File No	200370	Committee Item No	2
		Board Item No.	

COMMITTEE/BOARD OF SUPERVISORS

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	Motion Resolution Ordinance Legislative Digest Budget and Legislative Analyst Youth Commission Report Introduction Form Department/Agency Cover Lette MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Form 126 – Ethics Commission Award Letter Application Public Correspondence	-	eport
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	Original Agreement 7/1/16 Amendment No. 1 10/11/17		
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	BOO Resolution No. 107-19		
Completed becompleted by	-	Date Nove	mber 5, 2021

1	[Agreement Amendment - San Francisco AIDS Foundation - HIV Prevention - City-Wide
2	Syringe Access and Disposal Services - Not to Exceed \$42,115,471]
3	Resolution approving Amendment No. 3, to the agreement between the San Francisco
4	AIDS Foundation and the Department of Public Health to provide HIV prevention
5	services through City-wide syringe access and disposal services; to increase the
6	contract amount by \$6,507,312 for a total amount not to exceed \$42,115,471 with no
7	change to the contract term of July 1, 2016, through June 30, 2026, to commence upor
8	Board approval.
9	
10	WHEREAS, The Department of Public Health (DPH) selected the San Francisco AIDS
11	Foundation to provide HIV Prevention City-wide Syringe Access and Disposal services
12	through a Request For Proposals; and
13	WHEREAS, DPH established an agreement for an initial term of two years, July 1,
14	2016, through June 30, 2018, with a not to exceed amount of \$4,976,830, and subsequently
15	amended it to extend the term one additional year, July 1, 2018, through June 30, 2019, for a
16	total contract amount not to exceed \$9,839,487; and
17	WHEREAS, The Board of Supervisors approved a second amendment to the
18	agreement extending the term by seven years, from July 1, 2019, through June 30, 2026, for
19	a total term of ten years, July 1, 2016, through June 30, 2026, for a total contract amount not
20	to exceed \$35,608,159 through Resolution No. 167-19 (File No. 190242); and
21	WHEREAS, DPH wishes to increase the contract by \$6,507,312 for a total contract
22	amount not to exceed \$42,115,471,to reflect add-back of General Fund support to address
23	encampment services; and
24	WHEREAS, This amendment will enable the continuation of HIV Prevention services
25	through City-wide Syringe Access and Disposal services targeting people in behavioral risk

1	populations such as injection drug users, people who are homeless, active drug users,
2	formerly incarcerated individuals and/or who are struggling with mental health challenges; and
3	WHEREAS, These services will include program coordination with community-based
4	organizations, the DPH's Rapid Response Clean Team, and service providers which are
5	subcontractors in this contract, including the Glide Foundation, St. James Infirmary, the
6	Homeless Youth Alliance, and the San Francisco Drug Users Union; and
7	WHEREAS, The goal of these services is to reduce syringe-sharing and the risk of
8	transmission of HIV and other communicable diseases through the provision of sterile
9	injection equipment, health education, HIV/HCV testing, and collection of disposed needles,
10	both on-site and in City-wide syringe sweep events that focus on areas of greatest need; and
11	RESOLVED, That the Board of Supervisors hereby authorizes the Director of Public
12	Health and the Purchaser, on behalf of the City and County of San Francisco, to amend the
13	contract with San Francisco AIDS Foundation to increase the contract amount by \$6,507,312
14	for a total amount not to exceed \$42,115,471; and, be it
15	FURTHER RESOLVED, That the Board of Supervisors authorizes the
16	Department of Public Health to enter into any amendments or modifications to the
17	contract, prior to its final execution by all parties, that the Department determines, in
18	consultation with the City Attorney, are in the best interest of the City, do not otherwise
19	materially increase the obligations or liabilities of the City, are necessary or advisable to
20	effectuate the purposes of the contract, and are in compliance with all applicable laws;
21	and, be it
22	FURTHER RESOLVED, That within thirty (30) days of the contract amendment being

fully executed by all parties, the Director of Health and/or the Director of Office of Contract

Administration/Purchased shall provide the final contract to the Clerk of the Board for inclusion

in the official file (File No. <u>200370</u>).

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1	RECOMMENDED:	
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3	<u>/s/</u>	
4	Grant Colfax, M.D.	
5	Director of Health	
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Item 2	Department:
File 20-0370	Department of Public Health

EXECUTIVE SUMMARY

Legislative Objectives

• The proposed resolution approves Amendment No. 3 to the contract with the AIDS Foundation, increasing the not-too-exceed amount by \$6,507,312 from \$35,608,159 to \$42,115,471.

Key Points

- San Francisco AIDS Foundation was awarded the contract in 2016 for an amount not to exceed \$4,976,830 for two years, July 1, 2016 - June 30, 2018, with the option to renew the contract annually for a period of one year through June 30, 2026. The contract has been modified twice, increasing the contract not to exceed amount to \$35,608,159 and extending the term through June 2026.
- The San Francisco AIDS Foundation is the lead agency on the contract and partners with community organizations to provide syringe access and disposal services to help reduce syringe sharing and lower the risk of transmission of HIV and other communicable diseases.
 This includes providing sterile injection equipment, health education, HIV and hepatitis C testing, and collection of disposed needles.
- The proposed resolution expands funding and services for syringe clean-up through the Syringe Sweeps Program across the city, focusing on priority neighborhoods, hot spots, and encampments, and a work order with the San Francisco War Memorial Veterans Building.

Fiscal Impact

- The Department has spent \$17,277,830 on services under the contract with the AIDS Foundation in FY 2016-17 through FY 2020-21. The Department projects new expenditures in FY 2020-21 through FY 2025-26 of \$24,837,641, including a contingency, for a total contract not-to-exceed amount of \$42,115,471 over ten years.
- The \$6,865,202 increase in funding under this proposed amendment will primarily go toward the Syringe Sweeps Program (\$5,850,775), which started as a Mayoral Enhancement in FY 2019-20. The additional \$34,685 in increased funding reflects the work order with the War Memorial.

Recommendations

- Request that the Department of Public Health provide a written report to the Budget and Finance Committee with updated performance data through FY 2020-21 for all service components of the contract with the San Francisco AIDS Foundation once this information is available.
- Approve the proposed resolution

MANDATE STATEMENT

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 is subject to Board of Supervisors approval.

BACKGROUND

The Department of Public Health (DPH) issued a Request for Proposals (RFP) for an HIV prevention program with citywide syringe access and disposal services in March 2016. The San Francisco AIDS Foundation was the only vendor to respond with a Letter of Intent to submit a proposal. DPH, per the terms of the RFP, directly negotiated with the AIDS Foundation rather than continue a formal solicitation process. The AIDS Foundation is the lead agency on the contract and partners with Homeless Youth Alliance, Drug Users Union, Glide, and St James Infirmary to provide services. As the lead agency, the AIDS Foundation is responsible for coordinating services, mapping locations, centralizing, and distributing supplies, and holding regular meetings with partners to coordinate and problem solve.

The initial contract authorized an amount not to exceed \$4,976,830 for two years, July 1, 2016 - June 30, 2018, with the option to renew the contract annually for a period of one year through June 30, 2026. The contract has been modified twice, increasing the contract not-to-exceed amount to \$35,608,159 and extending the term through June 2026, as shown in Table 1 below.

Exhibit 1: Previous Contract Amendments

No.	Date	Description	Not-to-Exceed Amount
1	10/1/2017	Extended the contract for an additional year: July 1, 2018 - June 30, 2019.	\$9,839,487
2	2/1/2019	Extended the contract for seven years: July 1, 2019 – June 30, 2026 for a total term of 10 years (July 1, 2016 – June 30, 2026). (File 19-0242)	\$35,608,159

In 2020, the Department of Public Health had sought Board of Supervisors approval for Amendment No. 3 to the contract with the AIDS Foundation, increasing the not-to-exceed amount of the contract by \$6,507,312, for a total not to exceed \$42,115,471. However, due to the onset of the COVID-19 pandemic and ensuing City budget deficit, the Mayor's Office raised concerns about funding availability and the Department of Public Health withdrew its request to approve Amendment No. 3. With an improved fiscal outlook, these concerns have been alleviated and the Department of Public Health is now seeking Board of Supervisors approval for Amendment No. 3 to the contract.

