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

First Amendment

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

Recitals

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

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

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

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

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term "Agreement" shall mean the Agreement dated **July 1st, 2016 (CID# 1000002634)**, between Contractor and City, as amended by the:

1.2 **Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

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

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) **July 1, 2016**; or (ii) the Effective Date and expire on **June 30, 2018**, unless earlier terminated as otherwise provided herein.

2.2 The City has **eight** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

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

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

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) **July 1, 2016**; or (ii) the Effective Date and expire on **June 30, 2019**, unless earlier terminated as otherwise provided herein.

2.2 The City has **eight** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

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

2.2 **Article 3 Financial Matters** of the Original Agreement currently reads as follows:

Article 3 Financial Matters

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

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

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

3.3 **Compensation.**

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Four Million Nine Hundred Seventy-Six Thousand Eight Hundred Thirty DOLLARS ($4,976,830)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

3.3.2 **Payment Limited to Satisfactory Services.** Contractor is not entitled to any payments from City until **Department of Public Health** approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including

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

3.3.3 **Withhold Payments.** If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.

3.3.4 **Invoice Format**. Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City to Contractor at the address specified in Section 11.1, "Notices to the Parties," or in such alternate manner as the Parties have mutually agreed upon in writing.

3.3.5 **Reserved. (LBE Payment and Utilization Tracking System)**

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

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through Paymode-X, the City's third party service that provides Automated Clearing House (ACH) payments. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

3.3.7 **Grant Funded Contracts.**

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

(b) **Reserved (Grant Terms)**

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

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

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

3.4.2 The Director of Public Health or his / her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

3.5 Submitting False Claims. The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

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

Article 3 Financial Matters

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

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

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

3.3 **Compensation.**

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Eight Hundred Thirty-Nine Thousand Four Hundred Eighty-Seven DOLLARS ($9,839,487).** The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

3.3.2 **Payment Limited to Satisfactory Services.** Contractor is not entitled to any payments from City until **Department of Public Health** approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to

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

3.3.3 **Withhold Payments.** If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.

3.3.4 **Invoice Format**. Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City as specified in Section 3.3.6, or in such alternate manner as the Parties have mutually agreed upon in writing.

3.3.5 **Reserved (LBE Payment and Utilization Tracking System).**

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

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through, the City's Automated Clearing House (ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

3.3.7 **Grant Funded Contracts.**

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

(b) **Grant Terms.** The funding for this Agreement is provided in full or in part by a Federal or State Grant to the City. As part of the terms of receiving the funds, the City is required to incorporate some of the terms into this Agreement. The incorporated terms may be found in Appendix D, "Grant Terms." To the extent that any Grant Term is inconsistent with any other provisions of this Agreement such that Contractor is unable to comply with both the Grant Term and the other provision(s), the Grant Term shall apply.

(c) Contractor shall insert each Grant Term into each lower tier subcontract. Contractor is responsible for compliance with the Grant Terms by any subcontractor, lower-tier subcontractor or service provider.

3.4 **Audit and Inspection of Records**. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related

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

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

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

3.4.2 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

3.5 **Submitting False Claims**. The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the

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

3.6 **Reserved (Payment of Prevailing Wages).**

2.3 **Article 4 Services and Resources**, is hereby amended in its entirety to read as follows:

Article 4 Services and Resources

4.1 **Services Contractor Agrees to Perform.** Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."

4.2 **Qualified Personnel.** Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

4.3 **Subcontracting.**

4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.3.2 City's execution of this Agreement constitutes its approval of the subcontractors listed below.

a. Glide
b. Saint James Infirmary
c. Homeless Youth Alliance
d. SF Drug Users Union

4.4 **Independent Contractor; Payment of Employment Taxes and Other Expenses.**

4.4.1 **Independent Contractor.** For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be

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

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

4.5 **Assignment**. The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

4.6 **Warranty**. Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.

2.4 **Article 5 Insurance and Indemnity**, is hereby amended in its entirety to read as follows:

Article 5 Insurance and Indemnity

5.1 **Insurance.**

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

(a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than $1,000,000 each accident, injury, or illness; and

(b) Commercial General Liability Insurance with limits not less than $1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

(c) Commercial Automobile Liability Insurance with limits not less than $1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

(a) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(b) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

5.1.3 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."

5.1.4 Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

5.1.5 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be

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

5.1.6 Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

5.1.7 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

5.1.8 If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

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

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

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

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

Article 8 Termination and Default

8.1 **Termination for Convenience**

8.1.1 City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

(a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.

(b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.

(c) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

(d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

(e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.

(f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

(a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for Services. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

(b) A reasonable allowance for profit on the cost of the Services described in the immediately preceding subsection (a), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all Services under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

(c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

(d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the Services or other work.

8.1.4 In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under Section 8.1.3.

8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.

8.1.6 City's payment obligation under this Section shall survive termination of this Agreement.

8.2 **Termination for Default; Remedies.**

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

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

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

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

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.

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

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

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

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

8.3 **Non-Waiver of Rights.** The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by

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

8.4 **Rights and Duties upon Termination or Expiration.**

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

3.3.2	Payment Limited to Satisfactory Services		9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance		9.2	Works for Hire
3.4	Audit and Inspection of Records		11.6	Dispute Resolution Procedure
3.5	Submitting False Claims		11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity		11.8	Construction
6.1	Liability of City		11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages		11.10	Compliance with Laws
Article 7	Payment of Taxes		11.11	Severability
8.1.6	Payment Obligation		13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information			

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

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

Article 10 Additional Requirements Incorporated by Reference

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

10.2 **Conflict of Interest.** By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 *et seq.*), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 *et seq.*), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.

10.3 **Prohibition on Use of Public Funds for Political Activity.** In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

10.4 **Reserved.**

10.5 **Nondiscrimination Requirements**

10.5.1 **Non Discrimination in Contracts**. Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.

10.5.2 **Nondiscrimination in the Provision of Employee Benefits**. San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section12B.2.

10.6 **Local Business Enterprise and Non-Discrimination in Contracting Ordinance.** Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

10.7 **Minimum Compensation Ordinance**. Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

10.8 **Health Care Accountability Ordinance.** Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.

10.9 **First Source Hiring Program.** Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.

10.10 **Alcohol and Drug-Free Workplace.** City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has

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

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

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

10.12 **Reserved. (Slavery Era Disclosure).**

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

10.14 **Consideration of Criminal History in Hiring and Employment Decisions**

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

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

10.15 **Public Access to Nonprofit Records and Meetings.** If Contractor receives a cumulative total per year of at least $250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

10.16 **Food Service Waste Reduction Requirements.** Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

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

10.18 **Tropical Hardwood and Virgin Redwood Ban**. Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

10.19 **Reserved (Preservative Treated Wood Products).**

2.7 **Article 11 General Provisions**, is hereby amended in its entirety to read as follows:

Article 11 General Provisions

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

To CITY:	Office of Contract Management and Compliance Department of Public Health		
	101 Grove Street, Room 402 San Francisco, California 94102	e-mail:	Nora.macias@sfdph.org
And:	TOMAS ARAGON, MD, MPH CHEP 101 GROVE STREET, ROOM 308 SAN FRANCISCO, CA 94102	e-mail:	Tomas.aragon@sfdph.org
To CONTRACTOR:	SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET, SUITE 400 SAN FRANCISCO, CA 94103	e-mail:	jhollendoner@sfaf.org

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

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

11.3 **Reserved.**

11.4 **Sunshine Ordinance.** Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.

11.5 **Modification of this Agreement.** This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement.

11.6 **Dispute Resolution Procedure.**

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

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

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

11.6.3 **Health and Human Service Contract Dispute Resolution Procedure.** The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.

11.7 **Agreement Made in California; Venue**. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

11.8 **Construction.** All paragraph captions are for reference only and shall not be considered in construing this Agreement.

11.9 **Entire Agreement**. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."

11.10 **Compliance with Laws**. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

11.11 **Severability**. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

11.12 **Cooperative Drafting**. This Agreement has been drafted through a cooperative effort of City and Contractor, and both Parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No Party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the Party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

11.13 **Order of Precedence.** Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFP, and Contractor's proposal dated **March 3, 2016**. The RFP and Contractor's proposal are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal.

2.8 **Article 12 Department Specific Terms**, is hereby amended in its entirety to read as follows:

Article 12 Department Specific Terms

12.1 **Third Party Beneficiaries.**

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

12.2 **Certification Regarding Lobbying.**

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

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

12.3 **Materials Review.**

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

12.4 **Emergency Response.**

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

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

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

Article 13 Data and Security

13.1 **Nondisclosure of Private, Proprietary or Confidential Information.**

13.1.1 If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

13.1.2 In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, such information must be held by Contractor in

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

13.2 **Reserved. (Payment Card Industry ("PCI") Requirements.**

13.3 **Business Associate Agreement.**

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

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

1. ☒ **CONTRACTOR will create, receive, maintain, transmit, or access SFDPH PHI And is a Covered Entity[1] as defined under HIPAA;**
   Complete the following attached documents:
   a. Appendix E SFDPH Protected Information Privacy & Security Agreement (PSA) (06-21-2017)
   b. SFDPH Attestation 1 PRIVACY (06-07-2017)
   c. SFDPH Attestation 2 DATA SECURITY (06-07-2017)
   d. SFDPH Attestation 3 COMPLIANCE (06-07-2017)

2. ☐ **CONTRACTOR will create, receive, maintain, transmit, or access SFDPH PHI And is NOT a Covered Entity[1] as defined under HIPAA;**
   Complete the following attached documents:
   a. Appendix E SFDPH Business Associates Agreement (BAA) (08-04-2017)
   b. SFDPH Attestation 1 PRIVACY (06-07-2017)
   c. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

3. ☐ **CONTRACTOR will NOT create, receive, maintain, transmit, or access SFDPH PHI;**
   Appendix E and attestations are not required.
   This option requires review and approval from the Office of Compliance and Privacy Affairs.

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

a. **Health Care Providers** (doctors, clinics, psychologists, pharmacies, nursing homes)
b. **Health Plans** (Health insurance companies, HMOs, company health plans, government programs that pay for health care).
c. **Health Care Clearinghouse** (Not Applicable to SFDPH contracts)

Source: https://www.hhs.gov/hipaa/for-professionals/covered-entities/index.html
https://privacyruleandresearch.nih.gov/pr_06.asp

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

2.10 Add **Article 14 MacBride And Signature,** to this Agreement as Amended to reads as follows:

Article 14 MacBride And Signature

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

The Appendices listed below are Amended as follows:

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

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

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

2.14 Delete Appendix A-3, and replace in its entirety with Appendix A-3 to Agreement as amended. Dated: 10/01/2017.

2.15 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: 10/01/2017.

2.16 Delete Appendix B-1c, and replace in its entirety with Appendix B-1c to Agreement as amended. Dated: 10/01/2017.

2.17 Delete Appendix B-1d, and replace in its entirety with Appendix B-1d to Agreement as amended. Dated: 10/01/2017.

2.18 Delete Appendix B-1e, and replace in its entirety with Appendix B-1e to Agreement as amended. Dated: 10/01/2017.

2.19 Add Appendix B-1f to Agreement as amended. Dated: 10/01/2017.

2.20 Add Appendix B-1g to Agreement as amended. Dated: 10/01/2017.

2.21 Add Appendix B-1h to Agreement as amended. Dated: 10/01/2017.

2.22 Delete Appendix B-2a, and replace in its entirety with Appendix B-2a to Agreement as amended. Dated:10/01/2017.

2.23 Add Appendix B-2b to Agreement as amended. Dated: 10/01/2017.

2.24 Add Appendix B-3a to Agreement as amended. Dated: 10/01/2017.

2.25 Add Appendix B-3b to Agreement as amended. Dated: 10/01/2017.

2.26 Delete Appendix D, and replace in its entirety with Appendix D to Agreement as amended. Dated: 10/01/2017.

2.27 Delete Appendix E, and replace in its entirety with Appendix E to Agreement as amended. Dated: OCPA & CAT v6.21.2017 and Attestation forms 06-07-2017.

