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

FIRST Amendment

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

RECITALS

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

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

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

NOW THEREFORE, Contractor and the City agree as follows:

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- 1. **Definitions.** The following definitions shall apply to this Amendment:
- 1a. Agreement. The term "Agreement" shall mean the Original Agreement dated August 1, 2014, (BPHC15000042/DPHC15000444), between Contractor and City
- 1b. Contract Monitoring Division. Contract Monitoring Division. Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.
- 1c.Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.
- 2. Modifications to the Agreement. The Agreement is hereby modified as follows:
- a. Section 02. Section 02 Term of the Agreement, of the Agreement currently reads as follows:
- **2.** Term of the Agreement. Subject to Section 1, the term of this Agreement shall be from August 1, 2014 to June 30, 2015.

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

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

CMS#7492 P550 (4-15; DPH 5-15) Option 8: 07/01/2022 - 06/30/2023 Option 9: 07/01/2023 - 06/30/2024

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

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

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

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07/01/2015 - 06/30/2016
                                         Exercised
Option 1:
Option 2:
                                         Exercised
           07/01/2016 - 06/30/2017
                                         Exercised
Option 3:
           07/01/2017 - 06/30/2018
Option 4:
           07/01/2018 - 06/30/2019
Option 5:
           07/01/2019 - 06/30/2020
Option 6:
           07/01/2020 - 06/30/2021
Option 7:
           07/01/2021 - 06/30/2022
Option 8:
           07/01/2022 - 06/30/2023
Option 9:
           07/01/2023 - 06/30/2024
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b. Section 05. Section 05 Compensation, of the Agreement currently reads as follows:

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

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

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

5. Compensation. Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed Twenty-Three Million Seven Hundred Sixty-Six Thousand Fifty-Six DOLLARS (\$23,766,056). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

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

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

15. Insurance

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

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

d. <u>Section 19. Reserved.</u> (Liquidated damages), is hereby amended in their entirety to read as follows:

19. Left Blank by agreement of the parties. (Liquidated damages)

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

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

The Appendices listed below are Amended as follows:

- **f.** Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated: Amendment 03/01/2015.
- **g.** Delete Appendix A-1, and replace in its entirety with Appendix A-1 to Agreement as amended. Dated: Amendment 03/01/2015.
- h. Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: Amendment 03/01/2015.
- i. Add Appendix B-1a to Agreement as amended. Dated: Amendment 03/01/2015.
- j. Add Appendix B-1b to Agreement as amended. Dated: Amendment 03/01/2015.
- k. Add Appendix B-1c to Agreement as amended. Dated: Amendment 03/01/2015.
- l. Add Appendix F-1a (GF-SA) to Agreement as amended. Dated: Amendment 03/01/2015.
- m. Add Appendix F-1a (GF-WO) to Agreement as amended. Dated: Amendment 03/01/2015.
- n. Add Appendix F-1b (GF-SA) to Agreement as amended. Dated: Amendment 03/01/2015.
- o. Add Appendix F-1b (GF-WO) to Agreement as amended. Dated: Amendment 03/01/2015.
- p. Add Appendix F-1c (GF-SA) to Agreement as amended. Dated: Amendment 03/01/2015.
- q. Add Appendix F-1c (GF-WO) to Agreement as amended. Dated: Amendment 03/01/2015.
- 3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.
- 4. Legal Effect. Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

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

CITY

Recommended by:

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

Date

Approved as to Form:

Dennis J. Herrera City Attorney

By: Aleeta Van Runkle
Deputy City Attorney

Date

Approved:

Jaci Fong Director

Office of Contract

Administration and Purchaser

CONTRACTOR

PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.

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

I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.

Peter D. Dale

Director, Contract and Grant Management 12801 Crossroads Parkway South, Suite 200 City of Industry, CA 91746

City vendor number: 48661

CMS#7492 P550 (9-14; DPH 7-14)

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Appendix A Services to be provided by Contractor

1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

Appendix A CMS#7492

1 of 4

I. Infection Control, Health and Safety:

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

J. Acknowledgment of Funding:

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

K. Client Fees and Third Party Revenue:

- (1) Fees required by federal, state or City laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.
- (2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. Under-Utilization Reports:

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

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

N. Quality Assurance:

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

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

O. Compliance With Grant Award Notices:

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

P. Aerosol Transmissible Disease Program, Health and Safety:

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

Q. Research Study Records:

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

2. Description of Services

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

Appendix A, 08/01/14-06/30/18 Appendix A-1, 08/01/14-06/30/18 Program Summary
SF Homeless Outreach Team

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

Funding: General Fund

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

Amendment: 03/01/2015

SUMMARY

Service Providers: San Francisco Department of Public Health **Fiscal Agent: Public Health Foundation Enterprises Total Contract Amount:** \$22,746,426 San Francisco Homeless Outreach Team **Program Name: SFHOT** Mission Mental Health Clinic SF Sobering Center for EST activities 2712 Mission Street 50 Ivy Street (Lech Walesa) 1171 Mission Street San Francisco, CA 94102 San Francisco, CA 94110 San Francisco, CA 94103 **Program Address: Program Contact:** Brenda Meskan Appendix A-1 / Appendix B-1a Appendix A-1 / Appendix B-1 Amount: \$5,132,409 \$ 5,984,277 Term: UOS UDC 07/01/15-6/30/16 UOS UDC 08/01/14-6/30/15 **Definition of UOS:** 80.387 **SA County- Staff Hours** 93,681 825 SA County- Staff Hours 550 SA Work Order- Staff Hours 5,025 20 SA Work Order- Staff Hours 5.964 30 570 Totals 99,645 855 **Total UOS / UDC:** Totals 85,412 Appendix A -1/ Appendix B-1b Appendix A-1 / Appendix B-1c \$ 5,645,463 Amount: \$ 5.984,277 UDC UOS UDC Term: 07/01/16-6/30/17 UO.S 07/01/17-6/30/18 **Definition of UOS: SA County- Staff Hours** 93,681 825 **SA County- Staff Hours** 93,681 825 SA Work Order- Staff Hours 5,964 SA Work Order- Staff Hours 5,964 30 30 Total UOS / UDC: Totals 99,645 855 **Totals** 99,645 855

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

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

1. Vendor and Program Name:

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

SFHOT Staff Located at:

SFHOT 50 Ivy Street (Lech Walesa) San Francisco, CA 94102 Tele: (415) 415-355-7555 FAX: (415) 415-355-7404 Mission Mental Health Clinic 2712 Mission Street San Francisco, CA 94110 Tele:(415) 401-2660 FAX: (415) 401-2671

SF Sobering Center for EST activities 1171 Mission Street San Francisco, CA 94103 Tele: (415)734-4233 Fax: (415) 735-4223

2. Nature of Document

☐ New	\boxtimes	Renewal	☐ Amendment	Modification
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3. Goal Statement

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

4. Target Population

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

Amendment: 03/01/2015

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

CMS # 7492

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

SFHOT provides the following lines of service:

Stabilization Case Management

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

Street Outreach Team

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

Medical Team

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

San Francisco Public Library Team

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

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

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

5. Unit of Service / Modalities

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

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

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

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

Amendment: 03/01/2015

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City Fiscal Year: FY15-16

CMS # 7492

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

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

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

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

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

6. Methodology

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

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

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

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

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

A. Fiscal Management

23 1 B

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

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

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

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

Amendment: 03/01/2015

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

B. Human Resource Management:

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

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

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

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

7. Objectives and Measurements

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

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

City Fiscal Year: FY15-16

CMS # 7492

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

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

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

City Fiscal Year: FY15-16

CMS # 7492

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

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

8. Continuous Quality Assurance and Improvement

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

Amendment: 03/01/2015

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Appendix B Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

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

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$1,019,630 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

_			
County SA General Fund	\$5,350,888	08/01/14-06/30/15	Appendix B-1
County Public Library Work Order	\$142,004	08/01/14-06/30/15	Appendix B-1
County SA General Fund	\$0 (No-Cost-Mod)	08/01/14-06/30/15	Appendix B-1
County Public Library Work Order	\$0 (No-Cost-Mod)	08/01/14-06/30/15	Appendix B-1
County SA General Fund	(\$360,483)	08/01/14-06/30/15	Appendix B-1
County SA General Fund	\$5,815,728	07/01/15-06/30/16	Appendix B-1a
County Public Library Work Order	\$168,549	07/01/15-06/30/16	Appendix B-1a
County SA General Fund	\$5,815,728	07/01/16-06/30/17	Appendix B-1b
County Public Library Work Order	\$168,549	07/01/16-06/30/17	Appendix B-1b
County SA General Fund	\$5,476,914	07/01/17-06/30/18	Appendix B-1c
County Public Library Work Order	\$168,549	07/01/17-06/30/18	Appendix B-1c
-	\$22,746,426	•	
Contingency	\$1,019,630		
-	\$23,766,056	•	
	County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County Public Library Work Order	County Public Library Work Order County SA General Fund County SA General Fund County SA General Fund County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund S142,004 \$0 (No-Cost-Mod) (\$360,483) \$5,815,728 \$168,549 \$5,476,914 \$168,549 \$22,746,426 \$1,019,630	County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County Public Library Work Order County SA General Fund County SA General Fund County SA General Fund County SA General Fund County Public Library Work Order S168,549 T07/01/17-06/30/18 T07/01/17-06/30/18 T07/01/17-06/30/18

- C. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, CITY agrees to make an initial payment to the CONTRACTOR of Nine Hundred Sixty-Nine Thousand Two Hundred Eighty-Eight Dollars (\$969,288). CONTRACTOR agrees that a reduction shall be made from monthly payments to CONTRACTOR equal to one sixth (1/6) of the initial payment for the period October 1, 2015 through March 31, 2016. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the advance being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.
- D. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

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

DPH 1: Department of Public Health Contract Budget Summary

URCS Legal Entry Number: NA				Prepared By: Julia Dysart	ılla Dysart	Appendix #:	В
Contractor Name: Public H		ealth Foundation Enterprises, Inc.	rprises, Inc.	Document Date: 2/26/15	26/15	Page #: 3	3
Contract CMS #:	7492					Fiscal Year: 2015-16	2015-16
Contract Appendix Number:	B-1	B-1a	B-1b	B-1c			
Appendix A/Provider Name:	SFHOT	SFHOT	SFHOT	SFHOT			
Provider Number:	383800	383800	383800	383800			
Program Code:	N/A	N/A	N/A	NA			
	8/1/14-6/	07/01/15-06/30/16	07/01/16-06/30/17	07/01/17-06/30/18			TOTAL
Salaries & Employee Benefits:	3,711,851	4,504,969	4,504,969	4,504,969		A Company of the Comp	17 226 758
Operating Expenses:	682,657	838,136	758,695	615,062			2 894 550
Capital Expenses:	\$188,000	0\$	\$0	0\$			188 000
Subtotal Direct Expenses:	4,582,508	5,343,105	5,263,664	5,120,031			20.309.308
Indirect Expenses:	549,901		631,641	614,404			2,437,118
Indirect %:	12.00%	12.00%	12.00%	12.00%			12.00%
UNDING USES	5,132,409	5,984,277	5,895,305	5,734,435	•	•	22.746.426
			S. Or man and	(20)	Employee Fri	Employee Frince Benefits %.	34 43%
						a concentration of	0/01-10
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	1						1
The second secon				5 4 2		of it, or have	
SA COUNTY - General Fund	4.990.405	5.815.728	5 726 756	5 585 886		u v	200 000
SA WORK ORDER - Public Library SFHOT	142,004	168,549	168,549	168,549			647 651
TOTAL BUS GIBSTANDE APRILLED							
TOTAL BITS SUBSTANCE ABUSE FUNDING SOURCES	5,132,409	5,984,277	5,895,305	5,734,435	•	9	22,746,426
The state of the s							
						-	1
TOTAL OTHER DPH FUNDING SOURCES							,
TOTAL DPH FUNDING SOURCES	5 132 400	5 084 277	E 20E 20E	201 105	•		•
		Signal Control of the	coc'ceo'c	0,104,400			22,746,426
	W. C.				on the second		
TOTAL NON-DPH FUNDING SOURCES	-		1			'	1 1
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	5,132,409	5,984,277	5,895,305	5,734,435		•	22,746,426

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

Contractor		Name: Public Health Foundation Enterprises, Inc.	undation Enterors	200		Doce #	
		i i		969, IIIC.			1200
	Name:	SEHOI				Document Date:	2/26/15
DI JADIAGI	Imper.	SOSOU	TODES			riscal real.	01-0102
Priogram		DLING N/A	N/A				
Mode/SFC (MH) or Modality (SA):	dality (SA):	SecPrev-19	SecPrev-19				
Service	Service Description:	SA-Sec Prev Outreach	SA-Sec Prev Outreach				TOTAL
un	ding Term:	Funding Term: 07/01/15-06/30/16	07/01/15-06/30/16				
STATE OF STA	2			THE RESERVE OF THE PARTY OF THE			The state of the s
	e Benefits:	4.354.479	150.490		A Company of the Comp	4	4.504.969
Operating	Operating Expenses:	838,136					838,136
Capital Expenses (greater than \$5,000):	an \$5,000):	•					
Subtotal Direct Expenses:	Expenses:	5,192,615	150,490				5,343,105
Indirect	Expenses:	623.113	18.059				641.172
TOTAL FUNDING USES:	NG USES:	5,815,728	168,549				5,984,277
BHS WENTAL HEALTH FUNDINOSSIONERS		一					
							•
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		1	1				•
STATE OF THE PROPERTY OF THE P	100000	The state of the s	ではない人がはない		100 mg		
H	CRES227	5,815,728					5,815,728
ibrary SFHOT	HMHSHOMELSWO		168,549				168,549
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		5,815,728	168,549				5,984,277
	S 12 A 19 A						
							1
							1
TOTAL OTHER DPH FUNDING SOURCES		,	, 007				1 001 011
TOTAL DPH FUNDING SOURCES		5,815,728	168,549				5,984,277
							1
TOTAL NON-DPH FUNDING SOURCES			1	'	•	1	1
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		5.815.728	168.549				5,984,277
	The Barretters	10 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15	· · · · · · · · · · · · · · · · · · ·				The office of the State of the
Rade Durchase			a confedential very				
SA Only - Non-Res 33 - ODE # of Group Sessions (classes)	(classes).						
SA Only - Linensed Capacity for Medi-Cal Provider with Narcotic Tx Program:	x Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	vice (FES):	SS	CR				
DPH Units	DPH Units of Service:	93.681	5,964				
	Unit Type:	Staff Hour	Staff Hour				
Cost Per Unit - DPH Rate (DPH Funding Sources Only):	rces Only):	62.08	28.26				
Cost Per Unit - Contract Rate (DPH & Non-DPH Funding Sources):	g Sources):	62.08	28.26				
Published Rate (Medi-Cal Providers Only):	ders Only):						Total UDC:
Unduplicated Clients	ents (UDC):	825	30				855

