Services |        |  |                                      |          |
|--|--------|--|--------------------------------------|----------|
| Brief description of job duties:                       |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |                                      |          |
| Minimum qualifications:                                |        | Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total    |
| \$120,000.00   | 0.05   | 12   | 1                                    | \$ 6,000 |

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$70,000.00                      | 0.15   | 12  | 1                                    | \$ 10,500 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$64,733.00  | 1.00   | 12   | 1                                    | \$ 64,733 |



| Staff Position 5: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | 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 providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$56,513.00                       | 7.75   | 12   | 1                                    | \$ 437,976 |

| Staff Position 6: Mobile Health Educator |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:         |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                  |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:                           | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00                              | 0.50   | 12   | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                      |        | 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 coordinates supply inventory. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12  | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                      |        | 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 maintenance and transport. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12   | 1                                    | \$ 56,513 |

**Total FTE: 11.55**

**Total Salaries: \$ 680,792**

**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 52,081.00   |
| Retirement                   | \$ 13,003.00   |
| Medical                      | \$ 70,326.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 3,540.00    |
| Disability Insurance         | \$ 27,708.00   |
| Paid Time Off                |                |
| Other (Workers Comp):        | \$ 3,540.00    |
| <b>Total Fringe Benefit:</b> | <b>170,198</b> |

**Fringe Benefit %: 25.00%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 850,990**

**2) OPERATING EXPENSES:****Occupancy:** \_\_\_\_\_

| 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         |
| Building Maint          | Prorated maintenance cost @ \$166.67/mo. | 166.67 | 2,000         |
| Utilities               | \$500/mo x 12 mo.                        | 500    | 6,000         |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>25,214</b> |

**Materials & Supplies:** \_\_\_\_\_

| Expense Item                           | Brief Description  | Rate     | Cost          |
|--|--|----------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | \$547/mo | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |          | 6,000         |
| Group supplies                         | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000     | 12,000        |
|  |  |          |               |
| <b>Total Materials &amp; Supplies:</b> |  |          | <b>24,564</b> |

**General Operating:** \_\_\_\_\_

| Expense Item                    | Brief Description                                   | Rate      | Cost         |
|---------------------------------|---|-----------|--------------|
| Janitorial                      | Prorated Monthly janitorial svc \$485.25/mo.        | 485.25/mo | 5,823        |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 208.34    | 2,500        |
|                                 |   |           |              |
|                                 |   |           |              |
| <b>Total General Operating:</b> |   |           | <b>8,323</b> |

**TOTAL OPERATING EXPENSES: 58,101****TOTAL DIRECT COSTS: 909,091****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% of total direct costs. | 90,909 |
|   |        |
|   |        |

**Indirect Rate: 10.00%****TOTAL INDIRECT COSTS: 90,909****TOTAL EXPENSES: 1,000,000**



Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-3h**  
 Page # **1**  
 Fiscal Year(s) **24-25**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |           |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-----------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |           |       |                 |
| Position Titles                          | FTE    | Salaries                | % FTE | Salaries        | % FTE | Salaries  | % FTE | Contract Totals |
| V.P Programs & Services                  | 0.10   | 10,150                  | 50%   | 10,150          | 50%   |           | 0%    | 20,300          |
| Director, Behavioral Health Services     | 0.05   | 3,000                   | 50%   | 3,000           | 50%   | -         | 0%    | 6,000           |
| Director, SAS                            | 0.15   | 5,250                   | 50%   | 5,250           | 50%   | -         | 0%    | 10,500          |
| Associate Director, 6th Street HRC       | 1.00   | 32,366                  | 50%   | 32,367          | 50%   | -         | 0%    | 64,733          |
| Health Educator                          | 7.75   | 218,988                 | 50%   | 218,988         | 50%   | -         | 0%    | 437,976         |
| Mobile Health Educator                   | 0.50   | 14,129                  | 50%   | 14,128          | 50%   | -         | 0%    | 28,257          |
| Health Educator/Inventory Team Lead      | 1.00   | 28,256                  | 50%   | 28,257          | 50%   | -         | 0%    | 56,513          |
| Inventory Associate/Health Educator      | 1.00   | 28,257                  | 50%   | 28,256          | 50%   | -         | 0%    | 56,513          |
| Total FTE & Total Salaries               | 11.55  | 340,396                 | 50%   | 340,396         | 50%   | -         | 0%    | 680,792         |
| Fringe Benefits                          | 25.00% | 85,099                  | 50%   | 85,099          | 50%   | -         | 0%    | 170,198         |
| Total Personnel Expenses                 |        | 425,495                 | 50%   | 425,495         | 50%   | -         | 0%    | 850,990         |
|  |        |                         |       |                 |       |           |       |                 |
| Operating Expenses                       |        | Expenditure             | %     | Expenditure     | %     | xpenditur | %     | Contract Total  |
| Total Occupancy                          |        | 12,607                  | 50%   | 12,607          | 50%   | -         | 0%    | 25,214          |
| Total Materials and Supplies             |        | 12,282                  | 50%   | 12,282          | 50%   | -         | 0%    | 24,564          |
| Total General Operating                  |        | 4,161                   | 50%   | 4,162           | 50%   | -         | 0%    | 8,323           |
| Total Operating Expenses                 |        | 29,050                  | 50%   | 29,051          | 50%   | -         | 0%    | 58,101          |
|  |        |                         |       |                 |       |           |       |                 |
| Total Direct Expenses                    |        | 454,545                 | 50%   | 454,546         | 50%   | -         | 0%    | 909,091         |
| Indirect Expenses                        | 10.00% | 45,454                  | 50%   | 45,455          | 50%   | -         | 0%    | 90,909          |
| TOTAL EXPENSES                           |        | 499,999                 | 50%   | 500,001         | 50%   | -         | 0%    | 1,000,000       |
|  |        |                         |       |                 |       |           |       |                 |
| Units of Service (UOS) per Service Mode  |        | 1,888                   |       | 2,550           |       | -         |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 264.83                  |       | 196.08          |       | -         |       |                 |
| NOC                                      |        | 31,341                  |       | 15,300          |       |           |       | 46,641          |
|  |        |                         |       |                 |       |           |       |                 |
| Rev. 07/15                               |        |                         |       |                 |       |           |       |                 |

Rev. 07/15

## **BUDGET JUSTIFICATION**

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3h  
**Fiscal Year:** 24-25

### **1a) SALARIES**

| Staff Position 1: V.P Programs & Services |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:          |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men. |                                      |           |
| Minimum qualifications:                   |        | Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.                         |                                      |           |
| Annual Salary:                            | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$203,000.00                              | 0.10   | 12   | 1                                    | \$ 20,300 |

| Staff Position 2: Director, Behavioral Health Services |        |  |                                      |          |
|--|--------|--|--------------------------------------|----------|
| Brief description of job duties:                       |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |                                      |          |
| Minimum qualifications:                                |        | Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total    |
| \$120,000.00   | 0.05   | 12   | 1                                    | \$ 6,000 |

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$70,000.00                      | 0.15   | 12  | 1                                    | \$ 10,500 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$64,733.00  | 1.00   | 12   | 1                                    | \$ 64,733 |

| Staff Position 5: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| 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 providing crisis intervention support. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |            |
| Minimum qualifications:  |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00  | 7.75   | 12                 | 1                                    | \$ 437,976 |

| Staff Position 6: Mobile Health Educator   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00  | 0.50   | 12                 | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team 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 linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |        |                    |                                      |           |
| Minimum qualifications:   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12                 | 1                                    | \$ 56,513 |

| 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 maintenance and transport. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00  | 1.00   | 12                 | 1                                    | \$ 56,513 |

**Total FTE: 11.55**

**Total Salaries: \$ 680,792**

#### 1b) EMPLOYEE FRINGE BENEFITS:

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

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 52,081.00   |
| Retirement                   | \$ 13,003.00   |
| Medical                      | \$ 70,326.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 3,540.00    |
| Disability Insurance         | \$ 27,708.00   |
| Paid Time Off                |                |
| Other (Workers Comp):        | \$ 3,540.00    |
| <b>Total Fringe Benefit:</b> | <b>170,198</b> |

**Fringe Benefit %: 25.00%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 850,990**

**2) OPERATING EXPENSES:****Occupancy:**

| 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         |
| Building Maint          | Prorated maintenance cost @ \$166.67/mo. | 166.67 | 2,000         |
| Utilities               | \$500/mo x 12 mo.                        | 500    | 6,000         |
|                         |  |        |               |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>25,214</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate     | Cost          |
|--|--|----------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | \$547/mo | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |          | 6,000         |
| Group supplies                         | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000     | 12,000        |
|  |  |          |               |
| <b>Total Materials &amp; Supplies:</b> |  |          | <b>24,564</b> |

**General Operating:**

| Expense Item                    | Brief Description                                   | Rate      | Cost         |
|---------------------------------|---|-----------|--------------|
| Janitorial                      | Prorated Monthly janitorial svc \$485.25/mo.        | 485.25/mo | 5,823        |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 208.34    | 2,500        |
|                                 |   |           |              |
|                                 |   |           |              |
| <b>Total General Operating:</b> |   |           | <b>8,323</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>58,101</b> |
|----------------------------------|---------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>909,091</b> |
|----------------------------|----------------|

**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% of total direct costs. | 90,909 |
|   |        |
|   |        |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>90,909</b> |
|------------------------------|---------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,000,000</b> |
|------------------------|------------------|

Contractor Name **San Francisco AIDS Foundation**  
Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
Funding Source **General Fund**

Appendix # **B-3i**  
Page # **1**  
Fiscal Year(s) **25-26**  
Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |              | SERVICE MODES           |            |                    |            |                    |          |                       |
|---|--------------|-------------------------|------------|--------------------|------------|--------------------|----------|-----------------------|
| Personnel Expenses                              |              | Syringe Access Services |            | Lounge Services    |            |                    |          |                       |
| Position Titles                                 | FTE          | Salaries                | % FTE      | Salaries           | % FTE      | Salaries           | % FTE    | Contract Totals       |
| V.P Programs & Services                         | 0.10         | 10,150                  | 50%        | 10,150             | 50%        |                    | 0%       | 20,300                |
| Director, Behavioral Health Services            | 0.05         | 3,000                   | 50%        | 3,000              | 50%        | -                  | 0%       | 6,000                 |
| Director, SAS                                   | 0.15         | 5,250                   | 50%        | 5,250              | 50%        | -                  | 0%       | 10,500                |
| Associate Director, 6th Street HRC              | 1.00         | 32,366                  | 50%        | 32,367             | 50%        | -                  | 0%       | 64,733                |
| Health Educator                                 | 7.75         | 218,988                 | 50%        | 218,988            | 50%        | -                  | 0%       | 437,976               |
| Mobile Health Educator                          | 0.50         | 14,129                  | 50%        | 14,128             | 50%        | -                  | 0%       | 28,257                |
| Health Educator/Inventory Team Lead             | 1.00         | 28,256                  | 50%        | 28,257             | 50%        | -                  | 0%       | 56,513                |
| Inventory Associate/Health Educator             | 1.00         | 28,257                  | 50%        | 28,256             | 50%        | -                  | 0%       | 56,513                |
| <b>Total FTE &amp; Total Salaries</b>           | <b>11.55</b> | <b>340,396</b>          | <b>50%</b> | <b>340,396</b>     | <b>50%</b> | -                  | 0%       | <b>680,792</b>        |
| Fringe Benefits                                 | 25.00%       | 85,099                  | 50%        | 85,099             | 50%        | -                  | 0%       | 170,198               |
| <b>Total Personnel Expenses</b>                 |              | <b>425,495</b>          | <b>50%</b> | <b>425,495</b>     | <b>50%</b> | -                  | 0%       | <b>850,990</b>        |
|   |              |                         |            |                    |            |                    |          |                       |
| <b>Operating Expenses</b>                       |              | <b>Expenditure</b>      | <b>%</b>   | <b>Expenditure</b> | <b>%</b>   | <b>Expenditure</b> | <b>%</b> | <b>Contract Total</b> |
| Total Occupancy                                 |              | 12,607                  | 50%        | 12,607             | 50%        | -                  | 0%       | 25,214                |
| Total Materials and Supplies                    |              | 12,282                  | 50%        | 12,282             | 50%        | -                  | 0%       | 24,564                |
| Total General Operating                         |              | 4,161                   | 50%        | 4,162              | 50%        | -                  | 0%       | 8,323                 |
| <b>Total Operating Expenses</b>                 |              | <b>29,050</b>           | <b>50%</b> | <b>29,051</b>      | <b>50%</b> | -                  | 0%       | <b>58,101</b>         |
|   |              |                         |            |                    |            |                    |          |                       |
| <b>Total Direct Expenses</b>                    |              | 454,545                 | 50%        | 454,546            | 50%        | -                  | 0%       | 909,091               |
| <b>Indirect Expenses</b>                        | 10.00%       | 45,454                  | 50%        | 45,455             | 50%        | -                  | 0%       | 90,909                |
| <b>TOTAL EXPENSES</b>                           |              | <b>499,999</b>          | <b>50%</b> | <b>500,001</b>     | <b>50%</b> | -                  | 0%       | <b>1,000,000</b>      |
|   |              |                         |            |                    |            |                    |          |                       |
| <b>Units of Service (UOS) per Service Mode</b>  |              | 1,888                   |            | 2,550              |            | -                  |          | 4,438                 |
| <b>Cost Per Unit of Service by Service Mode</b> |              | 264.83                  |            | 196.08             |            | -                  |          |                       |
| <b>NOC</b>                                      |              | 31,341                  |            | 15,300             |            |                    |          | 46,641                |