2.28 Delete Appendix F-1c, and replace in its entirety with Appendix F-1c to Agreement as amended. Dated: 10/01/2017.

2.29 Delete Appendix F-1d, and replace in its entirety with Appendix F-1d to Agreement as amended. Dated: 10/01/2017.

2.30 Delete Appendix F-1e, and replace in its entirety with Appendix F-1e to Agreement as amended. Dated: 10/01/2017.

2.31 Add Appendix F-1f to Agreement as amended. Dated: 10/01/2017.

2.32 Add Appendix F-1g to Agreement as amended. Dated: 10/01/2017.

2.33 Add Appendix F-1h to Agreement as amended. Dated: 10/01/2017.

2.34 Delete Appendix F-2a, and replace in its entirety with Appendix F-2a to Agreement as amended. Dated:10/01/2017.

2.35 Add Appendix F-2b to Agreement as amended. Dated: 10/01/2017.

2.36 Add Appendix F-3a to Agreement as amended. Dated: 10/01/2017.

2.37 Add Appendix F-3b to Agreement as amended. Dated: 10/01/2017.

Article 3 Effective Date

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

Article 4 Legal Effect

Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

[SIGNATURES ON FOLLOWING PAGE]

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

CITY
Recommended by:

Barbara A. Garcia, MPA
Director of Health
Department of Public Health

Approved as to Form:

Dennis J. Herrera
City Attorney

By: _____
Deputy City Attorney

Approved:

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

CONTRACTOR
SAN FRANCISCO AIDS FOUNDATION

Joe Hollendoner
Chief Executive Officer
1035 Market Street, Suite 400
San Francisco, CA 94103

Supplier ID number: 0000011638

Appendix A
Scope of Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Tomas Aragon, M.D. / Tracey Packer**, Contract Administrator for the City, or his / her designee.

B. Reports:

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

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

C. Evaluation:

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City.

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

The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. Grievance Procedure:

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

H. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (http://www.dir.ca.gov/title8/5193.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

I. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (http://www.dir.ca.gov/Title8/5199.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

J. Acknowledgment of Funding:

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

K. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

L. Under-Utilization Reports:

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

M. Quality Assurance:

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

1) Staff evaluations completed on an annual basis.

2) Personnel policies and procedures in place, reviewed and updated annually.

3) Board Review of Quality Assurance Plan.

N. Compliance With Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1 – HIV Syringe Access and Disposal Services

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

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

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

CONTRACT SUMMARY

Service Provider(s):	San Francisco AIDS Foundation
Fiscal Agency:	San Francisco AIDS Foundation
Total Contract Amount:	$9,060,163
Funding Source:	HPS General Fund/CDC
Program Name:	Syringe Access and Disposal Services
System of Care:	Population Health - HIV Prevention Services (HPS)
Program Code:	N/A
Provider Address:	1035 Market Street, Suite 400 - SF CA 94103
Provider Phone:	415-487-3000 **Provider Fax:** 415-487-3094
Contact Person:	Richard Hill, Director of Government Contracts **Direct Phone Number:** 415-487-8042 **Email:** rhill@sfaf.org
RFP#:	3-2016
Appendix A:	
Appendix B:	

		Appendix A-1 Syringe Access Services					
		B-1	B-1a	B-1b	B-1c	B-1d	B-1e
Funding Source		*GF*	*GF*	*CDC*	*GF*	*GF*	*CDC*
Funding Amount:		*$1,863,232*	*$196,713*	*$5,000*	*$1,909,813*	*$201,631*	*$5,000*
Funding Term:		7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-12.31.16	7.1.17-6.30.18	7.1.17-6.30.18	1.1.17-12.31.17
		UOS	*UOS*	*UOS*	*UOS*	*UOS*	*UOS*
Number of UOS:	Syringe Access & Disposal Services Hrs.	*3,614*	*N/A*	*N/A*	*3,614*	*N/A*	*N/A*
	Disposal Coordination & Bulk Purchasing	*12*	*12*	*12*	*12*	*12*	*12*
	Citywide Syringe Sweeps	*2,028*	*N/A*	*N/A*	*2,028*	*N/A*	*N/A*
	Community-Based Sweeps Events	*264*	*N/A*	*N/A*	*264*	*N/A*	*N/A*
Number of UDC/NOC:		*NOC*	*NOC*	*NOC*	*NOC*	*NOC*	*NOC*
	Syringe Access & Disposal Services Hrs.	*44,300*	*N/A*	*N/A*	*44,300*	*N/A*	*N/A*
	Disposal Coordination & Bulk Purchasing	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
	Citywide Syringe Sweeps	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
	Community-Based Sweeps Events	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

		B-1f	B-1g	B-1h
Appendix B:				
Funding Source		*GF*	GF	*CDC*
Funding Amount:		*$1,956,679*	$206,672	*$5,000*
Funding Term:		7.1.18-6.30.19	7.1.18-6.30.19	1.1.18-12.31.18
		UOS	*UOS*	*UOS*
Number of UOS:	Syringe Access & Disposal Services Hrs.	*3,614*	*N/A*	*N/A*
	Disposal Coordination & Bulk Purchasing	*12*	*12*	*12*
	Citywide Syringe Sweeps	*2,028*	*N/A*	*N/A*
	Community-Based Sweeps Events	*264*	*N/A*	*N/A*

Number of UDC/NOC:

	NOC	NOC	NOC
Syringe Access & Disposal Services Hrs.	44,300	N/A	N/A
Disposal Coordination & Bulk Purchasing	N/A	N/A	N/A
Citywide Syringe Sweeps	N/A	N/A	N/A
Community-Based Sweeps Events	N/A	N/A	N/A

Definition and # of UOS: A Unit of Service (UOS) is equivalent to 1 hour of service/activity or 1 month of Program Coordination.

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

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

Appendix A:
Appendix B:

	Appendix A-2 Homeless Youth Alliance		
	B-2	B-2a	B-2b
Funding Source	GF	GF	GF
Funding Amount:	$156,854	$160,775	$164,794
Funding Term:	7.1.16-6.30.17	7.1.17-6.30.18	7.1.18-6.30.19
Number of UOS:	UOS	UOS	UOS
HYA Wrap Around & Disposal	12	12	12
Number of UDC/NOC:	NOC	NOC	NOC
HYA Wrap Around & Disposal	N/A	N/A	N/A

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

Target Population: Young adults aged 13-29 living on the stress in the Haight and female identified IDUs in the Mission

Target Population: This appendix addresses administrative activities to be paid by funds provided by the City and County of San Francisco to the Homeless Youth Alliance. Tides Foundation serves as the fiscal agent for HYA. SFAF's agreement with HYA is that all invoicing will come from Tides Foundation and the checks are made payable to Tides/Homeless Youth Alliance. Funds are to be used for various personnel and operating expenses and for syringe disposal services.

		Appendix A-3 6th Street Harm Reduction Ct.		
Appendix A:		B-3	B-3a	B-3b
Appendix B:		GF	GF	GF
Funding Source				
Funding Amount:		$344,000	$884,000	$1,000,000
Funding Term:		11.1.16-6.30.17	7.1.17-6.30.18	7.1.18-6.30.19
		UOS	*UOS*	*UOS*
Number of UOS:	Harm Reduction Center Services Hrs.	8	12	12
Number of UDC/NOC:		NOC	NOC	NOC
	Harm Reduction Center Services Hrs.	18,400	35,343	36,960
Definition and # of UOS:	A Unit of Service (UOS) is equivalent to 1 Month of Harm Reduction Center Services.			
Target Population:	Intravenous drug users (IDUs) throughout San Francisco.			
Description of Services:	Services available at the Harm Reduction Center include: • a lounge area which provides space for clients to drop in and hang out, with opportunities to access a range of low-threshold engagement activities; • engagement in and linkage to HIV and HCV testing and care; • peer-based activities and education on topics such as overdose prevention, vein care, harm reduction counseling; • crisis intervention; • syringe access services, including access to syringes and supplies as well as disposal for used syringes; • food and snacks; • a breakfast club adherence program; • secure lockers for clients to store HIV and HCV medications.			

1. **Identifiers:**
   Program Name: San Francisco AIDS Foundation – Syringe Access Services
   Program Address: 1035 Market Street, Suite 400
   City, State, Zip Code: San Francisco, CA 94103
   Telephone/FAX: (415) 487-3000/(415) 487-3094
   Website Address: www.sfaf.org

   Contractor Address: same as above
   City, State, Zip Code:
   Person completing this Narrative: Terry Morris, Manager Syringe Access Services
   Telephone: (510) 338-8159 cell/ (415) 487-8043 desk
   Email Address: tmorris@sfaf.org

2. **Nature of Document:**
   ☐ **New** ☐ Renewal ☒ **Modification**

   Appendix Terms:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Methodology:

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

A. **Syringe Access and Disposal Services** includes the following direct client services:

1. **Provision of sterile injection equipment to clients.** SAC partners will provide sterile injection equipment at mobile van based sites, through street outreach, camp outreach, secondary exchange programming, private syringe exchange, fixed site, and multi-service drop in center sites.

2. **Distribution of syringe disposal supplies, (fitpacks, small bio-bins).** Every participant will be offered a disposal container when picking up supplies. SAC staff members will provide encouragement and positive reinforcement to participants who bring in returns. Additionally, disposal sweep community outreach workers will make sharps containers available to people they engage during sweeps and to residents and business owners who would like to join the cause.

3. **Collection of disposed injection equipment, including disposal at sites and sweep programs, and in collaboration with the SFDPH Rapid Response Team as needed.** SAC staff members and volunteers will sweep mapped routes (see attachments) in documented hot spot areas. SAC staff members will provide training on safe handling to all volunteers and staff assisting with sweeps. SAC staff members will properly close and lock sharps containers.

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

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

6. **Linkage to HIV/HCV testing.** All SAC members will offer participants linkage to on-site HIV/HCV testing or referrals to HIV/HCV testing.

B. **Syringe Access and Disposal Coordination** includes the following non-direct client services:
1. **Overall coordination and responsibility for any agencies subcontracted to perform syringe access or disposal services or to reach the target populations.** SFAF, the SAC Lead Coordinating agency, will monitor subcontractor performance, supply budget, syringe returns, ensure that work is documented and reported, and in collaboration with SAC membership problem solve, innovate, and deepen our relationships and coordinate our services.

2. **Participate in meetings of any subcontractors and SFDPH Rapid Response Clean Team engaged in disposal efforts (including sweeps) to ensure consistency of service delivery and ensure complementary and non-duplicative efforts.** SFAF will participate in disposal team meetings and assess and re-assess sweep mapped routes to avoid duplicating services and adjusting service areas to heavy need areas and to respond to community concerns.

3. **Provide leadership to and training for any subcontractors.** SAC Coordinating agency will arrange for trainings on subjects of interest to subcontractors and invite SAC members to SAS upcoming staff development trainings on boundaries, HCV medical care and linkage, safer injecting/vein care harm reduction counseling, and referral resources.

4. **In partnership with DPH, act as a "Good Neighbor"/Community Partner and actively establish and maintain positive relationships with neighbors, police, and other stakeholders in the community. In areas around syringe sites, syringe providers must respond collaboratively to residents, and adhere to all city requirements. When requested, attend community and/or police meetings with DPH to present information about the syringe access and disposal program.** SAC Coordinating agency SFAF will be a good neighbor, build community ties, alliances, and respectfully engage with people opposed to harm reduction services in their neighborhoods. SAC staff will make every effort – dependent on staffing schedules and availability – to attend community and/or police meetings with DPH to present information about the syringe access and disposal program.

C. **Bulk Purchasing and Distribution** includes the following support services for any subcontractors:
   1. **Order, purchase, and distribute syringes and safer injection equipment for the lead agency, any subcontracted agencies.**

D. **Citywide Syringe Sweeps:** A coordinated effort of at least two people whose sole purpose it is to search for, collect, and report on improperly discarded syringes, particularly on the streets and sidewalk within a specific geographic area. Sweeps must be complementary to other disposal efforts provided by the applicant and in collaboration with the SFDPH Rapid Response Clean Team. Requirements include:
   1. **Development of sweep schedules, focusing on hot spots, i.e., locations where improperly discarded syringes historically have appeared frequently.** See attached maps and sweep schedule.

   2. **Ability to respond to DPH requests to increase sweeps in specific areas as needed.** Sweep schedules may be adjusted to meet the needs of the community.

   3. **Ability to incorporate other new methods of responding to sweep requests in real-time such as cell phone, text, mobile phone application.**

   4. **Providing education to community about safe disposal options.** All SAC members will share in development of safe disposal materials and outreach strategies to build community support for harm reduction and syringe access and safer disposal efforts.

E. **Coordination of Community-Based Sweeps Events**: SFAF will coordinate neighborhood-wide sweep events that mobilize residents and staff of agencies working in areas where sweeps are necessary to create visibility, a sense of community and common purpose while providing a service.