DETAILS OF PROPOSED LEGISLATION

The proposed resolution approves Amendment No. 3 to the contract with the AIDS Foundation, increasing the not-too-exceed amount by \$6,507,312 from \$35,608,159 to \$42,115,471. This additional funding reflects add-back of General Fund support to address additional syringe clean-up and disposal services, target priority neighborhoods and hot spots, and a work order with the War Memorial.

Services Provided

Through this contract, the AIDS Foundation and its partners provide syringe access and disposal services to help reduce syringe sharing and lower the risk of transmission of HIV and other communicable diseases. This includes providing sterile injection equipment, health education, HIV and hepatitis C testing, and collection of disposed needles. The contract in total supports 26.295 full-time equivalent (FTE) positions annually.

Amendment No. 3 continues citywide syringe access and disposal services, including:

- Syringe Access & Disposal Services, which provides access to sterile syringes and safer injection supplies to help reduce the likelihood of syringe sharing and decrease the risk of HIV transmission. In addition, this work includes providing 24-hour access to 10 large disposal kiosks and nine smaller boxes, and services through the Syringe Pick-up crew that provides syringe collection and disposal services 7 days a week from 7am-7pm. Community members may also text the AIDS Foundation 415-810-1337 to report syringe litter or can contact the Department of Public Works via 311.
- Homeless Youth Alliance (HYA) wrap around program, which targets wraparound and syringe services to young adults.
- Harm Reduction Center, which provides a physical space for clients to drop in, receive
 education on overdose prevention, harm reduction counseling, crisis intervention, and
 link to HIV and hepatitis testing and care.
- **Syringe Sweeps**, a Citywide clean-up effort, focusing on priority neighborhoods, hot spots, and encampments.
- The War Memorial Work Order, which provides syringe clean-up services around the San Francisco War Memorial Veterans Building.
- **Drug Testing Support**, which was a one-time effort in FY 2020-21 to support mobile drug testing services that allow drug users to test their drugs prior to consumption.

As noted above, the proposed Amendment No. 3 outlines expanded funding and services for syringe clean-up through the Syringe Sweeps Program across the City and specifically at the San Francisco War Memorial Veterans Building. The additional funding for the Syringe Sweeps

Program and War Memorial Work Order will support a total of 9.775 FTEs¹ for syringe clean up and management services, focusing on priority neighborhoods, hot spots, and encampments. The work order with the War Memorial will including managing the syringe disposal boxes in the city building as well as preforming clean-up outside around the building property.

Exhibit 2 below shows the units of service included in the proposed third amendment.

Exhibit 2: San Francisco AIDS Foundation Contract Units of Service

Service Component	Units of Service / Number of Contacts in Proposed Amendment #3 (FY 21-22 through FY 25-26)	Change from Amendment #2 (approved 2019)	
Syringe Access and Disposal Services	-4,302 hours of syringe access and disposal services per year (~12.63 clients contacted per hour for an estimated 54,300 contacts per year) -12 months of syringe access and disposal coordination and bulk purchasing -3,710 hours of Citywide sweeps	Removes 67 Community- Based Sweeps Events, which involved coordinating residents and staff of agencies working in areas where sweeps are necessary.	
Homeless Youth Alliance	-12 months of personnel, operation, and syringe disposal services per year	No Change	
Harm Reduction Center	-1,888 hours of syringe access services per year (16.6 contacts per hour for an estimated 31,341 contacts) -2,550 hours of lounge services per year (6 clients contacted per hour for an estimated 15,300 contacts per year)	Increased the estimated number of client contacts per hour for lounge services from 3 per hour to 6 per hour for an additional 7,650 contacts per year	
Syringe Sweeps	 -4,368 hours of syringe disposal services per year (includes providing education to community about safe disposal options) 	New	
War Memorial	-52 weeks of syringe disposal services (no direct services provided to individuals)	New	

Source: Department of Public Health Contract with San Francisco AIDS Foundation, Appendix A Note: One full-time equivalent position is approximately 1,768 hours

Units of Service

As shown in Exhibit 3 below, the monitoring report indicates that the AIDS Foundation exceeded the contracted number of units for contacts related to syringe access and disposal services and syringe clean-up services (Syringe Sweeps). However, services provided through the Harm Reduction Lounge did not meet their contracted targets. According to DPH staff, this was likely to do changes in service because of shelter-in-place orders during the spring of 2020.

¹ An additional 9.775 FTE will be supported through the Syringe Sweeps Program (9.65 FTE) and War Memorial Work Order (0.125 FTE); however, the net increase in contract positions is 7.27 FTEs due to a reduction in the existing Syringe Sweeps program from 11.55 to 9.05 FTE. This reduction in FTEs was made to offset increased operating costs.

Exhibit 3: San Francisco AIDS Foundation Contract Performance FY 2019-20

Units of Service	Contracted	Actual	Actual as Percentage of Contracted
Syringe Access and Disposal Contacts	54,300	68,310	125.8%
Harm Reduction Center, Hours	2,550	1,723	67.6%
Harm Reduction Center, Contacts	8,079	9,190	113.8%
Harm Reduction Center, Syringe Access Hours	1,888	1,480	78.4%
Syringe Sweeps Hours	4,368	5,336	122.2%

Source: Monitoring Report FY19-20, San Francisco AIDS Foundation HIV Syringe Access and Disposal Services Note: The contract monitoring report for Coordination & Bulk Purchasing and Syringe Access & Disposal Services Contacts have listed contracted numbers that are slightly higher than what is in the contract: 54,310 vs. 54,300 contacts for Coordination & Bulk Purchasing and 8,079 vs. 8,000 for Syringe Access & Disposal Services Contacts.

According to the Department of Public Health, the War Memorial Work Order began in July 2021 and have not yet been monitored for performance. The Drug Testing Support work was one-time funding for FY 2020-21 and not included in monitoring.

Homeless Youth Alliance

The Homeless Youth Alliance, a subcontractor of the AIDS Foundation, was separately monitored in FY 2018-19 but not in FY 2019-20. The Department of Public Health advises that staff that typically monitor contractor performance were re-assigned to pandemic tasks. Moving forward, this program will resume being monitored as a stand-alone program.

Syringe Collection

Syringe Sweeps Clean-up Team has a contracted objective of collecting 120,000 syringes annually. According to data provided by DPH, the Syringe Sweep Clean-up Team collected 173,598 syringes in calendar year 2020.

FISCAL IMPACT

Exhibit 5 provides an overview of changes between the existing agreement and the proposed amendment.

Exhibit 5: Proposed Funding Changes for San Francisco AIDS Foundation Contract (FY 2016-17 through FY 2025-26)

Program	Current Funding (Approved Under Amendment #2)	Proposed Funding (Amendment #3 Under Consideration)	Change	Explanation
Syringe Access & Disposal	\$21,870,049	\$22,650,163	\$390,707	Cost of Doing Business increase
HYA Wrap Around Program	1,664,821	1,696,126	31,232	Cost of Doing Business increase
Harm Reduction Center	9,228,000	9,543,092	315,092	Cost of Doing Business increase
Syringe Sweeps Program		5,850,775	5,850,775	New Services added in FY 2019-20; Cost of Doing Business increase
War Memorial Work Order		34,685	34,685	Work order added for FY 2021-22 through FY 2025-26
Subtotal	\$32,762,870	\$39,773,841	\$7,010,971	
Contingency Adjustment*	2,845,290	2,341,630	(503,660)	
Total	\$35,608,160	\$42,115,471	\$6,507,312	

Source: Department of Public Health

As shown above, the majority of the increased \$6,507,312 funding is being allocated to the Syringe Sweeps program. Of the increased amount, \$5,850,775 supports a total of 9.65 FTE in the Syringe Sweeps Program for syringe clean-up and management services. The \$34,685 work order with the War Memorial supports 0.125 FTE and includes managing the syringe disposal boxes in the City building as well as preforming clean-up outside around the building property. Cost of Doing Business increases added to the contract are projected through FY 2025-26 and amounts beyond the current fiscal year are subject to future Board of Supervisors' approval.

The contract budget covers the units of service, as detailed above, and the health educator and administrative functions at the AIDS Foundation and its subcontractors. Contract expenditures are funded by the General Fund.

Actual and Projected Expenditures

The Department has spent \$17,277,830 on services under the contract with the AIDS Foundation in FY 2016-17 through FY 2020-21. The Department projects new expenditures in FY 2020-21 through FY 2025-26 of \$24,837,641, including a contingency, for a total contract not-to-exceed amount of \$42,115,471 over ten years.

