File No	100042	Committee Item	No2_
•		Board Item No	6

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee:	City Operations & Neighborhood Ser	<u>.</u> Date: <u>January 25, 2010</u>
Board of Su	pervisors Meeting	Date <i> </i>
Cmte Boa	rd	
	Motion Resolution Ordinance Legislative Digest Budget Analyst Report Legislative Analyst Report Introduction Form (for hearings) Department/Agency Cover Letter a MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Award Letter Application Public Correspondence	and/or Report
OTHER	(Use back side if additional space	is needed)
-	·	ite_ January 21, 2010 ite_ /〜ンゲー/

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

.

o was

Supervisor Alioto-Pier BOARD OF SUPERVISORS

[Accept & Expend Grant - Supporting HIV Health Services - \$3,533,612]

Resolution authorizing the San Francisco Department of Public Health (DPH) to accept and expend retroactively a grant in the amount of \$3,533,612 from the California Department of Public Health (CDPH) Office of AIDS, to assist with a project entitled "Single Allocation Model (SAM)" for the period of July 1, 2009 through June 30, 2010.

WHEREAS, The CDPH Office of AIDS is the recipient of a grant award from the Health Resources and Services Administration (HRSA) to support the project entitled "Single Allocation Model;" and,

WHEREAS, Through this grant, the CDPH Office of AIDS has agreed to fund DPH in the amount of \$3,533,612 for the period of July 1, 2009 through June 30, 2010; and,

WHEREAS, An ASO amendment is not required as the grant partially reimburses DPH for five existing positions, Health Program Coordinator III (Job Class #2593) at 0.80 FTE, Senior Administrative Analyst (Job Class #1823) at 0.28 FTE, Public Service Aide (Job Class #9924) at 1.00 FTE, Senior Accountant Clerk (Job Class #1632) at 0.50 FTE, and Accountant II (Job Class #1652) at 0.50 FTE, for the period of July 1, 2009 through June 30, 2010; and,

WHEREAS, The budget does not include a provision for indirect costs in order to maximize the use of grant funds on direct services;

WHEREAS, The majority of the funding, \$3,270,932, has been allocated to ten already identified subcontractors, including San Francisco General Hospital, Mission Neighborhood Health Center, UCSF/AIDS Project, Project Open Hand, and others with a proven track record of serving the HIV/AIDS community: and.

WHEREAS, A request for retroactive approval is being sought because DPH received

Page 1 12/17/2009

FILE NO.

RESOLUTION NO.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23

24

25

the additional funding allocation on October 8, 2009 and submitted the revised application on November 20, 2009; and now therefore, be it

RESOLVED, That DPH is hereby authorized to accept and expend a grant in the amount of \$3,533,612 from the CDPH Office of AIDS; and, be it

FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and, be it

FURTHER RESOLVED. That the Director of Health is authorized to enter into the agreement on behalf of the City; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in the grant budget; and be it

FURTHER RESOLVED, That the Controller is directed to designate all positions funded under this agreement as "G" or grant-funded positions which would terminate when the agreement expires.

RECOMMENDED:

APPROVED:

Mitchell Katz, M.D.

Director of Health

Office of the Controller

Office of the Mayo

Department of Public Health **BOARD OF SUPERVISORS**

City and County of San Francisco

Department of Public Health





Gavin Newsom Mayor

TO:		Angela Calvillo, C	Clerk of the Board of Supervisors
FRO	OM:	Mitchell H. Katz Director of Heal	, M.D. White the state of the s
DAT	Œ:	December 17, 200)9
SUI	BJECT:	Accept and Exp	end Resolution for Subject Allocation
GR	ANT TITLE:	Supporting HIV	Health Services
Atta	ached please f	ind the original and	4 copies of each of the following:
\boxtimes	Proposed gr	rant resolution, orig	ginal signed by Department, Health Commission
\boxtimes	Grant inform	nation form, includi	ng disability checklist
\boxtimes	Grant budge	et and justification	
\boxtimes	Grant Award	d Letter from fundir	ng agency
\boxtimes	Grant Applic	cation	
Spe	ecial Timeline F	Requirements:	
Dej	partmental re	presentative to re	ceive a copy of the adopted resolution:
Naı	me: Grace Ald	derson	Phone: 554-2655
Inte	eroffice Mail A	ddress: Dept. of Pu	ıblic Health, 101 Grove St., Room 330
Cei	rtified copy rec	quired Yes 🗌	No 🖂

Fil	e Number: (Provided by Cle	rk of Board of Superviso	rs)
			ant Information Form
			ffective January 2000)
	rpose: Accompani pend grant funds.	es proposed Board of Si	pervisors resolutions authorizing a Department to accept and
Th	e following describ	es the grant referred to	n the accompanying resolution:
1.	Grant Title:	Supporting HIV Health	Services
2.	Department:	Department of Public F	lealth, AIDS OfficeHIV Health Service Section
3.	Contact Person:	Bill Blum	Telephone: 554-9105
4.	Grant Approval St	tatus (check one):	
	[x] Approved	by funding agency	[] Not yet approved
5.	Amount of Grant	Funding Approved or Ap	pplied for: \$3,533,612
6a b	a. Matching Funds b. Source(s) of mat	Required: No ching funds (if applicable	e): N/A
7a	n. Grant Source Ag o. Grant Pass-Thro	ency: Health Resources ugh Agency (if applicabl	and Services Administration (HRSA) e): California Department of Public Health (CDPH) Office of AIDS
Ui gr M Ju fu Fr gr fu pr	oups of stand alon anagement Prograuly 1, 2009 all State nding for the prograncisco Board of Stant next year (Marnding to offset the ograms are funded rograms which was	e State Office of AIDS of e programs: Early Interv ims and AIDS Service Pi e General Funds were cu ams by allocating SFDP Supervisors issued a res och 2010) is not funded a State cut. Currently, with d at the same level as las s funded July 1 through I	combined federal funding and State General Funds to support four ention Programs, Therapeutic Monitoring Programs, AIDS Case rograms (locally referred to Ryan White Part B Programs). As of at. The State is now using federal funds to provide a portion of the H a block grant called SAM (Single Allocation Model). The San colution to backfill the State funding gap, if the Ryan White Part A to the same level as the current year, which would provide enough a one exception, all contracts funded through the four categories of the tyear. The exception is one of the AIDS Case Management November 15, 2009 and over the period of time transferred their 15 d suspended that program.
9.	Grant Project Sch	nedule, as allowed in ap	proval documents, or as proposed:
	Start-	Date: July 1, 2009	End-Date: June 30, 2010
10 pa	O. Number of new artially reimburses	positions created and fu the department for five e	nded: The grant does not require an ASO amendment and existing positions:
0.	.28 FTE Senior Ad	ogram Coordinator III (Jo ministrative Analyst (Job vice Aide (Job Class #9	Class #1823)

0.50 FTE Senior Account Clerk (Job Class #1632)

0.50 FTE Accountant II (Job Class #1652)

b. Will contractual services be put out to bid? No; Grant funds will subcontract San Francisco General Hospital, Mission Neighborhood Health Center, SDPH/CHN Southeast Health Center, SFDPH Public Health Lab, UCSF/AIDS Health Project, Westside Community Mental Health, Tenderloin Health, California Pacific Medical Center, Project Open Hand, and the UCSF Men of Color Program. c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? Yes d. Is this likely to be a one-time or ongoing request for contracting out? N/A 13a. Does the budget include indirect costs? [] Yes [X] No b1. If yes, how much? \$0 b2. How was the amount calculated? c. If no, why are indirect costs not included? N/A [] Not allowed by granting agency [X] To maximize use of grant funds on direct services [X] Other (please explain): 14. Any other significant grant requirements or comments: DPH respectfully requests for approval to accept and expend these funds retroactive to July 1, 2009. The Department received the letter of funding allocation on October 8, 2009 and submitted the revised application on November 20, 2009. **Disability Access Checklist*** 15. This Grant is intended for activities at (check all that apply): [] Existing Structure(s) [X] Existing Program(s) or Service(s) [X] Existing Site(s) 1 Rehabilitated Site(s)] Rehabilitated Structure(s)[] New Program(s) or Service(s)] New Structure(s) 1 New Site(s) 16. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section: Comments: Departmental or Mayor's Office of Disability Reviewer Date Reviewed: Department Approval: Director of Public Health

