

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

Second Amendment

THIS AMENDMENT (this “Amendment”) is made as of June 1, 2021, in San Francisco, California, by and between **Bayview Hunters Point 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 the performance period, increase the contract amount and update standard contractual clauses; and

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through a Request for Proposal (“RFP”) RFP 8-2017, issued on 8/17/17, RFP 1-2017 issued on 3/7/17, Sole Source San Francisco Administrative Code Chapter 21.42 approved on 6/23/20 and Request for Qualifications (“RFQ”) RFQ 17-2016 issued on 7/20/16, in which City selected Contractor as the highest qualified scorer pursuant to the solicitations; and

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers: 46987-16/17 on 8/2/17, 40587 on 3/2/18, and 44670 16/17 on 6/19/17; and

WHEREAS, approval for this Amendment was obtained when the Board of Supervisors approved Resolution number _____ on _____.

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated July 1, 2018 (Contract ID # 1000011308), between Contractor and City, as amended by the:

First Amendment, dated May 1, 2021.

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 **Term of the Agreement.** *Section 2 Term of the Agreement currently reads as follows:*

2.1 The term of this Agreement shall commence on July 1, 2018 and expire on March 31, 2022, unless earlier terminated as otherwise provided herein.

2.2 The City has 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: 4/01/2022-6/30/2023

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

2.1 The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2023, unless earlier terminated as otherwise provided herein.

2.2 **Payment.** *Section 3.3.1 Payment of the Agreement currently reads as follows:*

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 Thousand One Hundred Thirteen Dollars (\$9,800,113)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

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

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 **Thirteen Million Four Hundred Eighty Nine Thousand Three Hundred Forty Three Dollars (\$13,489,343)**. 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.

2.3 **Insurance.** *The following is hereby added to Article 5 of the Agreement, replacing the previous Section 5.1 in its entirety:*

5.1 **Insurance.**

5.1.1 **Required Coverages.** Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. 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) 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. Policy must include Abuse and Molestation coverage.

(b) 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.

(c) Workers' Compensation Insurance, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness.

(d) Professional Liability Insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 for each claim with respect to negligent acts, errors or omissions in connection with the Services.

(e) Reserved. (Technology Errors and Omissions Coverage)

(f) Cyber and Privacy Insurance with limits of not less than \$1,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

(g) Reserved. (Pollution Liability Insurance)

5.1.2 **Additional Insured Endorsements**

(a) The Commercial General Liability policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(b) The Commercial Automobile Liability Insurance policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(c) Reserved. (Pollution Auto Liability Insurance Additional Insured Endorsement)

5.1.3 **Waiver of Subrogation Endorsements**

(a) The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

5.1.4 Primary Insurance Endorsements

(a) The Commercial General Liability policy shall provide 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 the insurance applies separately to each insured against whom claim is made or suit is brought.

(b) The Commercial Automobile Liability Insurance policy shall provide 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 the insurance applies separately to each insured against whom claim is made or suit is brought.

(c) Reserved. (Pollution Liability Insurance Primary Insurance Endorsement)

5.1.5 Other Insurance Requirements

(a) Thirty (30) days' advance written notice shall be provided to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City email address: luciana.garcia@sfdph.org .

(b) 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 Agreement term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

(c) 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.

(d) 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.

(e) 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.

(f) 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.

- 2.4 Appendix B is hereby replaced in its entirety by Appendix B, attached to this Amendment and fully incorporated within the Agreement.
- 2.5 Appendices B-1 through B-5 are hereby replaced in its entirety by Appendices B-1 through B-5, attached to this Amendment and fully incorporated within the Agreement.
- 2.6 Appendix F is hereby replaced in its entirety by Appendix F, attached to this Amendment and fully incorporated within the Agreement.

Article 3 Effective Date

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

Article 4 Legal Effect

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

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


CITY

Recommended by:

CONTRACTOR

Bayview Hunters Point Foundation

Grant Colfax, MD Date
Director of Health
Department of Public Health

 6-29-21

James Bouquin Date
Executive Director

Supplier ID number: 0000024522

Approved as to Form:

Dennis J. Herrera
City Attorney

By: _____
Louise S. Simpson Date
Deputy City Attorney

Approved:

Sailaja Kurella Date
Acting Director, Office of Contract
Administration, and Purchaser

Appendix B Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 3.3, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges 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) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the 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.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year 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.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the **effective date** of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health **of an invoice or claims submitted by Contractor, and** of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSA Fund of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of January 1 through June 30 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

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

- B-1: Adult Behavioral Health
- B-2: School-Based Centers (Balboa)
- B-3: Children Outpatient
- B-4: Dimensions LGBT Outpatient
- B-5: Jelani Family Program

B. *COMPENSATION*

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Thirteen Million Four Hundred Eighty Nine Thousand Three Hundred Forty Three Dollars (\$13,489,343)** for the period of July 1, 2018 through June 30, 2023.

CONTRACTOR understands that, of this maximum dollar obligation, \$424,410 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. 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 the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to

the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2018 through June 30, 2019	\$2,466,555
July 1, 2019 through June 30, 2020	\$2,032,533
July 1, 2020 through June 30, 2021	\$2,829,402
July 1, 2021 through March 30, 2022	\$2,122,052
20-21 MCO One Time Funding (DV)	\$3,287
20-21 CODB One Time Funding (DV)	\$74,351
April 1, 2022 through June 30, 2022	\$707,351
July 1, 2022 through June 30, 2023	\$2,829,402
	total
	\$13,064,933
	contingency
	\$424,410
	grand total
	\$13,489,343

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

C. CONTRACTOR agrees to comply with its Budget as shown in 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. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum

dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

G. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement.