^{*}The contingency adjustment in the proposed funding amount in Amendment #3 (under consideration) is determined based on projected expenditures for FY 2021-22 through FY 2025-26

^{**}Total varies from the not-to-exceed amount due to rounding.

POLICY CONSIDERATION

FY 2020-21 Performance Data

The Department of Public Health is in the process of conducting its performance monitoring and updating its performance data for this contractor in FY 2020-21. We recommend that the Department of Public Health provide a written report to the Board of Supervisors on the performance of these services in FY 2020-21 upon completing performance monitoring of the program.

RECOMMENDATIONS

- 1. Request that the Department of Public Health provide a written report to the Budget and Finance Committee with updated performance data through FY 2020-21 for all service components of the contract with the San Francisco AIDS Foundation once this information is available.
- 2. Approve the proposed resolution.

Item 3	Department:
Files 20-0370	Department of Public Health

EXECUTIVE SUMMARY

Legislative Objectives

• The proposed resolution would approve Amendment No. 3 to the contract between the Department of Public Health (DPH) and San Francisco AIDS Foundation for an HIV prevention program, increasing the total contract amount by \$6,507,312 for a total not to exceed amount of \$42,115,471 over the total term of 10 years (July 2016 - June 2026).

Key Points

- San Francisco AIDS Foundation was awarded the contract in 2016 for an amount not to exceed \$4,976,830 for two years, July 1, 2016 - June 30, 2018, with the option to renew the contract for a period of one year each year through June 30, 2026. The contract has been modified twice, increasing the contract not to exceed amount to \$35,608,159 and extending the term through June 2026.
- The San Francisco AIDS Foundation is the lead agency on the contract and partners with community organizations to provide syringe access and disposal services to help reduce syringe sharing and lower the risk of transmission of HIV and other communicable diseases.
 This includes providing sterile injection equipment, health education, HIV and hepatitis C testing, and collection of disposed needles.
- The proposed resolution expands funding and services for syringe clean-up through the Syringe Sweeps Program across the city, focusing on priority neighborhoods, hot spots, and encampments, and a work order with the San Francisco War Memorial Veterans Building.

Fiscal Impact

• The Department has spent or projects to spend \$13,129,672 on services under the contract with the AIDS Foundation in FY 2016-17 through FY 2019-20. The Department projects new expenditures in FY 2020-21 through FY 2025-26 of \$28,985,799, including a 12 percent contingency, for a total of contract not to exceed amount over ten years of \$42,115,471. The majority of the \$6,507,312 in increased funding will go toward the Syringe Sweeps Program (\$5,523,378), which is a Mayoral Enhancement that started in FY 2019-20.

Policy Consideration

This contract is funded through the General Fund. The Controller and Mayor's Budget Office project a FY 2019-20 shortfall in the General Fund budget of \$246.2 million, which is projected to increase to \$753.9 million in FY 2020-21. The Mayor's Budget Office presented the Mayor's Budget Instructions to the Board of Supervisors on May 18, 2020, which provided for a 10 percent reduction in City departments' General Fund budgets; services to vulnerable and underserved populations are given priority for funding.

Recommendation

Approval of the proposed resolution is a policy matter for the Board of Supervisors.

MANDATE STATEMENT

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 is subject to Board of Supervisors approval.

BACKGROUND

The Department of Public Health (DPH) issued a Request for Proposals (RFP) for an HIV prevention program with citywide syringe access and disposal services in March 2016. The San Francisco AIDS Foundation was the only vendor to respond with a Letter of Intent to submit a proposal. DPH, per the terms of the RFP, directly negotiated with the AIDS Foundation rather than continue a formal solicitation process. The AIDS Foundation is the lead agency on the contract and partners with Homeless Youth Alliance, Drug Users Union, Glide and St James Infirmary to provide services. As the lead agency, the AIDS Foundation is responsible for coordinating services, mapping locations, centralizing and distributing supplies, and holding regular meetings with partners to coordinate and problem solve.

The initial contract authorized an amount not to exceed \$4,976,830 for two years, July 1, 2016 - June 30, 2018, with the option to renew the contract for a period of one year each year through June 30, 2026. The contract has been modified twice, increasing the contract not-to-exceed amount to \$35,608,159 and extending the term through June 2026, as shown in Table 1 below.

Table 1. San Francisco AIDS Foundation Syringe Access and Disposal Contract Modifications

No.	Date	Description	Updated Not- to-Exceed Amount
1	10/1/2017	Extended the contract for an additional year: July 1, 2018 - June 30, 2019.	\$9,839,487
2	2/1/2019	Extended the contract for seven years: July 1, 2019 – June 30, 2026 for a total term of 10 years (July 1, 2016 – June 30, 2026).	\$35,608,159

Source: February 2020 Proposed Modification

DETAILS OF PROPOSED LEGISLATION

The proposed resolution approves a third modification to the contract with the AIDS Foundation, increasing the not-too-exceed amount by \$6,507,312 from \$35,608,159 to \$42,115,471. This additional funding reflects add-back of General Fund support to provide syringe clean-up services through the Syringe Sweeps Program.

Services Provided

Through this contract, the AIDS Foundation and its partners provide syringe access and disposal services to help reduce syringe sharing and lower the risk of transmission of HIV and other communicable diseases. This includes providing sterile injection equipment, health education, HIV and hepatitis C testing, and collection of disposed needles. Syringe disposal services include 24-hour disposal kiosks and the Syringe Pick-up crew that provides syringe collection and disposal services 7 days a week from 7am-7pm through a text message system.

Amendment No. 3 continues citywide syringe access and disposal services, including the Homeless Youth Alliance (HYA) wrap around program, which targets services to young adults; and, services at the Harm Reduction Center, which provides a physical space for clients to drop in, receive education on overdose prevention, harm reduction counseling, crisis intervention, etc., and link to HIV and HCV testing and care.

Amendment No. 3 outlines expanded funding and services for syringe clean-up through the Syringe Sweeps Program across the city and specifically at the San Francisco War Memorial Veterans Building. The additional funding for the Syringe Sweeps Program and War Memorial Work Order will support a total of 9.775 FTEs for syringe clean up and management services, focusing on priority neighborhoods, hot spots, and encampments. The work order with the War Memorial will including managing the syringe disposal boxes in the city building as well as preforming clean-up outside around the building property.

Performance Monitoring

The FY 2018-19 Monitoring Report for the HIV Syringe Access & Disposal and Harm Reduction Center components of the contract, indicate that the overall program was rated "4 – Commendable/Exceeds Standards." Table 2 below summarizes the contract performance objectives and performance to date for the Syringe Access & Disposal and Harm Reduction Center components of the contract.

Table 2. San Francisco AIDS Foundation Syringe Access and Disposal Contract Performance

Performance Objective	Most Recent Reporting Year	Objective Description	Performance
1	FY 2018-19	Syringe Access Collaborative/San Francisco AIDS Foundation will report on the percentage of HIV tests among people who inject drugs.	3 percent (453/18,197)
2	FY 2018-19	Syringe Access Collaborative/San Francisco AIDS Foundation will report on linkage to care rates among newly diagnosed people who inject drugs, as defined by attending first medical appointment within three months of diagnosis.	75 percent (6/8) linkage to care
3	FY 2018-19	Syringe Access Collaborative/San Francisco AIDS Foundation will report a 70% retention rate among HIV-positive people who inject drugs, retention defined as having had a doctor's appointment, prescription refill, and/or lab work per treatment plan within the past six months.	99 percent (113/114) retention

Source: Department of Public Health

The FY 2018-19 Monitoring Report for the Homeless Youth Alliance (HYA) Wrap Around program, indicates that the overall program was rated "4 – Commendable/Exceeds Standards." They also received 35 out of 35 points (100%) on program deliverables, achieving 451% of contracted units of services:

- Syringe Sweeps: 600 Contracted; 622 Actual
- Syringes In: 0 Contracted; 461,685 Actual
- Syringes Out: 210,000 Contracted; 486,595 Actual

The monitoring report for the HYA Wrap Around program recommends the development of a program plan to justify the units of services and establish targeted productivity.