Amendment: 03/01/2015

150,490

4,354,479

4,504,969

TOTAL SALARIES & BENEFITS

DPH 3: Salaries & Benefits Detail

Appendix #: B-1a Page #: 2

Program Code: N/A

Program Name: SFHOT Document Date: 2/26/15

		TOTAL	SAG	SA General Fund HMHSCCRES227	Public LI HMHS	Public Library Workorder HMHSHOMELSWO						
	Term:	Term: 07/01/15-06/30/16	Term:	07/01/15-06/30/16	Term:	07/01/15-06/30/16	Term:		Term:		Tem:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	E	Salaries
Administrative Coordinator	1.00	20,000	1.00	50,000								
Community Lialeon	1.00	55,000	1.00	25,000								
Business Analyst Transitions Division	1.00	68,000	1.00	000'89								
Administrative Assistant	1.00	40,000	1.00	40,000								
Social Workers	3.00	222,000	3.00	222,000								
Housing Specialist	1.00	55,000	1.00	55,000								
Program Coordinator EST	1.00	68,000	1.00	000'89						,		
SFHOT Specialist I (34 pos)	32.60	1,496,959	32.60	1,496,959								
SFHOT Specialist II (21 pos)	20.00	1,100,000	20.00	1,100,000								
SFHOT Specialist I - Library (1 pos)	0.50	22,960			0.50	22,960						
SFHOT Specialist II - Library (1 pos)	0.58	31,889			0.58	31,889						
Health & Safety Associates (6 pos)	2.63	65,520			2.63	65,520						
Interns (8 pos)	3.30	75,847	3.30	75,847								
	•	,										
Totals:	68.60	3,351,175	64.90	3,230,806	3.70	120,369						
Employee Fringe Benefits:	34.43%	1.153.794	34.78%	1.123.673	25.02%	30.121						
	1	111				1						

DPH 4: Operating Expenses Detail

Appendix #: B-1a

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

Term: Term: Term: Public Library Workorder HMHSHOMELSWO Term:7/01/15-6/30/16 75,000 88,000 240,000 4,964 72,000 12,000 6,000 12,060 30,000 50,000 5,000 18,000 2,112 60,000 64,000 10,000 3,600 16,800 46,200 2,400 10,000 10,000 Term: 7/01/15-6/30/16 SA General Fund HMHSCCRES227 16,800 \$ 10,000 | 2,400 | \$ 12,000 000'9 50,000 75,000 88,000 240,000 4,964 46,200 5,000 2,112 10,000 3,600 72,000 12,060 30,000 18,000 60,000 64,000 10,000 Term:07/01/15-06/30/16 TOTAL Rent \$ Utilities(telephone, electricity, water, gas) \$ Bullding Repair/Maintenance \$ Office Supplies \$ Program Supplies \$ Handheld Computers and Application \$ Computer hardware/software \$ Training/Staff Development \$ Insurance \$ Equipment Lease & Maintenance \$ Offsite Storage \$ Audit & Accounting \$ Local Travel \$ Out-of-Town Travel \$ Field Expenses \$ Professional Services to Rep Payee TBD \$
RTZ software consultation and development \$
Professional Registry TBD \$
Other Professional Consultants TBD \$ Client Related Supplies & Expenses \$ Van Parking \$ Vehicle Maintenance \$ Vehicle Expenses \$ Van Lease \$ Mobile Phones \$ Expenditure Categories & Line Items Consultant/Subcontractor Materials & Supplies: General Operating Staff Travel: Occupancy:

838,136

TOTAL OPERATING EXPENSE

838,136

DPH 5: Capital Expenses Detail

Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Program Code: N/A Program Name: SFHOT Document Date: 2/26/15 Quantity Serial #/VIN # [General Fund (List Diet), or Order (List Diet) or	Appendix: B-1a Page#: 4	iurce I, Grant Purchase Cost Total Cost Work Each				ć e	0.9	Total Cost				0\$

Total Capital Expenditure (Equipment plus Remodeling Cost)

Appendix #: B-1a

Public Health Foundation Enterprises, Inc.

Contractor Name:

SFHOT Program Name: Page#: 5 7/01/15-6/30/16 Funding Term: 1) SALARIES & BENEFITS: Staff Position 1: Administrative Coordinator Brief description of job duties: Manages SFHOT offices and coordinates operations, including facilities, equipment, inventory, repairs, etc Minimum qualifications: Experience or Bachelor's degree Annualized (if less than 12 Annual Salary: x FTE: x Months per Year: months): **Total** 50.000 50,000.00 1.00 12 1.00 | \$ Staff Position 2: Community Liaison Brief description of job duties: Interface with community departments and special projects planning Minimum qualifications: Experience with population and community. Bachelor's degree preferred Annualized (if less than 12 Annual Salary: x Months per Year: months): 55.000 55,000.00 1.00 12 S Staff Position 3: Business Analyst Transitions Division Brief description of job duties: Respond to community providers regarding computer access, generate data reports, plan data needs Minimum qualifications: Bachelor's degree in a Health Science. Experience analysis large datasets and interacting with community. Annualized (if less than 12 Annual Salary: x FTE: x Months per Year: months): **Total** 68,000.00 1.00 1.00 \$ 68,000 \$ Staff Position 4: Administrative Assistant Brief description of job duties: Manage, mail, supplies, office organization Minimum qualifications: Associates degree preferred. Experience in busy office with vulnerable populations Annualized (if less than 12 x FTE: x Months per Year: Annual Salary: months): Total 40,000.00 1.00 \$ 40,000 1.00 12 Staff Position 5: Social Worker Brief description of job duties: Supervise Specialist I and II in daily work Master's degree in Social Work or Marriage, Family Therapy. License preferred. Experience with homeless Minimum qualifications: population. Annualized (if less than 12 Annual Salary: x FTE: x Months per Year: months): Total 222,000 74,000.00 3.00 12 1.00 \$ Staff Position 6: Housing Specialist Brief description of job duties: Manage the daily Stabilization Room reservations and activity. Prepare reports. Minimum qualifications: Bachelors degree. Computer skills and database management. Experience with homeless population. Annualized (if less than 12 Annual Salary: x Months per Year: months): 55,000 55,000.00 1.00 12 1.00 | \$ Staff Position 7: Program Coordinator for Engagement Specialist Mobile Team Brief description of job duties: Manage schedules, manage team operation, analyze progress, relate to community Minimum qualifications: Master's degree in a Health Science, experience managing a team, knowledge of the population, computer skills Annualized (if less than 12 months): Annual Salary: x FTE: x Months per Year: Total 68,000 68.000.00 1.00 1.00 | \$ 12

Appendix #: B-1a

Public Health Foundation Enterprises, Inc.

Contractor Name:

Program Na		SFHOT	identification priores; irres	-	• •	Page #: 6	-
Funding Te		7/01/15-6/30/16		-		r ugo m	
Chang 1		7701110 010010		-			
	Staff Position 8:	SFHOT Specialis	st I				
			of SW or MFT provide s	upport for home	less clients in benefits. I	nousing, trea	tment linkages.
			port, street outreach, ar				
E	Brief description of job duties:					•	
	Minimum qualifications:	Associates degre	ee and experience with I	nomeless and tri	l-morbid populations		
					Annualized (if less th	an 12	
	Annual Salary:	x FTE:	x Months per Year:		months):		Total
\$	45,919.00	32.60	12		<u> </u>	1.00 \$	1,496,9
	Staff Position 9	SFHOT Specialis	st II				
	Otali i Colucii c.				to be a fire because and		41 41-
			of SW or MFT provide so				
	Brief description of job duties:		outreach, and case man	agement. neip ;	program participants en	gage or re-e	ngage with
	Minimum qualifications:			ience with home	less and tri-morbid non	ulations	
	Withingth qualifications.	DECITOR S OF IME	istor s dogree and exper	101100 WIGHTHOME	noss and an-morbid pop	aldition to	6
					Annualized (if less th	an 12	
	Annual Salary:	x FTE:	x Months per Year:		months):		Total
\$	55,000.00	20.00	12			1.00 \$	1,100,00
					•	·	
			st I Library Position				
E	Brief description of job duties:	SFHOT Specialis	st I for Public Library nei	ghborhood locat	tions		
	Minimum qualifications:	Associates degre	ee and experience with h	nomeless and tri	-morbid populations	•	
					A 12 1 (25 1 1)	40	
	Annual Calana	ETE.	Mandha nan Vaan		Annualized (if less th	an 12	T-4-1
•	Annual Salary: 45.919.00	x FTE:	x Months per Year:		months):	4.00 6	Total
<u> </u>	45,919.00	0.50	12			1.00 \$	22,96
	Stoff Position 11:	SELIOT Specialis	st II Library Position				
-	Brief description of job duties:			labborhood loss	tione		
	Minimum qualifications:					ations	
	Territoria dominocatorio:	Dadition of the	otor o dogreo dria exper	OTION III TIMITIME	ob and of morbid popul	200110	
					Annualized (if less th	an 12	
	Annual Salary:	x FTE:	x Months per Year:		months):		Total
\$	55,000.00	0.58	12			1.00 \$	31,88
	Staff Position 12:	Health & Safety	Associates				
	_	San Francisco P	ublic Library Health & Sa	afety Associates	identify health & safety	concerns at	the library, and
E	Brief description of job duties:	interact and prac	tice effective outreach to	chniques with h	nomeless populations. P	art-time pos	itions.
		Prior personal ex	perience with homeless	ness, knowledge	e of the client population	, ability to w	ork with a diverse
	Minimum qualifications:		able to speak, write and				
	minimoni qualinoauona.						
	Williamora qualifocations.						
					Annualized (if less th	an 12	
	Annual Salary:	x FTE:	x Months per Year:		Annualized (if less th months):	an 12	Total

Contractor Name:	SFHOT	dation Enterprises, Inc.	Appendix #: Page #:		
unding Term:	7/01/15-6/30/16		r oge π.	•	
Staff Position 13:		tamas internal and an alle			
Brief description of job duties:	time positions		e effective outreach techniques with homeless		
Minimum qualifications:	Prior personal ex staff & clientele,	perience with homelessn able to speak, write and r	ess, knowledge of the client population, ability ead English, and ability to use the internet	to work v	with a divers
			Annualized (if less than 12		
Annual Salary:	x FTE:	x Months per Year:	months):		Total
22,984.00	3.30	12	1.00	\$	75,
Total FTE:	69.60		Total Salaries:	s	3,351,
		Fringe Benefit %:	34.43%		1,153,
			TOTAL SALARIES & BENEFITS:	\$	4,504,
			-		
OPERATING EXPENSES:					
cupancy:			Rent:	\$	72,
Brief description of expense:	\$6000/mo * 12 m	onths	None.	Ψ	12,
			Utilities:	\$	12,
Brief description of expense:	\$1000/mo * 12 m	onths			
Brief description of expense:	\$500/mo * 12 mo	nths	Building Maintenance:	\$	6,
	12110		Makila Dhamas		40
Brief description of expense:	\$55/mo * 70 mob	ile phones * 12 months	Mobile Phones	a	46,
			Total Occupancy:	\$	136,
toriala 8 Comple					
terials & Supplies:			Office Supplies:	\$	12,
Brief description of expense:	\$15/employee/mo	onth x 67 employees x 12			
	\$2500/ma * 42	- i	Program Supplies:	\$	30,0
Brief description of expense:	masks, lice, flea a	and tick treatments, etc.),	d to employee uniforms, medical supplies (glo containers, and vehicle supplies (wipes, disinf	ves, nan ectant sp	o sanıtızer, oray, air
			Handheld Computers and Applications	\$	50,0
Brief description of expense:			old computers linking to medical databases. C		
	- 10		Computer Hardware/Software	s	5,1
				~	<u></u>

Staff expansion requires new computer equipment and IT mandated replacement of old ones, costs estimated Brief description of expense: at \$1000/computer x 5 computers that have not been upgraded.