Rev. 07/15

## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3i  
**Fiscal Year:** 25-26

### 1a) SALARIES

| Staff Position 1: V.P Programs & Services |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:          |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men. |                                      |           |
| Minimum qualifications:                   |        | Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.                         |                                      |           |
| Annual Salary:                            | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$203,000.00                              | 0.10   | 12   | 1                                    | \$ 20,300 |

| Staff Position 2: Director, Behavioral Health Services |        |  |                                      |          |
|--|--------|--|--------------------------------------|----------|
| Brief description of job duties:                       |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |                                      |          |
| Minimum qualifications:                                |        | Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total    |
| \$120,000.00   | 0.05   | 12   | 1                                    | \$ 6,000 |

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | 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 and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$70,000.00                      | 0.15   | 12  | 1                                    | \$ 10,500 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$64,733.00  | 1.00   | 12   | 1                                    | \$ 64,733 |



| Staff Position 5: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | 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 providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$56,513.00                       | 7.75   | 12   | 1                                    | \$ 437,976 |

| Staff Position 6: Mobile Health Educator |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:         |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                  |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:                           | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00                              | 0.50   | 12   | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                      |        | 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 coordinates supply inventory. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12  | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                      |        | 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 maintenance and transport. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12   | 1                                    | \$ 56,513 |

**Total FTE: 11.55**

**Total Salaries: \$ 680,792**

**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 52,081.00   |
| Retirement                   | \$ 13,003.00   |
| Medical                      | \$ 70,326.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 3,540.00    |
| Disability Insurance         | \$ 27,708.00   |
| Paid Time Off                |                |
| Other (Workers Comp):        | \$ 3,540.00    |
| <b>Total Fringe Benefit:</b> | <b>170,198</b> |

**Fringe Benefit %: 25.00%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 850,990**

## 2) OPERATING EXPENSES:

Occupancy: \_\_\_\_\_

| 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         |
| Building Maint          | Prorated maintenance cost @ \$166.67/mo. | 166.67 | 2,000         |
| Utilities               | \$500/mo x 12 mo.                        | 500    | 6,000         |
|                         |  |        |               |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>25,214</b> |

Materials & Supplies: \_\_\_\_\_

| Expense Item                           | Brief Description  | Rate     | Cost          |
|--|--|----------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | \$547/mo | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |          | 6,000         |
| Group supplies                         | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000     | 12,000        |
|  |  |          |               |
| <b>Total Materials &amp; Supplies:</b> |  |          | <b>24,564</b> |

General Operating: \_\_\_\_\_

| Expense Item                    | Brief Description                                   | Rate      | Cost         |
|---------------------------------|---|-----------|--------------|
| Janitorial                      | Prorated Monthly janitorial svc \$485.25/mo.        | 485.25/mo | 5,823        |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 208.34    | 2,500        |
|                                 |   |           |              |
|                                 |   |           |              |
| <b>Total General Operating:</b> |   |           | <b>8,323</b> |

**TOTAL OPERATING EXPENSES: 58,101**

**TOTAL DIRECT COSTS: 909,091**

## 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% of total direct costs. | 90,909 |
|   |        |
|   |        |

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: 90,909**

**TOTAL EXPENSES: 1,000,000**





San Francisco Department of Public Health  
Business Associate Agreement

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

## RECITALS

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

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

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).

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

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

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



## San Francisco Department of Public Health

## Business Associate Agreement

**1. Definitions.**

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

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

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

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

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

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

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

**h. Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized



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health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

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

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

**k. Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

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

**m. Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.

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

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

## **2. Obligations of Business Associate.**

**a. Attestations.** Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes



San Francisco Department of Public Health  
Business Associate Agreement

to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

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

**c. Permitted Uses.** BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2). and 164.504(e)(4)(i)].

**d. Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such



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Business Associate Agreement

occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

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

**f. Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314, 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

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

**h. Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of





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

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

**j. Amendment of Protected Information.** Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

**k. Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the



## San Francisco Department of Public Health

## Business Associate Agreement

Secretary of the U.S. Department of Health and Human Services (the “Secretary”) for purposes of determining BA’s compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

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

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

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

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





## San Francisco Department of Public Health

## Business Associate Agreement

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

### 3. Termination.

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

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

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

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

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

### 4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to



San Francisco Department of Public Health  
Business Associate Agreement

provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

**5. Reimbursement for Fines or Penalties.**

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

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

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

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

|                  |  |                           |  |
|------------------|--|---------------------------|--|
| Contractor Name: |  | Contractor City Vendor ID |  |
|------------------|--|---------------------------|--|

**PRIVACY ATTESTATION**

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

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

**I. All Contractors.**

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

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

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

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

|  |               |  |           |  |      |  |
|--|---------------|--|-----------|--|------|--|
| ATTESTED by Privacy Officer or designated person | Name: (print) |  | Signature |  | Date |  |
|--|---------------|--|-----------|--|------|--|

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

|                               |              |  |           |  |      |  |
|-------------------------------|--------------|--|-----------|--|------|--|
| EXCEPTION(S) APPROVED by OCPA | Name (print) |  | Signature |  | Date |  |
|-------------------------------|--------------|--|-----------|--|------|--|

|                  |  |                              |  |
|------------------|--|------------------------------|--|
| Contractor Name: |  | Contractor<br>City Vendor ID |  |
|------------------|--|------------------------------|--|

**DATA SECURITY ATTESTATION**

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

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

**I. All Contractors.**

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

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

|  |                  |  |           |  |      |  |
|--|------------------|--|-----------|--|------|--|
| ATTESTED by Data Security Officer or designated person | Name:<br>(print) |  | Signature |  | Date |  |
|--|------------------|--|-----------|--|------|--|

**III. \*EXCEPTIONS:** If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

|                               |                 |  |           |  |      |  |
|-------------------------------|-----------------|--|-----------|--|------|--|
| EXCEPTION(S) APPROVED by OCPA | Name<br>(print) |  | Signature |  | Date |  |
|-------------------------------|-----------------|--|-----------|--|------|--|

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

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

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-1JUL18**

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:** 07/1/18 - 07/31/18

**FINAL Invoice** (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordinatoin & Bu | 8,079            | 54,300 |                       |     |                   |     |            |     | 8,079                  | 54,300 |
|   | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

**EXPENDITURES**

|  | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$488,174          |                      |                  |             | \$488,174.00          |
| Fringe Benefits  | \$122,044          |                      |                  |             | \$122,044.00          |
| <b>Total Personnel Expenses</b>  | <b>\$610,218</b>   |                      |                  |             | <b>\$610,218.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666           |                      |                  |             | \$95,666.00           |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$530,113          |                      |                  |             | \$530,113.00          |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,416           |                      |                  |             | \$10,416.00           |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                    |                      |                  |             |                       |
| <b>Consultant/Subcontractor</b>  | \$532,386          |                      |                  |             | \$532,386.00          |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,168,581</b> |                      |                  |             | <b>\$1,168,581.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,778,799</b> |                      |                  |             | <b>\$1,778,799.00</b> |
| Indirect Expenses  | \$177,880          |                      |                  |             | \$177,880.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$1,956,679</b> |                      |                  |             | <b>\$1,956,679.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                    |                      |                  |             |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

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

A-1JUL18

**FINAL Invoice** ☐ (check if Yes)

**ACE Control #:**

| <b>PERSONNEL</b>                 | FTE  | BUDGETED<br>SALARY | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|----------------------------------|------|--------------------|-------------------------|---------------------|----------------|----------------------|
| Pqms & Ops Director              | 0.05 | \$5,709            |                         |                     |                | \$5,709.00           |
| Dir. Behavioral Health Svc       | 0.05 | \$7,000            |                         |                     |                | \$7,000.00           |
| Dir. Gov't Contracts             | 0.05 | \$5,190            |                         |                     |                | \$5,190.00           |
| Data Manager                     | 0.05 | \$4,412            |                         |                     |                | \$4,412.00           |
| SAS Director                     | 0.75 | \$40,750           |                         |                     |                | \$40,750.00          |
| Logistics Inventory Mgr          | 1.00 | \$64,356           |                         |                     |                | \$64,356.00          |
| Logistics Associates             | 2.00 | \$114,180          |                         |                     |                | \$114,180.00         |
| SSE/Vol Coordinator              | 0.75 | \$54,495           |                         |                     |                | \$54,495.00          |
| Health Educator                  | 2.75 | \$156,998          |                         |                     |                | \$156,998.00         |
| Comm. Engagement & Kit Packing A | 0.65 | \$35,084           |                         |                     |                | \$35,084.00          |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
| TOTAL SALARIES                   | 8.10 | \$488,174          |                         |                     |                | \$488,174.00         |

**Title:** \_\_\_\_\_



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

APPENDIX F-1i  
07/01/19 - 06/30/20  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL19

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:** 07/1/19 - 07/31/19

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordinatoin & Bu | 8,079            | 54,300 |                       |     |                   |     |            |     | 8,079                  | 54,300 |
|   | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$496,916          |                      |                  |             | \$496,916.00          |
| Fringe Benefits  | \$124,229          |                      |                  |             | \$124,229.00          |
| <b>Total Personnel Expenses</b>  | <b>\$621,145</b>   |                      |                  |             | <b>\$621,145.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666           |                      |                  |             | \$95,666.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$550,665          |                      |                  |             | \$550,665.00          |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,916           |                      |                  |             | \$10,916.00           |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   | \$545,696          |                      |                  |             | \$545,696.00          |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,202,943</b> |                      |                  |             | <b>\$1,202,943.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,824,088</b> |                      |                  |             | <b>\$1,824,088.00</b> |
| Indirect Expenses  | \$182,409          |                      |                  |             | \$182,409.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,006,497</b> |                      |                  |             | <b>\$2,006,497.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |  |     |                            |       |       |
|----------|--|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103 | By: | _____                      | Date: | _____ |
| Attn:    | Contract Payments  |     | (DPH Authorized Signatory) |       |       |



APPENDIX F-1i  
07/01/19 - 06/30/20  
PAGE B

A-1JUL19

**Fund Source:** General Fund

Grant Code/Detail: Project Code/Detail: 

FINAL Invoice ☐ (check if Yes)

[illegible]

Title: \_\_\_\_\_

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

APPENDIX F-1j  
07/01/19 - 06/30/20  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL19