Performance monitoring for the Syringe Sweeps and War Memorial elements of the contract are not available yet as they began in FY 2019-20. However, in addition to the objectives listed above in Table 2, the proposed Amendment No. 3 adds an additional objective:

• By the end of each program year, the Syringe Clean-up Team will collect at least 120,000 syringes annually as documented by disposal clean-up logs.

Data from the Department of Public Health indicates that in FY 2018-19, over 318,000 syringes were collected off the streets. From July 2019 — February 2020, over 299,000 syringes were collected as part of street sweeps. Between January and February 2020, 45,839 syringes were collected as part of street sweeps, which accounts for roughly 8.4 percent of all syringes collected during this period.

The Department engaged with the City's Performance Unit in 2019 to enhance standardized data collection and reporting on syringe recovery and disposal efforts and adopt a results-based accountability framework to help identify measures that promote desired outcomes. This process resulted in a series of recommendations, including establishing consistent syringe collection and disposal processes; engaging with waste management vendors to improve reporting; invest in expanded reporting of public perceptions and street and sidewalk inspection data; and, improve use of internal syringe recovery dashboard and use it to develop future external facing information.

FISCAL IMPACT

Tables 3 below summarizes actual and projected contract spending through FY 2019-20 and budgeted spending through FY 2025-26, including a 12 percent contingency, totaling \$42,115,471.

Table 3. San Francisco AIDS Foundation Contract Actual, Projected, and Budgeted Expenditures

Actual and Projected Expenditures	
FY 2016-17 through FY 2019-20	\$13,129,672
Budgeted Expenditures	
FY 2020-21 through FY 2025-26 (proposed Amendment #3)	25,880,178
Contingency (12%)	<u>3,105,621</u>
Total	\$42.115.471

Actuals for 2016-17, 2017-18, and 2018-19; Actuals & Forecasted for 2019-20 Source: Department of Public Health

Table 4 provides an overview of changes between Amendment No. 2 and No. 3. According to Michelle Ruggels, Director of the Business Office at the Department of Public Health, the majority of the \$6,507,211 increase is going toward the Syringe Sweeps Program (\$5,523,378), which is a Mayoral Enhancement that started in FY 2019-20. Ms. Ruggels advises that future funding, including future Cost of Doing Business increases, continues to be contingent upon Board of Supervisors appropriation approval. If funding is not appropriated, the City's standard contract language states that the City has no obligation to make an appropriation to the contractor.

Table 4. Proposed Funding Increases for San Francisco AIDS Foundation Contract

Use	Current Funding	Proposed Funding	Increase	Explanation
Syringe Access & Disposal	\$21,870,049	\$22,260,756	\$390,707	Cost of Doing Business
HYA Wrap Around Program	\$1,664,821	\$1,696,053	\$31,232	Cost of Doing Business
Harm Reduction Center	\$9,228,000	\$9,481,104	\$253,104	Cost of Doing Business
Syringe Sweeps Program		\$5,523,378	\$5,523,378	 Mayoral Enhancement starting FY 2019-20 through FY 2025-26. Annually funds 9.65 FTEs for syringe clean up and management.
War Memorial Work Order		\$48,559	\$48,559	 Work order added for FY 2019-20 through FY 2025-26. Annually Funds 0.125 FTE for syringe clean up.
Contingency Adjustment	\$2,845,290	\$3,105,621	\$260,331	, ,
Total	\$35,608,160	\$42,115,471	\$6,507,311	

Source: Department of Public Health

The contract is funded by the General Fund.

POLICY CONSIDERATION

The Budget Outlook Update (May Joint Report), prepared by the Budget and Legislative Analyst's Office, Mayor's Budget Office, and Controller, projected FY 2019-20 shortfall in the General Fund budget of \$246.2 million due to the impacts of the COVID-19 public health emergency and a slower economic recovery. That shortfall is projected to increase to \$753.9 million in FY 2020-21 and continue into subsequent fiscal years. The Mayor's Budget Office presented the Mayor's Budget Instructions to the Board of Supervisors on May 18, 2020, which provided for a 10 percent reduction in City departments' General Fund budgets; services to vulnerable and underserved populations are given priority for funding.

Because of the projected shortfall in the General Fund, the Budget and Legislative Analyst considers approval of new General Fund monies for the proposed contract modification in FY 2020-21 through FY 2025-26, totaling \$6,507,311 (shown in Table 4 above) to be a policy matter for the Board of Supervisors.

RECOMMENDATION

Approval of the proposed resolution is a policy matter for the Board of Supervisors.

SAN FRANCISCO BOARD OF SUPERVISORS

BUDGET AND LEGISLATIVE ANALYST

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

Third Amendment

THIS AMENDMENT (this "Amendment") is made as of February 1st, 2020, in San Francisco, California, by and between SAN FRANCISCO AIDS FOUNDATION ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

Recitals

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

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

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

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

WHEREAS, the City's Board of Supervisors approved this Agreement by		
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, 2016, (CID# 1000002634 / BPHC17000019), between Contractor and City, as amended by the:

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

Second Amendment dated February 1, 2019 (CID# 1000002634 / BPHC17000019).

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

Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

2.1 Article 3.3.1 Payment of the 2nd Amendment currently reads as follows:

Article 3 Financial Matters

3.3 Compensation.

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed Thirty-Five Million Six Hundred Eight Thousand One Hundred Fifty-Nine DOLLARS (\$35,608,159). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

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

Article 3 Financial Matters

3.3 Compensation.

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed Forty-Two Million One Hundred Fifteen Thousand Four Hundred Seventy-One DOLLARS (\$42,115,471). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

2.2 Article 4.5 Assignment, is herby amended in its entirety to read as follows:

Article 4 Services and Resources

Assignment. The Services to be performed by Contractor are personal in character. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, hypothecated, transferred, or delegated by Contractor, or, where the Contractor is a joint venture, a joint venture partner, (collectively referred to as an "Assignment") unless first approved by City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City's approval of any such Assignment is subject to the Contractor demonstrating to City's reasonable satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor's obligations under this Agreement and any other documents to be assigned, (ii) not forbidden by applicable law from transacting business or entering into contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

2.3 Article 5.1 Insurance, is herby amended in its entirety to read as follows:

Article 5 Insurance and Indemnity

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) Workers' Compensation, in statutory amounts, with Employers' Liability
 Limits not less than \$1,000,000 each accident, injury, or illness; and
- (b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- (c) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
 - (d) Reserved. (Professional Liability Coverage)
 - (e) Reserved. (Technology Errors and Omissions Coverage)
- (f) Contractor shall maintain in force during the full life of the agreement Cyber and Privacy Insurance with limits of not less than \$5,000,000 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.
- 5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- 5.1.3 Contractor's Commercial General Liability and Commercial Automobile Liability Insurance policies 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.
- 5.1.4 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."
- 5.1.5 Should any of the required insurance be provided under a claims-made form,
 Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without

lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

- 5.1.6 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.
- 5.1.7 Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.
- 5.1.8 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

5.1.9 Reserved. (Waiver of Subrogation)

5.1.10 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 Add Article 7.3 Withholding, to this Agreement as Amended to reads as follows:

Article 7 Payment of Taxes

7.3 Withholding. Contractor agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Contractor further acknowledges and agrees that City may withhold any payments due to Contractor under this Agreement if Contractor is delinquent in the payment of any amount required to be paid to the City under the San Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Contractor, without interest, upon Contractor coming back into compliance with its obligations.

2.5 Article 10.11 Limitations on Contributions, is herby amended in its entirety to read as follows:

Article 10 Additional Requirements Incorporated by Reference

10.11 Limitations on Contributions. By executing this Agreement, Contractor acknowledges its obligations under section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

2.6 Article 10.17 Distribution of Beverages and Water, is herby amended in its entirety to read as follows:

Article 10 Additional Requirements Incorporated by Reference

10.17 Distribution of Beverages and Water.

- 10.17.1 Sugar-Sweetened Beverage Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.
- 10.17.2 Packaged Water Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

2.7 Article 13.4 Management of City Data and Confidential Information, is herby amended in its entirety to read as follows:

Article 13 Data and Security

13.4 Management of City Data and Confidential Information

- 13.4.1 Access to City Data. City shall at all times have access to and control of all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), and shall be able to retrieve it in a readable format, in electronic form and/or print, at any time, at no additional cost.
- 13.4.2 Use of City Data and Confidential Information. Contractor agrees to hold City's Confidential Information received from or created on behalf of the City in strictest confidence. Contractor shall not use or disclose City's Data or Confidential Information except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City's Confidential Information outside the United States is subject to prior written authorization by the City. Access to City's Confidential Information must be strictly controlled and limited to Contractor's staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data or Confidential Information solely for performing its obligations under the Agreement and not for Contractor's own purposes or later use. Nothing herein shall be construed to confer any license or right to the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data or Confidential Information by Contractor, subcontractors or other thirdparties is prohibited. For purpose of this requirement, the phrase "unauthorized use" means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.
- 13.4.3 Disposition of Confidential Information. Upon termination of Agreement or request of City, Contractor shall within forty-eight (48) hours return all Confidential Information which includes all original media. Once Contractor has received written confirmation from City that Confidential Information has been successfully transferred to City, Contractor shall within ten (10) business days purge all Confidential Information from its servers, any hosted environment Contractor has used in performance of this Agreement, work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge.