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number 00341							Appendix B, Page 1
Legal Entity Name/Contractor Name Bayview Hunters Point Foundation							Fiscal Year 2020-2021
Contract ID Number 1000011308							Funding Notification Date 01/25/21
Appendix Number	B-1	B-2	B-3	B-4	B-5		FN#2
Provider Number	3851	3851	3851	3851	389036		
Program Name	Adult Behavioral Health	School-based Centers (Balboa)	Children Outpatient	Dimensions LGBT Outpatient	Jelani Family Program		
Program Code	38513	N/A	38516 & 38171	N/A	3816SD		
Funding Term	07/01/20-06/30/21	07/01/20-06/30/21	07/01/20-06/30/21	07/01/20-06/30/21	07/01/20-06/30/21		
FUNDING USES							TOTAL
Salaries	\$ 576,700	\$ 131,582	\$ 284,800	\$ 60,320	\$ 330,300		\$ 1,383,702
Employee Benefits	\$ 161,474	\$ 38,159	\$ 79,742	\$ 21,716	\$ 99,090		\$ 400,181
Subtotal Salaries & Employee Benefits	\$ 738,174	\$ 169,741	\$ 364,542	\$ 82,036	\$ 429,390	\$ -	\$ 1,783,883
Operating Expenses	\$ 330,811	\$ 48,555	\$ 190,035	\$ 20,002	\$ 87,113		\$ 676,516
Subtotal Direct Expenses	\$ 1,068,985	\$ 218,296	\$ 554,577	\$ 102,038	\$ 516,503	\$ -	\$ 2,460,399
Indirect Expenses	\$ 160,347	\$ 32,745	\$ 83,182	\$ 15,306	\$ 77,423		\$ 369,003
Indirect %	15.0%	15.0%	15.0%	15.0%	15.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 1,229,332	\$ 251,041	\$ 637,759	\$ 117,344	\$ 593,926	\$ -	\$ 2,829,402
					Employee Benefits Rate		28.8%
BHS MENTAL HEALTH FUNDING SOURCES							
MH Adult Fed SDMC FFP (50%)	\$ 470,922						\$ 470,922
MH Adult State 1991 MH Realignment	\$ 154,812						\$ 154,812
MH Adult County General Fund	\$ 603,598						\$ 603,598
MH MHA (PEI)		\$ 251,041					\$ 251,041
MH CYF Fed SDMC FFP (50%)			\$ 272,761				\$ 272,761
MH CYF State 2011 PSR-EPSDT			\$ 250,485				\$ 250,485
MH CYF County Local Match			\$ 22,276				\$ 22,276
MH CYF County General Fund			\$ 92,237				\$ 92,237
MH WO DCYF Dimensions Clinic				\$ 117,344			\$ 117,344
MH CYF County GF WO COBD							\$ -
MH Grant SAMHSA Adult SOC, CFDA 93.958							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 1,229,332	\$ 251,041	\$ 637,759	\$ 117,344	\$ -	\$ -	\$ 2,235,476
BHS SUD FUNDING SOURCES							
SUD Fed SABG Discretionary, CFDA 93.959					\$ 593,926		\$ 593,926
SUD County General Fund (MCO)					\$ -		\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ 593,926	\$ -	\$ 593,926
TOTAL DPH FUNDING SOURCES	\$ 1,229,332	\$ 251,041	\$ 637,759	\$ 117,344	\$ 593,926	\$ -	\$ 2,829,402
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,229,332	\$ 251,041	\$ 637,759	\$ 117,344	\$ 593,926	\$ -	\$ 2,829,402
Prepared By				Phone Number			

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00341		Appendix Number					B-1
Provider Name Bayview Hunters Point Foundation		Page Number					2
Provider Number 3851		Fiscal Year					2020-2021
Contract ID Number 1000011308		Funding Notification Date					01/25/21
Program Name	Adult Behavioral Health						
Program Code	38513	38513	38513	38513	38513		
Mode/SFC (MH) or Modality (SUD)	15/10-57, 59	15/60-69	15/70-79	15/01-09	45/20-29		
Service Description	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OP-Case Mgt Brokerage	OS-Cmmtty Client Svcs		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/20-06/30/21	07/01/20-06/30/21	07/01/20-06/30/21	07/01/20-06/30/21	07/01/20-06/30/21		
FUNDING USES						TOTAL	
Salaries & Employee Benefits	\$ 528,125	\$ 133,991	\$ 1,569	\$ 33,310	\$ 41,179	\$ - \$ 738,174	
Operating Expenses	\$ 236,678	\$ 60,048	\$ 703	\$ 14,928	\$ 18,454	\$ - \$ 330,811	
Subtotal Direct Expenses	\$ 764,804	\$ 194,039	\$ 2,272	\$ 48,237	\$ 59,633	\$ - \$ 1,068,985	
Indirect Expenses	\$ 114,719	\$ 29,105	\$ 341	\$ 7,236	\$ 8,946	\$ - \$ 160,347	
Indirect %	15.0%	15.0%	15.0%	15.0%	15.0%	0.0% 15.0%	
TOTAL FUNDING USES	\$ 879,523	\$ 223,144	\$ 2,613	\$ 55,473	\$ 68,579	\$ - \$ 1,229,332	
BHS MENTAL HEALTH FUNDING SOURCE	Dept-Auth-Proj-Activity						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 363,191	\$ 85,480	\$ 1,001	\$ 21,250	\$ - \$ 470,922	
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 110,760	\$ 28,101	\$ 329	\$ 6,986	\$ 8,636 \$ 154,812	
MH Adult County General Fund	251984-10000-10001792-0001	\$ 405,572	\$ 109,563	\$ 1,283	\$ 27,237	\$ 59,943 \$ 603,598	
		\$ -	\$ -	\$ -	\$ -	\$ - \$ -	
This row left blank for funding sources not in drop-down list							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 879,523	\$ 223,144	\$ 2,613	\$ 55,473	\$ 68,579	\$ - \$ 1,229,332
TOTAL DPH FUNDING SOURCES		\$ 879,523	\$ 223,144	\$ 2,613	\$ 55,473	\$ 68,579	\$ - \$ 1,229,332
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		879,523	223,144	2,613	55,473	68,579	- 1,229,332
BHS UNITS OF SERVICE AND UNIT COST							
Payment Method		Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)
DPH Units of Service		182,071	32,798	390	14,501	370	
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 4.83	\$ 6.80	\$ 6.70	\$ 3.83	\$ 185.35	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 4.83	\$ 6.80	\$ 6.70	\$ 3.83	\$ 185.35	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 4.90	\$ 7.00	\$ 6.80	\$ 3.90	\$ 188.00	\$ -
Unduplicated Clients (UDC)		275	Included	Included	Included	Included	Total UDC 275