F. **Data Collection and Reporting:** Documentation of services must include logs of distribution of sterile injection equipment and supplies, collection and disposal of discarded syringes including:
   1. **Reporting of sterile injection equipment distribution by site,**
      Syringes in and Syringes out will be collected by all SAC agencies. Data by site will be requested (as opposed to aggregate monthly data).
   2. **Submission of collected needle data on a quarterly basis,**
      Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected.
   3. **Reporting of sweep data monthly to DPH, Records of education and outreach efforts to community about safe disposal options.**
      Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected. SAC members will track: # of Syringes collected, # of sharps containers distributed, the disposal sweep route, and provide a narrative after each sweep documenting community relationship building, education and outreach efforts, and contacts for follow up.
   4. **Distribution of syringe disposal supplies.(fitpacks, small bio-bins, tongs)**

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

7. Objectives and Measurements:

A. Individualized Objectives

1) By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will provide at least 3,500,000 syringes annually to 44,300 people as documented by syringe access logs.
2) By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will provide at least 200,000 condoms annually to 16,500 people as documented by condom cases ordered.
3) By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will collect at least 10,500 syringes annually as documented by disposal sweep logs .
4) By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will conduct at least 264 community clean-up events annually to 900 people as documented by volunteer sign in sheets and sweep logs.

1. **Staff Issues:** SFAF's SAS Program Manager, in collaboration with the Director or Behavioral Health Services and the Senior Director of Programs and Services, will review monthly SAC UOS, coordinate client satisfaction survey, ensure that site data and sweep data are recorded and submitted.
2. **Data Collection Tools** will include: syringe access site data log, syringe disposal sweep log, volunteer sign in sheets, condom purchase invoices
3. **Data:**
   All SAC members will collect the following data by individual site:
   - syringes returned
   - syringes distributed
   - Number of contacts and apparent demographics
   - Syringes swept
   - Mapped route of sweeps
   - Narrative of community encounters/conversations/items for follow up

   In addition, SFAF collects more comprehensive data on participants through an annual anonymous survey. These voluntary surveys assess demographic data, health status (such as HIV status, linkage to care, medication adherence, etc.), risk behaviors, and client satisfaction.
4. **Frequency**: Site data will be collected at every site, entered into an excel spreadsheet, and analyzed on a monthly basis. Sweep data will be collected at every sweep, entered into an excel spreadsheet, and analyzed on a monthly basis.
5. **Data Reporting**: The SAS Program Manager and the Logistics Coordinator will receive and analyze these data, in coordination with the Government Contracts Director. The evaluation data will be used to measure whether sites have adequate staffing levels, if the site is well utilized or needs outreach to make it successfully reach people, to track our disposal rate and use it to motivate staff and participants to increase returns, and to assess whether our level of service meets the needs of the community.

8. Continuous Quality Improvement (CQI):

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

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

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

b) How you will review and assess the extent to which your program is meeting its objectives.
Monthly review of contract UOS versus performance, reading client satisfaction surveys, conversations with participants about their experiences at our services, surveys.

c) What you will do if you learn the program is not meeting its objectives.
Meet with the Syringe Access Collaborative and strategize, seek counsel from SFDPH, identify problems and adjust services to solve them.

d) How you will use data/evaluation findings to change the program. Looking at demographic data, attendance patterns, service utilization, and reading client satisfaction surveys can highlight areas that need adjusting to improve the program.

9. Required Language:
None required.

1. **Identifiers:**
   Program Name: San Francisco AIDS Foundation – Syringe Access Services: Additional Funds for Homeless Youth Alliance (No client services will be provided at 607-A Haight Street)
   Program Address: 1035 Market Street, Suite 400
   City, State, Zip Code: San Francisco, CA 94103
   Telephone/FAX: (415) 487-3000/(415) 487-3094
   Website Address: www.sfaf.org

   Contractor Address: same as above
   City, State, Zip Code:
   Person completing this Narrative: Terry Morris, Manager Syringe Access Services
   Telephone: (510) 338-8159 cell/ (415) 487-8043 desk
   Email Address: tmorris@sfaf.org

2. **Nature of Document:**
   ☐ New ☐ Renewal ☒ **Modification**

   Appendix Terms:

Appendix A-2		
Term One: 7.1.16 – 6.30.17	Term Two: 7.1.17 -6.30.18	Term Three: 7.1.18-6.30.19

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

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

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

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

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

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

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

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

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

6. Methodology

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

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

7. Objectives and Measurements – N/A

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

1. **Identifiers:**
   Program Name: San Francisco AIDS Foundation – 6th Street Harm Reduction Center
   Program Address: 1035 Market Street, Suite 400
   City, State, Zip Code: San Francisco, CA 94103
   Telephone/FAX: (415) 487-3000/(415) 487-3094
   Website Address: www.sfaf.org

   Contractor Address: same as above
   City, State, Zip Code:
   Person completing this Narrative: Richard Hill, Director of Government Contracts
   Telephone: (415) 487-8042
   Email Address: rhill@sfaf.org

2. **Nature of Document:**
   Check one ☐ New ☐ Renewal ☒ **Modification**

   Appendix Terms:

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

3. **Goal Statement:**
   See Appendix A-1.
4. **Target Population:**
   See Appendix A-1.
5. **Modality(s) / Intervention(s):**

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

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

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

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

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

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

6. Methodology:

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

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

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

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

- a "Breakfast Club" adherence program, i.e. a daily drop-in to engage homeless and marginally housed people who inject or PWIDs who are housed and have challenges taking their HIV/HCV, PrEP, or antibiotics as prescribed;
- secure lockers for clients to store medications and pick them up during the HRC's 44 hours of service; this program will be piloted with HCV medications because they require a limited duration and will be expanded as success and capacity indicate.

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

7. Objectives and Measurements:

a) By 06/30/2017 San Francisco AIDS Foundation will increase the hours of the Harm Reduction Center by 30 hours to 44 hours.
(The actual current hours of operation of the HRC are 44 hours per week; however, 14 of these weekly hours are already included in the services provided in Appendix A-1 of this contract.)

b) By 06/30/2017 San Francisco AIDS Foundation will increase the number of contacts by clients seen at the Harm Reduction Center by 2,300 to 3,400.
(The HRC will provide 3,400 client contacts per month. This number has been pro-rated between Appendices A-1 and A-3 based on the percentage of hours (UOS) allocated to each Appendix.)

c) By 06/30/2017 San Francisco AIDS Foundation will increase the number of staff at the Harm Reduction Center by 6 FTE.

8. Continuous Quality Improvement (CQI):

See Appendix A-1.

9. Required Language:
None required.

Appendix B
Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

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

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

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

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

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

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

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

DPH 1: Department of Public Health Contract Budget Summary by Program										
CMS # 7774							Appendix # B		Page # 3	
DPH Section										
Check one: [ ] New [ ] Renewal [X] Modification						Contract Term (7/1/16-6/30/19)			Fiscal Year(s)	16-19
Agency/Organization Name San Francisco AIDS Foundation									Funding Notification Date	6/27/2017
Contractor Name *(may be same as above)* San Francisco AIDS Foundation										
Program/Provider Name	Syringe Access & Disposal Services									TOTAL -
Appendix Number	A-1/B-1	A-1/B-1a	A-1/B-1b	A-2/B-2	A-3/B-3	A-1/B-1c	A-1/B-1d	A-1/B-1e	A-2/B-2a	Page 3
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-6.30.17	11.1.16-6.30.17	7.1.17-6.30-18	7.1.17-6.30-18	7.1.17-6.30-18	7.1.17-6.30-18	
EXPENSES										
Salaries	$ 271,038	$ -	$ -	$ -	$ 174,282	$ 415,150	$ -	$ -	$ -	$ 860,470
Employee Benefits	$ 67,760	$ -	$ -	$ -	$ 43,569	$ 103,788	$ -	$ -	$ -	$ 215,117
Total Personnel Expenses	$ 338,798	$ -	$ -	$ -	$ 217,851	$ 518,938	$ -	$ -	$ -	$ 1,075,587
Operating Expense	$ 1,355,049	$ 178,830	$ 4,545	$ 142,595	$ 94,876	$ 1,217,256	$ 183,301	$ 4,545	$ 146,160	$ 3,327,157
Capital Expense ($5,000 and over)	$ -		$ -	$ -		$ -	$ -	$ -	$ -	$ -
Subtotal Direct Costs	$ 1,693,847	$ 178,830	$ 4,545	$ 142,595	$ 312,727	$ 1,736,194	$ 183,301	$ 4,545	$ 146,160	$ 4,402,744
Indirect Cost Amount	$ 169,385	$ 17,883	$ 455	$ 14,259	$ 31,273	$ 173,619	$ 18,330	$ 455	$ 14,615	$ 440,274
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Total Expenses	$ 1,863,232	$ 196,713	$ 5,000	$ 156,854	$ 344,000	$ 1,909,813	$ 201,631	$ 5,000	$ 160,775	$ 4,843,018
REVENUES & FUNDING SOURCES										
DPH Funding Sources (select from drop-down list)										
HPS COUNTY HPS GF	1,863,232					1,909,813				3,773,045
HPS COUNTY GF Children's Fund		196,713					201,631			398,344
HPS FED CDC - PD90, CFDA #93.940			5,000					5,000		10,000
HPS COUNTY HPS GF				156,854					160,775	317,629
HHS COUNTY GF					344,000					344,000
										-
										-
										-
										-
This row left blank for funding sources not in drop-down list										-
Total DPH Revenues	1,863,232	196,713	5,000	156,854	344,000	1,909,813	201,631	5,000	160,775	4,843,018
Non-DPH Funding Sources (select from drop-down list)										
										-
										-
										-
This row left blank for funding sources not in drop-down list										-
Total Non-DPH Revenues	-		-	-	-	-	-	-	-	-
Total Revenues (DPH and Non-DPH)	1,863,232	196,713	5,000	156,854	344,000	1,909,813	201,631	5,000	160,775	4,843,018
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
Prepared By Larry Zapatka				Phone #		415-487-3055				

DPH 1: Department of Public Health Contract Budget Summary by Program										
CMS # 7774								Appendix # B		Page # 4
DPH Section										
Check one: [ ] New [ ] Renewal [X] Modification						Contract Term (7/1/16-6/30/19)			Fiscal Year(s)	16-19
Agency/Organization Name San Francisco AIDS Foundation									Funding Notification Date	6/27/2017
Contractor Name *(may be same as above)* San Francisco AIDS Foundation										
Program/Provider Name	Syringe Access & Disposal Services								Total - Page 3	TOTAL - Page 3 & 4
Appendix Number	A-3/B-3a	A-1/B-1f	[redacted]	[redacted]	[redacted]	A-3/B-3b				
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1.17-6.30.18	7.1.18-6.30.19	7.1.18-6.30.19	7.1.18-6.30.19	7.1.18-6.30.19	7.1.18-6.30.19				
EXPENSES										
Salaries	$ 588,550	$ 435,950	$ -	$ -	$ -	$ 671,050			$ 860,470	$ 2,556,020
Employee Benefits	$ 147,138	$ 108,988	$ -	$ -	$ -	$ 167,763			$ 215,117	$ 639,006
Total Personnel Expenses	$ 735,688	$ 544,938	$ -	$ -	$ -	$ 838,813			$ 1,075,587	$ 3,195,026
Operating Expense	$ 67,948	$ 1,233,861	$ 187,884	$ 4,545	$ 149,814	$ 70,278			$ 3,327,157	$ 5,041,487
Capital Expense ($5,000 and over)	$ -		$ -	$ -					$ -	$ -
Subtotal Direct Costs	$ 803,636	$ 1,778,799	$ 187,884	$ 4,545	$ 149,814	$ 909,091			$ 4,402,744	$ 8,236,513
Indirect Cost Amount	$ 80,364	$ 177,880	$ 18,788	$ 455	$ 14,980	$ 90,909			$ 440,274	$ 823,650
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%				
Total Expenses	$ 884,000	$ 1,956,679	$ 206,672	$ 5,000	$ 164,794	$ 1,000,000			$ 4,843,018	$ 9,060,163
REVENUES & FUNDING SOURCES										
DPH Funding Sources (select from drop-down list)										
HPS COUNTY HPS GF		1,956,679							$3,773,045	5,729,724
HPS COUNTY GF Children's Fund			206,672						$398,344	605,016
HPS FED CDC - PD90, CFDA #93.940				5,000					$10,000	15,000
HPS COUNTY HPS GF					164,794				$317,629	482,423
HHS COUNTY GF	884,000					1,000,000			$344,000	2,228,000
										-
										-
										-
										-
This row left blank for funding sources not in drop-down list										-
Total DPH Revenues	884,000	1,956,679	206,672	5,000	164,794	1,000,000	-	-	$4,843,018	9,060,163
Non-DPH Funding Sources (select from drop-down list)										
										-
										-
										-
This row left blank for funding sources not in drop-down list										-
Total Non-DPH Revenues	-		-	-	-	-	-	-	-	-
Total Revenues (DPH and Non-DPH)	884,000	1,956,679	206,672	5,000	164,794	1,000,000	-	-	4,843,018	9,060,163
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)				
Prepared By Larry Zapatka				Phone #		415-487-3055				