2.8 Add Article 13.5 Protected Health Information, to this Agreement as Amended to reads as follows:

Article 13 Data and Security

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

The Appendices listed below are Amended as follows:

- 2.9 Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended, Dated: 02/01/2020.
- 2.10 Delete Appendix A-1, and replace in its entirety with Appendix A-1 to Agreement as amended, Dated: 02/01/2020.
- 2.11 Delete Appendix A-2, and replace in its entirety with Appendix A-2 to Agreement as amended. Dated: 02/01/2020.
- 2.12 Delete Appendix A-3, and replace in its entirety with Appendix A-3 to Agreement as amended. Dated: 02/01/2020.
- 2.13 Delete Appendix A-4, and replace in its entirety with Appendix A-4 to Agreement as amended, Dated: 02/01/2020.

- 2.14 Delete Appendix A-5, and replace in its entirety with Appendix A-5 to Agreement as amended, Dated: 02/01/2020.
- 2.15 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended, Dated: 02/01/2020.
- 2.16 Delete Appendix B-1k, and replace in its entirety with Appendix B-1k to Agreement as amended. Dated: 02/01/2020.
- 2.17 Delete Appendix B-11, and replace in its entirety with Appendix B-11 to Agreement as amended. Dated: 02/01/2020.
- 2.18 Delete Appendix B-1m, and replace in its entirety with Appendix B-1m to Agreement as amended. Dated: 02/01/2020.
- 2.19 Delete Appendix B-1n, and replace in its entirety with Appendix B-1n to Agreement as amended. Dated: 02/01/2020.
- 2.20 Delete Appendix B-1o, and replace in its entirety with Appendix B-1o to Agreement as amended. Dated: 02/01/2020.
- 2.21 Delete Appendix B-1p, and replace in its entirety with Appendix B-1p to Agreement as amended. Dated: 02/01/2020.
- 2.22 Delete Appendix B-1q, and replace in its entirety with Appendix B-1q to Agreement as amended. Dated: 02/01/2020.
- 2.23 Delete Appendix B-1r, and replace in its entirety with Appendix B-1r to Agreement as amended. Dated: 02/01/2020.
- 2.24 Delete Appendix B-1s, and replace in its entirety with Appendix B-1s to Agreement as amended. Dated: 02/01/2020.

- 2.25 Delete Appendix B-1t, and replace in its entirety with Appendix B-1t to Agreement as amended. Dated: 02/01/2020.
- 2.26 Delete Appendix B-1u, and replace in its entirety with Appendix B-1u to Agreement as amended, Dated: 02/01/2020.
- 2.27 Delete Appendix B-1v, and replace in its entirety with Appendix B-1v to Agreement as amended. Dated: 02/01/2020.
- 2.28 Delete Appendix B-2d, and replace in its entirety with Appendix B-2d to Agreement as amended, Dated: 02/01/2020.
- 2.29 Delete Appendix B-2e, and replace in its entirety with Appendix B-2e to Agreement as amended, Dated: 02/01/2020.
- 2.30 Delete Appendix B-2f, and replace in its entirety with Appendix B-2f to Agreement as amended. Dated: 02/01/2020.
- 2.31 Delete Appendix B-2g, and replace in its entirety with Appendix B-2g to Agreement as amended. Dated: 02/01/2020.
- 2.32 Delete Appendix B-2h, and replace in its entirety with Appendix B-2h to Agreement as amended. Dated: 02/01/2020.
- 2.33 Delete Appendix B-2i, and replace in its entirety with Appendix B-2i to Agreement as amended. Dated: 02/01/2020.
- 2.34 Delete Appendix B-3d, and replace in its entirety with Appendix B-3d to Agreement as amended. Dated: 02/01/2020.
- 2.35 Delete Appendix B-3e, and replace in its entirety with Appendix B-3e to Agreement as amended, Dated: 02/01/2020.

- 2.36 Delete Appendix B-3f, and replace in its entirety with Appendix B-3f to Agreement as amended. Dated: 02/01/2020.
- 2.37 Delete Appendix B-3g, and replace in its entirety with Appendix B-3g to Agreement as amended. Dated: 02/01/2020.
- 2.38 Delete Appendix B-3h, and replace in its entirety with Appendix B-3h to Agreement as amended, Dated: 02/01/2020.
- 2.39 Delete Appendix B-3i, and replace in its entirety with Appendix B-3i to Agreement as amended. Dated: 02/01/2020.
- 2.40 Delete Appendix B-4a, and replace in its entirety with Appendix B-4a to Agreement as amended. Dated: 02/01/2020.
 - 2.41 Add Appendix B-4b to Agreement as amended. Dated: 02/01/2020.
 - 2.42 Add Appendix B-4c to Agreement as amended. Dated: 02/01/2020.
 - 2.43 Add Appendix B-4d to Agreement as amended. Dated: 02/01/2020.
 - 2,44 Add Appendix B-4e to Agreement as amended. Dated: 02/01/2020.
 - 2.45 Add Appendix B-4f to Agreement as amended. Dated: 02/01/2020.
 - 2.46 Add Appendix B-5a to Agreement as amended. Dated: 02/01/2020.
 - 2.47 Add Appendix B-5b to Agreement as amended. Dated: 02/01/2020.
 - 2.48 Add Appendix B-5c to Agreement as amended. Dated: 02/01/2020.

- 2.49 Add Appendix B-5d to Agreement as amended. Dated: 02/01/2020.
- 2.50 Add Appendix B-5e to Agreement as amended. Dated: 02/01/2020.
- 2.51 Add Appendix B-5f to Agreement as amended. Dated: 02/01/2020.
- 2.52 Delete Appendix F-1k, and replace in its entirety with Appendix F-1k to Agreement as amended. Dated: 02/01/2020.
- 2.53 Delete Appendix F-11, and replace in its entirety with Appendix F-11 to Agreement as amended. Dated: 02/01/2020.
- 2.54 Delete Appendix F-1m, and replace in its entirety with Appendix F-1m to Agreement as amended. Dated: 02/01/2020.
- 2.55 Delete Appendix F-1n, and replace in its entirety with Appendix F-1n to Agreement as amended. Dated: 02/01/2020.
- 2.56 Delete Appendix F-10, and replace in its entirety with Appendix F-10 to Agreement as amended. Dated: 02/01/2020.
- 2.57 Delete Appendix F-1p, and replace in its entirety with Appendix F-1p to Agreement as amended. Dated: 02/01/2020.
- 2.58 Delete Appendix F-1q, and replace in its entirety with Appendix F-1q to Agreement as amended. Dated: 02/01/2020.
- 2.59 Delete Appendix F-1r, and replace in its entirety with Appendix F-1r to Agreement as amended. Dated: 02/01/2020.

- 2.60 Delete Appendix F-1s, and replace in its entirety with Appendix F-1s to Agreement as amended. Dated: 02/01/2020.
- 2.61 Delete Appendix F-1t, and replace in its entirety with Appendix F-1t to Agreement as amended. Dated: 02/01/2020.
- 2.62 Delete Appendix F-1u, and replace in its entirety with Appendix F-1u to Agreement as amended. Dated: 02/01/2020.
- 2.63 Delete Appendix F-1v, and replace in its entirety with Appendix F-1v to Agreement as amended. Dated: 02/01/2020.
- 2.64 Delete Appendix F-2d, and replace in its entirety with Appendix F-2d to Agreement as amended. Dated: 02/01/2020.
- 2.65 Delete Appendix F-2e, and replace in its entirety with Appendix F-2e to Agreement as amended. Dated: 02/01/2020.
- 2.66 Delete Appendix F-2f, and replace in its entirety with Appendix F-2f to Agreement as amended. Dated: 02/01/2020.
- 2.67 Delete Appendix F-2g, and replace in its entirety with Appendix F-2g to Agreement as amended. Dated: 02/01/2020.
- 2.68 Delete Appendix F-2h, and replace in its entirety with Appendix F-2h to Agreement as amended. Dated: 02/01/2020.
- 2.69 Delete Appendix F-2i, and replace in its entirety with Appendix F-2i to Agreement as amended. Dated: 02/01/2020.
- 2.70 Delete Appendix F-3d, and replace in its entirety with Appendix F-3d to Agreement as amended. Dated: 02/01/2020.