**Contract Purchase Order No:**

**Funding Source:**  General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**  07/1/19 - 07/31/19

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                               | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|  | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Access, Disposal Coord. & Bulk Pur | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES   | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$33,000  |                      |                  |             | \$33,000.00       |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$147,580 |                      |                  |             | \$147,580.00      |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$12,000  |                      |                  |             | \$12,000.00       |
| Staff Travel - (e.g., Local & Out of Town)   |           |                      |                  |             |                   |
| Consultant/Subcontractor   |           |                      |                  |             |                   |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$192,580 |                      |                  |             | \$192,580.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$192,580 |                      |                  |             | \$192,580.00      |
| Indirect Expenses  | \$19,258  |                      |                  |             | \$19,258.00       |
| <b>TOTAL EXPENSES</b>  | \$211,838 |                      |                  |             | \$211,838.00      |
| LESS: Initial Payment Recovery   |           |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)                                      |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                                  |       |       |
|----------|---|-----|----------------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____ (DPH Authorized Signatory) | Date: | _____ |
|----------|---|-----|----------------------------------|-------|-------|

APPENDIX F-1j  
07/01/19 - 06/30/20  
PAGE B

Invoice Number  
A-1JUL19

Contract Purchase Order No: 

|                     |              |
|---------------------|--------------|
| <b>Fund Source:</b> | General Fund |
|---------------------|--------------|

Grant Code/Detail:

ACE Control #:

Project Code/Detail: 

**Invoice Period:** 07/1/19 - 07/31/19

**FINAL Invoice** ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

APPENDIX F-1k  
07/01/20 - 06/30/21  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-1JUL20**

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:** 07/1/20 - 07/31/20

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordinatoin & Bu | 8,079            | 54,300 |                       |     |                   |     |            |     | 8,079                  | 54,300 |
|   | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                       | NOC   | NOC | NOC | NOC | NOC    |
|---------------------------------------|-------|-----|-----|-----|--------|
| <b>Number of Clients for Appendix</b> | 54300 |     |     |     | 54,300 |

| EXPENDITURES   | BUDGET      | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-------------|----------------------|------------------|-------------|-------------------|
| <b>Total Salaries (See Page B)</b>   | \$496,916   |                      |                  |             | \$496,916.00      |
| <b>Fringe Benefits</b>   | \$124,229   |                      |                  |             | \$124,229.00      |
| <b>Total Personnel Expenses</b>  | \$621,145   |                      |                  |             | \$621,145.00      |
| <b>Operating Expenses:</b>   |             |                      |                  |             |                   |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666    |                      |                  |             | \$95,666.00       |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$550,665   |                      |                  |             | \$550,665.00      |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,916    |                      |                  |             | \$10,916.00       |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |             |                      |                  |             |                   |
| <b>Consultant/Subcontractor</b>  | \$545,696   |                      |                  |             | \$545,696.00      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |             |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$1,202,943 |                      |                  |             | \$1,202,943.00    |
| <b>Capital Expenditures</b>  |             |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$1,824,088 |                      |                  |             | \$1,824,088.00    |
| Indirect Expenses  | \$182,409   |                      |                  |             | \$182,409.00      |
| <b>TOTAL EXPENSES</b>  | \$2,006,497 |                      |                  |             | \$2,006,497.00    |
| <b>LESS: Initial Payment Recovery</b>  |             |                      |                  |             |                   |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |             |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |             |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |  |     |                            |       |       |
|----------|--|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103 | By: | _____                      | Date: | _____ |
|          | <b>Attn: Contract Payments</b>   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-1k  
07/01/20 - 06/30/21  
PAGE B

A-1JUL20

General Fund

**Project Code/Detail:**

**FINAL Invoice** ☐ (check if Yes)

[illegible]

Title: \_\_\_\_\_

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

APPENDIX F-11  
07/01/20 - 06/30/21  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL20

**Contract Purchase Order No:**

**Funding Source:**

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                               | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|  | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Access, Disposal Coord. & Bulk Pur | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|  | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$33,000  |                      |                  |             | \$33,000.00       |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$147,580 |                      |                  |             | \$147,580.00      |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$12,000  |                      |                  |             | \$12,000.00       |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |           |                      |                  |             |                   |
| <b>Consultant/Subcontractor</b>  |           |                      |                  |             |                   |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$192,580 |                      |                  |             | \$192,580.00      |
| <b>Capital Expenditures</b>  |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$192,580 |                      |                  |             | \$192,580.00      |
| Indirect Expenses  | \$19,258  |                      |                  |             | \$19,258.00       |
| <b>TOTAL EXPENSES</b>  | \$211,838 |                      |                  |             | \$211,838.00      |
| <b>LESS: Initial Payment Recovery</b>  |           |                      |                  |             |                   |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-1I  
07/01/20 - 06/30/21  
PAGE B

|  |  |   |
|--|--|---|
| <b>Contractor:</b> San Francisco AIDS Foundation<br><b>Address:</b> 1035 Market Street, Suite 400<br>San Francisco, CA 94103<br><br><b>Telephone:</b> 415-487-3000<br><b>Fax:</b> 415-487-3009 |  | <b>Invoice Number</b><br>A-1JUL20         |
| <b>Program Name:</b> HIV Syringe Access and Disposal Services  |  | <b>Contract Purchase Order No.:</b>       |
| <b>ACE Control #:</b>  |  | <b>Fund Source:</b> General Fund          |
|  |  | <b>Grant Code/Detail:</b>                 |
|  |  | <b>Project Code/Detail:</b>               |
|  |  | <b>Invoice Period:</b> 07/1/20 - 07/31/20 |
|  |  | <b>FINAL Invoice</b> (check if Yes)       |

### DETAIL PERSONNEL EXPENDITURES

[illegible]

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

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_



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

APPENDIX F-1m  
07/01/21 - 06/30/22  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-1JUL21**

**Contract Purchase Order No:**

**Funding Source:** **General Fund**

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:** **07/1/21 - 07/31/21**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Fringe Benefits) | 8,079            | 54,300 |                       |     |                   |     |            |     | 8,079                  | 54,300 |
| Syringe Access, Disposal Coordinatoin & Bu                  | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                       | NOC   | NOC | NOC | NOC | NOC    |
|---------------------------------------|-------|-----|-----|-----|--------|
| <b>Number of Clients for Appendix</b> | 54300 |     |     |     | 54,300 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$496,916          |                      |                  |             | \$496,916.00          |
| Fringe Benefits  | \$124,229          |                      |                  |             | \$124,229.00          |
| <b>Total Personnel Expenses</b>  | <b>\$621,145</b>   |                      |                  |             | <b>\$621,145.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666           |                      |                  |             | \$95,666.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$550,665          |                      |                  |             | \$550,665.00          |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,916           |                      |                  |             | \$10,916.00           |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   | \$545,696          |                      |                  |             | \$545,696.00          |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,202,943</b> |                      |                  |             | <b>\$1,202,943.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,824,088</b> |                      |                  |             | <b>\$1,824,088.00</b> |
| Indirect Expenses  | \$182,409          |                      |                  |             | \$182,409.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,006,497</b> |                      |                  |             | <b>\$2,006,497.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |  |     |                            |       |       |
|----------|--|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103 | By: | _____                      | Date: | _____ |
| Attn:    | Contract Payments  |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-1m  
07/01/21 - 06/30/22  
PAGE B

**Invoice Number**  
A-1JUL21

Contract Purchase Order No: 

**Fund Source:** General Fund

Grant Code/Detail:

Project Code/Detail:

**Invoice Period:** 07/1/21 - 07/31/21

**FINAL Invoice** ☐ (check if Yes)

| <b>PERSONNEL</b>                 | FTE  | BUDGETED<br>SALARY | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|----------------------------------|------|--------------------|-------------------------|---------------------|----------------|----------------------|
| Pgms & Ops Director              | 0.05 | \$5,651            |                         |                     |                | \$5,651.00           |
| Dir. Behavioral Health Svc       | 0.05 | \$7,000            |                         |                     |                | \$7,000.00           |
| Dir. Gov't Contracts             | 0.05 | \$5,138            |                         |                     |                | \$5,138.00           |
| Data Manager                     | 0.05 | \$4,367            |                         |                     |                | \$4,367.00           |
| SAS Director                     | 0.75 | \$53,944           |                         |                     |                | \$53,944.00          |
| Logistics Inventory Mgr          | 1.00 | \$63,705           |                         |                     |                | \$63,705.00          |
| Logistics Associates             | 2.00 | \$113,026          |                         |                     |                | \$113,026.00         |
| SSE/Vol Coordinator              | 0.75 | \$53,944           |                         |                     |                | \$53,944.00          |
| Health Educator                  | 2.75 | \$155,411          |                         |                     |                | \$155,411.00         |
| Comm. Engagement & Kit Packing A | 0.65 | \$34,730           |                         |                     |                | \$34,730.00          |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
| TOTAL SALARIES                   | 8.10 | \$496,916          |                         |                     |                | \$496,916.00         |

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

**Title:** \_\_\_\_\_

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

APPENDIX F-1n  
07/01/21 - 06/30/22  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-1JUL21**

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:** 07/1/21 - 07/31/21

**FINAL Invoice** (check if Yes)

| DELIVERABLES                               | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|--|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Syringe Access, Disposal Coord. & Bulk Pur | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|   | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | \$33,000  |                         |                     |                | \$33,000.00          |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$147,580 |                         |                     |                | \$147,580.00         |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | \$12,000  |                         |                     |                | \$12,000.00          |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |           |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   |           |                         |                     |                |                      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$192,580 |                         |                     |                | \$192,580.00         |
| <b>Capital Expenditures</b>   |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$192,580 |                         |                     |                | \$192,580.00         |
| Indirect Expenses   | \$19,258  |                         |                     |                | \$19,258.00          |
| <b>TOTAL EXPENSES</b>   | \$211,838 |                         |                     |                | \$211,838.00         |
| <b>LESS: Initial Payment Recovery</b>   |           |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
**Attn: Contract Payments**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-1n  
07/01/21 - 06/30/22  
PAGE B

Invoice Number  
A-1JUL21

Contract Purchase Order No: 

**Fund Source:** General Fund

Grant Code/Detail:

Project Code/Detail: 

**Invoice Period:** 07/1/21 - 07/31/21

**FINAL Invoice** ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

**Title:** \_\_\_\_\_

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

APPENDIX F-1o  
07/01/22 - 06/30/23  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL22

**Contract Purchase Order No:**

**Funding Source:**

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & District)  | 8,079            | 54,300 |                       |     |                   |     |            |     | 8,079                  | 54,300 |
| Syringe Access, Disposal Coordination & Buprenorphine | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

| EXPENDITURES   | BUDGET             |  | EXPENSES THIS PERIOD |  | EXPENSES TO DATE |  | % OF BUDGET |  | REMAINING BALANCE     |  |
|--|--------------------|--|----------------------|--|------------------|--|-------------|--|-----------------------|--|
|  |                    |  |                      |  |                  |  |             |  |                       |  |
| Total Salaries (See Page B)  | \$496,916          |  |                      |  |                  |  |             |  | \$496,916.00          |  |
| Fringe Benefits  | \$124,229          |  |                      |  |                  |  |             |  | \$124,229.00          |  |
| <b>Total Personnel Expenses</b>  | <b>\$621,145</b>   |  |                      |  |                  |  |             |  | <b>\$621,145.00</b>   |  |
| Operating Expenses:  |                    |  |                      |  |                  |  |             |  |                       |  |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666           |  |                      |  |                  |  |             |  | \$95,666.00           |  |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$550,665          |  |                      |  |                  |  |             |  | \$550,665.00          |  |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,916           |  |                      |  |                  |  |             |  | \$10,916.00           |  |
| Staff Travel - (e.g., Local & Out of Town)   |                    |  |                      |  |                  |  |             |  |                       |  |
| Consultant/Subcontractor   | \$545,696          |  |                      |  |                  |  |             |  | \$545,696.00          |  |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |  |                      |  |                  |  |             |  |                       |  |
| <b>Total Operating Expenses</b>  | <b>\$1,202,943</b> |  |                      |  |                  |  |             |  | <b>\$1,202,943.00</b> |  |
| Capital Expenditures   |                    |  |                      |  |                  |  |             |  |                       |  |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,824,088</b> |  |                      |  |                  |  |             |  | <b>\$1,824,088.00</b> |  |
| Indirect Expenses  | \$182,409          |  |                      |  |                  |  |             |  | \$182,409.00          |  |
| <b>TOTAL EXPENSES</b>  | <b>\$2,006,497</b> |  |                      |  |                  |  |             |  | <b>\$2,006,497.00</b> |  |
| LESS: Initial Payment Recovery   |                    |  |                      |  |                  |  |             |  |                       |  |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |  |                      |  |                  |  |             |  |                       |  |
| <b>REIMBURSEMENT</b>   |                    |  |                      |  |                  |  |             |  |                       |  |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                                  |       |       |
|----------|---|-----|----------------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____ (DPH Authorized Signatory) | Date: | _____ |
|----------|---|-----|----------------------------------|-------|-------|