11. If new positions are created, explain the disposition of employees once the grant ends? N/A

12a. Amount budgeted for contractual services: \$3,270,932

Ξ
ā.
č
2009
\$
Š
Ξ.
Date:
ised
ó

HPH-03 25/CHS/GNC HC/HPDHIVSVGR 1000				SAN FRANCISCO DEPARTMENT OF PUBLIC HEAL	ODEPAR		PUBLIC HEAL			_		
HPH-HGNACKONC	***************************************			AIDS OFFICE.	HIV HEAL	TH SERVIC	SES SECTION					
Discriptive Control				S	ngle Alloc	ation Mode	Je					***************************************
HCHPDHIVSVGR				July	1, 2009 to	June 30, 2	010					
1000 1	Ţ											
In New Jew Jew Jew Jew Jew Jew Jew Jew Jew J												

III III	•			1	i c	90 /0	Monthly		Salany	Frin Ron	Total	
Ount Clerk Out Clerk 69,004 17,251 86,255 50% 0.50 6,750 12 34,502 8,626 4 J Tso 69,004 17,251 86,255 50% 0.50 5,750 12 34,502 8,626 1 As Needed 47,345 8,049 55,394 50% 0.50 3,945 6 11,836 2,859 1 Deams Chan 47,345 15,151 62,496 50% 0.50 3,945 6 11,836 2,859 1 As Needed 47,345 15,151 62,496 50% 0.50 3,945 6 11,836 2,859 1 As Needed 33,774 10,808 44,582 100% 1,00 2,815 12 25,869 6,992 1 As Needed 35,004 30,102 124,170 28% 0.28 7,784 12 72,870 24,007 5 H Jones 0 0 0 0 0 0 0 15,642 8,397 1 As	CATEGORY/LINE ITEM	Safary	Frin Ben	Sal/Frin Ben	TIME	FTE	Rate	Mth	Budget	Budget	Budget	Comments

St. Accountant Table St. Accountant Table St. Account Clerk Table Table	PERSONNEL						A POST A PROPERTY AND A POST A					
St. Accountant St. Account St. Acc										-		
1.004 1 1.50 1.	Sr. Account	RO DOA	17 251	86 255	20%	0.50	5,750	12	34,502	8,626	43,128	
Sr Account Clerk As Needed 47,345 8,049 55,394 50% 0.50 3,945 6 11,836 2,959 2,959 1,632 1 As Needed 47,345 15,151 62,496 50% 0.50 3,945 6 11,836 2,959 2,959 1,632 1 As Needed 33,774 10,808 44,582 100% 1.00 2,815 12 33,774 10,808 12 25,869 6,992 1,823 5 1 As Needed 33,774 10,808 44,582 10,40% 1.00 2,815 12 25,869 6,992 1,823 5 1 As Needed 39,522 29,927 123,449 80% 0.00 0 0 15,642 1,642 1,642 1,642 1,642 1,642 1,642 1,642 1,642 1,642 1,643 1,6	اد	200,000										1804W41000000000000000000000000000000000
1,632 1 As Needed 47,345 8,049 55,394 50% 0.50 3,945 6 11,836 2,959 Sr Account Clerk 1,632 1 Deanna Chan 47,345 15,151 62,496 50% 0.50 3,945 6 11,836 2,959 Sr Admin Analyst 2,000 2,815 12 25,869 6,992 Sr Admin Analyst 2,000 2,815 12 25,869 6,992 Health Program Coordinator III 93,522 29,927 123,449 80% 0.00 0 0 15,642 206,329 56,351 STEP Increases 0 0 0 0 0 0 0 15,642 206,329 56,351 TOTAL SALARYIERINGE 386,059 111,287 496,346 3.56	T									0.00	102.11	
Sr Account Clerk Debted Service Alde-Health Services 47,345 15,151 62,496 50% 0.50 3,945 6 11,836 2,959 Public Service Alde-Health Services 33,774 10,808 44,582 100% 1,00 2,815 12 33,774 10,808 9924 1 As Needed 33,774 10,808 44,582 100% 1,00 2,815 12 25,869 6,992 Sr Admin Analyst Sr Admin Analyst 30,008 30,102 124,170 28% 0.28 7,839 12 25,869 6,992 1823 5 D Goodwin 93,522 28,927 123,449 80% 0.80 7,794 12 72,870 24,007 2593 6 H Jones 385,058 111,287 496,346 3.68 0 0 0 0 15,642 806,329 56,351 TOTAL SALARIES 00103 FRNG BN 11,287 496,346 3.68 0 0 0 0 0 0 0	1,632 1	47,345	8,049	55,394	20%	0.50	3,945	9	11,836	2,959	14,/35	
Sr Account Clerk 3.945 6 11,836 2,959 1,632 II Deanna Chan 47,345 15,151 62,496 50% 0.50 3,945 6 11,836 2,959 Public Service Aide-Health Services 33,774 10,808 44,582 100% 1.00 2,815 12 33,774 10,808 Sr Admin Analyst Sr Admin Analyst 36,068 30,102 124,170 28% 0.28 7,839 12 25,669 6,992 Sr Admin Analyst Boodwin 94,068 30,102 124,170 28% 0.28 7,794 12 72,870 24,007 2593 B Hones 0 0 0 0 0 15,642 80,007 20,00 0 15,642 80,351 10,303 10,304 10,304 10,304 10,304 10,304 10,304 10,304 10,304 10,304 10,304 10,304 10,304 10,304 10,304 10,304 10,304 10,304 10,304 10,304 <td></td> <td></td> <td></td> <td></td> <td></td> <td>+</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						+						
1,532 1 Deanna Chan	Sr Account C			007	301	c c	2046	ď	14 836	2 050	14 795	
Public Service Alde-Health Services 33,774 10,808 44,582 100% 1.00 2,815 12 33,774 10,808 9924 1 As Needed 39,708 30,102 124,170 28% 0.28 7,839 12 25,869 6,992 183 5 D Goodwin Coordinator III 94,068 30,102 124,170 28% 0.80 7,794 12 25,869 6,992 24,007 2593 5 Health Program Coordinator III 93,522 29,927 123,449 80% 0.80 0.7794 12 72,870 24,007 25,093 24,007 25,093 24,007 25,093 24,007 25,093 24,007 25,093 24,007 25,093 24,007 25,093 24,007 25,093 25,	\Box		15,151	62,490	20.%	0.00	3,840	2	2001	2000	2011	
Standard As Needed 33,774 10,808 44,582 100% 1.00 2,815 12 33,774 10,808												***************************************
Stadmin Analyst 1823 5 D Goodwin 94,068 30,102 124,170 28% 0.28 7,839 12 25,869 6,992 1823 5 D Goodwin 94,068 30,102 124,170 28% 0.28 7,794 12 72,870 24,007 2593 5 H Jones 0 0 0 0 0 0 0 15,642 28,351 25,869 24,007 2593 5 H Jones 0 0 0 0 0 0 0 0 0 0 15,642 28,351 2593 5 H Jones 2593 6 H Jones 2593 6 H Jones 25,869 6 H JO		3	10,808	44,582	100%	1.00	2,815	12	33,774	10,808	44,582	
Sr Admin Analyst Sr Admin Analyst 12 25,869 6,992 1823 5 D Goodwin 94,068 30,102 124,170 28% 0.28 7,839 12 25,869 6,992 Health Program Coordinator III 93,522 29,927 123,449 80% 0.80 7,794 12 72,870 24,007 STEP Increases 0 0 0 0 0 0 15,642 20,007 TOTAL SALARYIFRINGE 385,059 111,287 496,346 3.58 206,329 56,351 DO103 FRNG BN 00103 FRNG BN 00103 FRNG BN 0 0 0 0 0	1											
1823 5 D Goodwin	-	20013		404 470	7000	86.0	7 830	12	25.869	6.992	32.861	
Health Program Coordinator III 93,522 29,927 123,449 80% 0.80 7,794 12 72,870 24,007 2593 5 H Jones 0 0 0 0 0 15,642 800000 STEP Increases 0 0 0 0 0 0 0 11,587 496,346 0 0 0 15,642 800,329 56,351 TOTAL SALARIES 3,58 3,58 0 0 0 0 56,351 66,351	1823 5 ID Goodwin	84,000		124,110	9/03	23.0	2221					
2593 5 H Jones 93,522 28,927 123,449 80% 0.80 7,794 12 72,670 24,007 STEP Increases								-	Orto Or	20070	06 077	and the second s
STEP Increases 0 0 0 0 0 15,642 8000 TOTAL SALARYIFRINGE 386,059 111,287 496,346 3.58 206,329 56,351 00101 SALARIES 00101 SALARIES 60,329 60,329 60,351		93,522	29,927	123,449	80%	0,80	7,794	7.	(2,0,0	24,007	1,10,00	
STEP Increases	T				%0	900	0	0	15,642			
385,059 111,287 496,346 3.58 206,329 56,351	T		2	×					,			
	TOTAL SALARYIFRINGE		111,287	496,346		3.58			206,329	56,351	262,680	***************************************
											206 300	**************************************
	00101 SALARIES	9									56.353	
	00103 FRNG BA	7									282,680	