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

Appendix # B-1c
Page # 1
Fiscal Year(s) 17-18
Funding Notification Date 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Syringe Access Services		Prgm Coordination/Bulk Purchasing				
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Contract Totals**
Prgms & Ops Director	0.05	5,250	100%		0%			5,250
Dir. Behavioral Health Svc	0.05	5,100	85%	900	15%			6,000
Dir. Gov't Contracts	0.05	4,900	100%		0%			4,900
Data Manager	0.05	3,750	100%		0%			3,750
SAS Director	0.75	60,075	89%	7,425	11%			67,500
Logistice Inventory Mgr	1.00	15,500	25%	46,500	75%			62,000
Logistics Associates	2.00	27,500	25%	82,500	75%			110,000
SSE/Vol Coordinator	0.75	46,500	100%	-	0%			46,500
Health Educator	1.75	96,250		-	0%			96,250
Comm. Engagement & Kit Packing Assoc	0.25	13,000	100%	-	0%			13,000
		-	0%	-	0%			-
Total FTE & Total Salaries	**6.70**	**277,825**	**66.922%**	**137,325**	**33.078%**			**415,150**
Fringe Benefits	25%	69,457	66.922%	34,331	33.078%			103,788
Total Personnel Expenses		**347,282**	**66.922%**	**171,656**	**33.078%**			**518,938**

Operating Expenses	**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**		**Contract Total**
Total Occupancy	70,792	100%	-	0%			70,792
Total Materials and Supplies	195,199	36%	340,990	64%			536,189
Total General Operating	3,518	42%	4,857	58%			8,375
Total Staff Travel	-	0%	-	0%			-
Consultants/Subcontractor:	601,900	100%	-	0%			601,900
Other (specify):	-	0%	-	0%			-
							-
							-
							-
							-
Total Operating Expenses	**871,409**	**71.588%**	**345,847**	**28.412%**			**1,217,256**

Capital Expenses	**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Capital Expenditure 1	-	0%	-	0%			-
Capital Expenditure 2		0%		0%			-
Total Capital Expenses	**-**	**0%**	**-**	**0%**			**-**

Total Direct Expenses		1,218,691	70.193%	517,503	29.807%			1,736,194
Indirect Expenses	10%	121,869	70.193%	51,750	29.807%			173,619
TOTAL EXPENSES		**1,340,560**	**70.193%**	**569,253**	**29.807%**			**1,909,813**
Units of Service (UOS) per Service Mode		5,906		12		-		5,918
Cost Per Unit of Service by Service Mode		226.99		47,437.78		-		
Number of Contacts (NOC) per Service Mode		44,300		N/A				

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BUDGET JUSTIFICATION

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

Appendix #: B-1c
Fiscal Year: 17-18

1a) SALARIES

Staff Position 1:	Programs & Operations Director				
Brief description of job duties:	Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; coordinates program monitoring, evaluation and quality assurance procedures.				
Minimum qualifications:	Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	$105,000.00	0.05	12	1	$ 5,250

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

Staff Position 3:	Dir. Gov't Grants				
Brief description of job duties:	Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities.				
Minimum qualifications:	Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	$98,000.00	0.05	12	1	$ 4,900

Staff Position 4:	Data Manager				
Brief description of job duties:	Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirments.				
Minimum qualifications:	Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	$75,000.00	0.05	12	1	$ 3,750

Staff Position 5:	SAS Director				
Brief description of job duties:	SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Minimum qualifications:	Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	$90,000.00	0.75	12	1	$ 67,500

Staff Position 6:	Logistics Inventory Mgr				
Brief description of job duties:	SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Minimum qualifications:	Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	$62,000.00	1.00	12	1	$ 62,000

Staff Position 7:	Logistics Associates				
Brief description of job duties:	Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.				
Minimum qualifications:	Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	$55,000.00	2.00	12	1	$ 110,000

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

Staff Position 9:	Health Educator				
Brief description of job duties:	Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support.				
Minimum qualifications:	High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	$55,000.00	1.75	12	1	$ 96,250

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

Total FTE: **6.70** **Total Salaries:** **$ 415,150**

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	$ 31,759.00
Retirement	$ 7,929.00
Medical	$ 42,885.00
Dental	
Unemployment Insurance	$ 2,159.00
Disability Insurance	$ 16,897.00
Paid Time Off	
Workers comp	$ 2,159.00
Total Fringe Benefit:	**103,788**
Fringe Benefit %:	**25%**

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:	**518,938**

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -$800/FTE/mo x 6.7 FTE x 12 mo.	$800	64,320
Bldg Maintenance	Janitorial at $166.66/mo.	$166.66	2,000
Utilities	Phone, PG&E & trash-$55.62 X 6.7 FTE x 12mo.	$55.62	4,472
		Total Occupancy:	**70,792**

Materials & Supplies:

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

General Operating:

Expense Item	Brief Description	Rate	Cost
Equip rent & Lease	Office equip lease and maint cost $86.75/FTE x 6.7FTE x 12 mo.	$86.75	6,975
Offsite storage	Records storage $4.98/FTE x 6.7 x 12 mo.	$4.98	400
Travel	Vehicle Fuel.	$41.66/mo	500
Travel	Vehicle Repairs.	$41.66/mo	500
		Total General Operating:	**8,375**

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Staff Travel:	-

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Glide	Operational expenses; staffing, office, IT,etc.	$144,087/yr	144,087
Saint James Infirmary	Operational expenses; staffing, office, IT,etc.	$106,279/yr	106,279
Homeless Youth Alliance	Operational expenses; staffing, office, IT,etc.	$230,284/yr	230,284
S.F. Drug Users Union	Operational expenses; staffing, office, IT,etc.	$121,250/yr	121,250
		Total Consultants/Subcontractors:	**601,900**

Other:

Expense Item	Brief Description	Rate	Cost
		Total Other:	-

TOTAL OPERATING EXPENSES:	**1,217,256**

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

Capital Expenditure Item	Brief Description	Cost
		-

TOTAL CAPITAL EXPENDITURES:	-
TOTAL DIRECT COSTS:	**1,736,194**

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	173,619

Indirect Rate:	**10%**
TOTAL INDIRECT COSTS:	**173,619**

TOTAL EXPENSES:	**1,909,813**

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

Appendix # B-1d
Page # 1
Fiscal Year(s) 17-18
Funding Notification Date 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Program Coordination/Bulk Purchasing						
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Contract Totals**
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
Total FTE & Total Salaries	-	-	**0%**	-	**0%**	-	**0%**	-
Fringe Benefits	0%	-	0%	-	0%	-	0%	-
Total Personnel Expenses		-	**0%**	-	**0%**	-	**0%**	-
Operating Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Total Occupancy		61,801	100%	-	0%	-	0%	61,801
Total Materials and Supplies		93,300	100%	-	0%	-	0%	93,300
Total General Operating		28,200	100%	-	0%	-	0%	28,200
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-
Other (specify):		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	
Total Operating Expenses		**183,301**	**100%**	-	**0%**	-	**0%**	**183,301**
Capital Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2			0%		0%		0%	-
Total Capital Expenses		-	**0%**	-	**0%**	-	**0%**	-
Total Direct Expenses		183,301	100%	-	0%	-	0%	183,301
Indirect Expenses	10%	18,330	100%		0%		0%	18,330
TOTAL EXPENSES		**201,631**	**100%**	-	**0%**	-	**0%**	**201,631**
Units of Service (UOS) per Service Mode		12		-		-		12
Cost Per Unit of Service by Service Mode		16,802.59		-		-		
Number of Contacts (NOC) per Service Mode		N/A						

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BUDGET JUSTIFICATION

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

Appendix #: B-1d
Fiscal Year: 17-18

1a) SALARIES

Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Staff Position 6:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Total FTE: - **Total Salaries:** $ -

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	
Retirement	
Medical	
Dental	
Unemployment Insurance	
Disability Insurance	
Paid Time Off	
Other (specify):	

Total Fringe Benefit: -

Fringe Benefit %: 0%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: -

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent	Rent for 6th street location, partial allocation.	46,201	46,201
Bldg Maint	Allocated amount of bldg maint for 6 th street.	$466.67/mo	5,600
Utilities	Phone, water, PG&E, allocated for 6th street.	833.34/mo	10,000

Total Occupancy: **61,801**

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Bio Buckets	18/19 gallon buckets - 1,026 x $24.367.	$24.367	25,000
Bio Buckets	2 gallon - 5,454 x $2.7502.	$2.7502	15,000
Sterile Water	348 Cases x $81.321/case.	$81.321	28,300
Condons & Lube	25,000 condoms @ $.10 each.	$0.100	2,500
Group food/snacks	$192.307/week for location snack/group food x 52 weeks.	$192.307	10,000
Incentives	1250 incentives @ $10 each.	$10.000	12,500

Total Materials & Supplies: **93,300**

General Operating:

Expense Item	Brief Description	Rate	Cost
Repairs and maintenance	Auto fuel, repairs, maintenance for delivery vehicles.	366.67/mo	4,400
Insurance	Allocated amount of liability/umbrella insurance.	333.34/mo	4,000
Janitorial	Prorated janitoroialservices for 6th street location.	$1,650/mo	19,800

Total General Operating: **28,200**

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost

Total Staff Travel: -

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
		Total Consultants/Subcontractors:	-

Other:

Expense Item	Brief Description	Rate	Cost
		Total Other:	-

TOTAL OPERATING EXPENSES:	**183,301**

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES:	-
TOTAL DIRECT COSTS:	**183,301**

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	18,330

Indirect Rate:	**10%**
TOTAL INDIRECT COSTS:	**18,330**

TOTAL EXPENSES:	**201,631**

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

Appendix # B-1e
Page # 1
Fiscal Year(s) 17-18
Funding Notification Date 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Program Coordination/Bulk Purchasing						
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Contract Totals**
			0%		0%		0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
Total FTE & Total Salaries	-	-	0%	-	0%	-	0%	-
Fringe Benefits	0%	-	0%	-	0%	-	0%	-
Total Personnel Expenses		-	0%	-	0%	-	0%	-
Operating Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Total Occupancy		-	0%	-	0%	-	0%	-
Total Materials and Supplies			0%	-	0%	-	0%	-
Total General Operating		4,545	100%	-	0%	-	0%	4,545
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	
Total Operating Expenses		**4,545**	**100%**	-	**0%**	-	**0%**	**4,545**
Capital Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2			0%		0%		0%	-
Total Capital Expenses		-	**0%**	-	**0%**	-	**0%**	-
Total Direct Expenses		4,545	100%	-	0%	-	0%	4,545
Indirect Expenses	10%	455	100%		0%		0%	455
TOTAL EXPENSES		**5,000**	**100%**	-	**0%**	-	**0%**	**5,000**
Units of Service (UOS) per Service Mode		12		-		-		12
Cost Per Unit of Service by Service Mode		416.67		-		-		
Number of Contacts (NOC) per Service Mode		N/A						

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BUDGET JUSTIFICATION

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

Appendix #: B-1e
Fiscal Year: 17-18

1a) SALARIES

Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Staff Position 6:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Total FTE: - **Total Salaries:** $ -

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	
Retirement	
Medical	
Dental	
Unemployment Insurance	
Disability Insurance	
Paid Time Off	
Other (specify):	

Total Fringe Benefit: -

Fringe Benefit %: 0%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: -

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost

Total Occupancy: -

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost

Total Materials & Supplies: -

General Operating:

Expense Item	Brief Description	Rate	Cost
Auto repairs,maintenance & Fuel	Maintenance on program vehicles. $378.75/mo x 12 mo.	$378.75	4,545

Total General Operating: 4,545

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost

Total Staff Travel: -

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost

Total Consultants/Subcontractors: -

Other:

Expense Item	Brief Description	Rate	Cost

Total Other: -

TOTAL OPERATING EXPENSES: 4,545

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 4,545

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	455
of total direct costs.	