APPENDIX F-10  
07/01/22 - 06/30/23  
PAGE B

**Invoice Number**  
A-1JUL22

Contract Purchase Order No: 

**Fund Source:** General Fund

Grant Code/Detail: 

Project Code/Detail:

**Invoice Period:** 07/1/22 - 07/31/22

**FINAL Invoice** ☐ (check if Yes)

| <b>DETAIL PERSONNEL EXPENDITURES</b> |            |                            |                                 |                             |                        |                              |
|--------------------------------------|------------|----------------------------|---------------------------------|-----------------------------|------------------------|------------------------------|
| <b>PERSONNEL</b>                     | <b>FTE</b> | <b>BUDGETED<br/>SALARY</b> | <b>EXPENSES<br/>THIS PERIOD</b> | <b>EXPENSES<br/>TO DATE</b> | <b>% OF<br/>BUDGET</b> | <b>REMAINING<br/>BALANCE</b> |
| Pqms & Ops Director                  | 0.05       | \$5,651                    |                                 |                             |                        | \$5,651.00                   |
| Dir. Behavioral Health Svc           | 0.05       | \$7,000                    |                                 |                             |                        | \$7,000.00                   |
| Dir. Gov't Contracts                 | 0.05       | \$5,138                    |                                 |                             |                        | \$5,138.00                   |
| Data Manager                         | 0.05       | \$4,367                    |                                 |                             |                        | \$4,367.00                   |
| SAS Director                         | 0.75       | \$53,944                   |                                 |                             |                        | \$53,944.00                  |
| Logistics Inventory Mgr              | 1.00       | \$63,705                   |                                 |                             |                        | \$63,705.00                  |
| Logistics Associates                 | 2.00       | \$113,026                  |                                 |                             |                        | \$113,026.00                 |
| SSE/Vol Coordinator                  | 0.75       | \$53,944                   |                                 |                             |                        | \$53,944.00                  |
| Health Educator                      | 2.75       | \$155,411                  |                                 |                             |                        | \$155,411.00                 |
| Comm. Engagement & Kit Packing A     | 0.65       | \$34,730                   |                                 |                             |                        | \$34,730.00                  |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
| TOTAL SALARIES                       | 8.10       | \$496,916                  |                                 |                             |                        | \$496,916.00                 |

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

APPENDIX F-1p  
07/01/22 - 06/30/23  
PAGE A

|   |  |   |
|---|--|---|
| <b>Contractor: San Francisco AIDS Foundation</b><br><b>Address: 1035 Market Street, Suite 400</b><br><b>San Francisco, CA 94103</b><br><br><b>Telephone: 415-487-3000</b><br><b>Fax: 415-487-3009</b> | <div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;"><b>CHEP</b></div> | <b>Contract ID #</b><br><div style="border: 1px solid black; padding: 2px;">1000002634</div><br><br><b>Invoice Number</b><br><div style="border: 1px solid black; padding: 2px;">A-1JUL22</div><br><br><b>Contract Purchase Order No:</b> <div style="border: 1px solid black; width: 100px; height: 15px;"></div><br><br><b>Funding Source:</b> <div style="border: 1px solid black; padding: 2px;">General Fund</div><br><br><b>Grant Code/Detail:</b> <div style="border: 1px solid black; width: 100px; height: 15px;"></div><br><br><b>Project Code/Detail:</b> <div style="border: 1px solid black; width: 100px; height: 15px;"></div><br><br><b>Invoice Period:</b> <div style="border: 1px solid black; padding: 2px;">07/1/22 - 07/31/22</div><br><br><b>FINAL Invoice</b> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> (check if Yes) |
|---|--|---|

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

| DELIVERABLES                               | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|  | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Access, Disposal Coord. & Bulk Pur | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES   | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$33,000  |                      |                  |             | \$33,000.00       |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$147,580 |                      |                  |             | \$147,580.00      |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$12,000  |                      |                  |             | \$12,000.00       |
| Staff Travel - (e.g., Local & Out of Town)   |           |                      |                  |             |                   |
| Consultant/Subcontractor   |           |                      |                  |             |                   |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$192,580 |                      |                  |             | \$192,580.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$192,580 |                      |                  |             | \$192,580.00      |
| Indirect Expenses  | \$19,258  |                      |                  |             | \$19,258.00       |
| <b>TOTAL EXPENSES</b>  | \$211,838 |                      |                  |             | \$211,838.00      |
| LESS: Initial Payment Recovery   |           |                      | NOTES:           |             |                   |
| Other Adjustments (Enter as negative, if appropriate)                                      |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

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<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br><b>Attn: Contract Payments</b> | By: _____ Date: _____<br>(DPH Authorized Signatory) |
|---|---|



APPENDIX F-1p  
07/01/22 - 06/30/23  
PAGE B

A-1JUL22

**Fund Source:** General Fund

Project Code/Detail: 

**FINAL Invoice** ☐ (check if Yes)

[illegible]

Title: \_\_\_\_\_

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

APPENDIX F-1q  
07/01/23 - 06/30/24  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL23

**Contract Purchase Order No:**

**Funding Source:**  General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**  07/1/23 - 07/31/23

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordinatoin & Bu | 8,079            | 54,300 |                       |     |                   |     |            |     | 8,079                  | 54,300 |
|   | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

**EXPENDITURES**

|  | BUDGET      | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-------------|----------------------|------------------|-------------|-------------------|
| <b>Total Salaries (See Page B)</b>   | \$496,916   |                      |                  |             | \$496,916.00      |
| <b>Fringe Benefits</b>   | \$124,229   |                      |                  |             | \$124,229.00      |
| <b>Total Personnel Expenses</b>  | \$621,145   |                      |                  |             | \$621,145.00      |
| <b>Operating Expenses:</b>   |             |                      |                  |             |                   |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666    |                      |                  |             | \$95,666.00       |
|  |             |                      |                  |             |                   |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$550,665   |                      |                  |             | \$550,665.00      |
|  |             |                      |                  |             |                   |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,916    |                      |                  |             | \$10,916.00       |
|  |             |                      |                  |             |                   |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |             |                      |                  |             |                   |
|  |             |                      |                  |             |                   |
| <b>Consultant/Subcontractor</b>  | \$545,696   |                      |                  |             | \$545,696.00      |
|  |             |                      |                  |             |                   |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |             |                      |                  |             |                   |
|  |             |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$1,202,943 |                      |                  |             | \$1,202,943.00    |
| <b>Capital Expenditures</b>  |             |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$1,824,088 |                      |                  |             | \$1,824,088.00    |
| <b>Indirect Expenses</b>   | \$182,409   |                      |                  |             | \$182,409.00      |
| <b>TOTAL EXPENSES</b>  | \$2,006,497 |                      |                  |             | \$2,006,497.00    |
| <b>LESS: Initial Payment Recovery</b>  |             |                      |                  |             |                   |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |             |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |             |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|

APPENDIX F-1q  
07/01/23 - 06/30/24  
PAGE B

|  |  |  |
|--|--|--|
| <b>Contractor:</b> San Francisco AIDS Foundation<br><b>Address:</b> 1035 Market Street, Suite 400<br>San Francisco, CA 94103<br><br><b>Telephone:</b> 415-487-3000<br><b>Fax:</b> 415-487-3009 |  | <b>Invoice Number</b><br>A-1JUL23  |
| <b>Program Name:</b> HIV Syringe Access and Disposal Services<br><br><b>ACE Control #:</b>   |  | <b>Contract Purchase Order No:</b><br><br><b>Fund Source:</b> General Fund<br><br><b>Grant Code/Detail:</b><br><br><b>Project Code/Detail:</b><br><br><b>Invoice Period:</b> 07/1/23 - 07/31/23<br><br><b>FINAL Invoice</b> (check if Yes) |

### DETAIL PERSONNEL EXPENDITURES

| <b>DETAIL PERSONNEL EXPENDITURES</b> |             |                            |                                 |                             |                        |                              |
|--------------------------------------|-------------|----------------------------|---------------------------------|-----------------------------|------------------------|------------------------------|
| <b>PERSONNEL</b>                     | <b>FTE</b>  | <b>BUDGETED<br/>SALARY</b> | <b>EXPENSES<br/>THIS PERIOD</b> | <b>EXPENSES<br/>TO DATE</b> | <b>% OF<br/>BUDGET</b> | <b>REMAINING<br/>BALANCE</b> |
| Pqms & Ops Director                  | 0.05        | \$5,651                    |                                 |                             |                        | \$5,651.00                   |
| Dir. Behavioral Health Svc           | 0.05        | \$7,000                    |                                 |                             |                        | \$7,000.00                   |
| Dir. Gov't Contracts                 | 0.05        | \$5,138                    |                                 |                             |                        | \$5,138.00                   |
| Data Manager                         | 0.05        | \$4,367                    |                                 |                             |                        | \$4,367.00                   |
| SAS Director                         | 0.75        | \$53,944                   |                                 |                             |                        | \$53,944.00                  |
| Logistics Inventory Mgr              | 1.00        | \$63,705                   |                                 |                             |                        | \$63,705.00                  |
| Logistics Associates                 | 2.00        | \$113,026                  |                                 |                             |                        | \$113,026.00                 |
| SSE/Vol Coordinator                  | 0.75        | \$53,944                   |                                 |                             |                        | \$53,944.00                  |
| Health Educator                      | 2.75        | \$155,411                  |                                 |                             |                        | \$155,411.00                 |
| Comm. Engagement & Kit Packing A     | 0.65        | \$34,730                   |                                 |                             |                        | \$34,730.00                  |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
| <b>TOTAL SALARIES</b>                | <b>8.10</b> | <b>\$496,916</b>           |                                 |                             |                        | <b>\$496,916.00</b>          |

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

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

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

APPENDIX F-1r  
07/01/23 - 06/30/24  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL23

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:** 07/1/23 - 07/31/23

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                               | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|  | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Access, Disposal Coord. & Bulk Pur | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|  | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$33,000  |                      |                  |             | \$33,000.00       |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$147,580 |                      |                  |             | \$147,580.00      |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$12,000  |                      |                  |             | \$12,000.00       |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |           |                      |                  |             |                   |
| <b>Consultant/Subcontractor</b>  |           |                      |                  |             |                   |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$192,580 |                      |                  |             | \$192,580.00      |
| <b>Capital Expenditures</b>  |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$192,580 |                      |                  |             | \$192,580.00      |
| Indirect Expenses  | \$19,258  |                      |                  |             | \$19,258.00       |
| <b>TOTAL EXPENSES</b>  | \$211,838 |                      |                  |             | \$211,838.00      |
| <b>LESS: Initial Payment Recovery</b>  |           |                      |                  |             |                   |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-1r  
07/01/23 - 06/30/24  
PAGE B

**FINAL Invoice** ☐ (check if Yes)

[illegible]

**Title:** \_\_\_\_\_

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

APPENDIX F-1s  
07/01/24 - 06/30/25  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL24

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Invoice Period:** 07/1/24 - 07/31/24

**FINAL Invoice** (check if Yes)

| DELIVERABLES   | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|--|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|  | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & District) | 8,079            | 54,300 |                       |     |                   |     |            |     | 8,079                  | 54,300 |
| Syringe Access, Disposal Coordinatoin & B...         | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|  |                  |        |                       |     |                   |     |            |     |                        |        |
|  |                  |        |                       |     |                   |     |            |     |                        |        |
|  |                  |        |                       |     |                   |     |            |     |                        |        |
|  |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