- 2.71 Delete Appendix F-3e, and replace in its entirety with Appendix F-3e to Agreement as amended. Dated: 02/01/2020.
- 2.72 Delete Appendix F-3f, and replace in its entirety with Appendix F-3f to Agreement as amended. Dated: 02/01/2020.
- 2.73 Delete Appendix F-3g, and replace in its entirety with Appendix F-3g to Agreement as amended. Dated: 02/01/2020.
- 2.74 Delete Appendix F-3h, and replace in its entirety with Appendix F-3h to Agreement as amended. Dated: 02/01/2020.
- 2.75 Delete Appendix F-3i, and replace in its entirety with Appendix F-3i to Agreement as amended. Dated: 02/01/2020.
- 2.76 Delete Appendix F-4a, and replace in its entirety with Appendix F-4a to Agreement as amended. Dated: 02/01/2020.
 - 2.77 Add Appendix F-4b to Agreement as amended. Dated: 02/01/2020.
 - 2.78 Add Appendix F-4c to Agreement as amended. Dated: 02/01/2020.
 - 2.79 Add Appendix F-4d to Agreement as amended. Dated: 02/01/2020.
 - 2.80 Add Appendix F-4e to Agreement as amended. Dated: 02/01/2020.
 - 2.81 Add Appendix F-4f to Agreement as amended. Dated: 02/01/2020.
 - 2.82 Add Appendix F-5a to Agreement as amended. Dated: 02/01/2020.
 - 2.83 Add Appendix F-5b to Agreement as amended. Dated: 02/01/2020.

- 2.84 Add Appendix F-5c to Agreement as amended. Dated: 02/01/2020.
- 2.85 Add Appendix F-5d to Agreement as amended. Dated: 02/01/2020.
- 2.86 Add Appendix F-5e to Agreement as amended. Dated: 02/01/2020.
- 2.87 Add Appendix F-5f to Agreement as amended. Dated: 02/01/2020.

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.

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

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

B. Reports:

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

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

C. Evaluation:

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

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

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

Appendix A Amendment: 02/01/2020

F. Admission Policy:

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

G. Grievance Procedure:

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

H. Infection Control, Health and Safety:

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

Appendix A Amendment: 02/01/2020

- (7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by its employees, agents and subcontractors, including safe needle devices, and provides and documents all appropriate training.
- (8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

I. Aerosol Transmissible Disease Program, Health and Safety:

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

J. Acknowledgment of Funding:

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

K. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

L. Under-Utilization Reports:

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

M. Quality Assurance:

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

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

Appendix A Amendment: 02/01/2020

N. Compliance With Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1	HIV Syringe Access and Disposal Services
Appendix A-2	HIV Syringe Access and Disposal Services - Homeless Youth Alliance
Appendix A-3	HIV Syringe Access and Disposal Services – Harm Reduction Center
Appendix A-4	HIV Syringe Access and Disposal Services – Syringe Sweeps Program
Appendix A-5	HIV Syringe Access and Disposal Services – Syringe Sweeps War Memorial

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

Fiscal Year: 2016-2017 to 2025-2026 Contract ID# 1000002634 (CMS# 7774)

CONTRACT SUMMARY

Service Provider(s):

Fiscal Agency:

San Francisco AIDS Foundation San Francisco AIDS Foundation

Total Contract Amount:

\$39,009,850

Funding Source:

HPS General Fund/CDC

Program Name: System of Care: Syringe Access and Disposal Services HIV Prevention Services (HPS)

Program Code:

Provider Address:

1035 Market Street, Suite 400 - SF CA 94103

Provider Phone:

415-487-3000

Contact Person:

Richard Hill, Director of Government Contracts Direct Phone Number: 415-487-8042

Email: rhill@sfaf.org

NOC

N/A

NOC

N/A

5 of 9

NOC

Provider Fax: 415-487-3094

B-10

GF

\$206,672

7.1.18-6.30.19

UOS

N/A

12

N/A

N/A

NOC

N/A

B-1h

CDC

\$5,000

-\$5,000

1.1.18-12.31.18 UOS

N/A

12

N/A

N/A

NOC

UOS

4,302

12

3,710

N/A

Contract ID# 1000002634

RFP#:

3-2016 Appendix A:

Appendix B: **Funding Source**

Funding Amount: Unspent Amount:

Funding Term:

Number of UOS:

Syringe Access, Disposal Coordination & Bulk Purchasing

Syringe Access & Disposal Services Hrs.

Citywide Syringe Sweeps Community-Based Sweeps Events

Number of NOC:

Syringe Access & Disposal Services Hrs. Syringe Access, Disposal Coordination & Bulk

Purchasing

Citywide Syringe Sweeps

Community-Based Sweeps Events

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

Number of UOS:

Syringe Access & Disposal Services Hrs. Syringe Access, Disposal Coordination & Bulk

Purchasing

Citywide Syringe Sweeps

Community-Based Sweeps Events

			Appendix A-1	Syringe	Access Services		
B-1	B-1a	B-1b	B-1c	B-1d	B-1e	B-1f	
GF	GF	CDC	GF	GF	CDC	GF	
\$1,863,232	\$196,713	\$5,000	\$1,909,813	\$201,631	\$5,000	\$1,956,679	
			1.		-\$3,036	-\$19,386	
7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-12.31.16	7.1.17-6.30.18	7.1.17-6.30.18	1.1.17-12.31.17	7.1.18-6.30.19	13
UOS	uos	uos	uos	uos	uos	UOS	
3,614	N/A	N/A	3,944	N/A	N/A	4,302	
12	12	12	12	12	12	12	
2,028	N/A	N/A	2,861	N/A	N/A	3,710	
264	N/A	N/A	40	N/A	N/A	67	

NOC

44,300 N/A N/A 56,635 N/A N/A 54,300 N/A **B-1**i B-1j B-1k B-11 B-1m B-1n B-10 B-1p B-1a GF GF GF GF GF GF GF GF GF \$2,016,280 \$212,872 \$2,066,687 \$218,194 \$2,066,687 \$218,194 \$2,066,687 \$218,194 \$2,066,687

NOC

NOC

NOC

7.1.19 - 6.30.20 7.1.19 - 6.30.20 7.1.20 - 6.30.21 7.1.20 - 6.30.21 7.1.21 - 6.30.22 7.1.21 - 6.30.22 7.1.22 - 6.30.23 7.1.22 - 6.30.23 7.1.23 - 6.30.24 UOS uos UOS UOS UOS UOS UOS UOS 4,302 N/A 4,302 N/A 4,302 N/A 4,302 N/A 12 12 12 12 12 12 12 12 3.710 N/A N/A

3,710 N/A 3,710 N/A 3,710 N/A N/A N/A N/A N/A

Contractor: San Francisco AIDS Foundation Program: HIV Syringe Access and Disposal Services Fiscal Year: 2016-2017 to 2025-2026

Fiscal Year: 2016-2017 to 2025-2026 Contract ID# 1000002634 (CMS# 7774)

Number of NOC:	I was a second	NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC
	Syringe Access & Disposal Services Hrs.	54,300	N/A	54,300	N/A	54,300	N/A	54,300	N/A	54,300
	Syringe Access, Disposal Coordination & Bulk Purchasing	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Citywide Syringe Sweeps	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Community-Based Sweeps Events	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Appendix B:		B-1r	B-1s	B-1t	B-1u	B-1v				
Funding Source		GF	GF	GF	GF	GF				
Funding Amount:		\$218,194	\$2,066,687	\$218,194	\$2,066,687	\$218,194				
Funding Term:		7.1.23 - 6.30.24	7.1.24 - 6.30.25	7.1.24 - 6.30.25	7.1.25 - 6.30.26	7.1.25 - 6.30.26			/	
		UOS	uos	uos	UOS	UOS				
Number of UOS:	Syringe Access & Disposal Services Hrs.	N/A	4,302	N/A	4,302	N/A				
	Syringe Access, Disposal Coordination & Bulk Purchasing	12	12	12	12	12				
	Citywide Syringe Sweeps	N/A	3,710	N/A	3,710	N/A				
	Community-Based Sweeps Events	N/A	N/A	N/A	N/A	N/A				
Number of NOC:		NOC	NOC	NOC	NOC	NOC				
	Syringe Access & Disposal Services Hrs.	N/A	54,300	N/A	54,300	N/A				
	Syringe Access, Disposal Coordination & Bulk Purchasing	N/A	N/A	N/A	N/A	N/A				
	Citywide Syringe Sweeps	N/A	N/A	N/A	N/A	N/A				
	Community-Based Sweeps Events	N/A	N/A	N/A	N/A	N/A				
Definition and # of										

Definition and # of UOS:

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

Target Population:

Intravenous drug users (IDUs) throughout San Francisco.