Indirect Rate: 10%

TOTAL INDIRECT COSTS: 455

TOTAL EXPENSES: 5,000

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

Appendix # B-1f
Page # 1
Fiscal Year(s) 18-19
Funding Notification Date 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Syringe Access Services		Pgm Coordination/Bulk Purchasing				
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Contract Totals**
Prgms & Ops Director	0.05	5,250	100%		0%			5,250
Dir. Behavioral Health Svc	0.05	5,100	85%	900	15%			6,000
Dir. Gov't Contracts	0.05	4,900	100%		0%			4,900
Data Manager	0.05	3,750	100%		0%			3,750
SAS Director	0.75	60,075	89%	7,425	11%			67,500
Logistice Inventory Mgr	1.00	15,500	25%	46,500	75%			62,000
Logistics Associates	2.00	27,500	25%	82,500	75%			110,000
SSE/Vol Cordinator	0.75	46,500	100%	-	0%			46,500
Health Educator	1.75	96,250		-	0%			96,250
Comm. Engagement & Kit Packing Assoc	0.65	33,800	100%	-	0%			33,800
		-	0%	-	0%			-
Total FTE & Total Salaries	**7.10**	**298,625**	**68.500%**	**137,325**	**31.500%**			**435,950**
Fringe Benefits	25%	74,657	68.500%	34,331	31.500%			108,988
Total Personnel Expenses		**373,282**	**68.500%**	**171,656**	**31.500%**			**544,938**
Operating Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**		**Contract Total**
Total Occupancy		74,899	100%	-	0%			74,899
Total Materials and Supplies		191,834	36%	341,038	64%			532,872
Total General Operating		5,303	58%	3,840	42%			9,143
Total Staff Travel		-	0%	-	0%			-
Consultants/Subcontractor:		616,947	100%	-	0%			616,947
Other (specify):		-	0%	-	0%			-
								-
								-
								-
								-
Total Operating Expenses		**888,983**	**72.049%**	**344,878**	**27.951%**			**1,233,861**
Capital Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Capital Expenditure 1		-	0%	-	0%			-
Capital Expenditure 2			0%		0%			-
Total Capital Expenses		**-**	**0%**	**-**	**0%**			**-**
Total Direct Expenses		1,262,265	70.962%	516,534	29.038%			1,778,799
Indirect Expenses	10%	126,227	70.962%	51,653	29.038%			177,880
TOTAL EXPENSES		**1,388,492**	**70.962%**	**568,187**	**29.038%**			**1,956,679**
Units of Service (UOS) per Service Mode		5,906		12		-		5,918
Cost Per Unit of Service by Service Mode		235.10		47,348.95		-		
Number of Contacts (NOC) per Service Mode		44,300		N/A				

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BUDGET JUSTIFICATION

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

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

1a) SALARIES

Staff Position 1:	Programs & Operations Director				
Brief description of job duties:	Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; coordinates program monitoring, evaluation and quality assurance procedures.				
Minimum qualifications:	Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$105,000.00	0.05	12	1	**$ 5,250**

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

Staff Position 3:	Dir. Gov't Grants				
Brief description of job duties:	Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities.				
Minimum qualifications:	Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$98,000.00	0.05	12	1	**$ 4,900**

Staff Position 4:	Data Manager				
Brief description of job duties:	Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirments.				
Minimum qualifications:	Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$75,000.00	0.05	12	1	**$ 3,750**

Staff Position 5:	SAS Director				
Brief description of job duties:	SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Minimum qualifications:	Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	$90,000.00	0.75	12	1	$ 67,500

Staff Position 6:	Logistics Inventory Mrg				
Brief description of job duties:	SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Minimum qualifications:	Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	$62,000.00	1.00	12	1	$ 62,000

Staff Position 7:	Logistics Associates				
Brief description of job duties:	Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.				
Minimum qualifications:	Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	$55,000.00	2.00	12	1	$ 110,000

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

Staff Position 9:	Health Educator				
Brief description of job duties:	Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support.				
Minimum qualifications:	High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	$55,000.00	1.75	12	1	$ 96,250

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

Total FTE: 7.10 **Total Salaries:** $ 435,950

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	$ 33,350.00
Retirement	$ 8,327.00
Medical	$ 45,034.00
Dental	
Unemployment Insurance	$ 2,267.00
Disability Insurance	$ 17,743.00
Paid Time Off	
Workers comp	$ 2,267.00
Total Fringe Benefit:	**108,988**
Fringe Benefit %:	**25%**

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:	**544,938**

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

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

General Operating:

Expense Item	Brief Description	Rate	Cost
Equip rent & Lease	Office equip lease and maint cost $86.75/FTE x 7.1FTE x 12mo.	$86.75	7,391
Offsite storage	Records storage $4.98/FTE x 7.1 x 12 mo.	$4.98	424
Travel	Vehicle Fuel.	$69/mo	828
Travel	Vehicle Repairs.	$41.66/mo	500
		Total General Operating:	**9,143**

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Staff Travel:	**-**

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Glide	Operational expenses; staffing, office, IT,etc.	$147,689/yr	147,689
Saint James Infirmary	Operational expenses; staffing, office, IT,etc.	$108,936/yr	108,936
Homeless youth Alliance	Operational expenses; staffing, office, IT,etc.	$236,041/yr	236,041
S.F. Drug Users Union	Operational expenses; staffing, office, IT,etc.	$124,281/yr	124,281
		Total Consultants/Subcontractors:	**616,947**

Other:

Expense Item	Brief Description	Rate	Cost
		Total Other:	**-**

TOTAL OPERATING EXPENSES:	**1,233,861**

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

Capital Expenditure Item	Brief Description	Cost
		-

TOTAL CAPITAL EXPENDITURES:	**-**
TOTAL DIRECT COSTS:	**1,778,799**

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	177,880

Indirect Rate:	**10%**
TOTAL INDIRECT COSTS:	**177,880**

TOTAL EXPENSES:	**1,956,679**

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

Appendix #: B-1g
Page #: 1
Fiscal Year(s): 18-19
Funding Notification Date: 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Coordination/Bulk Purchasing						
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Contract Totals**
			0%		0%		0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
Total FTE & Total Salaries	-	-	0%	-	0%	-	0%	-
Fringe Benefits	0%	-	0%	-	0%	-	0%	-
Total Personnel Expenses		-	0%	-	0%	-	0%	-
Operating Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Total Occupancy		63,801	100%	-	0%	-	0%	63,801
Total Materials and Supplies		93,300	100%	-	0%	-	0%	93,300
Total General Operating		30,783	100%	-	0%	-	0%	30,783
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-
Other (specify):		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	
Total Operating Expenses		**187,884**	**100%**	-	**0%**	-	**0%**	**187,884**
Capital Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2			0%		0%		0%	-
Total Capital Expenses		-	0%	-	0%	-	0%	-
Total Direct Expenses		187,884	100%	-	0%	-	0%	187,884
Indirect Expenses	10%	18,788	100%		0%		0%	18,788
TOTAL EXPENSES		**206,672**	**100%**	-	**0%**	-	**0%**	**206,672**
Units of Service (UOS) per Service Mode		12		-		-		12
Cost Per Unit of Service by Service Mode		17,222.67		-		-		
Number of Contacts (NOC) per Service Mode		N/A						

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BUDGET JUSTIFICATION

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

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

1a) SALARIES

Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Staff Position 6:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Total FTE: -

Total Salaries: $ -

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	
Retirement	
Medical	
Dental	
Unemployment Insurance	
Disability Insurance	
Paid Time Off	
Other (specify):	
Total Fringe Benefit:	-
Fringe Benefit %:	0%
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:	-

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent	Rent for 6th street location, partial allocation.	46,201	46,201
Bldg Maint	Allocated amount of bldg maint for 6 th street.	$550/mo	6,600
Utilities	Phone, water, PG&E, allocated for 6th street.	916.67/mo	11,000
		Total Occupancy:	**63,801**

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Bio Buckets	18/19 gallon buckets - 1,026 x $24.367.	$24.367	25,000
Bio Buckets	2 gallon - 5,454 x $2.7502.	$2.7502	15,000
Sterile Water	348 Cases x $81.321/case.	$81.321	28,300
Condons & Lube	25,000 condoms @ $.10 each.	$0.100	2,500
Group food/snacks	$192.307/week for location snack/group food x 52 weeks.	$192.307	10,000
Incentives	1250 incentives @ $10 each.	$10.00	12,500
		Total Materials & Supplies:	**93,300**

General Operating:

Expense Item	Brief Description	Rate	Cost
Repairs and maintenance	Auto fuel, repairs, maintenance for delivery vehicles.	498.59/mo	5,983
Insurance	Allocated amount of liability/umbrella insurance.	333.34/mo	4,000
Janitorial	Prorated janitoroialservices for 6th street location.	$1,733.34/mo	20,800
		Total General Operating:	**30,783**

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Staff Travel:	-

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost

Total Consultants/Subcontractors: -

Other:

Expense Item	Brief Description	Rate	Cost

Total Other: -

TOTAL OPERATING EXPENSES: 187,884

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 187,884

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	18,788
of total direct costs.	

Indirect Rate: 10%

TOTAL INDIRECT COSTS: 18,788

TOTAL EXPENSES: 206,672

Contractor Name: **San Francisco AIDS Foundation**
Contract Term (mm/dd/yyyy): **7/1/16-6/30/18**
Funding Source: **CDC**

Appendix # B-1h
Page # 1
Fiscal Year(s) 18-19
Funding Notification Date 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Coordination/Bulk Purchasing						
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Contract Totals**
			0%		0%		0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
Total FTE & Total Salaries	-	-	0%	-	0%	-	0%	-
Fringe Benefits	0%	-	0%	-	0%	-	0%	-
Total Personnel Expenses		-	0%	-	0%	-	0%	-
Operating Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Total Occupancy		-	0%	-	0%	-	0%	-
Total Materials and Supplies			0%	-	0%	-	0%	-
Total General Operating		4,545	100%	-	0%	-	0%	4,545
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	
Total Operating Expenses		4,545	100%	-	0%	-	0%	4,545
Capital Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2			0%		0%		0%	-
Total Capital Expenses		-	0%	-	0%	-	0%	-
Total Direct Expenses		4,545	100%	-	0%	-	0%	4,545
Indirect Expenses	10%	455	100%		0%		0%	455
TOTAL EXPENSES		5,000	100%	-	0%	-	0%	5,000
Units of Service (UOS) per Service Mode		12		-		-		12
Cost Per Unit of Service by Service Mode		416.67		-		-		
Number of Contacts (NOC) per Service Mode		N/A						

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BUDGET JUSTIFICATION

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

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

1a) SALARIES

Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Staff Position 6:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Total FTE: - **Total Salaries:** $ -

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	**Cost**
Social Security	
Retirement	

Medical	
Dental	
Unemployment Insurance	
Disability Insurance	
Paid Time Off	
Other (specify):	

Total Fringe Benefit: -

Fringe Benefit %: 0%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: -

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost

Total Occupancy: -

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost

Total Materials & Supplies: -

General Operating:

Expense Item	Brief Description	Rate	Cost
Auto repairs,maintenance & Fuel	Maintenance on program vehicles. $378.75/mo x 12 mo.	$378.75	4,545

Total General Operating: 4,545

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost

Total Staff Travel: -

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost

Total Consultants/Subcontractors: -

Other:

Expense Item	Brief Description	Rate	Cost
		Total Other:	-

TOTAL OPERATING EXPENSES:	**4,545**

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES:	-
TOTAL DIRECT COSTS:	**4,545**

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	455
of total direct costs.	

Indirect Rate:	**10%**
TOTAL INDIRECT COSTS:	**455**

TOTAL EXPENSES:	**5,000**

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

Appendix # B-2a
Page # 1
Fiscal Year(s) 17-18
Funding Notification Date 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		HYA Wrap Around & Disposal						
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Contract Totals**
			0%		0%		0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
Total FTE & Total Salaries	-	-	0%	-	0%	-	0%	-
Fringe Benefits	0%	-	0%	-	0%	-	0%	-
Total Personnel Expenses		-	0%	-	0%	-	0%	-
Operating Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Total Occupancy		-	0%	-	0%	-	0%	-
Total Materials and Supplies		-	0%	-	0%	-	0%	-
Total General Operating		-	0%	-	0%	-	0%	-
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		146,160	100%	-	0%	-	0%	146,160
Other (specify):		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	
Total Operating Expenses		**146,160**	**100%**	**-**	**0%**	**-**	**0%**	**146,160**
Capital Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2			0%		0%		0%	-
Total Capital Expenses		**-**	**0%**	**-**	**0%**	**-**	**0%**	**-**
Total Direct Expenses		146,160	100%	-	0%	-	0%	146,160
Indirect Expenses	10%	14,615	100%		0%		0%	14,615
TOTAL EXPENSES		**160,775**	**100%**	**-**	**0%**	**-**	**0%**	**160,775**
Units of Service (UOS) per Service Mode		12		-		-		12
Cost Per Unit of Service by Service Mode		13,397.92		-		-		
Number of Contacts (NOC) per Service Mode		N/A						

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BUDGET JUSTIFICATION

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

Appendix #: B-2a
Fiscal Year: 17-18

1a) SALARIES

Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Staff Position 6:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
			0	$ -

Total FTE: -

Total Salaries: $ -

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	
Retirement	
Medical	
Dental	
Unemployment Insurance	
Disability Insurance	
Paid Time Off	
Other (specify):	

Total Fringe Benefit: -

Fringe Benefit %: 0%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: -

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost

Total Occupancy: -

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost

Total Materials & Supplies: -

General Operating:

Expense Item	Brief Description	Rate	Cost

Total General Operating: -

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost

Total Staff Travel: -

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	$146,160	146,160
		Total Consultants/Subcontractors:	**146,160**

Other:

Expense Item	Brief Description	Rate	Cost
		Total Other:	**-**

TOTAL OPERATING EXPENSES:	**146,160**

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES:	**-**
TOTAL DIRECT COSTS:	**146,160**

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	14,615
of total direct costs.	