**EXPENDITURES**

|  | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$496,916          |                      |                  |             | \$496,916.00          |
| Fringe Benefits  | \$124,229          |                      |                  |             | \$124,229.00          |
| <b>Total Personnel Expenses</b>  | <b>\$621,145</b>   |                      |                  |             | <b>\$621,145.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666           |                      |                  |             | \$95,666.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$550,665          |                      |                  |             | \$550,665.00          |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,916           |                      |                  |             | \$10,916.00           |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   | \$545,696          |                      |                  |             | \$545,696.00          |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,202,943</b> |                      |                  |             | <b>\$1,202,943.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,824,088</b> |                      |                  |             | <b>\$1,824,088.00</b> |
| Indirect Expenses  | \$182,409          |                      |                  |             | \$182,409.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,006,497</b> |                      |                  |             | <b>\$2,006,497.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-1s  
07/01/24 - 06/30/25  
PAGE B

Invoice Number  
A-1JUL24

Contract Purchase Order No: 

|                     |              |
|---------------------|--------------|
| <b>Fund Source:</b> | General Fund |
|---------------------|--------------|

Grant Code/Detail: 

Project Code/Detail:

ACE Control #:

|                 |                    |
|-----------------|--------------------|
| Invoice Period: | 07/1/24 - 07/31/24 |
|-----------------|--------------------|

FINAL Invoice ☐ (check if Yes)

| <b>PERSONNEL</b>                 | FTE  | BUDGETED<br>SALARY | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|----------------------------------|------|--------------------|-------------------------|---------------------|----------------|----------------------|
| Pgms & Ops Director              | 0.05 | \$5,651            |                         |                     |                | \$5,651.00           |
| Dir. Behavioral Health Svc       | 0.05 | \$7,000            |                         |                     |                | \$7,000.00           |
| Dir. Gov't Contracts             | 0.05 | \$5,138            |                         |                     |                | \$5,138.00           |
| Data Manager                     | 0.05 | \$4,367            |                         |                     |                | \$4,367.00           |
| SAS Director                     | 0.75 | \$53,944           |                         |                     |                | \$53,944.00          |
| Logistics Inventory Mgr          | 1.00 | \$63,705           |                         |                     |                | \$63,705.00          |
| Logistics Associates             | 2.00 | \$113,026          |                         |                     |                | \$113,026.00         |
| SSE/Vol Coordinator              | 0.75 | \$53,944           |                         |                     |                | \$53,944.00          |
| Health Educator                  | 2.75 | \$155,411          |                         |                     |                | \$155,411.00         |
| Comm. Engagement & Kit Packing A | 0.65 | \$34,730           |                         |                     |                | \$34,730.00          |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
| <b>TOTAL SALARIES</b>            | 8.10 | \$496,916          |                         |                     |                | \$496,916.00         |

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

**Title:** \_\_\_\_\_



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

APPENDIX F-1t  
07/01/24 - 06/30/25  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL24

**Contract Purchase Order No:**

**Funding Source:**

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                               | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|  | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Access, Disposal Coord. & Bulk Pur | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES   | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$33,000  |                      |                  |             | \$33,000.00       |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$147,580 |                      |                  |             | \$147,580.00      |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$12,000  |                      |                  |             | \$12,000.00       |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |           |                      |                  |             |                   |
| <b>Consultant/Subcontractor</b>  |           |                      |                  |             |                   |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$192,580 |                      |                  |             | \$192,580.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$192,580 |                      |                  |             | \$192,580.00      |
| Indirect Expenses  | \$19,258  |                      |                  |             | \$19,258.00       |
| <b>TOTAL EXPENSES</b>  | \$211,838 |                      |                  |             | \$211,838.00      |
| <b>LESS: Initial Payment Recovery</b>  |           |                      | NOTES:           |             |                   |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

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<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br><b>Attn: Contract Payments</b> | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|--|---|-------------|

APPENDIX F-1t  
07/01/24 - 06/30/25  
PAGE B

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

APPENDIX F-1u  
07/01/25 - 06/30/26  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-1JUL25**

**Contract Purchase Order No:**

**Funding Source:** **General Fund**

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:** **07/1/25 - 07/31/25**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordinatoin & Bu | 8,079            | 54,300 |                       |     |                   |     |            |     | 8,079                  | 54,300 |
|   | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

**EXPENDITURES**

|  | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$496,916          |                      |                  |             | \$496,916.00          |
| Fringe Benefits  | \$124,229          |                      |                  |             | \$124,229.00          |
| <b>Total Personnel Expenses</b>  | <b>\$621,145</b>   |                      |                  |             | <b>\$621,145.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666           |                      |                  |             | \$95,666.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$550,665          |                      |                  |             | \$550,665.00          |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,916           |                      |                  |             | \$10,916.00           |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   | \$545,696          |                      |                  |             | \$545,696.00          |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,202,943</b> |                      |                  |             | <b>\$1,202,943.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,824,088</b> |                      |                  |             | <b>\$1,824,088.00</b> |
| Indirect Expenses  | \$182,409          |                      |                  |             | \$182,409.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,006,497</b> |                      |                  |             | <b>\$2,006,497.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|

APPENDIX F-1u  
07/01/25 - 06/30/26  
PAGE B

|                             |                          |                |
|-----------------------------|--------------------------|----------------|
|                             | Invoice Number           | A-1JUL25       |
| Contract Purchase Order No: |                          |                |
| Fund Source:                | General Fund             |                |
| Grant Code/Detail:          |                          |                |
| Project Code/Detail:        |                          |                |
| Invoice Period:             | 07/1/25 - 07/31/25       |                |
| FINAL Invoice               | <input type="checkbox"/> | (check if Yes) |

[illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Amendment: 02/01/2019

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

APPENDIX F-1v  
07/01/25 - 06/30/26  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-1JUL25**

**Contract Purchase Order No:**

**Funding Source:** **General Fund**

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:** **07/1/25 - 07/31/25**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                               | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|  | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Access, Disposal Coord. & Bulk Pur | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|  | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$33,000  |                      |                  |             | \$33,000.00       |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$147,580 |                      |                  |             | \$147,580.00      |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$12,000  |                      |                  |             | \$12,000.00       |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |           |                      |                  |             |                   |
| <b>Consultant/Subcontractor</b>  |           |                      |                  |             |                   |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$192,580 |                      |                  |             | \$192,580.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$192,580 |                      |                  |             | \$192,580.00      |
| Indirect Expenses  | \$19,258  |                      |                  |             | \$19,258.00       |
| <b>TOTAL EXPENSES</b>  | \$211,838 |                      |                  |             | \$211,838.00      |
| <b>LESS: Initial Payment Recovery</b>  |           |                      |                  |             |                   |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Send to:** SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
**Attn: Contract Payments**

**By:** \_\_\_\_\_  
(DPH Authorized Signatory)

**Date:** \_\_\_\_\_

APPENDIX F-1v  
07/01/25 - 06/30/26  
PAGE B

Invoice Number  
A-1JUL25

Contract Purchase Order No: 

**Fund Source:** General Fund

**Program Name: HIV Syringe Access and Disposal Services**

Grant Code/Detail:

ACE Control #:

Project Code/Detail:

**Invoice Period:** 07/1/25 - 07/31/25

**FINAL Invoice** ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

**Title:** \_\_\_\_\_

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

APPENDIX F-2c  
07/01/19 - 06/30/20  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-2JUL19**

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

**ACE Control #:**

**Invoice Period:** 07/1/19 - 07/31/19

**FINAL Invoice** (check if Yes)

| DELIVERABLES                        | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|-------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                                     | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| HYA Wrap Around & Disposal Services | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|  | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) |           |                      |                  |             |                   |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      |           |                      |                  |             |                   |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          |           |                      |                  |             |                   |
| Staff Travel - (e.g., Local & Out of Town)   |           |                      |                  |             |                   |
| Consultant/Subcontractor   | \$153,559 |                      |                  |             | \$153,559.00      |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$153,559 |                      |                  |             | \$153,559.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$153,559 |                      |                  |             | \$153,559.00      |
| Indirect Expenses  | \$15,355  |                      |                  |             | \$15,355.00       |
| <b>TOTAL EXPENSES</b>  | \$168,914 |                      |                  |             | \$168,914.00      |
| LESS: Initial Payment Recovery   |           |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)                                      |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|



APPENDIX F-2c  
07/01/19 - 06/30/20  
PAGE B

|                             |          |
|-----------------------------|----------|
| Invoice Number              | A-2JUL19 |
| Contract Purchase Order No: |          |

**Fund Source:** General Fund

Grant Code/Detail: 

ACE Control #:

|                        |                    |
|------------------------|--------------------|
| <b>Invoice Period:</b> | 07/1/19 - 07/31/19 |
|------------------------|--------------------|

[illegible]

**Title:** \_\_\_\_\_

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

APPENDIX F-2d  
07/01/20 - 06/30/21  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-2JUL20**

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

**ACE Control #:**

**Invoice Period:** 07/1/20 - 07/31/20

**FINAL Invoice** (check if Yes)

| DELIVERABLES                        | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|-------------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| HYA Wrap Around & Disposal Services | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|   | BUDGET           | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|------------------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |                  |                         |                     |                |                      |
| Fringe Benefits   |                  |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |                  |                         |                     |                |                      |
| Operating Expenses:   |                  |                         |                     |                |                      |
| Occupancy-(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) |                  |                         |                     |                |                      |
| Materials and Supplies-(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      |                  |                         |                     |                |                      |
| General Operating-(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          |                  |                         |                     |                |                      |
| Staff Travel - (e.g., Local & Out of Town)  |                  |                         |                     |                |                      |
| Consultant/Subcontractor  | \$153,559        |                         |                     |                | \$153,559.00         |
| Other - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                       |                  |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | <b>\$153,559</b> |                         |                     |                | <b>\$153,559.00</b>  |
| Capital Expenditures  |                  |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | <b>\$153,559</b> |                         |                     |                | <b>\$153,559.00</b>  |
| Indirect Expenses   | \$15,355         |                         |                     |                | \$15,355.00          |
| <b>TOTAL EXPENSES</b>   | <b>\$168,914</b> |                         |                     |                | <b>\$168,914.00</b>  |
| LESS: Initial Payment Recovery  |                  |                         |                     |                |                      |
| Other Adjustments (Enter as negative, if appropriate)   |                  |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |                  |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-2d  
07/01/20 - 06/30/21  
PAGE B

|   |                                    |                       |
|---|------------------------------------|-----------------------|
| <b>Contractor:</b> San Francisco AIDS Foundation  |                                    | <b>Invoice Number</b> |
| <b>Address:</b> 1035 Market Street, Suite 400   |                                    | A-2JUL20              |
| San Francisco, CA 94103   |                                    |                       |
| <b>Telephone:</b> 415-487-3000  | <b>Contract Purchase Order No:</b> |                       |
| <b>Fax:</b> 415-487-3009  | <b>Fund Source:</b>                | General Fund          |
| <b>Program Name:</b> HIV Syringe Access and Disposal Services - Homeless Youth Alliance | <b>Grant Code/Detail:</b>          |                       |
| <b>ACE Control #:</b>   | <b>Project Code/Detail:</b>        |                       |
|   | <b>Invoice Period:</b>             | 07/1/20 - 07/31/20    |
|   | <b>FINAL Invoice</b>               | (check if Yes)        |

## DETAIL PERSONNEL EXPENDITURES

[illegible]

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

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

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

APPENDIX F-2e  
07/01/21 - 06/30/22  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
1000002634