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000011308
 Program Name Adult Behavioral Health
 Program Code 38513

Appendix Number B-1
 Page Number 3
 Fiscal Year 2020-2021
 Funding Notification Date 01/25/21

	TOTAL		251984-10000-10001792-0001		251984-10001-10034030-0001 (Mode 45)		Dept-Auth-Proj-Activity	
Funding Term	07/01/20-06/30/21		07/01/20-06/30/21		07/01/20-06/30/21		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Program Director	0.75	\$ 76,500	0.708	72,232	0.04	\$ 4,268		
Clinical Supervisor	0.84	\$ 77,200	0.793	72,893	0.05	\$ 4,307		
Admin Practice Mgr	0.70	\$ 38,500	0.661	36,352	0.04	\$ 2,148		
Therapist	4.00	\$ 285,000	3.777	269,101	0.22	\$ 15,899		
Director of Compliance	0.10	\$ 7,000	0.094	6,610	0.01	\$ 390		
Psychiatrist	0.40	\$ 86,000	0.378	81,202	0.02	\$ 4,798		
Executive Director	0.05	\$ 6,500	0.047	6,137	0.00	\$ 363		
Totals:	6.84	\$ 576,700	6.46	\$ 544,528	0.38	\$ 32,172	0.00	\$ -
Employee Benefits:	28%	\$ 161,474	28%	\$ 152,467	28%	\$ 9,007	0.00%	
TOTAL SALARIES & BENEFITS		\$ 738,174		\$ 696,995		\$ 41,179		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000011308
 Program Name Adult Behavioral Health
 Program Code 38513

Appendix Number B-1
 Page Number 4
 Fiscal Year 2020-2021
 Funding Notification Date 01/25/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	251984-10001-10034030-0001 (Mode 45)	Dept-Auth-Proj-Activity
Funding Term	07/01/20-06/30/21	07/01/20-06/30/21	07/01/20-06/30/21	(mm/dd/yy-mm/dd/yy):
Rent	\$ 89,775	84,767	\$ 5,008	
Utilities (telephone, electricity, water, gas)	\$ 27,000	25,494	\$ 1,506	
Building Repair/Maintenance	\$ 14,000	13,219	\$ 781	
Occupancy Total:	\$ 130,775	\$ 123,480	\$ 7,295	\$ -
Office Supplies	\$ 6,741	6,365	\$ 376	
Photocopying	\$ -	-	\$ -	
Program Supplies	\$ 5,103	4,818	\$ 285	
Computer Hardware/Software	\$ 5,200	4,910	\$ 290	
Materials & Supplies Total:	\$ 17,044	\$ 16,093	\$ 951	\$ -
Training/Staff Development	\$ 2,650	2,502	\$ 148	
Insurance	\$ 16,000	15,107	\$ 893	
Professional License	\$ 1,500	1,416	\$ 84	
Permits	\$ 758	716	\$ 42	
Equipment Lease & Maintenance	\$ 4,500	4,249	\$ 251	
General Operating Total:	\$ 25,408	\$ 23,991	\$ 1,417	\$ -
Local Travel	\$ 2,000	1,888	\$ 112	
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 2,000	\$ 1,888	\$ 112	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
Registry of Physician Specialists (7/1/2020-6/30/2021). To provide psychiatry services to plan & supervise treatment. \$187.00/ hour x approx. 832 hours.	\$ 155,584	146,905	\$ 8,679	
	\$ -			
Consultant/Subcontractor Total:	\$ 155,584	\$ 146,905	\$ 8,679	\$ -
TOTAL OPERATING EXPENSE	\$ 330,811	\$ 312,357	\$ 18,454	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00341
 Provider Name Bayview Hunters Point Foundation
 Provider Number 3851
 Contract ID Number 1000011308

Appendix Number B-2
 Page Number 6
 Fiscal Year 2020-2021
 Funding Notification Date 12/24/20

Program Name		School-based Centers (Balboa)		
Program Code		N/A	N/A	
Mode/SFC (MH) or Modality (SUD)		45/10-19	45/20-29	
Service Description		OS-MH Promotion	OS-Cmnty Client Svcs	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/20-06/30/21	07/01/20-06/30/21	
FUNDING USES				TOTAL
Salaries & Employee Benefits		\$ 71,291	\$ 98,450	\$ 169,741
Operating Expenses		\$ 20,393	\$ 28,162	\$ 48,555
Subtotal Direct Expenses		\$ 91,684	\$ 126,612	\$ -
Indirect Expenses		\$ 13,753	\$ 18,992	\$ 32,745
Indirect %		15.0%	15.0%	0.0%
TOTAL FUNDING USES		\$ 105,437	\$ 145,604	\$ -
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity		
MH MSA (PEI)	251984-17156-10031199-0048	\$ 105,437	\$ 145,604	\$ 251,041
This row left blank for funding sources not in drop-down list				\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 105,437	\$ 145,604	\$ -
TOTAL DPH FUNDING SOURCES		\$ 105,437	\$ 145,604	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		105,437	145,604	-
BHS UNITS OF SERVICE AND UNIT COST				
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		375	520	
Unit Type		Staff Hour	Staff Hour	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 281.17	\$ 280.01	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 281.17	\$ 280.01	\$ -
Published Rate (Medi-Cal Providers Only)		N/A	N/A	
Unduplicated Clients (UDC)		600	Included	600

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000011308
 Program Name School-based Centers (Balboa)
 Program Code N/A

Appendix Number B-2
 Page Number 7
 Fiscal Year 2020-2021
 Funding Notification Date 01/25/21