97,060

Total Materials & Supplies: \$

General Operating: Training/Staff Development\$18,0	Contractor Name: Program Name:	Public Health Foundation Enterprises, Inc. SFHOT	Appendix#: B-1a	
Training/Staff Development \$ 18,0 \$1550/mo * 12 months for trainings for the SFHOT team, including but not limited to CPR, First Ald, Course Brief description of expense: fees, specialized homeless and trauma experts Equipment Lease and Maintenance: \$ 2,4 Equipment Leases & Maintenance to support the SFHOT operations including but not limited to Copier lease Brief description of expense: \$200/mo * 12 months Offsite Storage: \$ 2,1 Brief description of expense: storage at \$176/mo * 12 months Audit & Accounting: \$ 10,0 Brief description of expense: Annual audit expense \$10,000 Total General Operating: \$ 32,4 taff Travel: Brief description of expense: \$2000 * 5 staff for Healthcare for Homeless and Street Medicine conferences Total Staff Travel: \$ 10,0 consultants/Subcontractors: \$ 75,0 Brief description of expense: \$75,000 annually for Representative Payee Services Consultants/Subcontractors: \$ 88,0 Brief description of expense: \$125,000 to vendor RTZ at direction of iT dept for building electronic med record for homeless services Consultants/Subcontractors: \$ 240,0 Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage Consultants/Subcontractors: \$ 240,0 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives			Page#: 🕏	
Training/Staff Development \$ 18,0	Coneral Operating:			
Equipment Lease and Maintenance: \$ 2,4 Equipment Lease & Maintenance to support the SFHOT operations including but not limited to Copier lease Brief description of expense: \$200/mo * 12 months Offsite Storage: \$ 2,1 Brief description of expense: storage at \$176/mo * 12 months Offsite Storage: \$ 2,1 Brief description of expense: storage at \$176/mo * 12 months Audit & Accounting: \$ 10,0 Brief description of expense: Annual audit expense \$10,000 Total General Operating: \$ 32,4 Staff Travel: Brief description of expense: \$2000 * 5 staff for Healthcare for Homeless and Street Medicine conferences Total Staff Travel: \$ 10,0 Consultants/Subcontractors: \$ 75,0 Brief description of expense: \$75,000 annually for Representative Payee Services Consultants/Subcontractors: \$ 88,0 Brief description of expense: \$125,000 to vendor RTZ at direction of IT dept for building electronic med record for homeless services Consultants/Subcontractors: \$ 240,0 Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage Consultants/Subcontractors: \$ 4,8 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives	Selicial Operating.		Training/Staff Development \$	18,000
Equipment Leases & Maintenance to support the SFHOT operations including but not limited to Copier lease Brief description of expense: \$200/mo * 12 months Offsite Storage: \$ 2,1 Brief description of expense: storage at \$176/mo * 12 months Audit & Accounting: \$ 10,0 Brief description of expense: Annual audit expense \$10,000 Total General Operating: \$ 32,4 Staff Travel: Brief description of expense: \$2000 * 5 staff for Healthcare for Homeless and Street Medicine conferences Total Staff Travel: \$ 10,0 Consultants/Subcontractors: \$ 10,0 Brief description of expense: \$75,000 annually for Representative Payee Services Consultants/Subcontractors: \$ 88,0 Brief description of expense: \$125,000 to vendor RTZ at direction of IT dept for building electronic med record for homeless services Consultants/Subcontractors: \$ 240,0 Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage Consultants/Subcontractors: \$ 4,9 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives	Brief description of		OT team, including but not limited to CPR, Firs	st Aid, Course
Brief description of expense: \$200/mo * 12 months Offsite Storage: \$2,1 Brief description of expense: storage at \$178/mo * 12 months Audit & Accounting: \$10,0 Total General Operating: \$32,5 Staff Travel: Brief description of expense: Annual audit expense \$10,000 Total General Operating: \$32,5 Staff Travel: Brief description of expense: \$2000 * 5 staff for Healthcare for Homeless and Street Medicine conferences Total Staff Travel: \$10,0 Consultants/Subcontractors: \$75,000 Brief description of expense: \$75,000 annually for Representative Payee Services Consultants/Subcontractors: \$88,0 Brief description of expense: \$125,000 to vendor RTZ at direction of IT dept for building electronic med record for homeless services Consultants/Subcontractors: \$240,000 Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage Consultants/Subcontractors: \$4,8 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives			Equipment Lease and Maintenance: \$	2,40
Brief description of expense: storage at \$176/mo * 12 months Audit & Accounting: \$ 10,0 Total General Operating: \$ 32,5 Staff Travel: Brief description of expense: Annual audit expense \$10,000 Total General Operating: \$ 32,5 Staff Travel: Brief description of expense: \$2000 * 5 staff for Healthcare for Homeless and Street Medicine conferences Total Staff Travel: \$ 10,0 Consultants/Subcontractors: \$ 75,0 Brief description of expense: \$75,000 annually for Representative Payee Services Consultants/Subcontractors: \$ 88,0 Brief description of expense: \$125,000 to vendor RTZ at direction of IT dept for building electronic med record for homeless services Consultants/Subcontractors: \$ 240,0 Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage Consultants/Subcontractors: \$ 4,8 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives	Brief description of		e SFHOT operations including but not limited t	o Copier lease a
Brief description of expense: Annual audit expense \$10,000 Total General Operating: \$ 32,5 Staff Travel: Brief description of expense: Brief description of expense: Brief description of expense: \$2000 * 5 staff for Healthcare for Homeless and Street Medicine conferences Total Staff Travel: \$ 10,0 Consultants/Subcontractors: Brief description of expense: \$75,000 annually for Representative Payee Services Consultants/Subcontractors: \$ 88,0 Brief description of expense: \$125,000 to vendor RTZ at direction of IT dept for building electronic med record for homeless services Consultants/Subcontractors: \$ 240,0 Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage Consultants/Subcontractors: \$ 4,8 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives	Brief description of	expense: storage at \$176/mo * 12 months	Offsite Storage: \$	2,11
Staff Travel: Brief description of expense: Brief description of expense: Dut-of-Town Travel Brief description of expense: Dut-of-Town Travel Total Staff Travel: Total Staff Travel: Total Staff Travel: Consultants/Subcontractors: Brief description of expense: \$75,000 annually for Representative Payee Services Consultants/Subcontractors: Brief description of expense: \$125,000 to vendor RTZ at direction of IT dept for building electronic med record for homeless services Consultants/Subcontractors: \$88,0 Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage Consultants/Subcontractors: \$240,000 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives	Brief description of	expense: Annual audit expense \$10 000	Audit & Accounting: \$	10,000
Brief description of expense: Brief description of expense: \$2000 * 5 staff for Healthcare for Homeless and Street Medicine conferences Total Staff Travel: \$ 10,0 Total Staff Travel: \$ 10,0 Consultants/Subcontractors: Brief description of expense: \$75,000 annually for Representative Payee Services Consultants/Subcontractors: \$ 88,0 Brief description of expense: \$125,000 to vendor RTZ at direction of IT dept for building electronic med record for homeless services Consultants/Subcontractors: \$ 240,0 Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage Consultants/Subcontractors: \$ 4,8 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives	Series dosemption of	SASSINGS. PARTICULAR CONCESSION OF TO,000	Total General Operating: \$	32,51
Brief description of expense: Dut-of-Town Travel \$ 10,0	Staff Taxab			
Brief description of expense: \$2000 * 5 staff for Healthcare for Homeless and Street Medicine conferences Total Staff Travel: \$ 10,0 Consultants/Subcontractors: Consultants/Subcontractors: \$ 75,0 Brief description of expense: \$75,000 annually for Representative Payee Services Consultants/Subcontractors: \$ 88,0 Brief description of expense: \$125,000 to vendor RTZ at direction of IT dept for building electronic med record for homeless services Consultants/Subcontractors: \$ 240,0 Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage Consultants/Subcontractors: \$ 4,9 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives		expense:	Local Travel	
Total Staff Travel: \$ 10,0 Consultants/Subcontractors: Brief description of expense: \$75,000 annually for Representative Payee Services Consultants/Subcontractors: \$ 88,0 Brief description of expense: \$125,000 to vendor RTZ at direction of IT dept for building electronic med record for homeless services Consultants/Subcontractors: \$ 240,0 Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage Consultants/Subcontractors: \$ 4,9 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives	Priof description of	evenes 2000 * 5 staff for Healthorn for Hemeless and		10,000
Consultants/Subcontractors: Brief description of expense: \$75,000 annually for Representative Payee Services Consultants/Subcontractors: \$ 75,000 Brief description of expense: \$125,000 to vendor RTZ at direction of IT dept for building electronic med record for homeless services Consultants/Subcontractors: \$ 240,000 Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage Consultants/Subcontractors: \$ 4,800 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives	Brief description of	expense: \$2000 5 stall for Healthcare for Homeless and	Street Medicine conferences	-
Brief description of expense: \$75,000 annually for Representative Payee Services Consultants/Subcontractors: \$ 75,000			Total Staff Travel: \$	10,000
Consultants/Subcontractors: \$ 75,000 Brief description of expense: \$75,000 annually for Representative Payee Services Consultants/Subcontractors: \$ 88,000 Brief description of expense: \$125,000 to vendor RTZ at direction of IT dept for building electronic med record for homeless services Consultants/Subcontractors: \$ 240,000 Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage Consultants/Subcontractors: \$ 4,9000 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives				
Consultants/Subcontractors: \$ 88,0 Brief description of expense: \$125,000 to vendor RTZ at direction of IT dept for building electronic med record for homeless services Consultants/Subcontractors: \$ 240,00 Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage Consultants/Subcontractors: \$ 4,9 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives				75,000
Consultants/Subcontractors: \$ 240,000 Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage Consultants/Subcontractors: \$ 4,9 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives	Brief description of	expense: \$125,000 to vendor RTZ at direction of IT dept for		88,000 services
Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage Consultants/Subcontractors: \$4,9 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives				
Consultants/Subcontractors: \$ 4,9 Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives	Brief description of	expense: \$240,000 to professional registries for bringing in		
			Consultants/Subcontractors: _\$	4,964
			Total Consultants/Subcontractors: \$	407,964

Contractor Name:	Public Health Foundation Enterprises, Inc.	Appendix #:	B-1a	
Program Name:	SFHOT	Page #:		
Funding Term:	7/01/15-6/30/16		•	
Other:	 			
Ouler.	Other Cli	ent Related Supplies & Expenses:	\$	60,000
	\$5000/mo for 12 months for client related supplies and			·
	include, but not limited to obtaining IDs, documents, en			
Brief description of expense	clothing, bedding, hygiene supplies, moving costs for t			
Brief description of evenena	\$200.70 per uphicle v 40 vehicles v 40 months	Other Vehicle parking:		64,000
Brief description of expense	: \$280.70 per vehicle x 19 vehicles x 12 months			
		Other Vehicle Maintenance:	\$	10,000
	Required maintenance on vehicles, including but not li			
Brief description of expense:				
		Other- Vehicle Expenses	_\$	3,600
	\$300 per month for 12 months. Vehicle expenses inclu	ides installation and interest exper	nses, as a	pproved by
	program directors, related to SFHOT Vehicles, including	ng but not limited to the installation	of GPS	(including
Print de conintieur et europe	monthly charges), radios, and other supplies and equip	oment needed for the safety and m	nonitoring	of the SFHOT
Brief description of expense:	11861.			
		Other van Leasing/Rental:	\$	16,800
Brief description of expense	\$700/mo * 2 vans * 12 months			10,000
		Table		454.400
		Total Other:	\$	154,400
	т	OTAL OPERATING EXPENSES:	s	838,136
	_		<u> </u>	555,155
3) CAPITAL EXPENDITURES:				1
(If needed. A unit valued at \$5,000 or	more)			
Drief description of superson		Capital Expenditure 1:		
Brief description of expense:				
•		Capital Expenditure 2:		
Brief description of expense:				
Delet description of average		Capital Expenditure 3:		
brief description of expense:				
	TO	TAL CAPITAL EXPENDITURES:	\$	
		TOTAL DIRECT COSTS:	S	5,343,105
				0,0-10,100
4) INDIRECT COSTS				
Brief description of Indirect Cost Ex			_	mount
Indirect costs cover fiscal and human r Costs calculated at 12% of total costs.	esources management staff and systems costs.		\$	641,172
Costs calculated at 12% of total costs.				
			-	
An allocation of administrative & suppo	ort staff salary and related fringe benefits and general		I <u>-</u>	
overhead expenses related to the contra				
		TATAL NAME OF THE PARTY OF THE		
		TOTAL INDIRECT COSTS:	\$	641,172
		TOTAL EXPENSES:	•	5,984,277
		TOTAL EXPENSES:	Ψ	U,004,211

DPH 7: Contract-Wide Indirect Detail

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

1. SALARIES & BENEFITS

Position Title	FTE	Salarles
Benefits Coordinator	0.10	7.491
Workers Comp & Safety Administrator	0.20	10,920
LOA Coordinator	0.20	13,655
HR Assistant	1.00	42,000
HR Generalist - San Francisco	1.00	78,750
HR Manager	90.08	14,981
Contract & Grant Manager	0.62	52,080
Sr Admin Analyst - San Francisco	1.00	84,000
Sr. Budget Analyst	0.40	32,977
Accounts Payable Specialist	0.30	16,715
Payroll Specialist	0.20	9,964
Director, Contract and Grant Management	0.15	23,625
Controller	0.05	6,300
CFO	0.05	10,000
CEO	0.07	22,050
SUBTOTAL SALARIES		425,508
EMPLOYEE FRINGE BENEFITS	31.10%	132,333
TOTAL SALARIES & BENEFITS		557,841

2. OPERATING COSTS

Expense line tem:	Amount
Occupational Inoculations	3.050
Employee Background Checks	5.080
Job Posting/Recruitment	1,200
HR Materials (policy procedure manuals, training manuals)	3.000
Staff Travel	37,001
Physical Check	12,000
Check Delivery	2,000
Liability Insurance	5,000
Staff Travel/SFHOT EE Mileage	15,000
TOTAL OPERATING COSTS	83,331

TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)

641,172

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

		1 :			•	
S		Public Health Fo	Name: Public Health Foundation Enterprises, Inc.	ses, Inc.	Page#:	
	Provider Name:	SFHOT			Document Date: 2/26/15	e: 2/26/15
ď	mber:	383800			Fiscal Ye	r: 2016-2017
	Program Name:	SFHOT	SFHOT			2
	Program Code:	N/A	N/A			
Mode/SFC (MH)	or Modality (SA):	Mode/SFC (MH) or Modality (SA): SecPrev-19	SecPrev-19			TOTAL
and the second s	wice Description:	SA-Sec Prev Outreach	SA-Sec Prev Curreach			4
	Funding Term:	Term: 07/01/16-06/30/17	07/01/16-06/30/17		Company of the state of the sta	100
TURDING USES	Salariae & Employee Benefite	4 354 470	150 /00	TAR STATE OF THE S		4 504 969
Saignes a Fil	iployed Delicins.	100 011	001.00			4,00,000
Edu	Operating Expenses:	(38,085	•			080'90)
Capital Expenses (greater than \$5,000):	ter than \$5,000):	450 600 7	707 700			1 00 000 1
) IBIOIDING	Subtotal Ulrect Expenses:	5,113,174	150,490			5,263,664
U C C C C C C C C C C C C C C C C C C C	Indirect Expenses:	613,582	18,059			631,641
	IOIAL FUNDING USES:	5,726,756	168,549		==	5,895,305
BHSMISNIAGH SAVIISAN DINCESO, TOESH SAVIES		15 () () () () () () () ()				
						-
TOTAL BUS MENTAL HEALTH CINDING COLIDCES						
	HMHSCCRES227	5,726,756				5,726,756
SA WORK ORDER - Public Library SFHOT	HMHSHOMELSWO	Re .	168,549			168,549
APPENDING WINDOWS ABOVE STREET, STREET		1	07 5 00 7			1 100
ING SOURCES		5,726,756	168,549			5,895,305
OTHER DPH FENDING SOURCES						
,						
TOTAL OTHER DPH FUNDING SOURCES		1	•			
TOTAL DPH FUNDING SOURCES		5,726,756	168,549			5,895,305
		· · · · · · · · · · · · · · · · · · ·		THE REAL PROPERTY.		
TOTAL NON-DPH FUNDING SOURCES				4	,	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		5,726,756	168,549			5,895,305
THE PROPERTY OF THE PARTY OF TH	\$ 100 M		対象 というできる	The state of the s	3. 1. 3. 1.	
Number of Beds Purchased (if appl	d (if applicable):					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):	ssions (classes):					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:	otic Tx Program:					
Cost Reimbursement (CR) or Fee-For-Service	or-Service (FFS):	SS	CR			
HdQ	DPH Units of Service:	92,248	5,964			
	Unit Type:	Staff Hour	Staff Hour			
Cost Per Unit - DPH Rate (DPH Funding Sources Only):	g Sources Only):	62.08	28.26			
Cost Per Unit - Contract Rate (DPH & Non-DPH Funding Sources):	unding Sources):	62.08	28.26			
Published Rate (Medi-Cal Providers Only):	Providers Only):					Total UDC:
Unduplicate	Unduplicated Clients (UDC):	825	30			855