**Invoice Number**  
A-2JUL21

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

**ACE Control #:**

**Invoice Period:** 07/1/21 - 07/31/21

**FINAL Invoice** (check if Yes)

| DELIVERABLES                        | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|-------------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| HYA Wrap Around & Disposal Services | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|   | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) |           |                         |                     |                |                      |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      |           |                         |                     |                |                      |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          |           |                         |                     |                |                      |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |           |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   | \$153,559 |                         |                     |                | \$153,559.00         |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$153,559 |                         |                     |                | \$153,559.00         |
| <b>Capital Expenditures</b>   |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$153,559 |                         |                     |                | \$153,559.00         |
| Indirect Expenses   | \$15,355  |                         |                     |                | \$15,355.00          |
| <b>TOTAL EXPENSES</b>   | \$168,914 |                         |                     |                | \$168,914.00         |
| <b>LESS: Initial Payment Recovery</b>   |           |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|                         |  |                            |  |       |  |
|-------------------------|--|----------------------------|--|-------|--|
| Send to:                | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103 | By:                        |  | Date: |  |
| Attn: Contract Payments |  | (DPH Authorized Signatory) |  |       |  |

APPENDIX F-2e  
07/01/21 - 06/30/22  
PAGE B

|  |  |   |
|--|--|---|
| <b>Contractor:</b> San Francisco AIDS Foundation<br><b>Address:</b> 1035 Market Street, Suite 400<br>San Francisco, CA 94103<br><br><b>Telephone:</b> 415-487-3000<br><b>Fax:</b> 415-487-3009 |  | <b>Invoice Number</b><br>A-2JUL21         |
| <b>Program Name:</b> HIV Syringe Access and Disposal Services - Homeless Youth Alliance  |  | <b>Contract Purchase Order No.:</b>       |
| <b>ACE Control #:</b>  |  | <b>Fund Source:</b> General Fund          |
|  |  | <b>Grant Code/Detail:</b>                 |
|  |  | <b>Project Code/Detail:</b>               |
|  |  | <b>Invoice Period:</b> 07/1/21 - 07/31/21 |
|  |  | <b>FINAL Invoice</b> (check if Yes)       |

### DETAIL PERSONNEL EXPENDITURES

[illegible]

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

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

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

APPENDIX F-2f  
07/01/22 - 06/30/23  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
1000002634

**Invoice Number**  
A-2JUL22

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

**ACE Control #:**

**Invoice Period:** 07/1/22 - 07/31/22

**FINAL Invoice** (check if Yes)

| DELIVERABLES                        | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|-------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                                     | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| HYA Wrap Around & Disposal Services | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|  | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| Total Personnel Expenses   |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) |           |                      |                  |             |                   |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      |           |                      |                  |             |                   |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          |           |                      |                  |             |                   |
| Staff Travel - (e.g., Local & Out of Town)   |           |                      |                  |             |                   |
| Consultant/Subcontractor   | \$153,559 |                      |                  |             | \$153,559.00      |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |           |                      |                  |             |                   |
| Total Operating Expenses   | \$153,559 |                      |                  |             | \$153,559.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| TOTAL DIRECT EXPENSES  | \$153,559 |                      |                  |             | \$153,559.00      |
| Indirect Expenses  | \$15,355  |                      |                  |             | \$15,355.00       |
| TOTAL EXPENSES   | \$168,914 |                      |                  |             | \$168,914.00      |
| LESS: Initial Payment Recovery   |           |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)                                      |           |                      |                  |             |                   |
| REIMBURSEMENT  |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-2f  
07/01/22 - 06/30/23  
PAGE B

|   |  |                                    |
|---|--|------------------------------------|
| <b>Contractor:</b> San Francisco AIDS Foundation  |  | <b>Invoice Number</b>              |
| <b>Address:</b> 1035 Market Street, Suite 400   |  | A-2JUL22                           |
| San Francisco, CA 94103   |  |                                    |
| <b>Telephone:</b> 415-487-3000  |  | <b>Contract Purchase Order No:</b> |
| <b>Fax:</b> 415-487-3009  |  |                                    |
|   |  | <b>Fund Source:</b>                |
|   |  | General Fund                       |
|   |  | <b>Grant Code/Detail:</b>          |
|   |  |                                    |
| <b>Program Name:</b> HIV Syringe Access and Disposal Services - Homeless Youth Alliance |  | <b>Project Code/Detail:</b>        |
|   |  |                                    |
| <b>ACE Control #:</b>   |  | <b>Invoice Period:</b>             |
|   |  | 07/1/22 - 07/31/22                 |
|   |  | <b>FINAL Invoice</b>               |
|   |  | (check if Yes)                     |

### DETAIL PERSONNEL EXPENDITURES

[illegible]

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

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_



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

APPENDIX F-2g  
07/01/23 - 06/30/24  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
1000002634

**Invoice Number**  
A-2JUL23

**Contract Purchase Order No:** \_\_\_\_\_

**Funding Source:** General Fund

**Grant Code/Detail:** \_\_\_\_\_

**Project Code/Detail:** \_\_\_\_\_

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

**ACE Control #:** \_\_\_\_\_

**Invoice Period:** 07/1/23 - 07/31/23

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                        | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|-------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                                     | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| HYA Wrap Around & Disposal Services | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix |     | N/A |     |     | N/A |

**EXPENDITURES**

|  | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) |           |                      |                  |             |                   |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      |           |                      |                  |             |                   |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          |           |                      |                  |             |                   |
| Staff Travel - (e.g., Local & Out of Town)   |           |                      |                  |             |                   |
| Consultant/Subcontractor   | \$153,559 |                      |                  |             | \$153,559.00      |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$153,559 |                      |                  |             | \$153,559.00      |
| <b>Capital Expenditures</b>  |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$153,559 |                      |                  |             | \$153,559.00      |
| Indirect Expenses  | \$15,355  |                      |                  |             | \$15,355.00       |
| <b>TOTAL EXPENSES</b>  | \$168,914 |                      |                  |             | \$168,914.00      |
| LESS: Initial Payment Recovery   |           |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)                                      |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |  |     |                            |       |       |
|----------|--|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103 | By: | _____                      | Date: | _____ |
| Attn:    | Contract Payments  |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-2g  
07/01/23 - 06/30/24  
PAGE B

Invoice Number  
A-2JUL23

Contract Purchase Order No: 

**Fund Source:** General Fund

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

Grant Code/Detail:

Project Code/Detail:

ACE Control #:

**Invoice Period:** 07/1/23 - 07/31/23

**FINAL Invoice** ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

**Title:** \_\_\_\_\_

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

APPENDIX F-2h  
07/01/24 - 06/30/25  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
1000002634

**Invoice Number**  
A-2JUL24

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

**ACE Control #:**

**Invoice Period:** 07/1/24 - 07/31/24

**FINAL Invoice** (check if Yes)

| DELIVERABLES                        | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|-------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                                     | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| HYA Wrap Around & Disposal Services | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|  | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) |           |                      |                  |             |                   |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      |           |                      |                  |             |                   |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          |           |                      |                  |             |                   |
| Staff Travel - (e.g., Local & Out of Town)   |           |                      |                  |             |                   |
| Consultant/Subcontractor   | \$153,559 |                      |                  |             | \$153,559.00      |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$153,559 |                      |                  |             | \$153,559.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$153,559 |                      |                  |             | \$153,559.00      |
| Indirect Expenses  | \$15,355  |                      |                  |             | \$15,355.00       |
| <b>TOTAL EXPENSES</b>  | \$168,914 |                      |                  |             | \$168,914.00      |
| LESS: Initial Payment Recovery   |           |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)                                      |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |  |     |                            |       |       |
|----------|--|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103 | By: | _____                      | Date: | _____ |
| Attn:    | Contract Payments  |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-2h  
07/01/24 - 06/30/25  
PAGE B

**FINAL Invoice** ☐ (check if Yes)

[illegible]

Amendment: 02/01/2019

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

APPENDIX F-2i  
07/01/25 - 06/30/26  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
1000002634

**Invoice Number**  
A-2JUL25

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

**ACE Control #:**

**Invoice Period:** 07/1/25 - 07/31/25

**FINAL Invoice** (check if Yes)

| DELIVERABLES                        | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|-------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                                     | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| HYA Wrap Around & Disposal Services | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|  | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) |           |                      |                  |             |                   |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      |           |                      |                  |             |                   |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          |           |                      |                  |             |                   |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |           |                      |                  |             |                   |
| <b>Consultant/Subcontractor</b>  | \$153,559 |                      |                  |             | \$153,559.00      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$153,559 |                      |                  |             | \$153,559.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$153,559 |                      |                  |             | \$153,559.00      |
| Indirect Expenses  | \$15,355  |                      |                  |             | \$15,355.00       |
| <b>TOTAL EXPENSES</b>  | \$168,914 |                      |                  |             | \$168,914.00      |
| <b>LESS: Initial Payment Recovery</b>  |           |                      |                  |             |                   |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-2i  
07/01/25 - 06/30/26  
PAGE B

|  |  |   |
|--|--|---|
| <b>Contractor:</b> San Francisco AIDS Foundation<br><b>Address:</b> 1035 Market Street, Suite 400<br>San Francisco, CA 94103<br><br><b>Telephone:</b> 415-487-3000<br><b>Fax:</b> 415-487-3009 |  | <b>Invoice Number</b><br>A-2JUL25         |
| <b>Program Name:</b> HIV Syringe Access and Disposal Services - Homeless Youth Alliance  |  | <b>Contract Purchase Order No.:</b>       |
| <b>ACE Control #:</b>  |  | <b>Fund Source:</b> General Fund          |
|  |  | <b>Grant Code/Detail:</b>                 |
|  |  | <b>Project Code/Detail:</b>               |
|  |  | <b>Invoice Period:</b> 07/1/25 - 07/31/25 |
|  |  | <b>FINAL Invoice</b> (check if Yes)       |

### DETAIL PERSONNEL EXPENDITURES

[illegible]

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

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-3JUL18**

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:**

**Invoice Period:** 07/1/18 - 07/31/18

**FINAL Invoice** (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services | 1,888            | 31,341 |                       |     |                   |     |            |     | 1,888                  | 31,341 |
| Lounge Services         | 1,924            | 11,475 |                       |     |                   |     |            |     | 1,924                  | 11,475 |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                       | NOC   | NOC | NOC | NOC | NOC    |
|---------------------------------------|-------|-----|-----|-----|--------|
| <b>Number of Clients for Appendix</b> | 46641 |     |     |     | 46,641 |

**EXPENDITURES**

|  | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$671,050          |                      |                  |             | \$671,050.00          |
| Fringe Benefits  | \$167,763          |                      |                  |             | \$167,763.00          |
| <b>Total Personnel Expenses</b>  | <b>\$838,813</b>   |                      |                  |             | <b>\$838,813.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$33,214           |                      |                  |             | \$33,214.00           |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$24,564           |                      |                  |             | \$24,564.00           |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$12,500           |                      |                  |             | \$12,500.00           |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                    |                      |                  |             |                       |
| <b>Consultant/Subcontractor</b>  |                    |                      |                  |             |                       |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$70,278</b>    |                      |                  |             | <b>\$70,278.00</b>    |
| <b>Capital Expenditures</b>  |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$909,091</b>   |                      |                  |             | <b>\$909,091.00</b>   |
| Indirect Expenses  | \$90,909           |                      |                  |             | \$90,909.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,000,000</b> |                      |                  |             | <b>\$1,000,000.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                    |                      |                  |             |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
**Attn: Contract Payments**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_



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

**Invoice Number**  
A-3JUL18

Contract Purchase Order No: 

**Fund Source:** General Fund

Grant Code/Detail:

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

Project Code/Detail: 

ACE Control #:

**Invoice Period:** 07/1/18 - 07/31/18

**FINAL Invoice** ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

**Title:** \_\_\_\_\_

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

APPENDIX F-3c  
07/01/19 - 06/30/20  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
1000002634

**Invoice Number**  
A-3JUL19

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:**

**Invoice Period:** 07/1/19 - 07/31/19

**FINAL Invoice** (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services | 1,888            | 31,341 |                       |     |                   |     |            |     | 1,888                  | 31,341 |
| Lounge Services         | 2,550            | 15,300 |                       |     |                   |     |            |     | 2,550                  | 15,300 |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 46641 |     |     |     | 46,641 |