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

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

HYA Wrap Around & Disposal Services

UDC/NOC: HYA Wrap Around & Disposal Services

B-2	B-2a	B-2b	B-2c	B-2d	B-2e	B-2f	B-2g	B-2h
GF	GF	GF	GF	GF	GF	GF	GF	GF
\$156,854	\$160,775	\$164,794	\$169,738	\$173,982	\$173,982	\$173,982	\$173,982	\$173,982
7.1.16-6.30.17	7.1.17-6.30.18	7.1.18-6.30.19	7.1.19 - 6.30.20	7.1.20 - 6.30.21	7.1.21 - 6.30.22	7.1.22 - 6.30.23	7.1.23 - 6.30.24	7.1.24 - 6.30.25
UOS	UOS	UOS	UOS	UOS	UOS	UOS	UOS	UOS
12	12	12	12	12	12	12	12	12
NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Appendix A Amendment: 02/01/2020

Number of

Contractor: San Francisco AIDS Foundation Program: HIV Syringe Access and Disposal Services Fiscal Year: 2016-2017 to 2025-2026

Fiscal Year: 2016-2017 to 2025-2026 Contract ID# 1000002634 (CMS# 7774)

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

Number of

HYA Wrap Around & Disposal Services

UDC/NOC:
HYA Wrap Around & Disposal Services

B-2i				1	
GF					
\$173,982 7.1.25 - 6.30.26	11/1				
UOS					
12	7711				
NOC					
N/A		2 - , -			

Definition and # of UOS:

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

Target Population:

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

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

Target Population:

Funds are to be used for various personnel and operating expenses and for syringe disposal services.

Appendix	A:
A	-

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

Number of UOS:

Harm Reduction Center Services Hrs. Syringe Access Services

Lounge Services

Number of NOC:

Harm Reduction Center Services Hrs. Syringe Access Services Lounge Services

			Appendix A-3	6th Street Harm	Reduction Ct.			
B-3	B-3a	B-3b	B-3c	B-3d	B-3e	B-3f	B- 3g	B-3h
GF	GF	GF	GF	GF	GF	GF	GF	GF
\$344,000	\$884,000	\$1,000,000	\$1,030,000	\$1,055,750	\$1,055,750	\$1,055,750	\$1,055,750	\$1,055,750
		-\$111,396						
11.1.16-6.30.17	7.1.17-6,30.18	7.1.18-6,30.19	7.1.19 - 6.30.20	7.1.20 - 6.30.21	7.1,21 - 6.30,22	7.1.22 - 6.30.23	7.1.23 - 6.30.24	7.1.24 - 6.30.25
uos	UOS	UOS	UOS	uos	UOS	uos	UOS	UOS
8	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	1,724	1,888	1,888	1,888	1,888	1,888	1,888	1,888
N/A	1,275	1,924	2,550	2,550	2,550	2,550	2,550	2,550
NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC
18,400	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	28,628	31,341	31,341	31,341	31,341	31,341	31,341	31,341
N/A	7,650	11,475	8,000	8,000	8,000	8,000	8,000	8,000

Contractor: San Francisco AIDS Foundation Program: HIV Syringe Access and Disposal Services Fiscal Year: 2016-2017 to 2025-2026 Contract ID# 1000002634 (CMS# 7774)

Appendix B: Funding Source Funding Amount: Funding Term:

Number of UOS: Harm Reduction Center Services Hrs.

Syringe Access Services

Lounge Services

Number of NOC:

Harm Reduction Center Services Hrs.

Syringe Access Services

Lounge Services

B-3i				
GF			14	
\$1,055,750			 1	
7.1.25 - 6.30.26				
UOS				
N/A				
1,888				
2,550				
NOC				
N/A				
31,341				
8,000				

Definition and # of UOS:

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

Target Population:

lation: Intravenous drug users (IDUs) throughout San Francisco.

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

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

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

Number of UOS: Number of NOC: Syringe Disposal Service Hours

Syringe Disposal Service Hours

B-4	B-4a	B-4b	B-4c	B-4d	B-4e	B-4f	
GF	GF	GF	GF	GF	GF	GF	10
\$772,500	\$791,813	\$791,813	\$791,813	\$791,813	\$791,813	\$791,813	
7.1.19-6.30.20	7.1.20-6.30.21	7.1.21 - 6.30.22	7.1.22 - 6.30.23	7.1.23 - 6.30.24	7.1.24 - 6.30.25	7.1.25 - 6.30.26	
uos	UOS	UOS	UOS	UOS	UOS	UOS	
4,368	4,368	4,368	4,368	4,368	4,368	4,368	
NOC	NOC	NOC	NOC	NOC	NOC	NOC	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	

Definition and # of UOS:

A Unit of Service (UOS) is equivalent to 1 Hour of Syringe Disposal Services.

Target Population: Description of No Direct Services are provided to individuals through these services, however, intravenous drug users (IDUs) throughout San Francisco are the targeted community.

Reduce new HIV infections by providing syringe access and disposal services to people who inject drugs (PWID) in San Francisco.

Services:

Contractor: San Francisco AIDS Foundation Program; HIV Syringe Access and Disposal Services Fiscal Year: 2016-2017 to 2025-2026

Contract ID# 1000002634 (CMS# 7774)

Appendix A:				Appendix	A-5 Syringe St	weeps Program	- War Memorial I	rogram		
Appendix B:		B-5	B-5a	B-5b	B-5c	B-5d	B-5e	B-5f	-0	
unding Source		WO	WO	WO	wo	WO	WO	WO		
inding Amount:		\$6,937	\$6,937	\$6,937	\$6,937	\$6,937	\$6,937	\$6,937		VI - C
inding Term:		7.1.19-6.30.20	7.1.20-6.30.21	7.1.21 - 6.30.22	7.1.22 - 6.30.23	7.1.23 - 6.30.24	7.1.24 - 6.30.25	7.1.25 - 6,30.26		
		UOS	uos	UOS	UOS	UOS	UOS	UOS		
umber of UOS:	Syringe Disposal Service Weeks	52	52	52	52	52	52	52		
Number of NOC:		NOC	NOC	NOC	NOC	NOC	NOC	NOC		
	Syringe Disposal Service Weeks	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
refinition and # of OS;	A Unit of Service (UOS) is equivalent to 1 We	ek of Syringe Disposal	Services,							
arget Population:	No Direct Services are provided to individuals War Memorial.	through these services	, however, intrave	enous drug users (IDUs) are the targ	geted community.	This program wi	Il focus on clean-u	p activities at t	he San Francis
escription of ervices:	Reduce new HIV infections by providing syrin	ge access and disposal	services to peopl	e who inject drugs	(PWID) in San F	rancisco.				
	I am a company to the						and the second second second second		Care a Secretaria	

Appendix A-1 Appendix Term: 7/1/2016 – 6/30/2026

Funding Source: General Fund and CDC

1. Identifiers:

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

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

2.	Nature of Do	cument:			
	Check one	New	☐ RPB	Contract Amendment	

3. Goal Statement:

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

4. Target Population:

While the SFAF strives to serve all, this program's primary focus is to serve San Francisco residents who are PWIDs, homeless, active drug users, formerly incarcerated, and/or struggling with mental health challenges, ensuring that services reach and meet the specific needs of the following subpopulations: males who have sex with males, youth, females, transgender persons, and males who have sex with females.