Indirect Rate:	**10%**
TOTAL INDIRECT COSTS:	**14,615**

TOTAL EXPENSES:	**160,775**

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

Appendix # **B-2b**
Page # **1**
Fiscal Year(s) **18-19**
Funding Notification Date **6/27/2017**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		HYA Wrap Around & Disposal						
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Contract Totals**
			0%		0%		0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
		-	0%	-	0%	-	0%	-
Total FTE & Total Salaries	-	-	0%	-	0%	-	0%	-
Fringe Benefits	0%	-	0%	-	0%	-	0%	-
Total Personnel Expenses		-	0%	-	0%	-	0%	-
Operating Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Total Occupancy		-	0%	-	0%	-	0%	-
Total Materials and Supplies		-	0%	-	0%	-	0%	-
Total General Operating		-	0%	-	0%	-	0%	-
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		149,814	100%	-	0%	-	0%	149,814
Other (specify):		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	
Total Operating Expenses		**149,814**	**100%**	**-**	**0%**	**-**	**0%**	**149,814**
Capital Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2			0%		0%		0%	-
Total Capital Expenses		**-**	**0%**	**-**	**0%**	**-**	**0%**	**-**
Total Direct Expenses		149,814	100%	-	0%	-	0%	149,814
Indirect Expenses	10%	14,980	100%		0%		0%	14,980
TOTAL EXPENSES		**164,794**	**100%**	**-**	**0%**	**-**	**0%**	**164,794**
Units of Service (UOS) per Service Mode		12		-		-		12
Cost Per Unit of Service by Service Mode		13,732.84		-		-		
Number of Contacts (NOC) per Service Mode		N/A						

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton | Appendix #: B-2b
Program Name: Syringe Access & Disposal Services | Fiscal Year: 18-19

1a) SALARIES

Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Staff Position 6:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	$ -

Total FTE: - **Total Salaries:** $ -

1b) EMPLOYEE FRINGE BENEFITS:

Component	Cost
Social Security	
Retirement	
Medical	
Dental	
Unemployment Insurance	
Disability Insurance	
Paid Time Off	
Other (specify):	
Total Fringe Benefit:	-
Fringe Benefit %:	0%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: -

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
		Total Occupancy:	-

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
		Total Materials & Supplies:	-

General Operating:

Expense Item	Brief Description	Rate	Cost
		Total General Operating:	-

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Staff Travel:	-

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	$149,814	149,814
		Total Consultants/Subcontractors:	149,814

Other:

Expense Item	Brief Description	Rate	Cost
		Total Other:	-
		TOTAL OPERATING EXPENSES:	149,814

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

Capital Expenditure Item	Brief Description	Cost
	TOTAL CAPITAL EXPENDITURES:	-
	TOTAL DIRECT COSTS:	149,814

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	14,980
Indirect Rate:	10%
TOTAL INDIRECT COSTS:	14,980
TOTAL EXPENSES:	164,794

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

Appendix # B-3a
Page # 1
Fiscal Year(s) 17-18
Funding Notification Date 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Harm Reduction Center						
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Contract Totals**
V.P Programs & Services	0.10	20,300	100%		0%		0%	20,300
Dir. Behavorial Health Services	0.05	6,000	100%	-	0%	-	0%	6,000
Director, SAS	0.20	18,000	100%	-	0%	-	0%	18,000
Associate Director, 6th Street HRC	1.00	63,000	100%	-	0%	-	0%	63,000
Health Educator	6.25	343,750	100%	-	0%	-	0%	343,750
Mobile Health Educator	0.50	27,500	100%	-	0%	-	0%	27,500
Health Educator/Inventory Team Lead	1.00	55,000	100%	-	0%	-	0%	55,000
Inventory Associate/Health Educator	1.00	55,000	100%	-	0%	-	0%	55,000
Total FTE & Total Salaries	**10.10**	**588,550**	**100%**	**-**	**0%**	**-**	**0%**	**588,550**
Fringe Benefits	25%	147,138	100%	-	0%	-	0%	147,138
Total Personnel Expenses		**735,688**	**100%**	**-**	**0%**	**-**	**0%**	**735,688**
Operating Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Total Occupancy		32,214	100%	-	0%	-	0%	32,214
Total Materials and Supplies		24,234	100%	-	0%	-	0%	24,234
Total General Operating		11,500	100%	-	0%	-	0%	11,500
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-
Other (specify):		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	
Total Operating Expenses		**67,948**	**100%**	**-**	**0%**	**-**	**0%**	**67,948**
Capital Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2			0%		0%		0%	-
Total Capital Expenses		**-**	**0%**	**-**	**0%**	**-**	**0%**	**-**
Total Direct Expenses		803,636	100%	-	0%	-	0%	803,636
Indirect Expenses	10%	80,364	100%		0%		0%	80,364
TOTAL EXPENSES		**884,000**	**100%**	**-**	**0%**	**-**	**0%**	**884,000**
Units of Service (UOS) per Service Mode		12		-		-		12
Cost Per Unit of Service by Service Mode		73,666.67		-		-		
Number of Contacts (NOC) per Service Mode		35,343						

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BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton | Appendix #: B-3a
Program Name: Syringe Access & Disposal Services | Fiscal Year: 17-18

1a) SALARIES

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

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

Staff Position 3: Director, SAS					
Brief description of job duties:	Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Minimum qualifications:	Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	$90,000.00	0.20	12	1	$ 18,000

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

Staff Position 5:	Health Educator				
Brief description of job duties:	Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support.				
Minimum qualifications:	Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	$55,000.00	6.25	12	1	$ 343,750

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

Staff Position 7:	Health Educator/Inventory Team Lead				
Brief description of job duties:	Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory.				
Minimum qualifications:	Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	$55,000.00	1.00	12	1	$ 55,000

Staff Position 8:	Inventory Associate/Health Educator				
Brief description of job duties:	Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport.				
Minimum qualifications:	Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	$55,000.00	1.00	12	1	$ 55,000

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

1b) EMPLOYEE FRINGE BENEFITS:

Component	Cost
Social Security	$ 45,024.00
Retirement	$ 11,242.00
Medical	$ 60,797.00
Dental	
Unemployment Insurance	$ 3,060.00
Disability Insurance	$ 23,955.00
Paid Time Off	
Other (Workers Comp):	$ 3,060.00
Total Fringe Benefit:	**147,138**
Fringe Benefit %:	**25%**

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:	**735,688**

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	$1,000/mo x 12 mo.	1000	12,000
Rent-6th Street	Prorated rent @ $351.17/mo x 12 mo.	351.17	4,214
Parking	Monthly parking for vans, $1,000/mo x 8 mo.	1000	8,000
Utilities	$1,000/mo x 8 mo.	1000	8,000
		Total Occupancy:	**32,214**

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies$519.5/mo.	519.5	6,234
Incentives	exhange incentives, 1,200 incentives @ $5each =$6,000.	5	6,000
Volunteer support	snacks, t-shirts, etc $1,000/mo x 12 mo.	1000	12,000
		Total Materials & Supplies:	**24,234**

General Operating:

Expense Item	Brief Description	Rate	Cost
Janitorial	Monthly janitorioal svc $750/mo.	750	9,000
Insurance	Prorated gen liability, hazzard and auto insurance	208.34	2,500
		Total General Operating:	**11,500**

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Staff Travel:	**-**

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
		Total Consultants/Subcontractors:	**-**

Other:

Expense Item	Brief Description	Rate	Cost
		Total Other:	**-**

TOTAL OPERATING EXPENSES:	**67,948**

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES:	**-**
TOTAL DIRECT COSTS:	**803,636**

4) INDIRECT COSTS

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

Indirect Rate:	**10%**
TOTAL INDIRECT COSTS:	**80,364**

TOTAL EXPENSES:	**884,000**

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

Appendix # B-3b
Page # 1
Fiscal Year(s) 18-19
Funding Notification Date 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		Harm Reduction Center						
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Contract Totals**
V.P Programs & Services	0.10	20,300	100%		0%		0%	20,300
Dir. Behavorial Health Services	0.05	6,000	100%	-	0%	-	0%	6,000
Director, SAS	0.20	18,000	100%	-	0%	-	0%	18,000
Associate Director, 6th Street HRC	1.00	63,000	100%	-	0%	-	0%	63,000
Health Educator	7.75	426,250	100%	-	0%	-	0%	426,250
Mobile Health Educator	0.50	27,500	100%	-	0%	-	0%	27,500
Health Educator/Inventory Team Lead	1.00	55,000	100%	-	0%	-	0%	55,000
Inventory Associate/Health Educator	1.00	55,000	100%	-	0%	-	0%	55,000
Total FTE & Total Salaries	**11.60**	**671,050**	**100%**	**-**	**0%**	**-**	**0%**	**671,050**
Fringe Benefits	25%	167,763	100%	-	0%	-	0%	167,763
Total Personnel Expenses		**838,813**	**100%**	**-**	**0%**	**-**	**0%**	**838,813**
Operating Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Total Occupancy		33,214	100%	-	0%	-	0%	33,214
Total Materials and Supplies		24,564	100%	-	0%	-	0%	24,564
Total General Operating		12,500	100%	-	0%	-	0%	12,500
Total Staff Travel		-	0%	-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-
Other (specify):		-	0%	-	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%			
Total Operating Expenses		**70,278**	**100%**	**-**	**0%**	**-**	**0%**	**70,278**
Capital Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**	**Contract Total**
Capital Expenditure 1		-	0%	-	0%	-	0%	-
Capital Expenditure 2			0%		0%		0%	-
Total Capital Expenses		**-**	**0%**	**-**	**0%**	**-**	**0%**	**-**
Total Direct Expenses		909,091	100%	-	0%	-	0%	909,091
Indirect Expenses	10%	90,909	100%		0%		0%	90,909
TOTAL EXPENSES		**1,000,000**	**100%**	**-**	**0%**	**-**	**0%**	**1,000,000**
Units of Service (UOS) per Service Mode		12		-		-		12
Cost Per Unit of Service by Service Mode		83,333.34		-		-		
Number of Contacts (NOC) per Service Mode		36,960						

Rev. 07/15

BUDGET JUSTIFICATION

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

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

1a) SALARIES

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

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

Staff Position 3:	Director, SAS				
Brief description of job duties:	Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.				
Minimum qualifications:	Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.				
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$90,000.00	0.20	12	1	**$ 18,000**

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

Staff Position 5:	Health Educator			
Brief description of job duties:	Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support.			
Minimum qualifications:	Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
$55,000.00	7.75	12	1	$ 426,250

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

Staff Position 7:	Health Educator/Inventory Team Lead			
Brief description of job duties:	Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory.			
Minimum qualifications:	Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
$55,000.00	1.00	12	1	$ 55,000

Staff Position 8:	Inventory Associate/Health Educator			
Brief description of job duties:	Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport.			
Minimum qualifications:	Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
$55,000.00	1.00	12	1	$ 55,000

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

1b) EMPLOYEE FRINGE BENEFITS:

Component	Cost
Social Security	$ 51,335.00
Retirement	$ 12,817.00
Medical	$ 69,321.00
Dental	
Unemployment Insurance	$ 3,489.00
Disability Insurance	$ 27,312.00
Paid Time Off	
Other (Workers Comp):	$ 3,489.00
Total Fringe Benefit:	**167,763**
Fringe Benefit %:	**25%**

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

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	$1,000/mo x 12 mo.	1000	12,000
Rent-6th Street	Prorated rent @ $434.50/mo x 12 mo.	434.5	5,214
Parking	Monthly parking for vans, $1,000/mo x 8 mo.	1000	8,000
Utilities	$1,000/mo x 8 mo.	1000	8,000
		Total Occupancy:	**33,214**

Materials & Supplies:

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

General Operating:

Expense Item	Brief Description	Rate	Cost
Janitorial	Monthly janitorioal svc $750/mo.	750	9,000
Insurance	Prorated gen liability, hazzard and auto insurance	291.67	3,500
		Total General Operating:	**12,500**

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Staff Travel:	**-**

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
		Total Consultants/Subcontractors:	**-**

Other:

Expense Item	Brief Description	Rate	Cost
		Total Other:	**-**

TOTAL OPERATING EXPENSES:	**70,278**

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES:	**-**
TOTAL DIRECT COSTS:	**909,091**

4) INDIRECT COSTS

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

Indirect Rate:	**10%**
TOTAL INDIRECT COSTS:	**90,909**

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

Appendix D
Reserved

San Francisco Department of Public Health

Protected Information Privacy and Security Agreement

PROTECTED INFORMATION Privacy and Security Agreement

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

a. **Compliance with Federal and State Laws.** CONTRACTOR shall protect the privacy and provide for the security of SFDPH's medical information or protected health information ("PHI") (collectively, "Protected Information") in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").