150,490

4,354,479

4,504,969

TOTAL SALARIES & BENEFITS

DPH 3: Salaries & Benefits Detail

Appendix #: B-1b Page #: 2

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

					ĺ							
		TOTAL	SA G HMH	SA General Fund HMHSCCRES227	Public LI HMHS	Public Library Workorder HMHSHOMELSWO						\$F
	Тепт:	Term: 07/01/16-06/30/17	Term:	rm: 07/01/16-06/30/17	Tem	Term: 07/01/16-06/30/17	Term:		Tem:		Termi	
Position Title	먪	Salaries	FTE	Salaries	E	Salaries	FTE	Salaries	Ë	Spiaries	į.	Calarina
Administrative Coordinator	1.00	20,000	1.00	20,000								Caldida
Community Liaison	1.00	25,000	1.00	55.000								
Business Analyst Transitions Division	1.00	000'89	1.00	68,000								
Administrative Assistant	1.00	40,000	1.00	40,000								
Social Workers	3.00	222,000	3.00	222,000								
Housing Specialist	1.00	55,000	1.00	55,000								
Program Coordinator EST	1.00	000'89	1.00	000'89								
SFHOT Specialist I (34 pos)	32.60	1,496,959	32.60	1,496,959								
SFHOT Specialist II (21 pos)	20.00	1,100,000	20.00	1.100.000								
SFHOT Specialist I - Library (1 pos)	0.50	22,960			0.50	22.960						
SFHOT Spectalist II - Library (1 pos)	0.58	31,889			0.58	31.889						
Health & Safety Associates (6 pos)	2.63	65,520			2.63	65,520						
Interns (10 pos)	3.30	75,847	3.30	75,847								
										i		
	•	•										
Totals:	68.60	3,351,175	64.90	3,230,806	3.70	120,369						
							J					
Employee Fringe Benefits:	34.43%	1,153,794	34.78%	1.123.673	25.02%	30 121						
					2	17, 620						

Amendment: 03/01/2015

758,695

758,695

TOTAL OPERATING EXPENSE

DPH 4: Operating Expenses Detail

Appendix#: B-1b Page # 3

Program Code: N/A Program Name: SFHOT Document Date: 2/28/15

DPH 5: Capital Expenses Detail

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

Appendix: B-1b

Page#: 4

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Total Equipment Cost					\$0

2. Remodeling

Description	Total Cost
Total Remodeling Cost	\$0

Total Capital Expenditure (Equipment plus Remodeling Cost)

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

Appendix #: B-1b

Public Health Foundation Enterprises, Inc.

Contractor Name:

Funding	n Name:	SFHOT		_		age#: 💪	-
	Term:	7/01/16-06/30/17		_	·	ago III. 😝	
	Staff Position 8:	SFHOT Specialis					
		Under direction of	of SW or MFT provide:	support for home	eless clients in benefits, ho	ousing, tre	eatment linkage:
		therapeutic trans	port, street outreach, a	and case manage	ement. Help program parti	icipants e	ngage or re-
	Brief description of job duties:	engage with com	munity resources inclu	uding jobs.			
	Minimum qualifications:	Associates degre	e and experience with	homeless and tr	ri-morbid populations		
					Americal Affica Alexander	40	
	Annual Salary:	x FTE:	v Montho nor Voor		Annualized (if less than	1 12	
\$	45,919.00	32.60	x Months per Year:		months):	2 66 1 6	Total
φ	45,919.00	32.60	12			1.00 \$	1,496,9
	Staff Position 9:	SFHOT Specialis	st II				
		Under direction of	of SW or MFT provide	support for client	s in benefits, housing, trea	atment lin	kages, therapeu
		transport, street	outreach, and case ma	anagement. Help	program participants eng	age or re-	engage with
	Brief description of job duties:	community resou	rces including jobs			-	
	Minimum qualifications:	Bachelor's or Ma	ster's degree and expe	rience with home	eless and tri-morbid popul	ations	
	Americal Onla				Annualized (if less than	12	
	Annual Salary:	x FTE:	x Months per Year:		months):		Total
\$	55,000.00	20.00	12			1.00 \$	1,100,00
	Staff Position 10:	SFHOT Specialis	t I Library Position				
	Brief description of job duties:	SFHOT Specialis	t I for Public Library ne	ighborhood loca	tions		
	Minimum qualifications:	Associates degre	e and experience with	homeless and tr	i-morbid populations		
					Americal Of Land there	40	
	Annual Salary:	x FTE:	x Months per Year:		Annualized (if less than	12	Trace I
S	45,919.00	0.50	12		months):	4.00 6	Total
	45,918.00	0.50	12			1.00 \$	22,96
-	Staff Position 11:	SEHOT Specialis	t II I Ibrany Docition				
	Staff Position 11:	SFHOT Specialis	t II Library Position	alahharhand land	utlana		
	Brief description of job duties:	SFHOT Specialis	t II for Public Library ne	eighborhood loca	itions	iono	
	Brief description of job duties:	SFHOT Specialis	t II for Public Library ne	eighborhood locs rience w/ homele	ations ass and tri-morbid populat	ions	
	Brief description of job duties:	SFHOT Specialis	t II for Public Library ne	eighborhood loca rience w/ homele	ess and tri-morbid populat		
	Brief description of job duties:	SFHOT Specialis	t II for Public Library ne	eighborhood locs rience w/ homels	ess and tri-morbid populat Annualized (if less than		Total
	Brief description of job duties: Minimum qualifications:	SFHOT Specialis Bachelor's or Mas	t II for Public Library ne ster's degree and expe	eighborhood locs rience w/ homek	ess and tri-morbid populat Annualized (if less than months):	12	Total
	Brief description of job duties: Minimum qualifications: Annual Salary:	SFHOT Specialis Bachelor's or Man x FTE:	t II for Public Library no ster's degree and expe x Months per Year:	elghborhood locs rience w/ homele	ess and tri-morbid populat Annualized (if less than months):		Total 31,88
3	Brief description of job duties: Minimum qualifications: Annual Salary: 55,000.00	SFHOT Specialis Bachelor's or Mar x FTE: 0.58	t II for Public Library no ster's degree and expe x Months per Year: 12	eighborhood locs rience w/ homele	ess and tri-morbid populat Annualized (if less than months):	12	
3	Brief description of job duties: Minimum qualifications: Annual Salary: 55,000.00 Staff Position 12:	SFHOT Specialis Bachelor's or Mar x FTE: 0.58	x Months per Year: 12 Associates	orience w/ homele	Annualized (if less than months):	12	31,88
5	Brief description of job duties: Minimum qualifications: Annual Salary: 55,000.00 Staff Position 12:	SFHOT Specialis Bachelor's or Mar x FTE: 0.58 Health & Safety A San Francisco Pu	x Months per Year: 12 Associates ublic Library Health & S	orience w/ homele	Annualized (if less than months):	12 1.00 \$	31,88
\$	Brief description of job duties: Minimum qualifications: Annual Salary: 55,000.00 Staff Position 12: Brief description of job duties:	SFHOT Specialis Bachelor's or Mar x FTE: 0.58 Health & Safety A San Francisco Puinteract and pract	x Months per Year: 12 Associates ublic Library Health & S ice effective outreach	orience w/ homele	Annualized (if less than months): identify health & safety chomeless populations. Pai	1.00 \$ oncerns a	31,88 at the library, and sitions.
B	Brief description of job duties: Minimum qualifications: Annual Salary: 55,000.00 Staff Position 12: Brief description of job duties:	SFHOT Specialis Bachelor's or Mar x FTE: 0.58 Health & Safety A San Francisco Puinteract and pract	x Months per Year: 12 Associates ublic Library Health & S ice effective outreach is	erience w/ homele Safety Associates techniques with I sness, knowledge	Annualized (if less than months): identify health & safety commeless populations. Page of the client population.	1.00 \$ oncerns a rt-time po	31,88 at the library, and sitions.
5	Brief description of job duties: Minimum qualifications: Annual Salary: 55,000.00 Staff Position 12: Brief description of job duties:	SFHOT Specialis Bachelor's or Mar x FTE: 0.58 Health & Safety A San Francisco Puinteract and pract	x Months per Year: 12 Associates ublic Library Health & S ice effective outreach is	erience w/ homele Safety Associates techniques with I sness, knowledge	Annualized (if less than months): identify health & safety chomeless populations. Pai	1.00 \$ oncerns a rt-time po	31,88 at the library, an sitions.
5	Brief description of job duties: Minimum qualifications: Annual Salary: 55,000.00 Staff Position 12: Brief description of job duties:	SFHOT Specialis Bachelor's or Mar x FTE: 0.58 Health & Safety A San Francisco Puinteract and pract	x Months per Year: 12 Associates ublic Library Health & S ice effective outreach is	erience w/ homele Safety Associates techniques with I sness, knowledge	Annualized (if less than months): identify health & safety commeless populations. Pare of the client population, aglish, and ability to use the	1.00 \$ oncerns a rt-time po ability to ve interne	31,88 at the library, and sitions.
\$	Brief description of job duties: Minimum qualifications: Annual Salary: 55,000.00 Staff Position 12: Brief description of job duties:	SFHOT Specialis Bachelor's or Mar x FTE: 0.58 Health & Safety A San Francisco Puinteract and pract	x Months per Year: 12 Associates ublic Library Health & S ice effective outreach is	erience w/ homele Safety Associates techniques with I sness, knowledge	Annualized (if less than months): identify health & safety commeless populations. Page of the client population.	1.00 \$ oncerns a rt-time po ability to ve interne	31,88 at the library, and sitions.

Contractor Name:	Public Health Four SFHOT	dation Enterprises, Inc.	Ар	pendix#: B-1b Page#: 📆	
Program Name: Funding Term:	7/01/16-06/30/17			raye #.	
runding room.	770 1710 - 00700717				
Staff Position 13:					
Brief description of job duties:			effective outreach techniques with	nomeless popu	ulations.
Minimum qualifications:			ss, knowledge of the client population e and read English, and ability to us		ork with a
			A	40	
Annual Solony	x FTE:	x Months per Year:	Annualized (if less the months):	an 12	Total
Annual Salary: 22,984.00	3.30	12	montria).	1.00 \$	75,847
Ψ 22,004.00	0.00	1/2			10,011
Total FTE:	69.60			alaries: \$	3,351,175
		Fringe Benefit %:		34.43% \$	1,153,794
			TOTAL ON ADJECT A DEN	EPITO. A	4 504 060
			TOTAL SALARIES & BEN	EFIIS: \$	4,504,969
2) OPERATING EXPENSES:		· · · · · ·			
		·			
Occupancy:					
				Rent: \$	72,000
Brief description of expense:	\$6000/mo * 12 r	nonths			
				Utilities: \$	12,000
Brief description of expense:	\$1000/mo * 12 r	nonths			
			Building Maint	enance: _\$	6,000
Brief description of expense:	\$500/mo * 12 m	onths			
			Mohile	Phones \$	46,200
Brief description of expense:	\$55/ma * 70 ma	bile phones * 12 months	Widdle	T HOHOS W	40,200
Dital description of expenses.	400/11/0	DITO 111			
			Total Occu	ıpancy: \$	136,200
Materials & Supplies:			Office	upplies: \$	12,600
Brief description of expense:	\$15/employee/m	onth x 70 employees x 12		иррпоз ф	12,000
21101 20001 9101. 01 0000100	V.10.0.1.0.0				
			Program S	upplies: _\$	36,000
	\$3000/mo * 12 r	no, including, but not limite	d to employee uniforms, medical su	pplies (gloves,	hand sanitizer,
	6		containers, and vehicle supplies (wi	pes, disinfecta	mi spray, air
Brief description of expense:	freshener, etc.).				

48,600

Total Materials & Supplies: \$

Contractor Name:	Public Health Foundation Enterprises, Inc.	Appendix #	: B-1b	
Program Name:	SFHOT	Page#		
Funding Term:	7/01/16-06/30/17			
General Operating:				
		Training/Staff Development	\$	28,000
Brief description of expe	\$2,334/mo * 12 months for trainings for the S ense: fees, specialized homeless and trauma expert	FHOT team, including but not limited to 0 s	CPR, First A	id, Course
		Equipment Lease and Maintenance:	\$	2,400
Brief description of expe	Equipment Leases & Maintenance to support ense: at \$200/mo * 12 months	the SFHOT operations including but not	limited to Co	opier lease
Brief description of expe	ense: Storage at \$176/mo * 12 months	Offsite Storage:	\$	2,112
		Audit & Accounting:	•	10,000
Brief description of expe	ense: Annual expense \$10,000	Addit & Addodning.		10,000
		Total General Operating:	\$	42,512
Staff Travel:				
Date for a section of		Local Travel		
Brief description of expe	nse:	Out-of-Town Travel	•	10,000
Brief description of expe	nse: \$2000 * 5 staff for Healthcare for Homeless an	d Street Medicine conferences	Ψ	10,000
		Total Staff Travel:	\$	10,000
Consultants/Subcontractors:				
	nse: \$75,000 annually for Representative Payee Se	Consultants/Subcontractors:	\$	75,000
		Consultants/Subcontractors:	\$	36,000
Brief description of expe	\$3000 per month x 12 months for software uponse: record for homeless services	ates for RTZ at direction of IT dept for be	uilding electi	ronic med
Brief description of expe	nse: \$240,000 to professional registries for bringing	Consultants/Subcontractors:	suring staff el	240,000
		our modical and driver services ut	mily stall SI	ivi taye
Brief description of exper	nse: Homeless best practice consultants to align wit	Consultants/Subcontractors: th nation-wide initiatives	\$	15,983
		Total Consultants/Subcontractors:	\$	366,983