	TOTAL		251984-17156-10031199-0048		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/20-06/30/21		07/01/20-06/30/21		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Behavioral Health Program Coordinator	0.88	\$ 75,915	0.88	\$ 75,915				
Therapist	0.83	\$ 50,067	0.83	\$ 50,067				
Compliance Officer	0.10	\$ 5,600	0.10	\$ 5,600				
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
Totals:	1.81	\$ 131,582	1.81	\$ 131,582	0.00	\$ -	0.00	\$ -
Employee Benefits:	29.00%	\$ 38,159	29.00%	\$ 38,159	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 169,741		\$ 169,741		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000011308

Program Name School-based Centers (Balboa)

Program Code N/A

Appendix Number B-2

Page Number 8

Fiscal Year 2020-2021

Funding Notification Date 01/25/21

Expense Categories & Line Items	TOTAL	251984-17156-10031199-0048	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/20-06/30/21	07/01/20-06/30/21	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ -			
Utilities (telephone, electricity, water, gas)	\$ -			
Building Repair/Maintenance	\$ -			
Occupancy Total:	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -			
Photocopying	\$ -			
Program Supplies	\$ 41,555	\$ 41,555		
Computer Hardware/Software	\$ -			
Materials & Supplies Total:	\$ 41,555	\$ 41,555	\$ -	\$ -
Training/Staff Development	\$ -			
Insurance	\$ 7,000	\$ 7,000		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
General Operating Total:	\$ 7,000	\$ 7,000	\$ -	\$ -
Local Travel	\$ -			
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
	\$ -			
	\$ -			
Other Total:	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 48,555	\$ 48,555	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00341
 Provider Name Bayview Hunters Point Foundation
 Provider Number 3851
 Contract ID Number 1000011308

Appendix Number B-3
 Page Number 10
 Fiscal Year 2020-2021
 Funding Notification Date 01/25/21

Program Name	Children Outpatient					
Program Code	38516 & 38171	38516 & 38171	38516 & 38171	38516 & 38171		
Mode/SFC (MH) or Modality (SUD)	15/10-57, 59	15/70-79	15/01-09	45/20-29		
Service Description	OP-MH Svcs	OP-Crisis Intervention	OP-Case Mgt Brokerage	OS-Cmmty Client Svcs		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/20-06/30/21	07/01/20-06/30/21	07/01/20-06/30/21	07/01/20-06/30/21		
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 328,435	\$ 474	\$ 13,606	\$ 22,027		\$ 364,542
Operating Expenses	\$ 171,213	\$ 247	\$ 7,093	\$ 11,482		\$ 190,035
Subtotal Direct Expenses	\$ 499,648	\$ 722	\$ 20,698	\$ 33,509	\$ -	\$ 554,577
Indirect Expenses	\$ 74,947	\$ 108	\$ 3,103	\$ 5,024		\$ 83,182
Indirect %	15.0%	15.0%	15.0%	15.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 574,595	\$ 830	\$ 23,801	\$ 38,533	\$ -	\$ 637,759
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity					
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	\$ 261,550	\$ 378	\$ 10,834		\$ 272,762
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	\$ 240,189	\$ 347	\$ 9,949		\$ 250,485
MH CYF County Local Match	251962-10000-10001670-0001	\$ 14,172	\$ 20	\$ 587	\$ 7,496	\$ 22,275
MH CYF County General Fund	251962-10000-10001670-0001	\$ 58,684	\$ 85	\$ 2,431	\$ 31,037	\$ 92,237
						\$ -
This row left blank for funding sources not in drop-down list						
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 574,595	\$ 830	\$ 23,801	\$ 38,533	\$ - \$ 637,759
TOTAL DPH FUNDING SOURCES		\$ 574,595	\$ 830	\$ 23,801	\$ 38,533	\$ - \$ 637,759
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		574,595	830	23,801	38,533	- 637,759
BHS UNITS OF SERVICE AND UNIT COST						
Payment Method		Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service		95,444	150	6,700	210	
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Hour	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 6.02	\$ 5.53	\$ 3.55	\$ 183.49	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 6.02	\$ 5.53	\$ 3.55	\$ 183.49	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 5.00	\$ 5.75	\$ 3.75	\$ 188.00	
Unduplicated Clients (UDC)		60	Included	Included	Included	Total UDC 60

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000011308
 Program Name Children Outpatient
 Program Code 38516 & 38171

Appendix Number B-3
 Page Number 11
 Fiscal Year 2020-2021
 Funding Notification Date 01/25/21

Funding Term	TOTAL		251962-10000-10001670-0001 (Mode 15)		251962-10000-10001670-0001 (Mode 45)		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity					
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries				
07/01/20-06/30/21			07/01/20-06/30/21		07/01/20-06/30/21			0		(mm/dd/yy-mm/dd/yy):			(mm/dd/yy-mm/dd/yy):			(mm/dd/yy-mm/dd/yy):		
Clinical Program Director	0.25	\$ 25,500	0.235	23,958	0.02	\$ 1,542												
Clinical Supervisor	0.16	\$ 14,800	0.15	13,906	0.01	\$ 894												
Admin Practice Mgr	0.30	\$ 16,500	0.282	15,503	0.02	\$ 997												
Therapist	2.00	\$ 142,500	1.879	133,890	0.12	\$ 8,610												
Compliance Officer	0.10	\$ 7,000	0.094	6,577	0.01	\$ 423												
Executive Director	0.05	\$ 6,500	0.047	6,107	0.00	\$ 393												
ERMHS clinician	1.00	\$ 72,000	0.94	67,650	0.06	\$ 4,350												
	0.00	\$ -																
	0.00	\$ -		\$ -														
	0.00	\$ -																
	0.00	\$ -																
Totals:	3.86	\$ 284,800	3.63	\$ 267,591	0.23	\$ 17,209	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -		
Employee Benefits:	28%	\$ 79,742	28%	\$ 74,924	28%	\$ 4,818	0.00%		0.00%		0.00%		0.00%					
TOTAL SALARIES & BENEFITS		\$ 364,542		\$ 342,515		\$ 22,027		\$ -		\$ -		\$ -		\$ -				