b. **Attestations.** Except when SFDPH's data privacy officer exempts CONTRACTOR in writing, the CONTRACTOR shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1), Data Security (Attachment 2), and Compliance (Attachment 3) within sixty (60) calendar days from the execution of the Agreement. If SFDPH makes substantial changes to any of these forms during the term of the Agreement, the CONTRACTOR will be required to complete SFDPH's updated forms within sixty (60) calendar days from the date that SFDPH provides CONTRACTOR with written notice of such changes. CONTRACTOR shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to SFDPH within 15 calendar days of a written request by SFDPH.

c. **Appropriate Safeguards.** CONTRACTOR shall take the appropriate security measures to protect the confidentiality, integrity and availability of Protected Information that it accesses, creates, receives, maintains, or transmits.

d. **Notification of Breach, Security Threats, and Unpermitted Uses or Disclosures.** CONTRACTOR shall notify SFDPH in writing within 5 calendar days of any breach of Protected Information; any reasonable suspicion or detection of security incidents related to Protected Information and any use or disclosure of data in violation of any applicable federal or state laws by CONTRACTOR or its agents or subcontractors. SFDPH will notify CONTRACTOR of any reasonable suspicion or detection of security incidents that could compromise SFDPH systems and confidentiality. In such security incidents, both parties will work collaboratively to mitigate the situation and to identify a solution.

e. Notification of Breach to Regulatory Agencies. CONTRACTOR acknowledges and agrees that, as a Covered Entity and health care provider, it has an obligation independent of SFDPH to notify regulatory agencies and patients of privacy breaches caused by the acts or omissions of its employees or agents or related to the security of its electronic systems.

f. Corrective Action. CONTRACTOR shall take prompt corrective action to remedy any breach of Protected Information, mitigate to the extent practicable any harmful effect of a use or disclosure of Protected Information, and take any other action required by applicable federal and state laws and regulations pertaining to such breach.

g. Protection Against Threats. CONTRACTOR shall protect against any reasonably anticipated threats or hazards to the security or integrity of the Protected Information.

h. Protection Against Unpermitted Uses or Disclosures. CONTRACTOR shall protect against any reasonably anticipated access, uses or disclosures of the Protected Information that are not permitted or required under federal or state law.

i. Security Violations. CONTRACTOR shall maintain written policies and procedures to prevent, detect, contain, and correct security violations, including risk analysis, risk management, sanctions, and information system activity review.

j. Privacy and Security Officers. CONTRACTOR shall maintain qualified Privacy and Security Officers.

k. Appropriate Access. CONTRACTOR shall ensure that all CONTRACTOR employees and agents have appropriate access to electronic Protected Information and shall prevent those employees and agents who do not need access from obtaining it. This includes procedures for authorizing and supervising access, workforce clearance, and personnel termination procedures.

l. Training. CONTRACTOR shall provide privacy and security awareness and training for all employees and agents, including management. This shall include initial training and periodic reminders and updates, including requirements and obligations under federal and state law. Training shall cover protecting against viruses and malicious software and password management.

m. Security Incidents. CONTRACTOR shall maintain policies and procedures to report, mitigate and document Security Incidents.

n. Periodic Evaluations. CONTRACTOR shall conduct periodic evaluations of the security implementation against the Security Standards and environmental or operational changes affecting the security of electronic Protected Information.

o. **Facility Access Controls.** CONTRACTOR shall maintain facility access controls, which limit physical access to the provider's electronic information systems and the facilities in which they are housed, while ensuring that authorized access is allowed. These controls include a facility security plan, access control procedures, and facility maintenance.

p. **Workstation Use.** CONTRACTOR shall maintain security policies and procedures on workstation use, including the physical surroundings of workstations that permit access to electronic Protected Information.

q. **Access Controls.** CONTRACTOR shall maintain access controls to restrict access to persons or processes that have been granted access rights. These include unique user identification, emergency access procedures, and automatic log off of systems after no more than a ten minute period of inactivity.

r. **Audit Control Mechanisms.** CONTRACTOR shall comply with SFDPH requests to audit appropriateness of usage of SFDPH electronic records systems. Quarterly, SFDPH shall provide CONTRACTOR with a list representing a random 1% of patient records that were accessed by CONTRACTOR staff during the fiscal year. CONTRACTOR shall develop an audit tool to ensure that the SFDPH electronic records systems are accessed only for treatment reasons, shall conduct quarterly audits, and shall provide the results of these audits to the SFDPH Chief Integrity Officer within 14 calendar days of receipt.

s. **Civil and Criminal Penalties.** CONTRACTOR understands and agrees that it may be subject to civil or criminal penalties for the unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c) and other state and federal laws.

t. **Deprovision of Access**. Within 24 hours of expiration or earlier termination of the Agreement, CONTRACTOR shall provide SFDPH with a list of all employees and other individuals or entities that have access to SFDPH's electronic records systems. Within 48 hours of expiration or earlier termination of the Agreement, SFDPH shall ensure that all access to SFDPH's electronic records systems is deprovisioned with respect to all individuals and entities on CONTRACTOR's user list.

u. **Data Destruction.** When no longer needed, CONTRACTOR must destroy all Protected Information received from SFDPH or obtained on SFDPH's behalf that CONTRACTOR has in its possession using the Gutmann or U.S. Department of Defense (DoD) 5220.22-M (7 Pass) standard, or by degaussing. Media may also be physically destroyed in accordance with NIST Special Publication 800-88.

v. **Survival.** The obligations of CONTRACTOR under this Appendix shall survive the expiration or termination of this Agreement.

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

Attachment 1 – SFDPH Privacy Attestation, version (06-07-2017)
Attachment 2 – SFDPH Data Security Attestation, version (06-07-2017)
Attachment 3 – SFDPH Compliance Attestation, version (06-07-2017)

Contractor Name:		Contractor City Vendor ID	

PRIVACY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

ATTESTED by Privacy Officer or designated person	Name: (print)		Signature		Date	

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	

Contractor Name:		Contractor City Vendor ID	

DATA SECURITY ATTESTATION

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

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

I. All Contractors.

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

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

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature		Date	

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	

Contractor Name:		Contractor City Vendor ID	

COMPLIANCE ATTESTATION FOR HIPAA COVERED ENTITIES

All business partners of SFDPH that are HIPAA Covered Entities must have a formal compliance program and demonstrate integrity in their business practices. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.
Exceptions: If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

	I. DOES YOUR ORGANIZATION...				Yes	No*
A	Have a formal Compliance Program that meets Office of the Inspector General (OIG) requirements?					
B	Have a Compliance Officer or other individual designated as the person in charge of handling compliance matters?					
	If yes:	Name & Title:	Phone #	Email:		
C	Require Compliance Training upon hire and annually thereafter for all employees? [Retain training materials for 7 years.]					
D	Have proof that employees have completed compliance training? [Retain proof for 7 years.]					
E	Have a Code of Conduct or Ethics policy that includes a non-retaliation clause and a mechanism for staff to confidentially and anonymously report potential compliance concerns. [Retain versions for 7 years.]					
F	Have proof that employees upon hire, and annually thereafter, have signed agreement to your organization's Code of Conduct? [Retain proof for 7 years.]					
G	Have mechanisms in place to identify and promptly respond to compliance deficiencies (including reporting any deficiencies to SFDPH) that could jeopardize your organization's continued participation in government health care programs including Medicare or Medi-Cal funded programs?					
H	Understand and comply with state and federal regulations regarding billing Medicare and Medi-Cal programs and assure that bills submitted to such programs are supported by the required medical record documentation?					
I	Publicize the SFDPH Compliance and Privacy Hotline number (1-855-729-6040) or the City's Whistleblower Program including posting a notice of whistleblower protections in staff areas where it can be seen?					
J	Upon hire and monthly thereafter, check the exclusions lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency? [Retain proof for 7 years.]					
K	Upon hire and re-enrollment of clinical providers, check the Social Security Administration's Death Master File to ensure that Medicaid or Medicare is not being billed in the name of a deceased provider. [Retain proof for 7 years.]					
L	Require (or will require if/when applicable) subcontractors that are HIPAA Covered Entities to comply with all applicable requirements in this Attestation?					

II. Under penalty of perjury, I attest that I have authority to sign on behalf of my organization and that, to the best of my knowledge, the information herein is true and correct:

Attested by:	Name: (print)	Title:	Signature:	Date:

III. *EXCEPTIONS: If you answered "NO" to any question or believe a question is Not Applicable, please contact OCPA for a consultation at **1-855-729-6040** or compliance.privacy@sfdph.org. **All "No" or "N/A" answers must be reviewed and approved by OCPA below.**

Approved by OCPA:	Name: (print)	Title:	Signature:	Date:

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

Program Name: Syringe Access Services

ACE Control #:

CHEP

Contract ID #: 1000002634
Invoice Number: A-1JUL17
Contract Purchase Order No:
Funding Source: General Fund
Grant Code/Detail:
Project Code/Detail:
Invoice Period: 07/1/17 - 07/31/17
FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED NOC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD NOC	DELIVERED TO DATE UOS	DELIVERED TO DATE NOC	% OF TOTAL UOS	% OF TOTAL NOC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES NOC
Syringe Access Services	5,906	44,300							5,906	44,300
Program Coordination	12	N/A						N/A	12	N/A
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		44300								44,300

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$415,150				$415,150.00
Fringe Benefits	$103,788				$103,788.00
Total Personnel Expenses	$518,938				$518,938.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,	$70,792				$70,792.00
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$536,189				$536,189.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff	$8,375				$8,375.00
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	$601,900				$601,900.00
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$1,217,256				$1,217,256.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$1,736,194				$1,736,194.00
Indirect Expenses	$173,619				$173,619.00
TOTAL EXPENSES	$1,909,813				$1,909,813.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: **San Francisco AIDS Foundation**
Address: **1035 Market Street, Suite 400**
San Francisco, CA 94103

Telephone: **415-487-3000**
Fax: **415-487-3009**

Program Name: **Syringe Access Services**

ACE Control #:

Invoice Number: A-1JUL17

Contract Purchase Order No:

Fund Source: General Fund

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 07/1/17 - 07/31/17

FINAL Invoice: ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Prgms & Ops Director	0.05	$5,250				$5,250.00
Dir. Behavioral Health Svc	0.05	$6,000				$6,000.00
Dir. Gov't Contracts	0.05	$4,900				$4,900.00
Data Manager	0.05	$3,750				$3,750.00
SAS Director	0.75	$67,500				$67,500.00
Logistics Inventory Mgr	1.00	$62,000				$62,000.00
Logistics Associates	2.00	$110,000				$110,000.00
SSE/Vol Coordinator	0.75	$46,500				$46,500.00
Health Educator	1.75	$96,250				$96,250.00
Comm. Engagement & Kit Packing A	0.25	$13,000				$13,000.00
TOTAL SALARIES	6.70	$415,150				$415,150.00

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

Program Name: Syringe Access Services

ACE Control #:

CHEP

Contract ID #: 1000002634
Invoice Number: A-1JUL17
Contract Purchase Order No:
Funding Source: General Fund
Grant Code/Detail:
Project Code/Detail:
Invoice Period: 07/1/17 - 07/31/17
FINAL Invoice: ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED NOC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD NOC	DELIVERED TO DATE UOS	DELIVERED TO DATE NOC	% OF TOTAL UOS	% OF TOTAL NOC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES NOC
Program Coordination	12	N/A							12	N/A
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A						N/A		N/A

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,	$61,801				$61,801.00
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$93,300				$93,300.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff	$28,200				$28,200.00
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$183,301				$183,301.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$183,301				$183,301.00
Indirect Expenses	$18,330				$18,330.00
TOTAL EXPENSES	$201,631				$201,631.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

Program Name: Syringe Access Services

ACE Control #:

Invoice Number: A-1JUL17

Contract Purchase Order No:

Fund Source: General Fund

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 07/1/17 - 07/31/17

FINAL Invoice: (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
TOTAL SALARIES						

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

Program Name: Syringe Access Services

ACE Control #:

CHEP

Contract ID #: 1000002634
Invoice Number: A-1JAN17
Contract Purchase Order No:
Funding Source: CDC
Grant Code/Detail:
Project Code/Detail: HCPD90
Invoice Period: 01/1/17 - 01/31/17
FINAL Invoice: ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED NOC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD NOC	DELIVERED TO DATE UOS	DELIVERED TO DATE NOC	% OF TOTAL UOS	% OF TOTAL NOC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES NOC
Program Coordination	12	N/A							12	N/A
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A						N/A		N/A