Contractor Name: Program Name:	Public Health Foundation Enterprises, Inc. SFHOT	Appendix #: Page #:	
Funding Term:	7/01/16-06/30/17	raye ».	٦
Other:	Off	her Client Related Supplies & Expenses:	\$ 60,000
	\$7000/mo for 12 months for client related supp	• • • • • • • • • • • • • • • • • • • •	
Brief description of expense:	include, but not limited to obtaining IDs, docume clothing, bedding, hygiene supplies, moving co		
		Other Vehicle parking:	\$ 64,000
Brief description of expense:	\$280.70 per vehicle x 19 vehicles x 12 months		
		Other Vehicle Maintenance:	\$ 10,000
Priof description of expenses	Required maintenance on vehicles, including to	out not limited to oil changes, tires mainte	nance, and damage
Brief description of expense:	терап		· · · · · · · · · · · · · · · · · · ·
		Other- Vehicle Expenses	\$ 3,600
Brief description of expense:	\$300 per month for 12 months. Vehicle expens program directors, related to SFHOT Vehicles, monthly charges), radios, and other supplies a SFHOT fleet.	, including but not limited to the installation	n of GPS (including
	F)	Other van leasing:	\$ 16,800
Brief description of expense:	\$700/mo * 2 vans * 12 months	Other vari leasing.	Ψ 10,000
		Total Other:	\$ 154,400
	20	TOTAL OPERATING EXPENSES:	\$ 758,695
3) CAPITAL EXPENDITURES:	****		
(If needed. A unit valued at \$5,000 or	r more)	Capital Expenditure 1:	
Brief description of expense:			
		Capital Expenditure 2:	
Brief description of expense:			
		Capital Expenditure 3:	
Brief description of expense:			
		TOTAL CAPITAL EXPENDITURES:	\$ -
		TOTAL DIRECT COSTS:	\$ 5,263,664
		TOTAL DIRECTION OF THE	9 3,200,004
4) INDIRECT COSTS			
Brief description of Indirect Cost E	xnenses:		Amount
Indirect costs cover fiscal and human	resources management staff and systems cost	ts.	\$ 631,641
Costs calculated at 12% of total costs	b		
An allocation of administrative & suppoverhead expenses related to the con-	out staff salary and related frings henefits and o	neneral	
everyione experience related to the cer	ntract. Rate is 12% of Direct Cost.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		TOTAL INDIRECT COSTS:	\$ 631,641

DPH 7: Contract-Wide Indirect Detail

Contractor Name: Public H Program Name: SFHOT Document Date: 2/26/15	Public Health Foundation Enterprises, Inc. SFHOT 2/26/15	Appendix#: B-1b Page #: 10
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1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Benefits Coordinator	0.10	7.491
Workers Comp & Safety Administrator	0.20	10,920
LOA Coordinator	0.20	13,655
HR Assistant	1.00	42,000
HR Generalist - San Francisco	1.00	78,750
HR Manager	0.08	14,981
Contract & Grant Manager	0.53	44,520
Sr Admin Analyst - San Francisco	1.00	84,000
Sr. Budget Analyst	0.40	32,977
Accounts Payable Specialist	0.30	16,715
Payroll Specialist	0.20	9,964
Director, Contract and Grant Management	0.15	23,625
Controller	0.05	6,300
CFO	0.05	10,000
CEO	0.07	22,050
SUBTOTAL SALARIES		417,948
EMPLOYEE FRINGE BENEFITS	31.10%	129,982
TOTAL SALARIES & BENEFITS		547,930

2. OPERATING COSTS

Expense line item:	Amount
Occupational Inoculations	3.050
Employee Background Checks	5.080
Job Posting/Recruitment	1.200
HR Materials (policy procedure manuals, training manuals)	3,000
Staff Travel	37.381
Physical Check	12.000
Check Delivery	2,000
Liability Insurance	2,000
Staff Travel/SFHOT EE Mileage	15,000
TOTAL OPERATING COSTS	83,711

TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)

631,641

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

Contractor Name: Public Health Foundation Enterprises, Inc. Provider Name: SFHOT Provider Number: 383800
Name: Code: y (SA):
Service Description: SA-Sec Prev Outreach Funding Term: 07/01/17-06/30/18
Salaries & Employee Benefits:
Operating Expenses: greater than \$5,000).
Subtotal Direct Expenses:
Indirect Expenses:
USES:
HMHSCCRES227
LSWO
T
2.5
cable):
SA Only - I ingread Canadity for Medi Cal Broulder with Narrollo Ty Dronger
Cost Reimbursement (CR) or Fee-For-Service (FFS):
ce:
Unit Type:
Only):
urces):
Published Rate (Medi-Cal Providers Only): [100]

30,121

25.02%

1,123,673

34.78%

1,153,794

Employee Fringe Benefits: 34.43%

150,490

4,354,479

4,504,969

TOTAL SALARIES & BENEFITS

DPH 3: Salaries & Benefits Detail

Appendix #: B-1c Page #: 2

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

		TOTAL	SA G HMH	SA General Fund HMHSCCRESZZ7	Public L HMH	Public Library Workorder HMHSHOMELSWO						
	Term:	Term: 07/01/17-06/30/18	Term:	07/01/17-06/30/18	Term:	07/01/17-06/30/18	Tem:		Tem		ļ	
Position Title	FIE	Salaries	FTE	Salaries	FTE		FTE	Salarioe	212	September 2		
Administrative Coordinator	1.00	20,000	1.00	20.000						Oalalles	u L	Salanes
Community Liaison	1.00	55,000	1.00	35,000								
Business Analyst Transitions Division	1.00	68,000	1.00	98,000								
Administrative Assistant	1.00	40,000	1.00	40,000								
Social Workers	3.00	222,000	3.00	222,000								
Housing Specialist	1.00	92,000	1.00	35.000								
Program Coordinator EST	1.00	000'89	1.00	68.000								
SFHOT Specialist I (34 pos)	32.60	1,496,959	32.60	1.496.959								
SFHOT Specialist II (21 pos)	20.00	1,100,000	20.00	1.100.000								
SFHOT Specialist I - Llbrary (1 pos)	0.50	22,960			0.50	22 GEO						
SFHOT Specialist II - Library (1 pos)	0.58	31,889			0.58	31 889						
Health & Safety Associates (6 pos)	2.63	65,520			2.63	65.520						
Interns (10 pos)	3.30	75,847	3.30	75,847								
		•										
Totals:	68.60	3,351,175	64.90	3,230,806	3.70	120.369						

Amendment: 03/01/2015

615,062

TOTAL OPERATING EXPENSE

DPH 4: Operating Expenses Detail

Appendix #: B-1c Page # 3

Program Code: N/A Program Name: SFHOT Document Date: 2226/15

Expenditure Categories & Line Items	TOTAL	SA General Fund HMHSCCRES227	Public Library Workorder HMHSHOMELSWO			
	Term:07/01/17-06/30/18	Term: 07/01/17-06/30/18	Term:07/01/17-06/30/18	Tem:	Term:	Тетт
Occupancy:						
Rent	\$ 72,000	\$ 72,000				
Utilities(telephone, electricity, water, gas)	\$ 12,000	\$ 12,000				
Building Repair/Maintenance	\$ 6,000	\$				
Mobile Phones	\$ 46,200	\$ 46,200				
Materials & Supplies:						
S Office Supplies \$	12,600	\$ 12,600				
Program Supplies \$	36,000	\$ 36,000				
Handheld Computers and Application	t 49	5				
_	*	-				
General Operating:	*					
Training/Staff Development	\$ 28,000	\$ 28,000				
Insurance \$	•					
Equipment Lease & Maintenance \$	2,400	\$ 2,400				
Offsite Storage \$	2,112	\$ 2,112				
Audit & Accounting \$	10,000	10,000				
Staff Travel:	*					
Local Travel						
Out-of-Town Travel	\$ 10,000	\$ 10,000				
	-					
Consultant/Subcontractor:		1				
Professional Services to Rep Payee TBD	\$ 75,000					
RTZ software consultation and development	36,000					
Other Professional Registry (BD \$ Other Professional Consultants TBD \$	107,350	3 107,350				
Others						
	900,000					
	.64,000					
Vehicle Maintenance	\$ 10,000	10,000				
Vehicle Expenses	3,600	3,600				
Van Lease	\$ 16,800	\$ 16,800				

DPH 5: Capital Expenses Detail

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

Appendix: B-1c Page#: 4

1. Equipment

Item Description	Quantify	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Total Equipment Cost					\$0

2. Remodeling

Description	Total Cost
Total Remodeling Cost	

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$0 Amendment: 03/01/2015

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

Contractor Name: Program Name:		FHOT	ndation Enterprises, Inc.	_	Ар	pendix#: B	
unding Term:		7/01/17-06/30/18		-		Page#: 🕻	
		000010		_			
S	taff Position 8: S	SFHOT Special	ist I				
	L	Inder direction	of SW or MFT provide s	upport for home	less clients in benefits.	ousing, tre	atment linkages
	t!	hera pe utic tran:	sport, street outreach, a	nd case manage	ment. Help program par	ticipants er	gage or re-engage
Brief description	า of job duties: พ	vith community	resources including jobs	3.			0.0
Minimum	qualifications: A	ssociates degr	ee and experience with	homeless and tr	i-morbid populations		
					Appublished /if lose th	on 10	
Annual Sala	rv:	x FTE:	x Months per Year:		Annualized (if less th months):	an iz	Total
\$	45,919.00	32.60	12		Titotiais).	1.00 \$	1,496,95
<u> </u>	10,010,000	02.00	12		l	1,00 \$	1,490,93
S	taff Position 9: S	FHOT Speciali	st II				
					- 1- 1		
	+	ranenart etreet	of SW or MFT provide s outreach, and case mar	upport for clients	s in benefits, housing, tre	atment link	ages, therapeutic
Brief description	of job duties: c	ommunity reso	urces including jobs	agement. neip	program participants eng	gage or re-	engage with
Minimum	cualifications: B	achelor's or Ma	ester's degree and expe	lence with home	eless and tri-morbid non-	ilatione	
				TOTIOG WILLTHOM	nose and minorphia popu	alatioi is	
					Annualized (if less the	an 12	
Annual Sala		x FTE:	x Months per Year:		months):		Total
\$	55,000.00	20.00	12			1.00 \$	1,100,00
Sta	ff Position 10: S	FHOT Speciali	st I Library Position				
Brief description	of job duties: S	FHOT Speciali	st I for Public Library ne	ghborhood local	tions		
Minimum	qualifications: A	ssociates degre	ee and experience with I	nomeless and tri	-morbid populations		
Annual Salar	20	x FTE:	x Months per Year:		Annualized (if less that	an 12	
R Trindar Galai	45,919.00	0.50	12		months):	4.00 6	Total
-	45,313.00	0.50	12		L	1.00 \$	22,96
Sta	ff Position 11: S	FHOT Specialis	st II Library Position				
Brief description	of lob duties: S	FHOT Specialis	st II for Public Library ne	ighborhood loos	tione		
Minimum	qualifications: B	achelor's or Ma	ster's degree and exper	ience w/ homele	see and tri-morbid nonula	tione	·
			in a degler alle oxpor	ionoc vii nomore	as and trimorbia popule	1110115	-
					Annualized (if less that	an 12	
Annual Salar	y:	x FTE:	x Months per Year:		months):		Total
\$	55,000.00	0.58	12		<u> </u>	1.00 \$	31,88
Sta	f Position 12: H						
	Sa	an Francisco Pi	ublic Library Health & Sa	afety Associates	identify health & safety	concerns a	the library, and
Brief description	of job duties: in	teract and prac	tice effective outreach to	echniques with h	omeless populations. Pa	art-time pos	sitions.
			perience with homeless				
Minimum	qualifications: st	aff & clientele,	able to speak, write and	read English, ar	nd ability to use the interi	net	
							·
					Annualized (If less that	ın 12	
	<i>p</i>	x FTE:	x Months per Year:				T-4-1
Annual Salar	24.960.00	2.63	12		months):		Total

ontractor Name:			idation Enterprises, Inc.	•	Appendix #:		
rogram Name:		FHOT			Page #:	7	
unding Term:	U.	7/01/17-06/30/18		•			
Stoff	Position 13: Ir	atorno					
Stail			nterns interact and practic	ce effective outro	each techniques with homeless	population	ns. Part-
Brief description of	f job duties: ti	me positions					
Minimum qu					of the client population, ability ad ability to use the internet	to work wi	th a diverse
					Annualized (if less than 12		
Annual Salary:		x FTE:	x Months per Year:		months):		Total
	22,984.00	3.30	12		1.00	\$	75,84
	T	00.00			Total Palacian	•	2 254 4
	Total FTE:	69.60	Erinas Banafit W.		Total Salaries: 34.43%		3,351,17 1,153,79
			Fringe Benefit %:		34.43%	<u> </u>	1,100,13
				TO ⁴	TAL SALARIES & BENEFITS:	\$	4,504,96
OPERATING EXPENSE	:8:						
ccupancy:					Pant-	¢	72.00
ccupancy: Brief description	of expense: \$	6000/mo * 12 m	nonths		Rent:	\$	72,00
	of expense: \$	6000/mo * 12 m	nonths		Rent:		
Brief description	of expense: \$	1000/mo * 12 m	nonths			\$	12,00
Brief description	of expense: \$	1000/mo * 12 m	nonths		Utilities:	\$	12,00
Brief description Brief description	of expense: \$ of expense: \$:1000/mo * 12 m	nonths		Utilities:	\$	72,00 12,00 6,00 46,20
Brief description Brief description Brief description	of expense: \$ of expense: \$:1000/mo * 12 m	nonths		Utilities: Building Maintenance: Mobile Phones	\$ \$	6,00 46,20
Brief description Brief description Brief description	of expense: \$ of expense: \$:1000/mo * 12 m	nonths		Utilities: Building Maintenance:	\$ \$	12,00 6,00
Brief description Brief description Brief description Brief description	of expense: \$ of expense: \$:1000/mo * 12 m	nonths		Utilities: Building Maintenance: Mobile Phones	\$ \$	6,00
Brief description Brief description Brief description Brief description	of expense: \$ of expense: \$:1000/mo * 12 m	nonths		Utilities: Building Maintenance: Mobile Phones	\$ \$	6,00
Brief description Brief description Brief description Brief description	of expense: \$ of expense: \$ of expense: \$:1000/mo * 12 m	nonths	2 months	Utilities: Building Maintenance: Mobile Phones Total Occupancy:	\$ \$	12,0 6,0 46,2 136,2
Brief description Brief description Brief description Brief description aterials & Supplies:	of expense: \$ of expense: \$ of expense: \$ of expense: \$:1000/mo * 12 m	nonths onths bile phones * 12 months onth x 70 employees x 1		Utilities: Building Maintenance: Mobile Phones Total Occupancy: Office Supplies:	\$ \$ \$	12,0 6,0 46,2 136,2
Brief description Brief description Brief description Brief description	of expense: \$ of expense: \$ of expense: \$ of expense: \$:1000/mo * 12 m :500/mo * 12 mo :55/mo * 70 mod :15/employee/m	nonths onths bile phones * 12 months onth x 70 employees x 1: no, including, but not limit and tick treatments, etc.	led to employee	Utilities: Building Maintenance: Mobile Phones Total Occupancy: Office Supplies:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	12,00 6,00 46,20 136,20 12,60 36,00 I sanitizer,

Amendment: 03/01/2015

48,600

Total Materials & Supplies: \$

Appendix #: B-1c

Public Health Foundation Enterprises, Inc.