Annual Annual Salary Frit Ben				AIDS OFFICE - HIV HEALTH SERVICES SECTION	. HIV HEAL	TH SERVI	CES SECTION						
Hotel-PirtySyGR	1			S	ingle Alloc	sation Mod	el						
HOHEDHHUSYGR HOHEDHHUSYGR 1900 HOHEDHUSYGR Hohe Case				ylut	1, 2009 tc	June 30, i	2010						
1000 1000	П												
				***************************************							_		
Salary Frin Ben Annual Annual Annual Protein Annual Protein Annual Protein Annual Protein Annual Protein Ben Time Fre Rate Number of Salary Frin Ben SailFrin Ben Time Prin Ben SailFrin Ben SailFri													
Salary Frin Ben Salfrin Ben TiME FTE Rate Mth Budget Budget Bu	CATEGODYII INE ITEM	Annua	Annual	Total Annual		% OF	Monthly		Salary	Frin		Total	
Sub Total TRACE) Sub Total TRACE Sub Total EdulPheNT Sub Total Supple (Ga91) Sub Total		Salary	Frin Ben	Sal/Frin Ben	╁╌┨	FTE	Rate	THE STATE OF THE S	Budget	Bud		Budget	Comments
Sub Total TRAVEL								1			_		
Computers @ \$3.000 (06061)	TRAVEL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										0	
Sub Total TRAVEL Sub Total TRAVEL Sub Total TRAVEL Sub Total TRAVEL Sub Total TRAVEL Sub Total TRAVEL Sub Total TRAVEL Sub Total Sup PLES Christopes (U4891) Sub Total Sup PLES Christopes (U4981) Sub Total CONTRACTS Sub Total	[0	
Sub Total EQUIPMENT Sub Total CONTRACTS Sub												0	
Sub Total EQUIPMENT													
1. Computers (g. 3x0.00 (pour)										1	-	0	
MATERIALS AND SUPPLIES	T									-		0	
MATERIALS AND SUPPLIES Conversation of the properties of the process of the process (ACE) (A													
1. Office supplies (04821) 2. Non-investopfied equipmt (04821) 2. Non-investopfied equipmt (04821) 2. Non-investopfied equipmt (04821) 3. Unallocated 4. Sub Total CONTRACTS 5. The support (03911) 2. Telephone/Com (03241) 4. Deliberopfier maint (03331) 5. Postage of (01381) 6. Physic soci (014831) 7. Physic soci (014831) 6. Physic soci (014831) 7. Physic soci (014831) 7. Thomborship (03241) 8. Staff training (02201) 9. Services (ACE)(02331) 10. Mamborship (03431) 11. Miss Services (ACE)(02331) 12. Independent (03393) 13. Miss. Other migs/froot (14839) 14. Miss. Other migs/froot (14839) 15. Substantial of (14839) 16. Substantial of (14839) 17. Miss. Other migs/froot (14839) 18. Substantial of (14839) 19. Substantial of (14839) 19. Substantial of (14839) 11. Miss. Other migs/froot (14839) 12. Substantial of (14839) 13. Miss. Other migs/froot (14839) 14. Miss. Other migs/froot (14839) 15. Substantial of (14839) 16. Substantial of (14839) 17. Substantial of (14839) 18. Substantial of (14839) 19. S	MATERIALS AND SUPPLIES										-		
Sub Total Guipmi (104921) Sub Total SuPPLIES										_		0 0	
Sub Total SUPPLIES	2. Non-inventoried equipmt (04921)										-	0 0	
NoTIND Intents Inten	Sub Total SUPPLIES						***************************************					>	
Act										_	_		
Sub Total CONTRACTS Sub Total CONTRACTS	CONTRACTIMOO			***************************************								,287,698	
Sub Total CONTRACTS Sub Total CONTRACTS	2 MOI I											949,946	
Sub Total CONTRACTS	3 unallocated			-								33,288	
Sub Total CONTRACTS 3,270,93 Interval Contract Sub Total CONTRACTS 3,270,93 Interval Contract Co	4				1			1		_	1	G	
Int support (03011) Int support (03011) Int support (03011) Istage (03241) Istage (03241) Int stage (03551) Int stage (0		U			-							3,270,932	
Int support (03011) lephone/Com (03241) lephone/Com (03561) stage (03561) production/Photocopy Photocopier leasing (03131) Photocopier leasing (03131) Photocopier leasing (03131) Photocopier maint (02931) Int/Silde snc (Outside (03931) Int/Silde snc (Outside (03939) Int/Silde snc (Outside (03599) Int/Silde snc (Outside (03599) Int/Silde snc (Outside (03599) Int/Silde snc (Outside (03599) Introduction (035			-										
Int support (03011) lephone/Com (03241) sistage (03561) Interport (03021) Interport	OTHER												
1) (2) (2) (3) (3) (4) (5)	1. Rent support (03011)						,				+	0	
1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	2, Telephone/Com (03241)										+	5 0	
1) (2) (2) (3) (3) (3)	3. Postage (03561)									1	+	5 0	***************************************
1) (2) (2) (3) (3) (3)	4. Delivery/Courier srvc (03521)			-			**************************************					0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1) 2) 2) 3) 1) 1ER 3,533,61	5. Reproduction/Photocopy		-									0	
1) 2) 3) 1) 1ER 3.533.61	a. Photocopier leasing (03131)				-					1	-	0	
1) 3) 1) 1) 1) 1) 1)	b. Photocopier maint (02931)	***************************************		***************************************							-	0	
)) HER 3.533.61	C. Replo Sive (III House)(Vasa)				-							0	
)) HER 3.533,61	7 Dramo/Advertisement (03599)											0	
9) IER 3.533,61	8 Staff training (02201)											0	
9) IER 3533,61	9 Intermetation (03599)											0	
9) IER 3.533,61	10 Membership (02401)											0	
9) IER 3.533,61	11. MIS Services (ACE)(02789)									1	-	0	
19. ER 3.533.61	12. Computer Maint., etc. (02931)									_	\dagger	> 0	
IR 3533,61	13. Misc. Other - mtgs/food (04699)									1	-) c	
IR 3.533,61	14. Misc. Other (03599)									1		,	
	Sub TOTAL OTHER									1	1	>	
	TOOCO TOTALIS TOW				_					1		3,533,612	
I LOIAL DIRECT COSTS	TOTAL DIRECT COST.	0	+	-	+			\[L	-		
						_						-	

₹
2:35
4/2009
127
Date:
Revised

			מימוניו ועל	2		かれ ショウ・コー・アニア・アイ・アイ・アクランド・アイ・アイ・アイ・アイ・アイ・アイ・アイ・アイ・アイ・アイ・アイ・アイ・アイ・]				
			AIDS OFFICE -	- HIV HEALTH SERVICE	TH SERV	AIDS OFFICE - HIV HEALTH SERVICES SECTION					
				ngie Alloc	יים וויסווים	97.00	1			_	
			July	July 1, 2009 to June 30, 2010	June 30,	OL02					
Index Code: HCHPDHIVSVGR Grant Code:											
Grant Detail: 1000											***************************************
CATEGORY/LINE ITEM	Annual	Annual	Total Annual	% OF	% OF	Monthly		Salary	Frin Ben		
	Safary	Frin Ben	Sal/Frin Ben	TIME	FTE	Rate	¥ ¥	Budget	Budget	Budget	Comments
			BUDGET SUMMARY	AARY							
										000	
A. SALARIES				FTE	3.58					878'907	
B. MANDATORY FRINGE										56,351	
C. TRAVEL										0	
11 147 141 141			Antenna		The state of the s				-		
D. ECOTAREN			***************************************					***************************************			
E. MATERIALS AND SUPPLIES	JES									0	
										000	
F. CONTRACT / MOU					***************************************					3,2/0,932	
G. OTHER										0	
DIRECT COSTS										3,533,612	
							-			G	
H INDIRECT COST										,	
TOTAL BUDGET										3,533,612	***************************************
										0.00.00	
AWARD							-			3,533,012	
SIRPI ((DEFICEIT)						With the Property of the Prope				0	
					_		-				

Award Letter

Sajid Shaikh/DPH/SFGOV

12/10/2009 01:56 PM

To Grace Alderson/DPH/SFGOV@SFGOV

cc bcc

Subject BOS Resolution - SAM

Hi Grace

The following attachments is for a state grant that Health Services received. Attached is the GIF, budget and application for the BOS resolution packet. The email below is from our funder indicating our initial award amount. We were given an additional \$95,750 on Nov 18 to bring our SAM award to \$3,533,612. I will forward you a follow up email with that award amount. Please let me know if you have any questions.