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000011308
 Program Name Children Outpatient
 Program Code 38516 & 38171

Appendix Number B-3
 Page Number 12
 Fiscal Year 2020-2021
 Funding Notification Date 01/25/21

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001 (Mode 15)	251962-10000-10001670-0001 (Mode 45)	Dept-Auth-Proj-Activity
Funding Term	07/01/20-06/30/21	07/01/20-06/30/21	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ 89,775	84,351	5,424	
Utilities (telephone, electricity, water, gas)	\$ 34,000	31,946	2,054	
Building Repair/Maintenance	\$ 18,500	17,382	1,118	
Occupancy Total:	\$ 142,275	\$ 133,678	\$ 8,597.00	\$ -
Office Supplies	\$ 6,500	6,107	393	
Photocopying	\$ -	-	-	
Program Supplies	\$ 5,000	4,698	302	
Computer Hardware/Software	\$ 10,323	9,699	624	
Materials & Supplies Total:	\$ 21,823	\$ 20,504	\$ 1,319.00	\$ -
Training/Staff Development	\$ 5,150	4,839	311	
Insurance	\$ 10,858	10,203	655	
Professional License	\$ 1,000	940	60	
Permits	\$ 529	497	32	
Equipment Lease & Maintenance	\$ 5,900	5,544	356	
General Operating Total:	\$ 23,437	\$ 22,022	\$ 1,415	\$ -
Local Travel	\$ 2,500	2,349	151	
Out-of-Town Travel	\$ -	-	-	
Field Expenses	\$ -	-	-	
Staff Travel Total:	\$ 2,500	\$ 2,349	\$ 151	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -		
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
	\$ -			
	\$ -			
Other Total:	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 190,035	\$ 178,553	\$ 11,482	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00341		Appendix Number B-4	
Provider Name Bayview Hunters Point Foundation		Page Number 14	
Provider Number 3851		Fiscal Year 2020-2021	
Contract ID Number 1000011308		Funding Notification Date 01/25/21	
Program Name		Dimensions LGBT Outpatient	
Program Code		N/A	
Mode/SFC (MH) or Modality (SUD)		00-20	
Service Description		Administration Support (i.e. check Writing,	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/20-06/30/21	
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$	82,036	\$ 82,036
Operating Expenses	\$	20,002	\$ 20,002
Capital Expenses			\$ -
Subtotal Direct Expenses	\$	102,038	\$ - \$ 102,038
Indirect Expenses	\$	15,306	\$ 15,306
Indirect %		15.0%	0.0% 15.0%
TOTAL FUNDING USES	\$	117,344	\$ - \$ 117,344
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH WO DCYF Dimensions Clinic	251962-10002-10001799-0002	\$ 117,344	\$ 117,344
MH CYF County GF WO CODB	251962-10000-10001670-0001	\$ -	\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 117,344	\$ - \$ 117,344
TOTAL DPH FUNDING SOURCES		\$ 117,344	\$ - \$ 117,344
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		117,344	- 117,344
BHS UNITS OF SERVICE AND UNIT COST			
Payment Method		Cost Reimbursement (CR)	
DPH Units of Service		450	
Unit Type		fill-in appropriate	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$	260.76	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$	260.76	\$ -
Published Rate (Medi-Cal Providers Only)		N/A	Total UDC
Unduplicated Clients (UDC)		25	25

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000011308
 Program Name Dimensions LGBT Outpatient
 Program Code N/A

Appendix Number B-4
 Page Number 15
 Fiscal Year 2020-2021
 Funding Notification Date 01/25/21

	TOTAL		251962-10002-10001799-0002		251962-10002-10001799-0002		Dept-Auth-Proj-Activity	
Funding Term	07/01/20-06/30/21		07/01/20-06/30/21		07/01/20-06/30/21		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Therapist 1	1.00	\$ 60,320	0.96	\$ 58,134	0.04	\$ 2,186		
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
Totals:	1.00	\$ 60,320	0.96	\$ 58,134	0.04	\$ 2,186	0.00	\$ -
Employee Benefits:	36.0%	\$ 21,716	36.0%	\$ 20,929	36.00%	\$ 787	0.00%	
TOTAL SALARIES & BENEFITS		\$ 82,036		\$ 79,063		\$ 2,973		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000011308
 Program Name Dimensions LGBT Outpatient
 Program Code N/A

Appendix Number B-4
 Page Number 16
 Fiscal Year 2020-2021
 Funding Notification Date 01/25/21