Contractor Name:

	D-IC			
	8	Page #:	SFHOT	ogram Name:
			07/01/17-06/30/18	ınding Term:
			ng:	eneral Operating:
28,00	\$	Training/Staff Development		
		e SFHOT team, including but not limited to CP	\$2,334/mo * 12 months for trainings for the scription of expense: fees, specialized homeless and trauma ex	Brief description of
		Equipment Lease and Maintenance:		
opier lease a	mited to Co	port the SFHOT operations including but not lin	Equipment Leases & Maintenance to sup scription of expense: \$200/mo * 12 months	Brief description of
2,11	\$	Offsite Storage:	scription of expense: Storage at \$176/mo * 12 months	Brief description of
10,000	\$	Audit & Accounting:	scription of expense: Annual expense \$10,000	Brief description of
42,512	\$	Total General Operating:		
10,000		Local Travel Out-of-Town Travel s and Street Medicine conferences	scription of expense: scription of expense: \$2000 * 5 staff for Healthcare for Homeles	
		s and Street Medicine conferences	scription of expense: \$2000 * 5 staff for Healthcare for Homeles	Brief description of
10.00	s			
10,000	\$	Total Staff Travel:		
		Total Staff Travel: Consultants/Subcontractors:		onsultants/Subcontractor
		Total Staff Travel: Consultants/Subcontractors:	contractors: scription of expense: \$75,000 annually for Representative Paye	
75,000 36,000	\$	Consultants/Subcontractors: Services Consultants/Subcontractors:	scription of expense: \$75,000 annually for Representative Paye	
75,000 36,000	\$	Total Staff Travel: Consultants/Subcontractors:	scription of expense: \$75,000 annually for Representative Paye	Brief description of
107,350	\$\$ lding elect	Consultants/Subcontractors: Services Consultants/Subcontractors: updates for RTZ at direction of IT dept for buil Consultants/Subcontractors:	scription of expense: \$75,000 annually for Representative Payer \$3000 per month x 12 months for software	Brief description of Brief description of
75,000 36,000 ronic med	\$ Solution Solutio	Consultants/Subcontractors: Services Consultants/Subcontractors: updates for RTZ at direction of IT dept for buil Consultants/Subcontractors: ging in on-call medical and driver services duri	scription of expense: \$75,000 annually for Representative Payer \$3000 per month x 12 months for software scription of expense: record for homeless services	Brief description of Brief description of

Contractor Name:	Public Health Foundation Enterprises, Inc.	Appendix #:	_							
Program Name:	SFHOT	Page #:	9							
Funding Term:	07/01/17-06/30/18									
Other:										
	Other C	lient Related Supplies & Expenses:	\$	60,000						
	\$5000/mo for 12 months for client related supplies ar									
	include, but not limited to obtaining IDs, documents, engagement incentives and supplies, gift cards, foo clothing, bedding, hygiene supplies, moving costs for transporting client related supplies, etc.									
Bnet description of expense	: clothing, bedding, hygiene supplies, moving costs for	transporting client related supplies,	, etc.							
		Other Vehicle parking:	\$	64,000						
Brief description of expense	: 280.70 per vehicle x 19 vehicles x 12 months									
		Other Vehicle Maintenance:	œ	10,000						
	Required maintenance on vehicles, including but not									
Brief description of expense		minted to on changes, thes mainten	ance, an	u damage						
		Other- Vehicle Expenses		3,600						
	\$300 per month for 12 months. Vehicle expenses inc									
	program directors, related to SFHOT Vehicles, include	ling but not limited to the installation	of GPS	(including						
Dief deserties of sussess	monthly charges), radios, and other supplies and equ	ipment needed for the safety and m	nonitoring	of the SFHOT						
Brief description of expense	: fleet.									
		Other van leasing:	\$	16,800						
Brief description of expense	: \$700/mo * 2 vans * 12 months									
		Total Other:	e	154,400						
		Total Other.	- -	134,400						
		TOTAL OPERATING EXPENSES:	\$	615,062						
3) CAPITAL EXPENDITURES:										
(If needed. A unit valued at \$5,000 or	more)	0 11 15 11 1								
Drief description of evenence		Capital Expenditure 1:								
brief description of expense			•							
		Capital Expenditure 2:								
Brief description of expense	:									
		Capital Expenditure 3:	•							
Brief description of expense	E									
Dilai description of expense	•									
	Te	OTAL CAPITAL EXPENDITURES:	\$	-						
		TOTAL DIRECT COSTS:	\$	5,120,031						
4) INDIRECT COSTS										
Brief description of Indirect Cost Ex	rnenses:			Amount						
	resources management staff and systems costs.		\$	614,404						
Costs calculated at 12% of total costs.										
			├──							
An allocation of administrative & supp	ort staff salary and related fringe benefits and general		L							
overhead expenses related to the conf										
,										
		TOTAL INDIRECT COSTS:	\$	614,404						
		TOTAL EXPENSES:	\$	5,734,435						
		TOTAL LAF LAGES.		0,: 07,700						

DPH 7: Contract-Wide Indirect Detail

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

1. SALARIES & BENEFITS

Position Title	里	Salaries
Benefits Coordinator	0.10	7,491
Workers Comp & Safety Administrator	0.20	10.920
LOA Coordinator	0.20	13,655
HR Assistant	1.00	42.000
HR Generalist - San Francisco	1.00	78,750
HR Manager	0.08	14,981
Contract & Grant Manager	0.53	44,520
Sr Admin Analyst - San Francisco	1.00	84,000
Sr. Budget Analyst	0.40	32,977
Accounts Payable Specialist	0.20	11,143
Payroll Specialist	0.20	9,964
Director, Contract and Grant Management	0.15	23,625
Controller	0.05	6,300
CFO	0.05	10,000
CEO	0.07	22,050
SUBTOTAL SALARIES		412.377
EMPLOYEE FRINGE BENEFITS	31.10%	128,249
TOTAL SALARIES & BENEFITS		540,626

2. OPERATING COSTS

Expanse line Item:	Amount
Occupational Inoculations	3,050
Employee Background Checks	5,080
Job Posting/Recruitment	1,200
HR Materials (policy procedure manuals, training manuals)	3,000
Staff Travel	27,448
Physical Check	12,000
Check Delivery	2,000
Liability Insurance	2,000
Staff Travel/SFHOT EE Mileage	15,000
TOTAL OPERATING COSTS	73,778

TOTAL INDIRECT COSTS (Salarles & Benefits + Operating Costs)

614,404

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

			Cont	rol Number		-						
						_	INVOICE N	UMBER:	S01	JL	15	
Contractor: Public Health Foundation	Enterprises,	Inc.	c.					Ct. Blanket No.: BPHM		TBD Lines Cd		
Address: 12801 Crossroads Parkway	y South, Su	ite 200, C	200, City of Industry, CA 91746					POHM	TBD			User Cd
Tel. No.: (562) 699-7320					1		Fund Source	e:	General F	und		
Fax No.:			C	BHS			Invoice Per	iod:	July 20	15		
Funding Term: 07/01/2015 - 06/30/20						Final Invoice				(Check		
•						rillal illivoic	· ·			(CIRCK	1165)	
PHP Division: Community Behavioral	Health Serv	rices					ACE Contro	ol Number:				
	TOT			LIVERED		VERED		6 OF	REMA			% OF
Program/Exhibit	CONTR	UDC UDC		S PERIOD		DATE	UOS	OTAL UDC	DELIVER		UOS	TOTAL UDC
B-1a SFHOT	UOS	ODC	UOS	UDC	UOS	UDC	005	UDC	UOS	UDC	ŲUS	ODC
SecPrev-19 SA-Sec Prev Outreach	93,681	825			_	 	0%	0%	93,681	825	100%	100%
500,107,10 01,000,100 04,000,1	00,000								50,001			
Unduplicated Counts for AIDS Use Only.							1					
B2-0		•				ENSES		ENSES	% (MAINING
Description Total Salaries				3UDGET ,230,806.00		PERIOD	\$	DATE	BUD	0.00%		3,230,806.00
Fringe Benefits				,123,673.00			\$	-		0.00%		1,123,673.00
Total Personnel Expenses				,354,479.00			\$			0.00%		4,354,479.00
Operating Expenses:			Ψ 4	,354,478.00	Ι Ψ		ΙΨ		 	0.0076	Ψ	4,304,479.00
Occupancy			\$	136,200.00	6		.		_	0.00%	¢.	126 200 00
Materials and Supplies			\$	97,060.00			\$		-	0.00%		136,200.00 97,060.00
General Operating			\$	32,512.00			\$			0.00%		32,512.00
Staff Travel			\$	10,000.00		-	\$	_		0.00%		10,000.00
Consultant/ Subcontractor			\$	407,964.00			\$	_		0.00%		407,964.00
Other: Client Related Supplies 8	Expenses		\$	154,400.00		_	\$			0.00%		154,400.00
Car Parking, Van Parking, Veh			\$	-	\$	-	\$	-		0.00%		-
Vehicle Expenses, Van Leas			\$	-	\$	-	\$			0.00%		
Total Operating Expenses			\$	838,136.00	\$		\$	_		0.00%	©.	838,136.00
Capital Expenditures			\$	-	\$		\$			0.00%		030,130.00
TOTAL DIRECT EXPENSES				,192,615.00		— <u> </u>	\$			0.00%		5,192,615.00
Indirect Expenses			\$	623,113.00		-	\$	-	-	0.00%		623,113.00
Total Expenses				815,728.00		-	\$	-		0.00%		5,815,728.00
Less: Initial Payment Recovery							NOTES:		<u> </u>	0.0070		0,0,0,7,20,00
Other Adjustments (DPH use only)							110120.					
							1					
REIMBURSEMENT	•				\$	-						
I certify that the information provided above accordance with the contract approved for claims are maintained in our office at the a	services pro	vided und								in		
Signature:							Date:					
Printed Name:												
Title:							Phone:					
Send to:							DPH	Authorization for	or Payment			
Community Programs Budget/ Invoice Ana 1380 Howard St., 4th Floor San Francisco, CA 94103	lyst											
					A	uthorized	Signatory		•		Dat	ie .

Control Number

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

Invoice Number

						!			OSEI CO
Contractor: Public Health Foundation Enterp	rises. Inc.					CT PO No.			····
Tel. No.:									
16: 140									
DETAIL PERSONNEL EXPENDITURES									
NAME O TELE		Г	BUDGETED	EXPENSES		EXPENSES	% OF		REMAINING
NAME & TITLE	FTE	┡	SALARY	THIS PERIO	<u> </u>	TO DATE	BUDGET	\vdash	BALANCE
Administrative Coordinator	1.00	6	50,000.00	\$ -	٠,	\$ -	0.000/		50,000,00
Community Liason	1.00		55,000.00		_	\$ - \$ -	0.00%		50,000.00 55,000.00
Business Analyst Transitions Division	1.00		68,000.00			\$ -	0.00%		68,000.00
Administrative Assistant	1.00		40,000.00			-	0.00%	_	40,000.00
Social Workers	3.00		222,000.00			\$ -	0.00%		222.000.00
lousing Specialist	1.00	_	55,000.00		_	5 -	0.00%		55,000.00
Program Coordinator EST	1.00	\$	68,000.00	\$ -		\$ -	0.00%		68,000.00
SFHOT Specialist I (34 pos)	32.60	\$	1,498,959.00	\$ -		-	0.00%		1,496,959.00
SFHOT Specialist II (21 pos)	20.00		1,100,000.00		1	5 -	0.00%	\$	1,100,000.00
nterns (8 pos)	3.30	\$	75,847.00	\$ -		5 -	0.00%	\$	75,847.00
		_							
		H			+				
					+				
-		_			+				
		-							
		\vdash			-				
		 			+				
					_				
					_				
					_				
					\neg				
OTAL SALARIES	64.90	\$	3,230,806.00	\$ -	\$	- 1	0.00%	\$	3,230,806.00
I postforthat the Information and dark a									<u> </u>
I certify that the information provided above accordance with the contract approved for service	es provided und	or my	knowledge, com	piete and accur	ate; tr	ne amount requested for re	elmbursement in		
are maintained in our office at the address indicat	ed.	201 U	na brosision or an	at contract. Full	Justili	ication and backup record	s for those claims		
Signature:						Date:			
Printed Name:									
		-							
Title:						Phone:			

Appendix F-1a (GF-WO)