FY 09-10 SAM Budget.xls SF DPH HHS Grant Information Form 12 09.doc FY 09-10 SAM - MAI Application.xls



FY 09-10 SAM Application.xls

thanks
Sajid Shaikh
Senior Administrative Analyst
AIDS Office, Budget & Finance
San Francisco Department of Public Health
1380 Howard Street
San Francisco, CA 94103
E-Mail: Sajid.Shaikh@sfdph.org

Phone: 415-255-3512 Fax: 415-503-4710

---- Forwarded by Sajid Shaikh/DPH/SFGOV on 12/10/2009 09:15 AM -----

Bill Blum/DPH/SFGOV

10/12/2009 05:07 PM

To Sajid Shaikh/DPH/SFGOV@SFGOV

CC

Subject Fw: Master Agreement budget guidance for Care and Prevention Programs

FYI

Bill Blum Interim Director, HIV Health Services San Francisco Department of Public Health Phone: (415) 554-9000 Fax: (415) 431-7547

CONFIDENTIALITY NOTICE

This e-mail and any files transmitted with it are the property of the San Francisco Department of Public Health are confidential, and intended only for the named recipient(s) above. If it has been sent to you in error, please notify the sender at 415-554-9000 and delete this message immediately from your computer. Any other use, retention, dissemination, forwarding, printing, or copying of this e-mail is strictly forbidden.

Thank you for your consideration.

Forwarded by Bill Blum/DPH/SFGOV on 10/12/2009 05:06 PM ----



"Nelson, Christine (CDPH-CID-OOA)" <Christine.Nelson@cdph.ca.</p>

10/08/2009 03:44 PM

To "Bill Blum" <Bill.Blum@sfdph.org>

cc "Smiley, Cynthia (CDPH-OOA)" <Cynthia.Smiley@cdph.ca.gov>, "Flores, Schenelle (CDPH)" <Schenelle.Flores@cdph.ca.gov>, "Lew, Brian (CDPH-OOA)" <Brian.Lew@cdph.ca.gov>, "Weiss, Barbara (CDPH-OOA)" <Barbara.Weiss@cdph.ca.gov>, "Simms, Sandy (CDPH-OOA)" <Sandy.Simms@cdph.ca.gov>, "Geary, Mary (CDPH-OOA)" < Mary.Geary@cdph.ca.gov>, "Poole-Sims, Clarissa (CDPH-OOA)" <Clarissa.Poole-Sims@cdph.ca.gov>, "Iniguez, Richard (CDPH-OOA)" <Richard.Iniguez@cdph.ca.gov>, "Russell, Carol (CDPH-OOA)" <Carol.Russell@cdph.ca.gov>, "Willis, Matthew (CDPH-OOA)" < Matthew. Willis@cdph.ca.gov> Subject Master Agreement budget guidance for Care and Prevention

Programs

Attached please find the budget guidance for the HIV Care and Prevention Programs for Fiscal Year 2009/10. The guidance includes:

*information regarding the Master Agreement contract and MOU changes

*service descriptions for the HIV Care and Prevention Programs

*instructions for completing the required budget documents and use of the excel file that is attached to this email

*OA contact information.

Care Program

Contractor San Francisco LHJ

allocation

contract amount

Compliance analyst

Matthew Willis

3.437.862

3,437,862 San Francisco.

Prevention Program

Contractor San Francisco allocation

contract amount

Compliance analyst

Mary Geary

512,960

Formula

434,324

Partner Services

\$

78,636

Your compliance analysts are included in this email. Please contact them directly if you have any questions.

Please note that there are no changes to the Surveillance Program, so you do not need to submit any documents for that program.

Chris Nelson, Assistant Chief Office of AIDS California Department of Public Health 1616 Capitol Avenue, Suite 616 P.O. Box 997426, MS 7700 Sacramento, CA 95899-7426

ph (916) 449-5896 fax (916) 449-5912





MA budget guidance for Care and Prevention.pdf MA budget guidelines forms for Care and Prevention.xls

Sajid Shaikh/DPH/SFGOV

To Grace Alderson/DPH/SFGOV@SFGOV

12/10/2009 01:58 PM

cc bcc

titus noon

Subject BOS Resolution - SAM

Below is an email from our State representative informing us of the additional \$95,750, that will get added to our SAM grant.

thanks
Sajid Shaikh
Senior Administrative Analyst
AIDS Office, Budget & Finance
San Francisco Department of Public Health
1380 Howard Street
San Francisco, CA 94103
E-Mail: Sajid.Shaikh@sfdph.org

Phone: 415-255-3512

Fax: 415-503-4710

---- Forwarded by Sajid Shaikh/DPH/SFGOV on 12/10/2009 01:53 PM ----



"Willis, Matthew (CDPH-OOA)" <Matthew.Willis@cdph.ca.go

To "Sajid Shaikh" <Sajid.Shaikh@sfdph.org>

CC

11/18/2009 10:36 AM

Subject RE: MAI Budget and Program Guidelines - Time sensitive

Hi Sajid,

I checked our tracking tool and SF has been allocated \$95,750 in MAI funds.

Matthew W. Willis
HIV Care Operations Section
HIV Care Branch, Office of AIDS
California Department of Public Health
Matthew.Willis@cdph.ca.gov
916-449-5797
916-449-5959(FAX)
Location/Overnight Mail:
1616 Capitol Avenue, Suite 74-616
Sacramento, CA 95814
Regular Mail:
P.O. Box 997426, MS 7700
Sacramento, CA 95899-7426

----Original Message----

From: Sajid Shaikh [mailto:Sajid.Shaikh@sfdph.org]

Sent: Wednesday, November 18, 2009 9:14 AM

To: Willis, Matthew (CDPH-OOA)

Subject: Fw: MAI Budget and Program Guidelines -- Time sensitive

Hi Matthew -

I read the email below a few times but I could not locate how much MAI dollars SF is allocated.

thanks Sajid Shaikh Senior Administrative Analyst AIDS Office, Budget & Finance San Francisco Department of Public Health 1380 Howard Street San Francisco, CA 94103 E-Mail: Sajid.Shaikh@sfdph.org

Phone: 415-255-3512

Fax: 415-503-4710

---- Forwarded by Sajid Shaikh/DPH/SFGOV on 11/18/2009 09:07 AM -----

Bill

Blum/DPH/SFGOV

To

11/16/2009 01:38

Sajid Shaikh/DPH/SFGOV@SFGOV,

Dean

PM

Goodwin/DPH/SFGOV@SFGOV

CC

Subject

Fw: MAI Budget and Program

Guidelines -- Time sensitive

Bill Blum Interim Director, HIV Health Services San Francisco Department of Public Health Phone: (415) 554-9000 Fax: (415) 431-7547

CONFIDENTIALITY NOTICE

This e-mail and any files transmitted with it are the property of the San

Francisco Department of Public Health are confidential, and intended only

for the named recipient(s) above. If it has been sent to you in error, please notify the sender at 415-554-9000 and delete this message immediately from your computer. Any other use, retention, dissemination,

forwarding, printing, or copying of this e-mail is strictly forbidden. Thank you for your consideration.

---- Forwarded by Bill Blum/DPH/SFGOV on 11/16/2009 01:35 PM ----

"Russell, Carol

(CDPH-OOA) "

<Carol.Russell@cd

To

ph.ca.gov> "Adrienne Rogers"

<rogersad@saccounty.net>, "Bill

11/10/2009 03:20

Blum" <bill.blum@sfdph.org>,

PM

<cleiverm@hsd.cccounty.us>,

"Craig

Webb" <craig.webb@ventura.org>,

"Denise Smith"

<smithde@co.kern.ca.us>, "Emily

s.