**EXPENDITURES**

|  | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$680,792          |                      |                  |             | \$680,792.00          |
| Fringe Benefits  | \$170,198          |                      |                  |             | \$170,198.00          |
| <b>Total Personnel Expenses</b>  | <b>\$850,990</b>   |                      |                  |             | <b>\$850,990.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$25,214           |                      |                  |             | \$25,214.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$24,564           |                      |                  |             | \$24,564.00           |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$8,323            |                      |                  |             | \$8,323.00            |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   |                    |                      |                  |             |                       |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$58,101</b>    |                      |                  |             | <b>\$58,101.00</b>    |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$909,091</b>   |                      |                  |             | <b>\$909,091.00</b>   |
| Indirect Expenses  | \$90,909           |                      |                  |             | \$90,909.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,000,000</b> |                      |                  |             | <b>\$1,000,000.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-3c  
07/01/19 - 06/30/20  
PAGE B

|   |  |                                    |
|---|--|------------------------------------|
| <b>Contractor:</b> San Francisco AIDS Foundation                                      |  | <b>Invoice Number</b>              |
| <b>Address:</b> 1035 Market Street, Suite 400   |  | A-3JUL19                           |
| San Francisco, CA 94103   |  |                                    |
| <b>Telephone:</b> 415-487-3000  |  | <b>Contract Purchase Order No:</b> |
| <b>Fax:</b> 415-487-3009  |  |                                    |
|   |  | <b>Fund Source:</b>                |
|   |  | General Fund                       |
|   |  | <b>Grant Code/Detail:</b>          |
| <b>Program Name:</b> HIV Syringe Access and Disposal Services - Harm Reduction Center |  |                                    |
|   |  | <b>Project Code/Detail:</b>        |
| <b>ACE Control #:</b>   |  |                                    |
|   |  | <b>Invoice Period:</b>             |
|   |  | 07/1/19 - 07/31/19                 |
|   |  | <b>FINAL Invoice</b>               |
|   |  | (check if Yes)                     |

### DETAIL PERSONNEL EXPENDITURES

| <b>PERSONNEL</b>                     | FTE   | BUDGETED<br>SALARY | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|--------------------------------------|-------|--------------------|-------------------------|---------------------|----------------|----------------------|
| V.P. Programs & Services             | 0.10  | \$20,300           |                         |                     |                | \$20,300.00          |
| Director, Behavioral Health Services | 0.05  | \$6,000            |                         |                     |                | \$6,000.00           |
| Director, SAS                        | 0.15  | \$10,500           |                         |                     |                | \$10,500.00          |
| Associate Director, 6th Street HRC   | 1.00  | \$64,733           |                         |                     |                | \$64,733.00          |
| Health Educator                      | 7.75  | \$437,976          |                         |                     |                | \$437,976.00         |
| Mobile Health Educator               | 0.50  | \$28,257           |                         |                     |                | \$28,257.00          |
| Health Educator/Inventory Team Lea   | 1.00  | \$56,513           |                         |                     |                | \$56,513.00          |
| Inventory Associate/Health Educator  | 1.00  | \$56,513           |                         |                     |                | \$56,513.00          |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
| TOTAL SALARIES                       | 11.55 | \$680,792          |                         |                     |                | \$680,792.00         |

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

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

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

APPENDIX F-3d  
07/01/20 - 06/30/21  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-3JUL20**

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:**

**Invoice Period:** 07/1/20 - 07/31/20

**FINAL Invoice** (check if Yes)

| DELIVERABLES            | TOTAL<br>CONTRACTED<br>UOS | NOC    | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC    |
|-------------------------|----------------------------|--------|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|--------|
| Syringe Access Services | 1,888                      | 31,341 |                                 |     |                             |     |                      |     | 1,888                            | 31,341 |
| Lounge Services         | 2,550                      | 15,300 |                                 |     |                             |     |                      |     | 2,550                            | 15,300 |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 46641 |     |     |     | 46,641 |

**EXPENDITURES**

|   | BUDGET             | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE  |
|---|--------------------|-------------------------|---------------------|----------------|-----------------------|
| Total Salaries (See Page B)   | \$680,792          |                         |                     |                | \$680,792.00          |
| Fringe Benefits   | \$170,198          |                         |                     |                | \$170,198.00          |
| <b>Total Personnel Expenses</b>   | <b>\$850,990</b>   |                         |                     |                | <b>\$850,990.00</b>   |
| Operating Expenses:   |                    |                         |                     |                |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | <b>\$25,214</b>    |                         |                     |                | <b>\$25,214.00</b>    |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | <b>\$24,564</b>    |                         |                     |                | <b>\$24,564.00</b>    |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | <b>\$8,323</b>     |                         |                     |                | <b>\$8,323.00</b>     |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |                    |                         |                     |                |                       |
| <b>Consultant/Subcontractor</b>   |                    |                         |                     |                |                       |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |                    |                         |                     |                |                       |
| <b>Total Operating Expenses</b>   | <b>\$58,101</b>    |                         |                     |                | <b>\$58,101.00</b>    |
| Capital Expenditures  |                    |                         |                     |                |                       |
| <b>TOTAL DIRECT EXPENSES</b>  | <b>\$909,091</b>   |                         |                     |                | <b>\$909,091.00</b>   |
| Indirect Expenses   | \$90,909           |                         |                     |                | \$90,909.00           |
| <b>TOTAL EXPENSES</b>   | <b>\$1,000,000</b> |                         |                     |                | <b>\$1,000,000.00</b> |
| <b>LESS: Initial Payment Recovery</b>   |                    |                         |                     |                |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |                    |                         |                     |                |                       |
| <b>REIMBURSEMENT</b>  |                    |                         |                     |                |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-3d  
07/01/20 - 06/30/21  
PAGE B

**FINAL Invoice** ☐ (check if Yes)

| <b>PERSONNEL</b>                     | FTE   | BUDGETED<br>SALARY | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|--------------------------------------|-------|--------------------|-------------------------|---------------------|----------------|----------------------|
| V.P. Programs & Services             | 0.10  | \$20,300           |                         |                     |                | \$20,300.00          |
| Director, Behavioral Health Services | 0.05  | \$6,000            |                         |                     |                | \$6,000.00           |
| Director, SAS                        | 0.15  | \$10,500           |                         |                     |                | \$10,500.00          |
| Associate Director, 6th Street HRC   | 1.00  | \$64,733           |                         |                     |                | \$64,733.00          |
| Health Educator                      | 7.75  | \$437,976          |                         |                     |                | \$437,976.00         |
| Mobile Health Educator               | 0.50  | \$28,257           |                         |                     |                | \$28,257.00          |
| Health Educator/Inventory Team Lea   | 1.00  | \$56,513           |                         |                     |                | \$56,513.00          |
| Inventory Associate/Health Educator  | 1.00  | \$56,513           |                         |                     |                | \$56,513.00          |
|                                      |       |                    |                         |                     |                |                      |
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|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
| TOTAL SALARIES                       | 11.55 | \$680,792          |                         |                     |                | \$680,792.00         |

**Title:** \_\_\_\_\_

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

APPENDIX F-3e  
07/01/21 - 06/30/22  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
1000002634

**Invoice Number**  
A-3JUL21

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:**

**Invoice Period:** 07/1/21 - 07/31/21

**FINAL Invoice** (check if Yes)

| DELIVERABLES            | TOTAL<br>CONTRACTED<br>UOS | NOC    | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC    |
|-------------------------|----------------------------|--------|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|--------|
| Syringe Access Services | 1,888                      | 31,341 |                                 |     |                             |     |                      |     | 1,888                            | 31,341 |
| Lounge Services         | 2,550                      | 15,300 |                                 |     |                             |     |                      |     | 2,550                            | 15,300 |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |
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|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 46641 |     |     |     | 46,641 |

**EXPENDITURES**

|   | BUDGET             | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE  |
|---|--------------------|-------------------------|---------------------|----------------|-----------------------|
| Total Salaries (See Page B)   | \$680,792          |                         |                     |                | \$680,792.00          |
| Fringe Benefits   | \$170,198          |                         |                     |                | \$170,198.00          |
| <b>Total Personnel Expenses</b>   | <b>\$850,990</b>   |                         |                     |                | <b>\$850,990.00</b>   |
| Operating Expenses:   |                    |                         |                     |                |                       |
| Occupancy-(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | \$25,214           |                         |                     |                | \$25,214.00           |
| Materials and Supplies-(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$24,564           |                         |                     |                | \$24,564.00           |
| General Operating-(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | \$8,323            |                         |                     |                | \$8,323.00            |
| Staff Travel - (e.g., Local & Out of Town)  |                    |                         |                     |                |                       |
| Consultant/Subcontractor  |                    |                         |                     |                |                       |
| Other - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                       |                    |                         |                     |                |                       |
| <b>Total Operating Expenses</b>   | <b>\$58,101</b>    |                         |                     |                | <b>\$58,101.00</b>    |
| Capital Expenditures  |                    |                         |                     |                |                       |
| <b>TOTAL DIRECT EXPENSES</b>  | <b>\$909,091</b>   |                         |                     |                | <b>\$909,091.00</b>   |
| Indirect Expenses   | \$90,909           |                         |                     |                | \$90,909.00           |
| <b>TOTAL EXPENSES</b>   | <b>\$1,000,000</b> |                         |                     |                | <b>\$1,000,000.00</b> |
| LESS: Initial Payment Recovery  |                    |                         |                     |                |                       |
| Other Adjustments (Enter as negative, if appropriate)   |                    |                         |                     |                |                       |
| <b>REIMBURSEMENT</b>  |                    |                         |                     |                |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-3e  
07/01/21 - 06/30/22  
PAGE B

|  |  |   |
|--|--|---|
| <b>Contractor:</b> San Francisco AIDS Foundation<br><b>Address:</b> 1035 Market Street, Suite 400<br>San Francisco, CA 94103<br><br><b>Telephone:</b> 415-487-3000<br><b>Fax:</b> 415-487-3009 |  | <b>Invoice Number</b><br>A-3JUL21         |
|  |  | <b>Contract Purchase Order No:</b>        |
|  |  | <b>Fund Source:</b> General Fund          |
|  |  | <b>Grant Code/Detail:</b>                 |
| <b>Program Name:</b> HIV Syringe Access and Disposal Services - Harm Reduction Center  |  | <b>Project Code/Detail:</b>               |
| <b>ACE Control #:</b>  |  | <b>Invoice Period:</b> 07/1/21 - 07/31/21 |
|  |  | <b>FINAL Invoice</b> (check if Yes)       |

### DETAIL PERSONNEL EXPENDITURES

| <b>PERSONNEL</b>                     | FTE   | BUDGETED<br>SALARY | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|--------------------------------------|-------|--------------------|-------------------------|---------------------|----------------|----------------------|
| V.P. Programs & Services             | 0.10  | \$20,300           |                         |                     |                | \$20,300.00          |
| Director, Behavioral Health Services | 0.05  | \$6,000            |                         |                     |                | \$6,000.00           |
| Director, SAS                        | 0.15  | \$10,500           |                         |                     |                | \$10,500.00          |
| Associate Director, 6th Street HRC   | 1.00  | \$64,733           |                         |                     |                | \$64,733.00          |
| Health Educator                      | 7.75  | \$437,976          |                         |                     |                | \$437,976.00         |
| Mobile Health Educator               | 0.50  | \$28,257           |                         |                     |                | \$28,257.00          |
| Health Educator/Inventory Team Lea   | 1.00  | \$56,513           |                         |                     |                | \$56,513.00          |
| Inventory Associate/Health Educator  | 1.00  | \$56,513           |                         |                     |                | \$56,513.00          |
|                                      |       |                    |                         |                     |                |                      |
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|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
| TOTAL SALARIES                       | 11.55 | \$680,792          |                         |                     |                | \$680,792.00         |

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

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

**Title:** \_\_\_\_\_



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

APPENDIX F-3f  
07/01/22 - 06/30/23  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
1000002634

**Invoice Number**  
A-3JUL22

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:**

**Invoice Period:** 07/1/22 - 07/31/22

**FINAL Invoice** (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services | 1,888            | 31,341 |                       |     |                   |     |            |     | 1,888                  | 31,341 |
| Lounge Services         | 2,550            | 15,300 |                       |     |                   |     |            |     | 2,550                  | 15,300 |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
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|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 46641 |     |     |     | 46,641 |