-	Number		1					'	PAGE A		
L					l	INVOICE N	UMBER:	S02	JL	15	
Contractor: Public Health Foundation Enterprises,	Inc	c.					No.: BPHM	TBD			
oonington. I abno notice i ounation mice prioce,						Oli Diarmot					Jser Cd
Address: 12801 Crossroads Parkway South, Suite 20	0, City of I	ndustry, (CA 91746			Ct. PO No.:	POHM	TBD			
Tel. No.: (562) 699-7320 Fax No.:		CE	BHS			Fund Source	:e:	SA Work	Order-P	ublic Libra	ary SFHOT
				l		Invoice Peri	iod:	July 20	15		
Funding Term: 07/01/2015 - 06/30/2016						Final Invoic	e:			(Check	f Yes)
PHP Division: Community Behavioral Health Services						ACE Contro	ol Number:				
TOT	AL	DELI	VERED	DELIV	ERED	9	6 OF	REMA			% OF
CONTRA			PERIOD		DATE		OTAL	DELIVER			TOTAL
Program/Exhibit UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1a SFHOT - HMHSHOMELSWO SecPrev-19 SA-Sec Prev Outreach 5,964	30			_		0%	0%	5,964	30	100%	100%
Secriev-19 SA-Sec Fiev Outleach 0,304	30					0 /8	070	3,304	30	10078	100%
Unduplicated Counts for AIDS Use Only.											
Unduplicated Counts for AIDS Ose Only.									-		
Description		BII	DGET		NSES ERIOD		ENSES DATE	8UD			MAINING ALANCE
Total Salaries			20,369.00	\$	-	\$	-	500	0.00%		120,369.00
Fringe Benefits				\$	-	\$	-		0.00%		30,121.00
Total Personnel Expenses			50,490.00	\$		\$	-	T	0.00%		
Operating Expenses:						i i					
Occupancy		\$	-	\$	-	\$	-	0.00%		\$ -	
Materials and Supplies		\$	-	\$		\$	-	0.00%			
General Operating		\$		\$	_	\$ -		0.00%			
Staff Travel		\$		\$	-	\$ -		0.00%			
Consultant/ Subcontractor		\$	-	\$	- \$			0.00%			
Other:		\$	-	\$		Ś	-		0.00%		-
		\$	-	\$	-	\$	-		0.00%		-
		\$		\$	_	\$ -		0.00%			-
Total Operating Expenses		\$	-	\$	-	\$	-		0.00%	\$	
Capital Expenditures		\$	-	\$	-	\$	-		0.00%	\$	-
TOTAL DIRECT EXPENSES		\$ 15	50,490.00	\$	-	\$	-		0.00%	\$	150,490.00
Indirect Expenses		\$ '	18,059.00	\$	-	\$	-		0.00%	\$	18,059.00
Total Expenses		\$ 10	38,549.00	\$	-	\$			0.00%	\$	168,549.00
Less: Initial Payment Recovery						NOTES:					
Other Adjustments (DPH use only)]					
REIMBURSEMENT				\$							
I certify that the information provided above is, to the be accordance with the contract approved for services provided as a service of the services provided as a service of the services are replaced to the services are represented to the services are repr	vided unde								in		
claims are maintained in our office at the address indica			i			Date					
Signature:				•		Date:					
Printed Name:											
Title:		,				Phone:					
Send to:						DPH A	Authorization fo	or Payment			
Community Programs Budget/ Invoice Analyst											I
1380 Howard St., 4th Floor											I
San Francisco, CA 94103				Au	thorized :	Signatory		•		Dat	e

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

			Control N	lumber	-	_		ice Nu	mber
		Ц					S02 JL	15	1101
									User Cd
Contractor: Public Health Foundation Ent	amricas Inc					CT PO No.			
Contractor: Public Health Foundation Enti	erprises, inc.								
Tel. No.:									
DETAIL PERSONNEL EXPENDITURES									
			SUDGETED	EXPENSES	I EYDE	ENSES	% OF		REMAINING
NAME & TITLE	FTE	١,	SALARY	THIS PERIOD		DATE	BUDGET		BALANCE
									
SFHOT Specialist I - Library (1 pos)	0.50	\$	22,960.00	\$ -	\$	-	0.00%	\$	22,960.00
SFHOT Specialist II - Library (1 pos)	0.58		31,889.00	\$ -	\$	-	0.00%		31,889.00
Health & Safety Associates (6 pos)	2.63		65,520.00	\$ -	\$	-	0.00%		65,520.00
<u> </u>					<u> </u>				
TOTAL SALARIES	3.71	\$	120,369.00	\$ -	\$	-	0.00%	\$	120,369.00
I certify that the information provided ab accordance with the contract approved for se are maintained in our office at the address ind	rvices provided un	of my der th	knowledge, com e provision of th	plete and accurate at contract. Full ju	e; the amount stification and	requested for re backup records	imbursement in for those claims		
Signature:					Date: _				
Printed Name:									
-									
Title:					Phone: _				

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

			Cont	rol Number			1							FAGE A
							I	INVOI	CE N	UMBER:	S01	JL	16	
Contractor: Public Health Foundation E	nterprises	. Inc.						Ct. Bla	nket	No.: BPHM	TBD			
	-	-					Ct. Blanket No.: BPHM				User Cd			
Address: 12801 Crossroads Parkway	South, Su	ite 200, C	ity of In	dustry, CA	91746	3		Ct. PO	No.:	POHM	TBD			
Tel. No.: (562) 699-7320 Fax No.:				BHS	1			Fund S	ourc	es:	General F	und		
rax No.:	рпо				Invoice	Per	iod:	July 20	16					
Funding Term: 07/01/2016 - 06/30/201					Final Ir	voic	e:			(Check	if Yes)			
PHP Division: Community Behavioral H	lealth Sen	/ices						ACE C	ontro	ol Number:		ewe en a	emist.	24
	TO	ΓAL	DE	LIVERED	D	ELIV	ERED	Т	9	% OF	REMAI	NING		% OF
	CONTR			S PERIOD	_		DATE	L		OTAL	DELIVER			TOTAL
Program/Exhibit B-1b SFHOT	uos	UDC	uos	UDC	l uc	os_	UDC	UO	<u>S</u>	UDC	UOS	UDC	UOS	UDC
SecPrev-19 SA-Sec Prev Outreach	93,681	825	 		-	_		 	0%	0%	93,681	825	100%	100%
													75576	
Unduplicated Counts for AIDS Use Only.										<u>-</u> .				
					1 -	VDE	NSES		EVE	ENSES	% C)E	DI	A A IN IN IO
Description			В	UDGET			ERIOD			DATE	BUD			MAINING ALANCE
Total Salaries				230,806.00			-	\$		-		0.00%		3,230,806.00
Fringe Benefits			\$ 1,	123,673.00	\$		-	\$		-		0.00%		1,123,673.00
Total Personnel Expenses			\$ 4,	354,479.00	\$		-	\$		-	L	0.00%	\$	4,354,479.00
Operating Expenses:								1						
Occupancy			\$	136,200.00	\$		-	\$				0.00%	\$	136,200.00
Materials and Supplies			\$	48,600.00			-	\$	-		0.00%			
General Operating			\$	42,512.00			-	\$		-		0.00%		42,512.00
Staff Travel			\$	10,000.00			-	\$		-		0.00%		10,000.00
Consultant/ Subcontractor				366,983.00			-	\$		-		0.00%		366,983.00
Other: Client Related Supplies &				154,400.00			-	\$				0.00%		154,400.00
Van Parking, Vehicle Mainte			\$	-	\$		-	\$		-		0.00%		-
Vehicle Expenses, Van Leas	se		\$	-	\$		-	\$				0.00%	\$	
Total Operating Expenses			\$	758,695.00	\$			\$		-		0.00%	\$	758,695.00
Capital Expenditures			\$	-	\$		-	\$		-		0.00%		-
TOTAL DIRECT EXPENSES			\$ 5,	113,174.00	\$		-	\$		-		0.00%		5,113,174.00
Indirect Expenses				613,582.00			-	\$		-		0.00%		613,582.00
Total Expenses			\$ 5,	726,756.00	\$		-	\$		-		0.00%	\$	5,726,756.00
Less: Initial Payment Recovery								NOTE	S:					
Other Adjustments (DPH use only)]						
					_			1						
REIMBURSEMENT					\$		-	L						
I certify that the information provided above												in		
accordance with the contract approved for s claims are maintained in our office at the ad-			er the pr	rovision of the	at con	tract.	Full jus	lification	and	backup record	s for those			
	uress muic	aleu.						_						
Signature:					-			Da	te:					
Printed Name:					-									
Title:								Phor	ne: .					
Send to:									PH	Authorization fo	r Payment			
Community Programs Budget/ Invoice Analy	st													
1380 Howard St., 4th Floor				1										- 1
San Francisco, CA 94103						Αυ	thorized :	Signator	v			· · · -	Dat	

Control Number

10 J.

TOTAL SALARIES

are maintained in our office at the address indicated.

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

Invoice Number 16

									User Cd				
						CT PO No.							
Contractor: Public Health Foundation Enterp	prises, inc.												
el. No.:													
Tel. No.:													
DETAIL PERSONNEL EXPENDITURES													
DETAIL PERSONNEL EXPENDITURES													
			BUDGETED	EXPENSES		EXPENSES	% OF		REMAINING				
NAME & TITLE	FTE		SALARY	THIS PERIOD		TO DATE	BUDGET		BALANCE				
		L											
Administrative Coordinator	1.00	\$	50,000.00	\$ -	\$	-	0.00%		50,000.00				
Community Liason	1.00	\$	55,000.00	\$ -	\$		0.00%		55,000.00				
Business Analyst Transitions Division	1.00	\$	68,000.00		\$		0.00%	\$	68,000.00				
Administrative Assistant	1.00	\$	40,000.00	\$ -	\$	-	0.00%	\$	40,000.00				
Social Workers	3.00	\$	222,000.00		\$	-	0.00%	\$	222,000.00				
Housing Specialist	1.00	\$	55,000.00	\$ -	\$	_	0.00%		55,000.00				
Program Coordinator EST	1.00	\$	68,000.00	\$ -	\$	-	0.00%	\$	68,000.00				
SFHOT Specialist I (34 pos)	32.60	\$	1,496,959.00	\$ -	\$	-	0.00%	\$	1,496,959.00				
SFHOT Specialist II (21 pos)	20.00	\$	1,100,000.00	\$ -	\$	-	0.00%	\$	1,100,000.00				
Interns (10 pos)	3.30	\$	75,847.00	\$ -	\$		0.00%	\$	75,847.00				
								1	10,0				
								_					
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		<u> </u>			\vdash								
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		-											
					<u> </u>								
					<u> </u>								
					_								

Signature: Date:

64.90 \$ 3,230,806.00 \$

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

Printed Name: Phone:

0.00% \$

3,230,806.00

Appendix F-1b (GF-WO)

			Contro	l Number								PAGE À
			Contro	Hullibei]						
							INVOICE N	UMBER:	S02	JL	16	
Contractor: Public Health Foundation E	Enterprises,	, Inc.					Ct. Blanket	No.: BPHM	TBD			
Address: 12801 Crossroads Parkway So	uth Suite 20	0 City of	Industry (CA 91746			Ct. PO No.:	РОНМ	TBD			User Cd
	u., outo 20	, o, o.i., o.										
Tel. No.: (562) 699-7320 Fax No.:			CE	BHS			Fund Source	e:	SA Work	Order-Pu	ublic Libra	ary SFHOT
							Invoice Peri	iod:	July 201	16		
Funding Term: 07/01/2016 - 06/30/2017							Final Invoic	e:			(Check i	f Yes)
PHP Division: Community Behavioral Hea	Ith Services						ACE Contro	ol Number:	WARES		With the last	
9	TOT	TAL	DEL	WERED	DELI	/ERED	9	6 OF	REMA	INING		% OF
	CONTR	ACTED	1	PERIOD		DATE	1	DTAL	DELIVER			TOTAL
Program/Exhibit	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1b SFHOT - HMHSHOMELSWO	F 004	20					00/	00/	5.004	20	100%	100%
SecPrev-19 SA-Sec Prev Outreach	5,964	30				-	0%	0%	5,964	30	100%	100%
Unduplicated Counts for AIDS Use Only.									L			
Orlduplicated Counts for Aids Ose Only.										-		
Description				DGET		NSES PERIOD		ENSES DATE	BUD			EMAINING ALANCE
Total Salaries				20,369.00		- LINIOD	\$	DAIL -	000	0.00%		120,369.00
Fringe Benefits				30,121.00	\$	pa .	\$	_		0.00%		30,121.00
Total Personnel Expenses				50,490.00		-	\$	-		0.00%		150,490.00
Operating Expenses:		•				-						
Occupancy			\$	-	S		\$			0.00%	\$	
Materials and Supplies			\$		\$	-	\$			0.00%		
General Operating			\$	-	\$	-	\$	-		0.00%		
Staff Travel			\$	-	\$	-	\$	-		0.00%		-
Consultant/ Subcontractor			\$		\$	-	\$	-		0.00%		
Other:			\$	-	\$	-	\$	-		0.00%		-
			\$	-	\$	-	\$			0.00%		-
			\$	-	\$	-	\$	-		0.00%	\$	-
			<u> </u>		•		.			0.00%	¢.	
Total Operating Expenses			\$	-	\$		\$	-		0.00%		
Capital Expenditures				<u>-</u>	\$		\$			0.00%		150,490.00
TOTAL DIRECT EXPENSES Indirect Expenses				50,490.00 18,059.00		-	\$			0.00%		18,059.00
Total Expenses				68,549.00			\$			0.00%		168,549.00
			ΙΨ 1	00,078.00	Ψ	<u>-</u>	NOTES:			0.0070	Ψ	100,040.00
Less: Initial Payment Recovery Other Adjustments (DPH use only)							INOTES.					- 1
Outer regulation (DITT 000 011))							1					- 1
REIMBURSEMENT					\$							
I certify that the information provided above accordance with the contract approved for claims are maintained in our office at the a	services pro	vided und								in		
Signature:							Date:					
Printed Name:						40						
Title:							Phone:					
Send to:							DPH /	Authorization for	or Payment			
Community Programs Budget/ Invoice Anal	lyst											
San Francisco, CA 94103				<u> </u>	Aı	uthorized :	Signatory	·			Dat	.e

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

			Control I	Number		Invo	ice Nu	mber
		<u> </u>			J	S02 JL	16	
								User Cd
Contractor: Public Health Foundation Enterp	ricos ino				CT PO No)		
Officiality i abile Health I defination Enterp	11903, IIIC.							
								10
Tel. No.:								
DETAIL PERSONNEL EXPENDITURES								
			BUDGETED	EXPENSES	EXPENSES	% OF		REMAINING
NAME & TITLE	FTE		SALARY	THIS PERIOD	TO DATE	BUDGET		BALANCE
SFHOT Specialist I - Library (1 pos)	0.50		20.000.00	6				
SFHOT Specialist II - Library (1 pos)	0.50	-	22,960.00	\$ -	\$ -	0.00%		22,960.00
Health & Safety Associates (6 pos)	0.58 2.63		31,889.00 65,520.00		\$ -	0.00%	\$	31,889.00
riediul & Salety Associates (6 pos)	2.03	- -	05,520.00	\$ -	\$ -	0.00%	\$	65,520.00
								
		_					-	
		ļ						
TOTAL SALARIES	3.71	9	120,369.00	\$ -	\$ -	0.00%	6	120 260 00
- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 0.71	Ψ	120,000.00	<u> </u>	1.4	0.00%	ψ	120,369.00
I certify that the information provided above	is, to the best o	f mv l	knowledge, com	plete and accurate	: the amount requested fo	r reimbursement in		
accordance with the contract approved for service	es provided und	ler the	e provision of the	at contract. Full jus	stification and backup reco	ords for those claims		
are maintained in our office at the address indicat	ed.			•				
Signature:					Date:			
4.3. MM. 4.					Date.			
Printed Name:								
Title:					Phone:			