Sciolto"

<scioltoe@co.monterey.ca.us>,

"Geneva Bell-Sanford"

<gsanford@sjcphs.org>, "Irene

Magana" <imagana@ochca.com>,

"James

McPherson"

<james.mcpherson@hhs.sccgov.org>,

"Luchini, David (Fresno #2)"

<dluchini@co.fresno.ca.us>,

"Mario

Perez" <mjperez@ladhs.org>, "Matt

Geltmaker"

<mgeltmaker@co.sanmateo.ca.us>,

94

	"Monique Collins"
was it is	<pre><mcollins@ph.lacounty.gov>,</mcollins@ph.lacounty.gov></pre>
"Nettie	DeAugustine"
·	<nedeaug@ci.long-beach.ca.us>,</nedeaug@ci.long-beach.ca.us>
"Roń	Hypolite"
<pre><ron.hypolite@acgov.org>,</ron.hypolite@acgov.org></pre>	"Susan Strong"
	<pre><sstrong@dph.sbcounty.gov>,</sstrong@dph.sbcounty.gov></pre>
	"Tamarra Jones"
<tjones@ochca.com>,</tjones@ochca.com>	"Terry Cunningham"
<pre><terry.cunningham@sdcounty.ca.gov>,</terry.cunningham@sdcounty.ca.gov></pre>	"Victoria Jauregui-Burns"
	<pre><vjauregu@co.riverside.ca.us></vjauregu@co.riverside.ca.us></pre>
cc	"O'Shea, Dan"
	<pre><dan.oshea@sdcounty.ca.gov>,</dan.oshea@sdcounty.ca.gov></pre>
	"Patterson, James"
_	
<pre><james.patterson@sdcounty.ca.gov>,</james.patterson@sdcounty.ca.gov></pre>	"Poole-Sims, Clarissa (CDPH-OOA)"
<clarissa.poole-sims@cdph.ca.gov>,</clarissa.poole-sims@cdph.ca.gov>	"Iniguez, Richard (CDPH-OOA)"
·	<richard.iniguez@cdph.ca.gov>,</richard.iniguez@cdph.ca.gov>
	"Post, Toni"
	<toni.post@cdph.ca.gov>, "Smiley,</toni.post@cdph.ca.gov>
	Cynthia (CDPH-OOA)"
	<cynthia.smiley@cdph.ca.gov>,</cynthia.smiley@cdph.ca.gov>
	"Nelson, Christine
(CDPH-CID-OOA)"	<pre><christine.nelson@cdph.ca.gov>,</christine.nelson@cdph.ca.gov></pre>
	"Henriques, James
	(CDPH-OOA-HCB-CBCS)"
	<pre><james.henriques@cdph.ca.gov>,</james.henriques@cdph.ca.gov></pre>

"Kavooras, Carol (CDPH-OOA-CBCS)"

<Carol.Kavooras@cdph.ca.gov>,

"Willis, Matthew (CDPH-OOA)"

<Matthew.Willis@cdph.ca.gov>,

"Cunningham, Michael (CDPH-OOA)"

<Michael.Cunningham@cdph.ca.gov>,

"Kile, Estella"

<estella.kile@cdph.ca.gov>,

Laura (CDPH-OOA)"

<Laura.Rios@cdph.ca.gov>,

Julie (CDPH)"

<Julie.Brozek@cdph.ca.gov>,

Carol (CDPH-OOA-HCB-EIE)"

<Carol.Crump@cdph.ca.gov>

Subject

"Rios,

"Brozek,

"Crump,

MAI Budget and Program Guidelines
-- Time sensitive

<<MAI Budget and Program Guidance FY 09-10.pdf>> <<MAI Budget Forms 2009-2010.xls>> Attached please find the Budget and Program Guidelines and Excel MAI Budget Forms for the FY 2009-10 Minority AIDS Initiative (MAI)

funding allocated to your health jurisdiction. Please note that the MAI budgets are due November 20, 2009. I apologize for this short turn-around, but it is necessary in order for us to combine this MAI budget.

with your HIV Care Program budget (due to our office October 30) into one

Care MOU budget.

Please note that, if due to the receipt of MAI funds, you now wish to revise your Care Program Budget, you must notify your Care Operations Advisor immediately. If you are not sure who your Advisor is, please contact me or Toni Post at toni.post@cdph.ca.gov or 916-449-5970.

Please be sure that you identify the primary contact person and all others

that you would like to receive MAI information in the future (the LHJ Contact Information Form included in the Budget documents). More information regarding MAI activities and reporting requirements will be coming in the near future.

If you have any additional questions, please don't hesitate to contact Toni or me. Thanks for all of your patience.

All the great things are simple, and many can be expressed in a single word: freedom, justice, honor, duty, mercy, hope. -- Winston Churchill

Carol C. Russell, Chief

916-449-5962 / 916-449-5959 FAX

NOTE NEW: carol.russell@cdph.ca.gov

Early Intervention Section

Office of AIDS - CA Dept. of Public Health

1616 Capitol Ave., Ste. 74-6616

MS 7700, P.O. Box 997426

Sacramento, CA 95899-7426(See attached file: MAI Budget and Program Guidance FY 09-10.pdf)(See attached file: MAI Budget Forms 2009-2010.xls)



LHJ Contact Information

Enter LHJ Name:	Fiscal Yea
San Francisco Department of Public Health	2009-2010

Agency Information	
Website Address (if any)	Federal Taxpayer Identification Number
http://www.sfdph.org/dph	94-6000417

Contra	et Signatory				
The Contract Signatory is the individual with Board Authority to enter Chair of the County Board of Supervisors.	into a contract with the State of California. In most cases, this will be the				
First and Last Name	Title				
arbara Garcia Deputy Director of Health, Dir of Com Prgs					
c/o (if applicable) Telephone Number					
	415-255-3525				
Address	Fax Number				
1380 Howard Street, 5th Floor, SF, CA 94103	415-252-3005				

Minority AIDS Initiativ	e (MAI) Program Contact			
The MAI Program Contact is the primary Contractor staff member responsible for MAI program planning, policy matters, progress reports, and contract monitoring, etc.				
First and Last Name	Title			
Bill Blum Interim Director of Health Services				
Mailing Address Telephone Number				
25 Van Ness Ave, 5th Fi, SF, CA, 94102 415-554-9000				
E-Mail Address Fax Number				
blll.blum@sfdph.org	415-431-7547			

Minority AIDS Initiative	(MAI) Fiscal Contact			
The MAI Fiscal Contact is the primary Contractor staff member responsible same as the Program Contact enter "Same as above" in the First and Last	e for MAI program invoicing, budgets revisions, etc. If this person is the st Name box below.			
First and Last Name	Title			
Sajid Shaikh	Sr Admin Analyst			
Mailing Address	Telephone Number			
1380 Howard Street, Suite 440, SF, CA 94103	415-255-3512			
E-Mail Address Fax Number				
sajd.shaikh@sfdph.org	415-503-4710			

Minority AIDS	Initiative (MAI) Bu	dget Detail

Enter LHJ Name:	•	Fiscal Year
San Francisoc Department of Public Health		2009-2010

ction I - Budget Information				
Descrip		Administrative Costs	Cilent Services Costs	Total Budget
Personnel	Total Personnel			\$(
Operating				
-			· · · · · · · · · · · · · · · · · · ·	
		-		
	Total Operating	\$0	\$0	,
Capital				
	Total Capital	\$0	\$0	\$
Indirect				
		•		
	. Total indirect	\$0	\$0	
	Subtotal LHJ Costs	\$0	\$0	
Subcontracts SEHC - Brdige Outreach			\$95,760	
Authorization and the state of				
-				
4-10-2-10-10-10-10-10-10-10-10-10-10-10-10-10-				
	Total Subcontracts	\$0	\$95,750	\$95,7
	Total LHJ MAI Budget	\$6	\$95,750	\$95,7
	Percentage	0%	100%	
•	,	Can not exceed 10%		
		<u> </u>	A	T

Section 2 - Service Categories - Complete for services provided BY THE LHJ

MAI Client Services	Estimated Clients Served	Budgated Amount
Outreach to increase minority participation in ADAP/HIV Care	57	\$95,750
Treatment Education to increase minority participation in ADAP/HIV Care		
Total Client Services provided by LHJ		\$95,750