**EXPENDITURES**

|  | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$680,792          |                      |                  |             | \$680,792.00          |
| Fringe Benefits  | \$170,198          |                      |                  |             | \$170,198.00          |
| <b>Total Personnel Expenses</b>  | <b>\$850,990</b>   |                      |                  |             | <b>\$850,990.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$25,214           |                      |                  |             | \$25,214.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$24,564           |                      |                  |             | \$24,564.00           |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$8,323            |                      |                  |             | \$8,323.00            |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   |                    |                      |                  |             |                       |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$58,101</b>    |                      |                  |             | <b>\$58,101.00</b>    |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$909,091</b>   |                      |                  |             | <b>\$909,091.00</b>   |
| Indirect Expenses  | \$90,909           |                      |                  |             | \$90,909.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,000,000</b> |                      |                  |             | <b>\$1,000,000.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-3f  
07/01/22 - 06/30/23  
PAGE B

Invoice Number  
A-3JUL22

Contract Purchase Order No: 

**Fund Source:** General Fund

Grant Code/Detail:

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

Project Code/Detail:

ACE Control #:

**Invoice Period:** 07/1/22 - 07/31/22

**FINAL Invoice** ☐ (check if Yes)

| <b>PERSONNEL</b>                     | FTE   | BUDGETED<br>SALARY | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|--------------------------------------|-------|--------------------|-------------------------|---------------------|----------------|----------------------|
| V.P. Programs & Services             | 0.10  | \$20,300           |                         |                     |                | \$20,300.00          |
| Director, Behavioral Health Services | 0.05  | \$6,000            |                         |                     |                | \$6,000.00           |
| Director, SAS                        | 0.15  | \$10,500           |                         |                     |                | \$10,500.00          |
| Associate Director, 6th Street HRC   | 1.00  | \$64,733           |                         |                     |                | \$64,733.00          |
| Health Educator                      | 7.75  | \$437,976          |                         |                     |                | \$437,976.00         |
| Mobile Health Educator               | 0.50  | \$28,257           |                         |                     |                | \$28,257.00          |
| Health Educator/Inventory Team Lea   | 1.00  | \$56,513           |                         |                     |                | \$56,513.00          |
| Inventory Associate/Health Educator  | 1.00  | \$56,513           |                         |                     |                | \$56,513.00          |
|                                      |       |                    |                         |                     |                |                      |
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|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
| TOTAL SALARIES                       | 11.55 | \$680,792          |                         |                     |                | \$680,792.00         |

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

**Title:** \_\_\_\_\_

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

APPENDIX F-3g  
07/01/23 - 06/30/24  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Contract ID #**

1000002634

**Invoice Number**

A-3JUL23

**Contract Purchase Order No:**

**Telephone: 415-487-3000**

**Fax: 415-487-3009**

**CHEP**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:**

**Invoice Period:** 07/1/23 - 07/31/23

**FINAL Invoice** (check if Yes)

| DELIVERABLES            | TOTAL<br>CONTRACTED<br>UOS | NOC    | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC    |
|-------------------------|----------------------------|--------|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|--------|
| Syringe Access Services | 1,888                      | 31,341 |                                 |     |                             |     |                      |     | 1,888                            | 31,341 |
| Lounge Services         | 2,550                      | 15,300 |                                 |     |                             |     |                      |     | 2,550                            | 15,300 |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 46641 |     |     |     | 46,641 |

**EXPENDITURES**

|   | BUDGET             | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE  |
|---|--------------------|-------------------------|---------------------|----------------|-----------------------|
| Total Salaries (See Page B)   | \$680,792          |                         |                     |                | \$680,792.00          |
| Fringe Benefits   | \$170,198          |                         |                     |                | \$170,198.00          |
| <b>Total Personnel Expenses</b>   | <b>\$850,990</b>   |                         |                     |                | <b>\$850,990.00</b>   |
| Operating Expenses:   |                    |                         |                     |                |                       |
| Occupancy-(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | \$25,214           |                         |                     |                | \$25,214.00           |
| Materials and Supplies-(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$24,564           |                         |                     |                | \$24,564.00           |
| General Operating-(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | \$8,323            |                         |                     |                | \$8,323.00            |
| Staff Travel - (e.g., Local & Out of Town)  |                    |                         |                     |                |                       |
| Consultant/Subcontractor  |                    |                         |                     |                |                       |
| Other - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                       |                    |                         |                     |                |                       |
| <b>Total Operating Expenses</b>   | <b>\$58,101</b>    |                         |                     |                | <b>\$58,101.00</b>    |
| Capital Expenditures  |                    |                         |                     |                |                       |
| <b>TOTAL DIRECT EXPENSES</b>  | <b>\$909,091</b>   |                         |                     |                | <b>\$909,091.00</b>   |
| Indirect Expenses   | \$90,909           |                         |                     |                | \$90,909.00           |
| <b>TOTAL EXPENSES</b>   | <b>\$1,000,000</b> |                         |                     |                | <b>\$1,000,000.00</b> |
| LESS: Initial Payment Recovery  |                    |                         |                     |                |                       |
| Other Adjustments (Enter as negative, if appropriate)   |                    |                         |                     |                |                       |
| <b>REIMBURSEMENT</b>  |                    |                         |                     |                |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-3g  
07/01/23 - 06/30/24  
PAGE B

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

APPENDIX F-3h  
07/01/24 - 06/30/25  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #** 1000002634 **Invoice Number** A-3JUL24

**Contract Purchase Order No:** \_\_\_\_\_

**Funding Source:** General Fund

**Grant Code/Detail:** \_\_\_\_\_

**Project Code/Detail:** \_\_\_\_\_

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:** \_\_\_\_\_

**Invoice Period:** 07/1/24 - 07/31/24

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services | 1,888            | 31,341 |                       |     |                   |     |            |     | 1,888                  | 31,341 |
| Lounge Services         | 2,550            | 15,300 |                       |     |                   |     |            |     | 2,550                  | 15,300 |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 46641 |     |     |     | 46,641 |

**EXPENDITURES**

|  | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$680,792          |                      |                  |             | \$680,792.00          |
| Fringe Benefits  | \$170,198          |                      |                  |             | \$170,198.00          |
| <b>Total Personnel Expenses</b>  | <b>\$850,990</b>   |                      |                  |             | <b>\$850,990.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$25,214           |                      |                  |             | \$25,214.00           |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$24,564           |                      |                  |             | \$24,564.00           |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$8,323            |                      |                  |             | \$8,323.00            |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                    |                      |                  |             |                       |
| <b>Consultant/Subcontractor</b>  |                    |                      |                  |             |                       |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$58,101</b>    |                      |                  |             | <b>\$58,101.00</b>    |
| <b>Capital Expenditures</b>  |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$909,091</b>   |                      |                  |             | <b>\$909,091.00</b>   |
| Indirect Expenses  | \$90,909           |                      |                  |             | \$90,909.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,000,000</b> |                      |                  |             | <b>\$1,000,000.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                    |                      |                  |             |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-3h  
07/01/24 - 06/30/25  
PAGE B

|   |  |                                    |
|---|--|------------------------------------|
| <b>Contractor:</b> San Francisco AIDS Foundation                                      |  | <b>Invoice Number</b>              |
| <b>Address:</b> 1035 Market Street, Suite 400   |  | A-3JUL24                           |
| San Francisco, CA 94103   |  |                                    |
| <b>Telephone:</b> 415-487-3000  |  | <b>Contract Purchase Order No:</b> |
| <b>Fax:</b> 415-487-3009  |  |                                    |
|   |  | <b>Fund Source:</b>                |
|   |  | General Fund                       |
|   |  | <b>Grant Code/Detail:</b>          |
| <b>Program Name:</b> HIV Syringe Access and Disposal Services - Harm Reduction Center |  |                                    |
|   |  | <b>Project Code/Detail:</b>        |
| <b>ACE Control #:</b>   |  |                                    |
|   |  | <b>Invoice Period:</b>             |
|   |  | 07/1/24 - 07/31/24                 |
|   |  | <b>FINAL Invoice</b>               |
|   |  | (check if Yes)                     |

### DETAIL PERSONNEL EXPENDITURES

[illegible]

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

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

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

APPENDIX F-3i  
07/01/25 - 06/30/26  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
1000002634

**Invoice Number**  
A-3JUL25

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:**

**Invoice Period:** 07/1/25 - 07/31/25

**FINAL Invoice** (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services | 1,888            | 31,341 |                       |     |                   |     |            |     | 1,888                  | 31,341 |
| Lounge Services         | 2,550            | 15,300 |                       |     |                   |     |            |     | 2,550                  | 15,300 |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 46641 |     |     |     | 46,641 |

**EXPENDITURES**

|  | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$680,792          |                      |                  |             | \$680,792.00          |
| Fringe Benefits  | \$170,198          |                      |                  |             | \$170,198.00          |
| <b>Total Personnel Expenses</b>  | <b>\$850,990</b>   |                      |                  |             | <b>\$850,990.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$25,214           |                      |                  |             | \$25,214.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$24,564           |                      |                  |             | \$24,564.00           |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$8,323            |                      |                  |             | \$8,323.00            |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   |                    |                      |                  |             |                       |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$58,101</b>    |                      |                  |             | <b>\$58,101.00</b>    |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$909,091</b>   |                      |                  |             | <b>\$909,091.00</b>   |
| Indirect Expenses  | \$90,909           |                      |                  |             | \$90,909.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,000,000</b> |                      |                  |             | <b>\$1,000,000.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |  |     |                            |       |       |
|----------|--|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103 | By: | _____                      | Date: | _____ |
| Attn:    | Contract Payments  |     | (DPH Authorized Signatory) |       |       |



APPENDIX F-3i  
07/01/25 - 06/30/26  
PAGE B



SANFRAN-02

POBAR1

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/05/2018

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).

|   |  |   |  |               |
|---|--|---|--|---------------|
| <b>PRODUCER</b><br>License # 0H81923<br>G2 Insurance Services, LLC<br>140 New Montgomery, 21st Floor<br>San Francisco, CA 94105 |  | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> (415) 426-6600<br><b>FAX (A/C, No):</b> (415) 426-6601<br><b>E-MAIL ADDRESS:</b> |  |               |
| <b>INSURED</b><br><br>San Francisco AIDS Foundation<br>1035 Market Street, Ste. 400<br>San Francisco, CA 94103                  |  | <b>INSURER(S) AFFORDING COVERAGE</b>  |  | <b>NAIC #</b> |
|   |  | <b>INSURER A:</b> Nonprofits' Insurance Alliance of California (NIAC)   |  |               |
|   |  | <b>INSURER B:</b> Berkshire Hathaway Homestate Insurance Company  |  | 20044         |
|   |  | <b>INSURER C:</b>   |  |               |
|   |  | <b>INSURER D:</b>   |  |               |
| <b>INSURER E:</b>   |  |   |  |               |
| <b>INSURER F:</b>   |  |   |  |               |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|-----------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: | X         |          | 2018-00950      | 04/01/2018              | 04/01/2019              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 20,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                                     | X         |          | 2018-00950      | 04/01/2018              | 04/01/2019              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000  |           |          | 2018-00950-UMB  | 04/01/2018              | 04/01/2019              | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | X SAWC926172    | 07/01/2018              | 07/01/2019              | <input checked="" type="checkbox"/> PER STATUTE<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |
| A        | <b>Social Services Prof</b>  |           |          | 2018-00950      | 04/01/2018              | 04/01/2019              | Ea Occ/Agg \$1M/\$3M  |
| A        | <b>Property</b>  |           |          | 2018-00950-PROP | 04/01/2018              | 04/01/2019              | BPP 14,235,000  |

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

RE: Ongoing service contracts with City and County of 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 favor of the City and County of San Francisco with respects to Workers Compensation as permitted by law.

## CERTIFICATE HOLDER

## CANCELLATION

City and County of San Francisco, Department of Public Health  
Attn: Contracts  
101 Grove Street, Suite 307  
San Francisco, CA 94102

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. 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.



*A Head for Insurance. A Heart for Nonprofits.*

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.