Expense Categories & Line Items	TOTAL	251962-10002-10001799-0002	251962-10000-10001670-0001	Dept-Auth-Proj-Activity
Funding Term	07/01/20-06/30/21	07/01/20-06/30/21	07/01/20-06/30/21	(mm/dd/yy-mm/dd/yy):
Rent	\$ -			
Utilities (telephone, electricity, water, gas)	\$ -			
Building Repair/Maintenance	\$ -			
Occupancy Total:	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 500	\$ 500		
Photocopying	\$ -			
Program Supplies	\$ 16,002	\$ 16,002		
Computer Hardware/Software	\$ -	\$ -		
Materials & Supplies Total:	\$ 16,502	\$ 16,502	\$ -	\$ -
Training/Staff Development	\$ -			
Insurance	\$ 3,500	\$ 3,500		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
General Operating Total:	\$ 3,500	\$ 3,500	\$ -	\$ -
Local Travel	\$ -			
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
	\$ -			
	\$ -			
Other Total:	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 20,002	\$ 20,002	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00341		Appendix Number B-5		
Provider Name Bayview Hunters Point Foundation		Page Number 18		
Provider Number 389036		Fiscal Year 2020-2021		
Contract ID Number 1000011308		Funding Notification Date 01/25/21		
Program Name		Jelani Family Program		
Program Code		3816SD		
Mode/SFC (MH) or Modality (SUD)		Res-59		
Service Description		ODS Recovery Residences		
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/20-06/30/21		
FUNDING USES				TOTAL
Salaries & Employee Benefits		\$ 429,390		\$ 429,390
Operating Expenses		\$ 87,113		\$ 87,113
Subtotal Direct Expenses		\$ 516,503	\$ -	\$ 516,503
Indirect Expenses		\$ 77,423		\$ 77,423
Indirect %		15.0%	0.0%	0.0%
TOTAL FUNDING USES		\$ 593,926	\$ -	\$ 593,926
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity		
SUD Fed SABG Discretionary, CFDA 93.959		240646-10000-10001681-0003	\$ 593,926	\$ 593,926
				\$ -
				\$ -
This row left blank for funding sources not in drop-down list				\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 593,926	\$ -	\$ 593,926
TOTAL DPH FUNDING SOURCES		\$ 593,926	\$ -	\$ 593,926
NON-DPH FUNDING SOURCES				
				\$ -
This row left blank for funding sources not in drop-down list				\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		593,926	-	593,926
BHS UNITS OF SERVICE AND UNIT COST				
Number of Beds Purchased		15		
SUD Only - Number of Outpatient Group Counseling Sessions				
SUD Only - Licensed Capacity for Narcotic Treatment Programs				
Payment Method		Cost Reimbursement (CR)		
DPH Units of Service		4,928		
Unit Type		Bed Days		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 120.53	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 120.53	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)		N/A		
Unduplicated Clients (UDC)		15		
				Total UDC
				15

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000011308
 Program Name Jelani Family Program
 Program Code 3816SD

Appendix Number B-5
 Page Number 19
 Fiscal Year 2020-2021
 Funding Notification Date 01/25/21

	TOTAL		240646-10000-10001681-0003				0	
Funding Term	07/01/20-06/30/21		07/01/20-06/30/21		07/01/20-06/30/21		07/01/20-06/30/21	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.10	\$ 10,500	0.10	\$ 10,500				
Facility Coordinator	0.30	\$ 18,000	0.30	\$ 18,000				
Case Manager	0.00	\$ -	0.00					
House Manager	1.00	\$ 55,000	1.00	\$ 55,000				
Intake & Billing Clerk Specialist	0.50	\$ 24,000	0.50	\$ 24,000				
Director of Compliance	0.09	\$ 6,300	0.09	\$ 6,300				
Monitors	5.00	\$ 210,000	5.00	\$ 210,000	0.00	\$ -		
Executive Director	0.05	\$ 6,500	0.05	\$ 6,500				
Totals:	7.04	\$ 330,300	7.04	\$ 330,300	0.00	\$ -	0.00	\$ -
Employee Benefits:	30%	\$ 99,090	30%	\$ 99,090	0%	\$ -	0.00%	
TOTAL SALARIES & BENEFITS		\$ 429,390		\$ 429,390		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000011308
 Program Name Jelani Family Program
 Program Code 3816SD

Appendix Number B-5
 Page Number 20
 Fiscal Year 2020-2021
 Funding Notification Date 01/25/21

Expense Categories & Line Items	TOTAL	240646-10000-10001681-0003	240646-10000-10001681-0003	0
Funding Term	07/01/20-06/30/21	07/01/20-06/30/21	07/01/20-06/30/21	07/01/20-06/30/21
Rent	\$ -			
Utilities (telephone, electricity, water, gas)	\$ 30,000	\$ 30,000		
Building Repair/Maintenance	\$ 27,000	\$ 27,000		
Occupancy Total:	\$ 57,000	\$ 57,000	\$ -	\$ -
Office Supplies	\$ 2,000	\$ 2,000		
Photocopying	\$ 500	\$ 500		
Program Supplies	\$ 905	\$ 905		
Computer Hardware/Software	\$ 5,000	\$ 5,000		
Materials & Supplies Total:	\$ 8,405	\$ 8,405	\$ -	\$ -
Training/Staff Development	\$ 491	\$ 491		
Insurance	\$ 17,717	\$ 17,717		
Professional License	\$ -	\$ -		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance	\$ 3,000	\$ 3,000		
General Operating Total:	\$ 21,208	\$ 21,208	\$ -	\$ -
Local Travel	\$ 500	\$ 500		
Out-of-Town Travel	\$ -	\$ -		
Field Expenses	\$ -	\$ -		
Staff Travel Total:	\$ 500	\$ 500	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 87,113	\$ 87,113	\$ -	\$ -

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name Bayview Hunters Point Foundation Page Number 22

Contract ID Number 1000011308 Fiscal Year 2020-2021

Funding Notification Date 1/25/21

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Executive Director	0.39	\$ 50,700
Executive Assistant	0.39	\$ 23,995
Senior Accountant	0.39	\$ 36,744
AP/Payroll Accountant	0.39	\$ 23,551
Staff Accountant	0.39	\$ 24,520
Director of Compliance	0.32	\$ 22,400

Subtotal:	2.27	\$	181,910
Employee Benefits:	27.6%	\$	50,164
Total Salaries and Employee Benefits:		\$	232,074

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Office Rent	\$ 45,380
Supplies	\$ 24,420
Accounting Supervision & Audit Preparation Assistance	\$ 24,911
Audit Fees	\$ 27,986
Insurance	\$ 14,230
Total Operating Costs	\$ 136,927

Total Indirect Costs	\$ 369,001
-----------------------------	-------------------

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Contract ID#
1000011308

INVOICE NUMBER: M04 JL 20
 Ct.Blanket No.: BPHM N/A User Cd
 Ct. PO No.: POHM 0000447691
 Fund Source: MH Adult Fed/ State/ Local Match/County GF
 Invoice Period: July 2020
 Final Invoice: (Check if Yes)
 ACE Control Number:

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100
 Fax No.: (415) 468-5104



Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Children Outpatient PC# 38516 & 38171 - 251962-10000-10001670-0001												
15/10 - 57, 59 OP - MH Svcs	9,544	60			-	-	0%	0%	9,544	60	100%	100%
15/70 - 79 OP - Crisis Intervention	150	-			-	-	0%	0%	150	-	100%	0%
15/01 - 09 OP - Case Mgt Brokerage	6,700	-			-	-	0%	0%	6,700	-	100%	0%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 267,591.00	\$ -	\$ -	0.00%	\$ 267,591.00
Fringe Benefits	\$ 74,924.00	\$ -	\$ -	0.00%	\$ 74,924.00
Total Personnel Expenses	\$ 342,515.00	\$ -	\$ -	0.00%	\$ 342,515.00
Operating Expenses:					
Occupancy	\$ 133,678.00	\$ -	\$ -	0.00%	\$ 133,678.00
Materials and Supplies	\$ 20,504.00	\$ -	\$ -	0.00%	\$ 20,504.00
General Operating	\$ 22,022.00	\$ -	\$ -	0.00%	\$ 22,022.00
Staff Travel	\$ 2,349.00	\$ -	\$ -	0.00%	\$ 2,349.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 178,553.00	\$ -	\$ -	0.00%	\$ 178,553.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 521,068.00	\$ -	\$ -	0.00%	\$ 521,068.00
Indirect Expenses	\$ 78,158.00	\$ -	\$ -	0.00%	\$ 78,158.00
TOTAL EXPENSES	\$ 599,226.00	\$ -	\$ -	0.00%	\$ 599,226.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____
 Printed Name: _____
 Title: _____

Date: _____
 Phone: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103
 or email to:
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

 Authorized Signatory

 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Contract ID#

1000011308

Appendix F
PAGE B

Invoice Number

M04 JL 20

User Cd

CT PO No.

Contractor: **Bayview Hunters Point Foundation For Community Improvement**

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Clinical Program Director	0.23	\$ 23,958.00	\$ -	\$ -	0.00%	\$ 23,958.00
Clinical Supervisor	0.15	\$ 13,906.00	\$ -	\$ -	0.00%	\$ 13,906.00
Admin Practice Mgr	0.28	\$ 15,503.00	\$ -	\$ -	0.00%	\$ 15,503.00
Therapist	1.88	\$ 133,890.00	\$ -	\$ -	0.00%	\$ 133,890.00
Compliance Officer	0.09	\$ 6,577.00	\$ -	\$ -	0.00%	\$ 6,577.00
Executive Director	0.05	\$ 6,107.00	\$ -	\$ -	0.00%	\$ 6,107.00
ERMHS clinician	0.94	\$ 67,650.00	\$ -	\$ -	0.00%	\$ 67,650.00
TOTAL SALARIES	3.63	\$ 267,591.00	\$ -	\$ -	0.00%	\$ 267,591.00

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 Title: _____

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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Contract ID#
1000011308

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100
Fax No.: (415) 468-5104



Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

INVOICE NUMBER: M05 JL 20

Ct.Blanket No.: BPHM N/A
User Cd

Ct. PO No.: POHM SFGOV-0000447691

Fund Source: MH Adult Fed/ State/ County General Fund

Invoice Period: July 2020

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Adult Behavioral Health PC# 38513 - 251984-10000-10001792-0001												
15/10 - 57, 59 OP - MH Svcs	182,071	275			-	-	0%	0%	182,071	275	100%	100%
15/60 - 69 OP - Medication Support	32,798	-			-	-	0%	0%	32,798	-	100%	0%
15/70 - 79 OP - Crisis Intervention	390	-			-	-	0%	0%	390	-	100%	0%
15/01 - 09 OP - Case Mgt Brokerage	14,501	-			-	-	0%	0%	14,501	-	100%	0%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 544,528.00	\$ -	\$ -	0.00%	\$ 544,528.00
Fringe Benefits	\$ 152,467.00	\$ -	\$ -	0.00%	\$ 152,467.00
Total Personnel Expenses	\$ 696,995.00	\$ -	\$ -	0.00%	\$ 696,995.00
Operating Expenses:					
Occupancy	\$ 123,480.00	\$ -	\$ -	0.00%	\$ 123,480.00
Materials and Supplies	\$ 16,093.00	\$ -	\$ -	0.00%	\$ 16,093.00
General Operating	\$ 23,991.00	\$ -	\$ -	0.00%	\$ 23,991.00
Staff Travel	\$ 1,888.00	\$ -	\$ -	0.00%	\$ 1,888.00
Consultant/ Subcontractor	\$ 146,905.00	\$ -	\$ -	0.00%	\$ 146,905.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 312,357.00	\$ -	\$ -	0.00%	\$ 312,357.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 1,009,352.00	\$ -	\$ -	0.00%	\$ 1,009,352.00
Indirect Expenses	\$ 151,401.00	\$ -	\$ -	0.00%	\$ 151,401.00
TOTAL EXPENSES	\$ 1,160,753.00	\$ -	\$ -	0.00%	\$ 1,160,753.00

Less: Initial Payment Recovery		NOTES:
Other Adjustments (DPH use only)		
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Contract ID#
1000011308

INVOICE NUMBER: M06 JL 20
 Ct.Blanket No.: BPHM N/A User Cd
 Ct. PO No.: POHM 0000447691
 Fund Source: MH Adult Local Match/County GF
 Invoice Period: July 2020
 Final Invoice: (Check if Yes)
 ACE Control Number:

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100
 Fax No.: (415) 468-5104



Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Children Outpatient PC# 38516 & 38171 - 251962-10000-10001670-0001												
45/20-29 OS-Cmnty Client Svcs	210	-			-	-	0%	0%	210	-	100%	0%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 17,209.00	\$ -	\$ -	0.00%	\$ 17,209.00
Fringe Benefits	\$ 4,818.00	\$ -	\$ -	0.00%	\$ 4,818.00
Total Personnel Expenses	\$ 22,027.00	\$ -	\$ -	0.00%	\$ 22,027.00
Operating Expenses:					
Occupancy	\$ 8,597.00	\$ -	\$ -	0.00%	\$ 8,597.00
Materials and Supplies	\$ 1,319.00	\$ -	\$ -	0.00%	\$ 1,319.00
General Operating	\$ 1,415.00	\$ -	\$ -	0.00%	\$ 1,415.00
Staff Travel	\$ 151.00	\$ -	\$ -	0.00%	\$ 151.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:		\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 11,482.00	\$ -	\$ -	0.00%	\$ 11,482.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 33,509.00	\$ -	\$ -	0.00%	\$ 33,509.00
Indirect Expenses	\$ 5,024.00	\$ -	\$ -	0.00%	\$ 5,024.00
TOTAL EXPENSES	\$ 38,533.00	\$ -	\$ -	0.00%	\$ 38,533.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____
 Printed Name: _____
 Title: _____

Date: _____
 Phone: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103
 or email to:
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

 Authorized Signatory

 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Contract ID#
1000011308

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100

Fax No.: (415) 468-5104



Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

INVOICE NUMBER: M07 JL 20

Ct.Blanket No.: BPHM N/A

User Cd

Ct. PO No.: POHM SFGOV-0000447691

Fund Source: MH Adult Fed/ State/ County General Fund

Invoice Period: July 2020

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Adult Behavioral Health PC# 38513 - 251984-10000-10001792-0001												
45/20-29 OS-Cmnty Client Svcs	370	-			-	-	0%	0%	370	-	100%	0%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 32,172.00	\$ -	\$ -	0.00%	\$ 32,172.00
Fringe Benefits	\$ 9,007.00	\$ -	\$ -	0.00%	\$ 9,007.00
Total Personnel Expenses	\$ 41,179.00	\$ -	\$ -	0.00%	\$ 41,179.00
Operating Expenses:					
Occupancy	\$ 7,295.00	\$ -	\$ -	0.00%	\$ 7,295.00
Materials and Supplies	\$ 951.00	\$ -	\$ -	0.00%	\$ 951.00
General Operating	\$ 1,417.00	\$ -	\$ -	0.00%	\$ 1,417.00
Staff Travel	\$ 112.00	\$ -	\$ -	0.00%	\$ 112.00
Consultant/ Subcontractor	\$ 8,679.00	\$ -	\$ -	0.00%	\$ 8,679.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 18,454.00	\$ -	\$ -	0.00%	\$ 18,454.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 59,633.00	\$ -	\$ -	0.00%	\$ 59,633.00
Indirect Expenses	\$ 8,946.00	\$ -	\$ -	0.00%	\$ 8,946.00
TOTAL EXPENSES	\$ 68,579.00	\$ -	\$ -	0.00%	\$ 68,579.00

Less: Initial Payment Recovery		NOTES:
Other Adjustments (DPH use only)		
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 contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Contract ID#
1000011308

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100
Fax No.: (415) 468-5104

BHS

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

INVOICE NUMBER:	M11 JL 20
Ct.Blanket No.: BPHM	N/A
	User Cd
Ct. PO No.: POHM	0000447691
Fund Source:	MH WO DCYF Dimensions Clinic
Invoice Period:	July 2020
Final Invoice:	(Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 Dimensions LGBT Outpatient 251962-10002-10001799-0002												
00-20 Administration Support	450	25			-	-	0%	0%	450	25	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 60,320.00	\$ -	\$ -	0.00%	\$ 60,320.00
Fringe Benefits	\$ 21,716.00	\$ -	\$ -	0.00%	\$ 21,716.00
Total Personnel Expenses	\$ 82,036.00	\$ -	\$ -	0.00%	\$ 82,036.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 16,502.00	\$ -	\$ -	0.00%	\$ 16,502.00
General Operating	\$ 3,500.00	\$ -	\$ -	0.00%	\$ 3,500.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 20,002.00	\$ -	\$ -	0.00%	\$ 20,002.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 102,038.00	\$ -	\$ -	0.00%	\$ 102,038.00
Indirect Expenses	\$ 15,306.00	\$ -	\$ -	0.00%	\$ 15,306.00
TOTAL EXPENSES	\$ 117,344.00	\$ -	\$ -	0.00%	\$ 117,344.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

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Title: _____

Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org
Jul Amend 2 06-21

DPH Authorization for Payment

Authorized Signatory

Date

Prepared: 6/21/2021

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Contract ID#
1000011308

INVOICE NUMBER: S04 JL 20

Ct. Blanket No.: BPHM N/A
User Cd

Ct. PO No.: POHM 0000447691

Fund Source: SUD Fed SABG Discretionary

Invoice Period: July 2020

Final Invoice: (Check if Yes)

Contractor: Bayview Hunters Point Foundation For Cmmnty Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100
Fax No.: (415) 468-5104



Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-5 Jelani Family Program PC# - 3816SD	240646-10000-10001681-0003											
Res-59 ODS Recovery Residences	4,928	15			-	-	0%	0%	4,928	15	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 330,300.00	\$ -	\$ -	0.00%	\$ 330,300.00
Fringe Benefits	\$ 99,090.00	\$ -	\$ -	0.00%	\$ 99,090.00
Total Personnel Expenses	\$ 429,390.00	\$ -	\$ -	0.00%	\$ 429,390.00
Operating Expenses:					
Occupancy	\$ 57,000.00	\$ -	\$ -	0.00%	\$ 57,000.00
Materials and Supplies	\$ 8,405.00	\$ -	\$ -	0.00%	\$ 8,405.00
General Operating	\$ 21,208.00	\$ -	\$ -	0.00%	\$ 21,208.00
Staff Travel	\$ 500.00	\$ -	\$ -	0.00%	\$ 500.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 87,113.00	\$ -	\$ -	0.00%	\$ 87,113.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 516,503.00	\$ -	\$ -	0.00%	\$ 516,503.00
Indirect Expenses	\$ 77,423.00	\$ -	\$ -	0.00%	\$ 77,423.00
TOTAL EXPENSES	\$ 593,926.00	\$ -	\$ -	0.00%	\$ 593,926.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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Title: _____

Date: _____
Phone: _____

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San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