99

Minority AIDS Initiative (MAI) Personnel Detail

				Fiscal Yer
Enter LHJ Name:				2009-20
San Francisco Department of Public Health	•			
	QL.			Total
Position Title Staff Member's Fi	rst and Last Name	Admin Costs	Client Services Costs	iolai
	F			***************************************
Describe Duties (include purpose and destination of any job-related travel)	If vacant, what is the estimated hire date?	Percentage of time performing these duties	Percentage of time performing these duties	Percentage of time performing these duties
				0%
	Annual Salary	Salary paid by this contract	Salary paid by this contract	Salary paid by this contract
		Contract	COMMISSI	\$0
	is travel required?	Benefits	Benefits	Benefits
	□Yes □No		***************************************	\$0
	CTEL CN6			<u> </u>
Position Title Staff Member's F	rst and Last Name	Admin Costs	Client Services Costs	Total
	If vacant, what is the	Percentage of time	Percentage of time	Percentage of time
Describe Duties (include purpose and destination of any job-related travel)	estimated hire date?	performing these duties	performing these duties	performing these duties
				0%
	Annual Salary	Salary paid by this contract	Salary paid by this contract	Salary paid by this contract
•		***************************************		\$0
	Is travel required?	Benefits	Benefits	Benefits
	□Yes □No			\$0
	1			
Position Title Staff Member's F	irst and Lest Name	Admin Costs	Client Services Costs	Total
Position Title Staff Member's F	irst and Last Name	Admin Costs	Glient Services Costs	The state of the s
			Client Services Costs Percentage of time	□Yes □No Percentage of time
Position Title Staff Member's F	iret and Lust Name If vacant, what is the estimated hire date?	Admin Costs Percentage of time performing these duties		□Ves □No Percentage of time performing these duties
	If vacant, what is the	Percentage of time performing these duties	Percentage of time performing these duties	□Ves □No Percentage of time performing these duties 0%
	If vacant, what is the	Percentage of time	Percentage of time	□Ves □No Percentage of time performing these duties
	If vacant, what is the estimated hire date?	Percentage of time performing these duties Salary paid by this	Percentage of time performing these duties Salary paid by this	Percentage of time performing these duties 0% Salary paid by this
	If vacant, what is the estimated hire date?	Percentage of time performing these duties Salary paid by this	Percentage of time performing these duties Salary paid by this	Percentage of time performing these duties 0% Salary paid by this contract
	If vacant, what is the estimated hire date? Annual Salary	Percentage of time performing these duties Salary paid by this contract	Percentage of time performing these duties Salary paid by this contract	□ Ves □ No Percentage of time performing these duties 0% Salary paid by this contract \$0
	If vacant, what is the estimated hire date? Annual Salary Is travel required?	Percentage of time performing these duties Salary paid by this contract	Percentage of time performing these duties Salary paid by this contract	Percentage of time performing these duties 0% Salary paid by this contract \$0 Benefits
Describe Duties (include purpose and destination of any job-related travel)	If vacant, what is the estimated hire date? Annual Salary Is travel required?	Percentage of time performing these duties Salary paid by this contract	Percentage of time performing these duties Salary paid by this contract	Percentage of time performing these duties 0% Salary paid by this contract \$0 Benefits
Describe Duties (include purpose and destination of any job-related travel)	If vacant, what is the estimated hire date? Annual Salary Is travel required?	Percentage of time performing these duties Salary paid by this contract Benefits	Percentage of time performing these duties Salary paid by this contract Benefits	Percentage of time performing these duties 0% Salary paid by this contract \$0 Benefits \$0
Describe Duties (include purpose and destination of any job-related travel) Position Title "Staff Member's F	If vacant, what is the estimated hire date? Annual Salary Is travel required? Ist and Last Name If vacant, what is the	Percentage of time performing these duties Salary paid by this contract Benefits Admin Costs Percentage of time	Percentage of time performing these duties Salary paid by this contract Benefits Client Services Costs Percentage of time	□
Describe Duties (include purpose and destination of any job-related travel)	If vacant, what is the estimated hire date? Annual Salary Is travel required? Ives No	Percentage of time performing these duties Salary paid by this contract Benefits Admin Costs	Percentage of time performing these duties Salary paid by this contract Benefits #Client Services Costs	Vest
Describe Duties (include purpose and destination of any job-related travel) Position Title "Staff Member's F	If vacant, what is the estimated hire date? Annual Salary Is travel required? The No Instand Last Name If vacant, what is the estimated hire date?	Percentage of time performing these duties Salary paid by this contract Benefits Admin Costs Percentage of time	Percentage of time performing these duties Salary paid by this contract Benefits Client Services Costs Percentage of time	
Describe Duties (include purpose and destination of any job-related travel) Position: Title Staff Member's F Describe Duties (include purpose and destination of any job-related travel)	If vacant, what is the estimated hire date? Annual Salary Is travel required? Ist and Last Name If vacant, what is the	Percentage of time performing these duties Salary paid by this contract Benefits Admin Gosts Percentage of time performing these duties	Percentage of time performing these duties Salary paid by this contract Benefits Client Services Costs Percentage of time performing these duties	□
Describe Duties (include purpose and destination of any job-related travel) Position: Title Staff Member's F Describe Duties (include purpose and destination of any job-related travel)	If vacant, what is the estimated hire date? Annual Salary Is travel required? The No Instand Last Name If vacant, what is the estimated hire date?	Percentage of time performing these duties Salary paid by this contract Benefits Benefits Percentage of time performing these duties Salary paid by this	Percentage of time performing these duties Salary paid by this contract Benefits Client Services Costs Percentage of time performing these duties Salary paid by this contract	Percentage of time performing these duties 0% Salary paid by this contract \$0 Benefits \$0 Total Total O% Salary paid by this contract \$0 Benefits \$0 Total So Percentage of time performing these duties 0% Salary paid by this contract \$0
Describe Duties (include purpose and destination of any job-related travel) Position: Title Staff Member's F Describe Duties (include purpose and destination of any job-related travel)	If vacant, what is the estimated hire date? Annual Salary Is travel required? The No Instand Last Name If vacant, what is the estimated hire date?	Percentage of time performing these duties Salary paid by this contract Benefits Benefits Percentage of time performing these duties Salary paid by this	Percentage of time performing these duties Salary paid by this contract Benefits Client Services Costs Percentage of time performing these duties Salary paid by this	□
Describe Duties (include purpose and destination of any job-related travel) Position: Title Staff Member's F Describe Duties (include purpose and destination of any job-related travel)	If vacant, what is the estimated hire date? Annual Salary Is travel required? I'ves	Percentage of time performing these duties Salary paid by this contract Benefits Admin Costs Percentage of time performing these duties Salary paid by this contract	Percentage of time performing these duties Salary paid by this contract Benefits Client Services Costs Percentage of time performing these duties Salary paid by this contract	Percentage of time performing these duties 0% Salary paid by this contract \$0 Benefits \$0 Frial Vec No Percentage of time performing these duties 0% Salary paid by this contract \$0
Describe Duties (include purpose and destination of any job-related travel) Position: Title	If vacant, what is the estimated hire date? Annual Salary Is travel required? Ives No Instant Last Name If vacant, what is the estimated hire date? Annual Salary Is travel required?	Percentage of time performing these duties Salary paid by this contract Benefits Admin Costs Percentage of time performing these duties Salary paid by this contract Benefits	Percentage of time performing these duties Salary paid by this contract Benefits Client Services Costs Percentage of time performing these duties Salary paid by this contract Benefits	Percentage of time performing these duties 0% Salary paid by this contract \$0 Benefits \$0 Total Ves No Percentage of time performing these duties 0% Salary paid by this contract \$0 Benefits \$0 Benefits \$0 Benefits \$0 Benefits

Minority AIDS Initiative (MAI) Subcontractor Budget Detail

Enter LHJ Name:			2	Fiscal Year
San Francisco Depar	rtment of Public Health			2009-2010
Section 1 - Subco	ntractor Information	,		
	Subcontra	ctor information		
Subcontractor Name	· · · · · · · · · · · · · · · · · · ·		Bid Status (Check One)	
Southeast Health Cer			Sole Source (Attach Justification) 🖸 Com	petitiye Bid
Contact Person	•		Title	
Marcellina Ogbu			Chief Financial Officer	
Mailing Address			Telephone Number	
2401 Keith Street		i ka ma pama amang manggan da manggan pakan pakan ka ana manang ka ka ana	415-255-3516	
E-Mail Address			FAX number	
Marcellina Ogbu@sf	dph.org			
Website Address (if a	any)		Federal Taxpayer Identification N	umber
		***************************************	94-6000417	
Do members of mino paid) providing care?	ority racial/ethnic groups constitute a majority of Board members and/or a	majority of staff (volunteer or	Ownership Status (Check One)	
pard) providing care			☑ Public/Local ☐ Public/State	☐ Public/Federal
	☑ Yes ☐ №		Private/Non-Profit Private/For Profit	☐ Incorporated
		······································		· · · · · · · · · · · · · · · · · · ·
Section 2 - Budge	t Information			
	Description	Administrative Costs	Client Services Costs	Total Budget
Personnel	Total Personnel		\$96,750	\$95,750
Operating	·			
_				
1				
		,		
1 _				
	Total Operating	\$0	\$0	\$0
Capital_				***************************************
	Total Capital	\$0	\$0	\$0
Indirect				
_				