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,					
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,					
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff	$4,545				$4,545.00
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$4,545				$4,545.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$4,545				$4,545.00
Indirect Expenses	$455				$455.00
TOTAL EXPENSES	$5,000				$5,000.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

Program Name: Syringe Access Services

ACE Control #:

Invoice Number: A-1JAN17

Contract Purchase Order No:

Fund Source: CDC

Grant Code/Detail:

Project Code/Detail: HCPD90

Invoice Period: 01/1/17 - 01/31/17

FINAL Invoice: ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
TOTAL SALARIES						

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

Program Name: Syringe Access Services

ACE Control #:

CHEP

Contract ID #: 1000002634
Invoice Number: A-1JUL18
Contract Purchase Order No:
Funding Source: General Fund
Grant Code/Detail:
Project Code/Detail:
Invoice Period: 07/1/18 - 07/31/18
FINAL Invoice [ ] (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED NOC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD NOC	DELIVERED TO DATE UOS	DELIVERED TO DATE NOC	% OF TOTAL UOS	% OF TOTAL NOC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES NOC
Syringe Access Services	5,906	44,300							5,906	44,300
Program Coordination	12	N/A						N/A	12	N/A
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		44300								44,300

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$435,950				$435,950.00
Fringe Benefits	$108,988				$108,988.00
Total Personnel Expenses	$544,938				$544,938.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	$74,899				$74,899.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	$532,872				$532,872.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	$9,143				$9,143.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	$616,947				$616,947.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$1,233,861				$1,233,861.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$1,778,799				$1,778,799.00
Indirect Expenses	$177,880				$177,880.00
TOTAL EXPENSES	$1,956,679				$1,956,679.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Invoice Number: A-1JUL18

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

Program Name: Syringe Access Services

ACE Control #:

Contract Purchase Order No:

Fund Source: General Fund

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 07/1/18 - 07/31/18

FINAL Invoice [ ] (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Prgms & Ops Director	0.05	$5,250				$5,250.00
Dir. Behavioral Health Svc	0.05	$6,000				$6,000.00
Dir. Gov't Contracts	0.05	$4,900				$4,900.00
Data Manager	0.05	$3,750				$3,750.00
SAS Director	0.75	$67,500				$67,500.00
Logistics Inventory Mgr	1.00	$62,000				$62,000.00
Logistics Associates	2.00	$110,000				$110,000.00
SSE/Vol Coordinator	0.75	$46,500				$46,500.00
Health Educator	1.75	$96,250				$96,250.00
Comm. Engagement & Kit Packing A	0.65	$33,800				$33,800.00
TOTAL SALARIES	7.10	$435,950				$435,950.00

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

Program Name: Syringe Access Services

ACE Control #:

CHEP

Contract ID #: 1000002634
Invoice Number: A-1JUL18
Contract Purchase Order No:
Funding Source: General Fund
Grant Code/Detail:
Project Code/Detail:
Invoice Period: 07/1/18 - 07/31/18
FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED NOC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD NOC	DELIVERED TO DATE UOS	DELIVERED TO DATE NOC	% OF TOTAL UOS	% OF TOTAL NOC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES NOC
Program Coordination	12	N/A							12	N/A
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A						N/A		N/A

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,	$63,801				$63,801.00
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$93,300				$93,300.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff	$30,783				$30,783.00
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$187,884				$187,884.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$187,884				$187,884.00
Indirect Expenses	$18,788				$18,788.00
TOTAL EXPENSES	$206,672				$206,672.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: **San Francisco AIDS Foundation**
Address: **1035 Market Street, Suite 400**
San Francisco, CA 94103

Telephone: **415-487-3000**
Fax: **415-487-3009**

Program Name: **Syringe Access Services**

ACE Control #:

Invoice Number: A-1JUL18

Contract Purchase Order No:

Fund Source: General Fund

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 07/1/18 - 07/31/18

FINAL Invoice: (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
TOTAL SALARIES						

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

Program Name: Syringe Access Services

ACE Control #:

CHEP

Contract ID #: 1000002634
Invoice Number: A-1JAN18
Contract Purchase Order No:
Funding Source: CDC
Grant Code/Detail:
Project Code/Detail: HCPD90
Invoice Period: 01/1/18 - 01/31/18
FINAL Invoice: ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED NOC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD NOC	DELIVERED TO DATE UOS	DELIVERED TO DATE NOC	% OF TOTAL UOS	% OF TOTAL NOC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES NOC
Program Coordination	12	N/A							12	N/A
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A						N/A		N/A

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	$4,545				$4,545.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$4,545				$4,545.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$4,545				$4,545.00
Indirect Expenses	$455				$455.00
TOTAL EXPENSES	$5,000				$5,000.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

Program Name: Syringe Access Services

ACE Control #:

Invoice Number: A-1JAN18

Contract Purchase Order No:

Fund Source: CDC

Grant Code/Detail:

Project Code/Detail: HCPD90

Invoice Period: 01/1/18 - 01/31/18

FINAL Invoice: ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
TOTAL SALARIES						

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

Program Name: Syringe Access Services - HYA

ACE Control #:

CHEP

Contract ID #: 1000002634
Invoice Number: A-2JUL17
Contract Purchase Order No:
Funding Source: General Fund
Grant Code/Detail:
Project Code/Detail:
Invoice Period: 07/1/17 - 07/31/17
FINAL Invoice: ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED NOC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD NOC	DELIVERED TO DATE UOS	DELIVERED TO DATE NOC	% OF TOTAL UOS	% OF TOTAL NOC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES NOC
HYA Wrap Around & Dosposal	12	N/A							12	N/A
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A						N/A		N/A

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	$146,160				$146,160.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$146,160				$146,160.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$146,160				$146,160.00
Indirect Expenses	$14,615				$14,615.00
TOTAL EXPENSES	$160,775				$160,775.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

Program Name: Syringe Access Services - HYA

ACE Control #:

Invoice Number: A-2JUL17

Contract Purchase Order No:

Fund Source: General Fund

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 07/1/17 - 07/31/17

FINAL Invoice: ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
TOTAL SALARIES						

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

CHEP

Program Name: Syringe Access Services - HYA

ACE Control #:

Contract ID #: 1000002634
Invoice Number: A-2JUL18
Contract Purchase Order No:
Funding Source: General Fund
Grant Code/Detail:
Project Code/Detail:
Invoice Period: 07/1/18 - 07/31/18
FINAL Invoice: ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED NOC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD NOC	DELIVERED TO DATE UOS	DELIVERED TO DATE NOC	% OF TOTAL UOS	% OF TOTAL NOC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES NOC
HYA Wrap Around & Dosposal	12	N/A							12	N/A
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A						N/A		N/A

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	$149,814				$149,814.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$149,814				$149,814.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$149,814				$149,814.00
Indirect Expenses	$14,980				$14,980.00
TOTAL EXPENSES	$164,794				$164,794.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

Program Name: Syringe Access Services - HYA

ACE Control #:

Invoice Number: A-2JUL18

Contract Purchase Order No:

Fund Source: General Fund

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 07/1/18 - 07/31/18

FINAL Invoice: (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
TOTAL SALARIES						

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

CHEP

Program Name: Syringe Access - Harm Reduction Center

ACE Control #:

Contract ID #: 1000002634
Invoice Number: A-3JUL17
Contract Purchase Order No:
Funding Source: General Fund
Grant Code/Detail:
Project Code/Detail:
Invoice Period: 07/1/17 - 07/31/17
FINAL Invoice: ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED NOC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD NOC	DELIVERED TO DATE UOS	DELIVERED TO DATE NOC	% OF TOTAL UOS	% OF TOTAL NOC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES NOC
Harm Reduction Center	12	35,343							12	35,343
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		35343								35,343

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$588,550				$588,550.00
Fringe Benefits	$147,138				$147,138.00
Total Personnel Expenses	$735,688				$735,688.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	$32,214				$32,214.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	$24,234				$24,234.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	$11,500				$11,500.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$67,948				$67,948.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$803,636				$803,636.00
Indirect Expenses	$80,364				$80,364.00
TOTAL EXPENSES	$884,000				$884,000.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Invoice Number: A-3JUL17

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

Program Name: Syringe Access - Harm Reduction Center

ACE Control #:

Contract Purchase Order No:

Fund Source: General Fund

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 07/1/17 - 07/31/17

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
V.P. Programs & Services	0.10	$20,300				$20,300.00
Dir. Behavorial Health Services	0.05	$6,000				$6,000.00
Director, SAS	0.20	$18,000				$18,000.00
Associate Director, 6th Street HRC	1.00	$63,000				$63,000.00
Health Educator	6.25	$343,750				$343,750.00
Mobile Health Educator	0.50	$27,500				$27,500.00
Health Educator/Inventory Team Lea	1.00	$55,000				$55,000.00
Inventory Associate/Health Educator	1.00	$55,000				$55,000.00
TOTAL SALARIES	10.10	$588,550				$588,550.00

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

CHEP

Program Name: Syringe Access - Harm Reduction Center

ACE Control #:

Contract ID #: 1000002634
Invoice Number: A-3JUL18
Contract Purchase Order No:
Funding Source: General Fund
Grant Code/Detail:
Project Code/Detail:
Invoice Period: 07/1/18 - 07/31/18
FINAL Invoice [ ] (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED NOC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD NOC	DELIVERED TO DATE UOS	DELIVERED TO DATE NOC	% OF TOTAL UOS	% OF TOTAL NOC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES NOC
Harm Reduction Center	12	36,960							12	36,960
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		36960								36,960

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$671,050				$671,050.00
Fringe Benefits	$167,763				$167,763.00
Total Personnel Expenses	$838,813				$838,813.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	$33,214				$33,214.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	$24,564				$24,564.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	$12,500				$12,500.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$70,278				$70,278.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$909,091				$909,091.00
Indirect Expenses	$90,909				$90,909.00
TOTAL EXPENSES	$1,000,000				$1,000,000.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Invoice Number: A-3JUL18

Contractor: San Francisco AIDS Foundation
Address: 1035 Market Street, Suite 400
San Francisco, CA 94103

Telephone: 415-487-3000
Fax: 415-487-3009

Program Name: Syringe Access - Harm Reduction Center

ACE Control #:

Contract Purchase Order No:

Fund Source: General Fund

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 07/1/18 - 07/31/18

FINAL Invoice [ ] (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
V.P. Programs & Services	0.10	$20,300				$20,300.00
Dir. Behavorial Health Services	0.05	$6,000				$6,000.00
Director, SAS	0.20	$18,000				$18,000.00
Associate Director, 6th Street HRC	1.00	$63,000				$63,000.00
Health Educator	7.75	$426,250				$426,250.00
Mobile Health Educator	0.50	$27,500				$27,500.00
Health Educator/Inventory Team Lea	1.00	$55,000				$55,000.00
Inventory Associate/Health Educator	1.00	$55,000				$55,000.00
TOTAL SALARIES	11.60	$671,050				$671,050.00

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

Certified By: _____ Date: _____

Title: _____

SANFRAN-02 POBAR1

CERTIFICATE OF LIABILITY INSURANCE

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

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

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

PRODUCER License # 0H81923 G2 Insurance Services, LLC 140 New Montgomery, 21st Floor San Francisco, CA 94105	CONTACT NAME: PHONE (A/C, No, Ext): (415) 426-6600 FAX (A/C, No): (415) 426-6601 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Nonprofits' Insurance Alliance of California (NIAC)
INSURED San Francisco AIDS Foundation 1035 Market Street, Ste. 400 San Francisco, CA 94103	INSURER B : Berkshire Hathaway Homestate Insurance Company — 20044
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		2017-00950	04/01/2017	04/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 20,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO	X		2017-00950	04/01/2017	04/01/2018	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			2017-00950-UMB	04/01/2017	04/01/2018	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED X RETENTION $ 10,000							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N	N/A	X	SAWC819099	07/01/2017	07/01/2018	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

RE: Ongoing service contracts with City and County of San Francisco

City and County of San Francisco, its officers, directors, employees, agents, and representatives are named as additional insureds as respects General Liability and Auto Liability as required by written contract. Waiver of subrogation applies in faver of the City and County of San Francisco with respects to Workers Compensation as permitted by law.

CERTIFICATE HOLDER

City and County of San Francisco, Department of Public Health
Attn: Contracts
101 Grove Street, Suite 307
San Francisco, CA 94102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

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

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

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

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

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

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NONPROFITS INSURANCE
ALLIANCE OF CALIFORNIA
A Head for Insurance. A Heart for Nonprofits.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:
City And County Of San Francisco, SFDPH, its Officers,
Directors, Employees, Agents and Representatives
101 Grove Street
San Francisco, CA 94102
As respects vehicle(s): ALL

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

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

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