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

	1		Contro	Number		7						INOLA
		<u></u>				1	INVOICE N	UMBER:	S01	JL	17	
Contractor: Public Health Foundation E	nterprises	Inc.					Ct. Blanket	No.: BPHM	TBD			
	,											User Cd
Address: 12801 Crossroads Parkway	South, Su	ite 200, C	ity of Ind	ustry, CA 9	1746		Ct. PO No.:	POHM	TBD			
Tel. No.: (562) 699-7320 Fax No.:	· · ·						Fund Source	e:	General Fund			
Tax Ton							Invoice Per	iod:	July 20	17		
Funding Term: 07/01/2017 - 06/30/201	8						Final Invoice	æ:			(Check	if Yes)
PHP Division: Community Behavioral H	lealth Serv	rices					ACE Contro	of Number:			93.1.	
	TOT	AL	DEL	VERED	DELI	/ERED	9	% OF	REMA	INING		% OF
	CONTR			PERIOD		DATE		OTAL	DELIVER		1100	TOTAL
Program/Exhibit B-1c SFHOT	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
SecPrev-19 SA-Sec Prev Outreach	93,681	825			-		0%	0%	93,681	825	100%	100%
Unduplicated Counts for AIDS Use Only.												
Oraupilicated Courts for Aid-5 Use Offiny.					I was disaft				1 0/ /			
Description			BII	DGET		NSES PERIOD		PENSES DATE	% (EMAINING ALANCE
Total Salaries				30,806.00		-	\$	-	505	0.00%		3.230.806.00
Fringe Benefits				23,673.00		-	\$	-		0.00%		1,123,673.00
Total Personnel Expenses				54,479.00		-	\$	-		0.00%	\$	4,354,479.00
Operating Expenses:												
Occupancy			\$ 1	36,200.00	\$	-	\$	-		0.00%	\$	136,200.00
Materials and Supplies				48,600.00		-	\$	-		0.00%	\$	48,600.00
General Operating			\$	42,512.00	\$	-	\$	-		0.00%		42,512.00
Staff Travel				10,000.00		-	\$	-		0.00%		10,000.00
Consultant/ Subcontractor			\$ 2	23,350.00	\$	_	\$	-		0.00%		223,350.00
Other: Client Related Supplies &	Expenses		\$ 1	54,400.00	\$	-	\$			0.00%		154,400.00
Van Parking, Vehicle Mainte			\$		\$	-	\$	-		0.00%		-
Vehicle Expenses, Van Lea	se		\$		\$	-	\$		<u> </u>	0.00%	\$	-
Total Operating Expenses	•		\$ 6	15,062.00	S	-	\$		Ì	0.00%	\$	615,062.00
Capital Expenditures			S	-	Š		\$	-		0.00%		-
TOTAL DIRECT EXPENSES			\$ 4.9	69,541.00	<u> </u>	-	\$	-		0.00%		4,969,541.00
Indirect Expenses				96,345.00		-	\$	-		0.00%		596,345.00
Total Expenses				65,886.00		-	\$	-		0.00%	\$	5,565,886.00
Less: Initial Payment Recovery							NOTES:					
Other Adjustments (DPH use only)	•] ·					
]					
REIMBURSEMENT					\$		l					
I certify that the information provided above	is, to the be	est of my k	nowledge	, complete a	and accur	ate; the a	mount reque	sted for reimbu	rsement is	in		
accordance with the contract approved for claims are maintained in our office at the ac			er the pro	vision of tha	it contract	i. Full jus	tification and	backup record	s tor those			
							Deter					
Signature:					•		Date:				-	
Printed Name:				<u>-</u> .								
Title:							Phone:					
Send to:							DPH	Authorization for	or Payment			
Community Programs Budget/ Invoice Anal	uet											ļ
Community Programs Budget/ Invoice Anal 1380 Howard St., 4th Floor	yət			1								
San Francisco, CA 94103												
					Aı	uthorized	Signatory		-		Da	te

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

	Control Number			Inve	oice Num	nber	
			S01	JL	17		
						User Cd	
		CT PO No.				4	
Contractor: Public Health Foundation Enterprises, Inc.							

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES	EXPENSES	% OF	REMAINING
NAME & TITLE	PIE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
Administrative Coordinator	1.00	\$ 50,000.00	\$ -	\$ -	0.000	¢ 50,000,00
Community Liason	1.00	\$ 55,000.00	-	-	0.00%	
Business Analyst Transitions Division	1.00		A	 - 	0.00%	
Administrative Assistant	1.00	\$ 68,000.00 \$ 40,000.00	-	-	0.00%	
Social Workers	3.00	\$ 222,000.00		\$ -	0.00%	
Housing Specialist		\$ 222,000.00	4	-	0.00%	
Program Coordinator EST	1.00	\$ 68,000.00		\$ -	0.00%	
SFHOT Specialist I (34 pos)	32.60	\$ 1,496,959.00			0.00%	
SFHOT Specialist II (21 pos)	20.00	\$ 1,100,000.00	\$ -		0.00%	7
Interns (10 pos)	3.30	\$ 75,847.00	\$ -			.,
interns (10 pos)	3.30	\$ 75,047.UU	ф -	-	0.00%	\$ 75,847.00
				<u> </u>		
OTAL SALARIES	64.90	\$ 3,230,806.00	S -	-	0.00%	\$ 3,230,806,0

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

Signature:	Date:	
Printed Name:		
Title:	Phone:	

												PAGE A
			Contro	Number		٦						
						_	INVOICE N	UMBER:	S02	JL	17	
Contractor: Public Health Foundation E	Enterprises	, Inc.					Ct. Blanket	No.: BPHM	TBD		-	
Address: 12801 Crossroads Parkway So	uth, Suite 20	00, City of	Industry, (CA 91746			Ct. PO No.:	POHM	TBD		'	User Cd
Tel. No.: (562) 699-7320			CE				Fund Source	e:	SA Work	Order-Pı	ublic Libra	ary SFHOT
Fax No.:			CE	BHS			Invoice Per	iod:	July 201	7		1
Funding Term: 07/01/2017 - 06/30/2018					•		Final Invoice				(Check	f Yes)
PHP Division: Community Behavioral Hea	Ith Services						ACE Contro	ol Number:	2.7 %	Jan		
	TO	ΓAL	DEL	VERED	DELI	/ERED	9	6 OF	REMAI	NING		% OF
	CONTR			PERIOD	то	DATE	T	OTAL	DELIVER			TOTAL
Program/Exhibit	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1c SFHOT - HMHSHOMELSWO	5 004	- 60				-	00/	00/	5.004		4000/	4000/
SecPrev-19 SA-Sec Prev Outreach	5,964	30		<u> </u>		 	0%	0%	5,964	30	100%	100%
Unduplicated Counts for AIDS Use Only.								•				
	· · · · · · · · · · · · · · · · · · ·				EXPE	NSES	EXF	ENSES	% C	F	RE	MAINING
Description				DGET		PERIOD	TO	DATE	BUDO			ALANCE
Total Salaries				20,369.00		-	\$	-		0.00%		120,369.00
Fringe Benefits				30,121.00		-	\$	<u> </u>		0.00%		30,121.00
Total Personnel Expenses			\$ 1	50,490.00	\$	-	\$	-		0.00%	\$	150,490.00
Operating Expenses:												
Occupancy			\$	-	\$	-	\$	-		0.00%		-
Materials and Supplies			\$	-	\$	-	\$			0.00%		-
General Operating			\$	-	\$	-	\$			0.00%		
Staff Travel			\$	-	\$	-	\$			0.00%		-
Consultant/ Subcontractor		-	\$	-	\$	-	\$			0.00%		-
Other:			\$	-	\$	-	\$	-		0.00%		
			\$	-	\$	-	\$	-		0.00%		
			- P		Ψ		Ψ			0.00%	Ψ	
Total Operating Expenses			\$	_	\$		\$	-		0.00%	\$	
Capital Expenditures			\$	-	\$	-	\$		-	0.00%		-
TOTAL DIRECT EXPENSES				50,490.00			\$		_	0.00%		150,490.00
Indirect Expenses				18,059.00		-	\$	-		0.00%		18,059.00
Total Expenses				68,549.00		-	\$	-		0.00%		168,549.00
Less: Initial Payment Recovery							NOTES:	······				
Other Adjustments (DPH use only)							1					1
]					
REIMBURSEMENT					\$	-	1					
I certify that the information provided above accordance with the contract approved for										in		
claims are maintained in our office at the a	ddress indic	ated.										
Signature:							Date:					
Printed Name:												
Title:							Phone:					
Send to:			}				'	Authorization fo	r Payment			
							0.11		wymonit			
Community Programs Budget/ Invoice Ana	lyst			ł								
1380 Howard St., 4th Floor												
San Francisco, CA 94103				ļ	Α.	المسالم والم	Clanatar				D-	
L			1		Al	ullouzed	Signatory				Dat	.c

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

	_	Control I	Vumber	_	Invoice Number			
					J	S02 JL	17	
					CT PO No.		User Cd	
Contractor: Public Health Foundation Enterprises, In	IC.				CI PO No.		<u></u>	
Tel. No.:								
DETAIL PERSONNEL EXPENDITURES								
NAME & TITLE	FTE		BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE	
SFHOT Specialist I - Library (1 pos) SFHOT Specialist II - Library (1 pos)	0.50	\$	22,960.00	\$ -	\$ -	0.00%	\$ 22,960.00	
SFHOT Specialist II - Library (1 pos)	0.58	\$	31,889.00		\$ -	0.00%		
Health & Safety Associates (6 pos)	2.63	\$	65,520.00	\$ -	\$ -	0.00%		
					 			
TOTAL SALARIES	3.71	\$	120,369.00	\$ -	\$ -	0.00%	\$ 120,369.00	
I certify that the information provided above is, to the accordance with the contract approved for services provided are maintained in our office at the address indicated.	e best o	f my l	knowledge, com	plete and accurate	; the amount requested for r stification and backup record	eimbursement in		
Signature:					Date:			
Printed Name:								

Phone:

Title: _



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/30/2015

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

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

PRODUCER	CONTACT Michelle Gonzalez						
Arthur J. Gallagher & Co. nsurance Brokers of CA. Inc. LIC # 0726293	PHONE (A/C, No, Ext): 818-539-2300 FAX (A/C, No):	818-539-2301					
505 N Brand Blvd, Suite 600	E-MAIL ADDRESS: Michelle_Bielen@ajg.com						
Glendale CA 91203	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Landmark American Insurance Company	33138					
INSURED	INSURER B : Philadelphia Indemnity Insurance Co						
Public Health Foundation Enterprises, Inc.	INSURER C: RSUI Indemnity Company	22314					
12801 Crossroads Pkwy So.#200 City of Industry, CA 91746	INSURER D : Berkley Regional Insurance Company						
City of Industry, CA 91740	INSURER E: Starr Indemnity & Liability Company	38318					
	INSURER F:						
447050055							

COVERAGES CERTIFICATE NUMBER: 1173503359

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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α		COMMERCIAL GENERAL LIABILITY	Υ	****			9/5/2015	EACH OCCURRENCE	\$5,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	Х	Prof Liab\$5M/\$5M						MED EXP (Any one person)	\$5,000
	х	AbuseLiab\$1M/\$1M						PERSONAL & ADV INJURY	\$5,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$6,000,000
	Ш	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$5,000,000
	il	OTHER:							\$
В	AUT	OMOBILE LIABILITY	Υ		PHPK1227045	9/5/2014	9/5/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	Х	ANY AUTO						BODILY INJURY (Per person)	\$
	П	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								Comp/Coll Ded:	\$1,000/\$1,000
С		UMBRELLA LIAB X OCCUR			NHA236307	9/5/2014	9/5/2015	EACH OCCURRENCE	\$4,000,000
	Х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$4,000,000
		DED RETENTION\$				l		Over WC & Auto	\$
E		RKERS COMPENSATION EMPLOYERS' LIABILITY		Υ	1000001023	6/1/2015	6/1/2016	PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Man	idatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
D	Fide	elity Coverage			BCR7100095914	9/5/2014	9/5/2015	Blanket Limit	\$2,000,000
		,							

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

Re: SFHOT Program. City and County of San Francisco, its Officers, Agents and Employees are named additional insured with respect to the General/Automobile Liability policy of the named insured per the attached AI endorsement. Such insurance is primary. Waiver of Subrogation for Workers Compensation policy applies in favor of certificate holder.

CERTIFICATE HOLDER	CANCELLATION
San Francisco Dept of Public Health 101 Grove Street, Room 402	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
San Francisco CA 94102 USA	AUTHORIZED REPRESENTATIVE
I	

(Ed. 04-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.) You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule. The additional premium for this endorsement shall be _____2 % of the California workers' compensation premium otherwise due on such remuneration. Schedule **Person or Organization Job Description** Any person or organization to whom you become obligated Where required by contract. to waive your rights of recovery against, under any contract or agreement you enter into prior to the occurrence of loss. San Francisco Dept of Public Health 101 Grove Street, Room 402 San Francisco, CA 94102

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

Endorsement Effective: 06/01/2015

Policy No.: 1000001023

Endorsement No.: 1

insured: Public Health Foundation Enterprises, Inc.

Premium:

Insurance Company: Starr Indemnity & Liability Company

Countersigned by:

POLICY NUMBER: PHPK1227045

COMMERCIAL AUTO CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

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

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

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

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

Endorsement Effective: 09/05/2014	Countersigned By:
	Marina
Named Insured:	1 MANNAGE
PUBLIC HEALTH FOUNDATION ENTERPRISE	(Authorized Representative)

SCHEDULE

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

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

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

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

This Endorsement Changes The Policy. Please Read It Carefully.

ADDITIONAL INSURED BLANKET - PRIMARY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Person or Organization:

16 19 1

Any person or organization to whom or to which you are obligated by virtue of a written contract or by the issuance or existence of a written permit, to provide insurance such as is afforded by this policy.

- A. SECTION II WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown on 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:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

- **B.** With respect to the insurance afforded to these additional insured, the following additional exclusions apply:
 - This insurance does not apply to "bodily injury" or "property damage" occurring after:
 - 1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

If you are required by a written contract to provide primary insurance, this policy shall be primary as respects to your negligence and SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance does not apply, but only with respect to coverage provided by this policy.

All other terms, conditions and warranties remaining unchanged.

This endorsement effective 9/5/2014 forms part of Policy Number LHC824736 issued to PUBLIC HEALTH FOUNDATION ENTERPRISES INC

by: Landmark American Insurance Company

Endorsement No.: 06