Section 3 - Service Categories

MAI Client Services	Estimated Clients Served	Budgeted Amount
Outreach to increase minority participation in ADAP/HIV Care	57	\$95,750
Treatment Education to increase minority participation in ADAP/HIV Care	•	
Total Client Services provided by this Subcontractor		\$95,750

Total Subcontractor Costs

Total Indirect

\$0

0

\$95,750

\$95,750

Minority AIDS Initiative (MAI) Subcontractor Personnel Detail

	Winor	ity AIDS illidative (i	wan Subcontractor	
Enter LHJ Name:				Fiscal Year
San Francisco Department of Public Health				2009-20
Futus Culturates Normal				
Enter Subcontractor Name: Southeast Health Center				
	······································			
Position Title Staff Member's Fir	st and Last Name	Admin Costs	Client Services Costs	Total
2585 Health Worker 1				
Describe Duties (include purpose and destination of any job-related travel)	If vacant, what is the estimated hire date?	Percentage of time performing these duties	Percentage of time performing these duties	Percentage of time performing these duties
Under the supervision of the Program Coordinator the Health Worker I is responsible for Bridging clients who are out of care, lost to care or marginally in care into HIV			75%	75%
medical services.	Annual Salary	Salary paid by this contract	Salary paid by this contract	Salary paid by this contract
	\$48,542		\$36,407	\$36,407
	is travel required?	Benefits	Benefits	Benefits
	□yes ☑no		\$13,470	\$13,470
Position Title Staff Member's Fig.	st and Last Name	Admin Costs	Client Services Costs	Total
2585 Health Worker 1				□Yesi □rko
Describe Duties (include purpose and destination of any job-related travel)	If vacant, what is the estimated hire date?	Percentage of time performing these duties	Percentage of time performing these duties	Percentage of time performing these duties
Under the supervision of the Program Coordinator the Health Worker I is responsible for Bridging clients who are out of care, lost to care or marginally in care into HIV			70%	70%
medical services.	Annuai Salary	Salary pald by this contract	Salary paid by this contract	Salary paid by this contract
	\$48,542		\$33,979	\$33,979
	ls travel required?	Benefits	Benefits	Benefits
	☐Yes ☐No		\$11,893	\$11,893
Position Title Staff Member's Fi	rst and Last Name	Admin Costs	Client Services Costs	Total
				□Yes □No
Describe Duties (include purpose and destination of any job-related travel)	If vacant, what is the estimated hire date?	Percentage of time performing these duties	Percentage of time performing these duties	Percentage of time performing these duties
	,			0%
	Annual Salary	Salary paid by this contract	Salary paid by this contract	Salary paid by this contract
				\$0
	Is travel required?	Benefits	Benefits	Benefits
	□Yes □Ho			. \$0
Position Title Staff Member's Fi	rst and Last Name	Admin Costs	Client Services Costs	Total
				□Yes □No
Describe Duties (include purpose and destination of any job-related travel)	If vacant, what is the estimated hire date?	Percentage of time performing these duties	Percentage of time performing these duties	Percentage of time performing these duties
				0%
:	Annual Salary	Salary paid by this contract	Salary paid by this contract	Salary paid by this contract
				\$0
	Is travel required?	Benefits	Benefits	Benefits
	□yes □Ho			\$0
Total Person	nel Expenses (this page)	\$0	\$95,750	\$95,7

Document Checklist

Enter LHJ Name:	Fiscal Year
San Francisco Department of Public Health	2009-2010

Check Off	Required Documents	Office of AIDS Use Only
×	Document Checklist	
×	LHJ Contact Information	
×	HIV Care Program Budget Detail	
×	HIV Care Program Personnel Detail	
In-Progress	HIV Care Program Subcontractor Budget Detail (if applicable)	
In-Progress	HIV Care Program Subcontractor Personnel Detail (if applicable)	
n/a	HIV Prevention Program Budget Detail	
n/a	HIV Prevention Program Personnel Detail	
n/a	HIV Prevention Program Subcontractor Budget Detail (if applicable)	
n/a	HIV Prevention Program Subcontractor Personnel Detail (if applicable)	

LHJ Contact Information

		1775 C.
Enter LHJ Name:	100	Fiscal Year
San Francisco Department of Public Health	 	2009-2010

Agency Information	
Website Address (if any)	Federal Taxpayer Identification Number
http://www.sfdph.org/dph	94-6000417

Contrac	t Signatory:
The Contract Signatory is the individual with Board Authority to enter Chair of the County Board of Supervisors.	into a contract with the State of California. In most cases, this will be the
First and Last Name	Title
Barbara Garcia	Deputy Director of Health, Dir of Com Prgs
c/o (if applicable)	Telephone Number
	415-255-3525
Address	Fax Number
1380 Howard Street, 5th Floor, SF, CA 94103	415-252-3005

	rogram Contact
The HIV Care Program Contact is the primary Contractor staff membe and contract monitoring, etc.	r responsible for Care program planning, policy matters, progress reports,
First and Last Name	Title
Bill Blum	Interim Director of Health Services
Malling Address	Telephone Number
25 Van Ness Ave, 5th Fl, SF, CA, 94102	415-554-9000
E-Mail Address	Fax Number
bill.blum@sfdph.orq	415-431-7547

HIV Care	Program Fiscal Contact
The HIV Care Program Fiscal Contact is the primary Contractor this person is the same as the Program Contact enter "Same a	staff member responsible for Care program invoicing, budgets revisions, etc. If s above" in the First and Last Name box below.
First and Last Name	Title
Salid Shaikh	Sr Admin Analyst
Mailing Address	Telephone Number
1380 Howard Street, Suite 440, SF, CA 94103	415-255-3512
E-Mail Address	Fax Number
sald.shaikh@sfdph.orq	415-503-4710

HIV Prevention Program Contact	
The HIV Prevention Program Contact is the primary Contractor staff member responsible for I progress reports, and contract monitoring, etc.	Prevention program planning, policy matters,
First and Last Name	Title
Mailing Address	Telephone Number
E-Mail Address	Fax Number

HIV Prevention Program Fisc			
The HIV Prevention Program Fiscal Contact is the primary Contractor staff member budgets revisions, etc. If this person is the same as the Program Contact enter "Sa First and Last Name box below.	r responsible for Prevention program invoicing, ame as above* in the		
First and Last Name Title			
Mailing Address	Telephone Number		
E-Mail Address	Fax Number		
E-Mail Audiess			

Enter LHJ Name:	y		Fiscal Year
San Francisco Department of Public Health	recisere simulatriaria len wisin d'a a success se sucher broke en le sure en serve broka seu are absenci sive m	whereachers's recover	2009-2010

	Description	Administrative Costs	Client Services Costs	Total Budget
Personnel	Total Personnel	\$262,680		\$262,68
Operating				
			·	,
	,			
	Total Operating	\$0	\$0	
Capital				
	Total Capital	· \$0	\$0	
Indirect		·		
	Total Indirect	\$0	. \$0	
	Subtotal LHJ Costs	\$252,680	\$0	\$262,6
bcontracts	San Francisco Gemeral Hosiptal - Perinatal Svs		\$66,691	
	San Francisco Gerneral Hosiptal - Ward 86 Outpatient Svs)		\$110.675	
	Mission Neighborhood Health Cener - EIP Bridge Program		\$561,477	
	SFDPH/CHN Southeast Healht Cneter - EIP Bridge Program		\$511,818	
	SFDPH Public Health Lab - Therpeutic Monitoring Program		\$400,203	
	USCF/AIDS Health Project - Outpatient Mental Healhth		\$72.957	
	Westside Community Mental Health - AIDS Case Mgmt (11/16/09-06/30/10)		\$310,228	
	Tenderlion Health - AIDS Case Mgmt (11/16/09-06/30/10)		\$87,563	
•	California Pacific Medical Center AIDS Case Mgmt (11/15/09-06/30/10)		\$101,530	
	Project Open Hand - Delivered Meals/Grocery Center		\$610,187	
	UCSF Men of Color Prg - Outpatient Mental Health support Services for SAAM		\$50,000	
	Mission Neighborhood Health Cener - HIV Treatment, Outreach and Linkage Prg		\$258.625	
	AIDS Case Mgt Programs Reimburement from 11/01/09-11/15/09		\$39,288	
	Total Subcontracts	\$0	\$3,175,182	\$3,175,
	Total LHJ HIV Care Program Budget	\$262,680	\$3,175,182	\$3,437,6
	Percentage	8%	92%	
		Can not exceed 10%		

Section 2 - Service Categories - Complete for services provided BY THE LHJ

Client Services Use the HRSA category name for allowable Tier One and Tier Two services	Estimated Clients Served	Budgeled Amount
Ambulatory/Outpatient Med Care	830	\$1,250,601
Home Community Based Health Svs	145	\$532,609
Food/Home Delivered Meals	418	\$610,187
Psycho-Social Support	20	\$50,000
Outreach	208	\$258,625
Early Intervention Svs	1800	\$400,203
Mental Health Services	156	\$72,957
Total Client Services provided by LHJ		\$3,175,182

				4		
Enter LHJ Name:	•				Fiscal Year	
San Francisco Department of Public Health					2009-201	
Position Title	Staff Member's Fil	st and Last Name	Admin Costs	Client Services Costs	Total	
	I					
1652 Senior Accountant	Jonathan Tso		**************************************	Demonstrate of time	Percentage of time	
Describe Duties (include purpose and destination of		If vacant, what is the estimated hire date?	Percentage of time performing these duties	Percentage of time performing these duties	performing these duties	
Responsible for supervision and management of grant accounting activities. Certifies grants revenues and expenditures for annual appropriation. Assists in establishing appropriate classification structure within the general ledger account for grant. Ensures claims/costs are in compliance with appropriate regulations. Performs revenue and expenditure analyses.			50%		50%	
		Annual Salary	Salary paid by this contract	Salary paid by this contract	Salary paid by this contract	
		\$69,004	\$34,502		\$34,502	
		is travel required?	Benefits	Benefits	Benefits	
		□Yes ☑No	\$8,626		\$8,626	
Position Title	Staff Member's Fi	st and Last Name	Admin Costs	Client Services Costs	Total	
1630 Account Clerk	As- Needed				□Yes □No	
Describe Duties (include purpose and destination o	any job-related travel)	If vacant, what is the estimated hire date?	Percentage of time performing these duties	Percentage of time performing these duties	Percentage of time performing these duties	
Provides fiscal administrative support to HIV Health Services Section and customer			50%		50%	
service to contractors. Process contract invoices and purchase order requests. Assists contractors with invoice preparation, reviews invoices for errors, mathmatical calculations, track YTD expenditures and deliverables, etc.		Annual Salary	Salary paid by this contract	Salary paid by this contract	Salary paid by this contract	
		\$78,578	\$39,289		\$39,289	
		Is travel required?	Benefits	Benefits	Benefits	
		□ya Øn∘	\$4,032		\$4,032	
Position Fills	Staff Member's Fi	rst and Last Name	Admin Costs	Client Services Costs	Total	
9924 - Public Service Aide Health Svcs	As-Needed				□Yes □No	
Describe Duties (include purpose and destination o	<u> </u>	If vacant, what is the estimated hire date?	Percentage of time performing these duties	Percentage of time performing these duties	Percentage of time performing these duties	
Provides fiscal administrative support to HIV Health Service Section and customer service to contractors. Process purchase order requests and requisitions. Tracks year to date expenditures and grant fiscal activity.			100%		100%	
		Annual Salary	Salary paid by this contract	Salary paid by this contract	Salary paid by this contract	
		\$33,774	\$33,774		\$33,774	
		is travel required?	Benefits	Benefits	Benefits	
		□Yes ☑No	\$10,808		\$10,808	
Position Title	Staff Membar's F	ist and Last Name	Admin Costs	Client Services Costs	Total	
1823 Sr Admin Analyst	Dean Goodwin				□Yes □No	
Describe Duties (include purpose and destination o		If vacant, what is the estimated hire date?	Percentage of time performing these duties	Percentage of time performing these duties	Percentage of time performing these duties	
Coordinates development of contracts and monitoring process. Analyzes service cost/utilization. Prepares required Conditions of Award as related to program			28%		28%	
utilization and budget. Reviews and approves developed services.	contracts for client	Annual Salary	Salary paid by this contract	Salary paid by this contract	Salary paid by this contract	
	1 · · · · · · · · · · · · · · · · · · ·	\$94,068	\$25,894		\$25,894	
6.4		is travel required?	Benefits	Benefits	Benefits	
		☐Yes ☑No	\$6,992		\$6,992	
Total Personnel Expenses (this page) \$163,917 \$0 \$163,917						
	Total Persor	nnel Expenses (this page	\$163,917	Şi	\$163,917	

HIV Care Program Personnel Detail

Enter LHJ Name: San Francisco Department of Public Health 2009-2010 Position Title Staff Member's First and Last Name Admin Costs Client Services Costs Total 2593 Health Program Coordinator III Hilda Jones If vacant, what is the Percentage of time Percentage of time Percentage of time Describe Duties (include purpose and destination of any job-related travel) estimated hire date? performing these duties performing these duties performing these duties Charged with programmatic monitoring oversight and monitoring of program. 80% Negotiates contract deliverables and provides techinical assistance to subcontractors to help them develop their contract and program budgets. Salary paid by this Salary paid by this Salary paid by this **Annual Salary** contract contract contract \$93,522 \$72,870 \$72,870 is travel required? Benefits Benefits Benefits ✓ Yes No \$25,893 \$25,893 Position Title Staff Member's First and Last Name Client Services Costs Admin Costs Total ☐Yes ☐No If vacant, what is the Percentage of time Percentage of time Percentage of time Describe Duties (include purpose and destination of any job-related travel) estimated hire date? performing these duties performing these duties performing these duties Salary paid by this Salary paid by this Salary paid by this **Annual Salary** contract contract contract \$0 Is travel required? Benefits Benefits Benefits Yes \$0 **Position Title** Staff Member's First and Lest Name Admin Costs **Client Services Costs** Total ☐Yes ☐No If vacant, what is the Percentage of time Percentage of time Percentage of time Describe Duties (include purpose and destination of any job-related travel) estimated hire date? performing these duties performing these duties performing these duties Salary paid by this Salary paid by this Salary paid by this **Annual Salary** contract contract contract \$0 Is travel required? Benefits Benefits Benefits Пуе ΠNo \$0 Staff Member's First and Last Name Position Title Admin Costs Client Services Costs Total ☐Yes ☐No If vacant, what is the Percentage of time Percentage of time Percentage of time Describé Duties (include purpose and destination of any job-related travel) estimated hire date? performing these duties performing these duties performing these duties Salary paid by this Salary paid by this Salary paid by this Annual Salary contract contract contract \$0 Is travel required? Benefits Benefits Benefits ∐Y⊨ \$0 Total Personnel Expenses (this page \$98.76 \$98,763

HIV Care Program Subcontractor Budget Detail

Enter LHJ Name:			Fiscal Year 2009-20
Section 1 - Subcontractor Information			
Subcontra	ctor Information		
Subcontractor Name		Bid Status (Check One)	
	Sole Source (Attach Justification)		
Contact Person		Title	. '
Malling Address	Telephone Number		
maining Actions			
E-Mail Address	FAX number		
	Federal Taxpayer Identification Number		
Website Address (if any)		···········	
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a paid) providing care? (Check one) ☐ Yes ☐ No	Ownership Status (Check One) Public/Local		
Section 2 - Budget Information			
Description	Administrative Costs	Client Services Costs	Total Budget
Personnel Total Personnel			\$0
Operating			
			. (
Total Operating	\$0	\$0	\$0
Capital			
Supre			

Total Capital	\$0	\$0	\$0
Indirect			
THE COLUMN			
* .			
Total Indirect	\$(\$0
Total Subcontractor Costs			
Percentage	#DIV/01	#DIV/01	
Section 3 - Service Categories			
Client Services - Use the HRSA category name for allowable Fier One and Tier Two services	Estimated Clients Served	Budgeted Amount	
			.]
			4
		<u> </u>	
		·	·
			(
			1
Total Cilent Services provided by this Subcontractor	ተ	\$	