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

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

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

Community-Based Sweeps Events (B-1) One UOS = one Community-Based Sweep Event 264 events = 264 UOS	264	N/A
Total Services Delivered	5,918	44,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1a) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1b) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

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

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

Appendix A-1 Appendix Term: 7/1/2016 - 6/30/2026 Funding Source: General Fund and CDC

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

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

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

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

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

Appendix A-1 Appendix Term: 7/1/2016 – 6/30/2026 Funding Source: General Fund and CDC

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

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1i) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1i) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1i) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Total Services Delivered	8,024	54,300

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

Funding Source: General Fund and CDC

Year Five: B-1k and B-11 July 1, 2020 - June 30, 2021

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1k) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1k) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1k) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Total Services Delivered	8,024	54,300

Syringe Access, Disposal Coordination & Bulk Purchasing (B-11) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1m) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1m) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1m) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Total Services Delivered	8,024	54,300

Appendix Term: 7/1/2016 - 6/30/2026

Funding Source: General Fund and CDC

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

Year Seven: B-10 and B-1p July 1, 2022 - June 30, 2023

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1o) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1o) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1o) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Total Services Delivered	8,024	54,300

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

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1q) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300

Program Name: HIV Syringe Access and Disposal Services Appendix Term: 7/1/2016 - 6/30/2026

	200		77.7	
Funding	Source:	General	Fund	and CDC

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1q) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1q) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Total Services Delivered	8,024	54,300

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

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1s) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1s) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1s) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Total Services Delivered	8,024	54,300

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

Appendix Term: 7/1/2016 – 6/30/2026 Funding Source: General Fund and CDC

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1u) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1u) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1u) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Total Services Delivered	8,024	54,300

Syringe Access, Disposal Coordination & Bulk Purchasing (B-1v) One UOS = one month of Syringe Access and Disposal Coordination & Bulk	22	22.12
Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

6. Methodology:

- A. Syringe Access and Disposal Services includes the following direct client services:
 - Provision of sterile injection equipment to clients. SAC partners will provide sterile
 injection equipment at mobile van based sites, through street outreach, camp outreach,
 secondary exchange programming, private syringe exchange, fixed site, and multi-service
 drop in center sites.
 - 2. Distribution of syringe disposal supplies, (fitpacks, small bio-bins). Every participant will be offered a disposal container when picking up supplies. SAC staff members will provide encouragement and positive reinforcement to participants who bring in returns. Additionally, disposal sweep community outreach workers will make sharps containers available to people they engage during sweeps and to residents and business owners who would like to join the cause.
 - 3. Collection of disposed injection equipment, including disposal at sites and sweep programs, and in collaboration with the SFDPH Rapid Response Team as needed. SAC staff members and volunteers will sweep mapped routes (see attachments) in documented hot spot areas. SAC staff members will provide training on safe handling to all

Appendix A-1 Appendix Term: 7/1/2016 – 6/30/2026 Funding Source: General Fund and CDC

volunteers and staff assisting with sweeps. SAC staff members will properly close and lock sharps containers.

- 4. Provision of safer sex supplies, health education on subjects such as safer injection practices, appropriate disposal procedures and overdose prevention as well as health promotion,
 - Safer sex supplies will be made available at all SAC sites, and SAC members will engage participants around overdose prevention and provide DOPE Trainings, safer disposal and proper use of sharps containers, and engage with participants about safer injection, vein care, and self-care.
- 5. Referral and linkage to medical care, case management, treatment services and other ancillary services. All SAC staff members will provide referrals (and when feasible) offer warm hand offs to services including medical care, the broad spectrum of substance use treatment services available in San Francisco, food, shelter, mental health counseling, and benefits.
- Linkage to HIV/HCV testing. All SAC members will offer participants linkage to on-site HIV/HCV testing or referrals to HIV/HCV testing.
- B. Syringe Access and Disposal Coordination includes the following non-direct client services:
 - Overall coordination and responsibility for any agencies subcontracted to perform syringe access or disposal services or to reach the target populations. SFAF, the SAC Lead Coordinating agency, will monitor subcontractor performance, supply budget, syringe returns, ensure that work is documented and reported, and in collaboration with SAC membership problem solve, innovate, and deepen our relationships and coordinate our services.
 - 2. Participate in meetings of any subcontractors and SFDPH Rapid Response Clean Team engaged in disposal efforts (including sweeps) to ensure consistency of service delivery and ensure complementary and non-duplicative efforts. SFAF will participate in disposal team meetings and assess and re-assess sweep mapped routes to avoid duplicating services and adjusting service areas to heavy need areas and to respond to community concerns.
 - 3. Provide leadership to and training for any subcontractors. SAC Coordinating agency will arrange for trainings on subjects of interest to subcontractors and invite SAC members to SAS upcoming staff development trainings on boundaries, HCV medical care and linkage, safer injecting/vein care harm reduction counseling, and referral resources.
 - 4. In partnership with DPH, act as a "Good Neighbor"/Community Partner and actively establish and maintain positive relationships with neighbors, police, and other stakeholders in the community. In areas around syringe sites, syringe providers must respond collaboratively to residents, and adhere to all city requirements. When requested, attend community and/or police meetings with DPH to present information about the syringe access and disposal program. SAC Coordinating agency SFAF will be

Appendix A-1 Appendix Term: 7/1/2016 – 6/30/2026 Funding Source: General Fund and CDC

a good neighbor, build community ties, alliances, and respectfully engage with people opposed to harm reduction services in their neighborhoods. SAC staff will make every effort – dependent on staffing schedules and availability – to attend community and/or police meetings with DPH to present information about the syringe access and disposal program.

- C. Bulk Purchasing and Distribution includes the following support services for any subcontractors:
 - Order, purchase, and distribute syringes and safer injection equipment for the lead agency, any subcontracted agencies.
- D. Citywide Syringe Sweeps: A coordinated effort of at least two people whose sole purpose it is to search for, collect, and report on improperly discarded syringes, particularly on the streets and sidewalk within a specific geographic area. Sweeps must be complementary to other disposal efforts provided by the applicant and in collaboration with the SFDPH Rapid Response Clean Team. Requirements include:
 - Development of sweep schedules, focusing on hot spots, i.e., locations where improperly discarded syringes historically have appeared frequently. See attached maps and sweep schedule.
 - Ability to respond to DPH requests to increase sweeps in specific areas as needed. Sweep schedules may be adjusted to meet the needs of the community.
 - 3. Ability to incorporate other new methods of responding to sweep requests in real-time such as cell phone, text, mobile phone application.
 - 4. Providing education to community about safe disposal options. All SAC members will share in development of safe disposal materials and outreach strategies to build community support for harm reduction and syringe access and safer disposal efforts.
- E. Coordination of Community-Based Sweeps Events: SFAF will coordinate neighborhood-wide sweep events that mobilize residents and staff of agencies working in areas where sweeps are necessary to create visibility, a sense of community and common purpose while providing a service.
- F. Data Collection and Reporting: Documentation of services must include logs of distribution of sterile injection equipment and supplies, collection and disposal of discarded syringes including:
 - Reporting of sterile injection equipment distribution by site,
 Syringes in and Syringes out will be collected by all SAC agencies. Data by site will be requested (as opposed to aggregate monthly data).
 - Submission of collected needle data on a quarterly basis, Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected.
 - Reporting of sweep data monthly to DPH, Records of education and outreach efforts to community about safe disposal options.

Appendix A-1 Appendix Term: 7/1/2016 – 6/30/2026 Funding Source: General Fund and CDC

Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected. SAC members will track: # of Syringes collected, # of sharps containers distributed, the disposal sweep route, and provide a narrative after each sweep documenting community relationship building, education and outreach efforts, and contacts for follow up.

4. Distribution of syringe disposal supplies.(fitpacks, small bio-bins, tongs)
SAC lead agency will track syringe disposal container and tong purchases and provide data on supplies ordered by each agency.

7. Objectives and Measurements:

A. Individualized Objectives

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

8. Continuous Quality Improvement (CQI):

- Staff Issues: SFAF's SAS Program Manager, in collaboration with the Director or Behavioral Health Services and the Senior Director of Programs and Services, will review monthly SAC UOS, coordinate client satisfaction survey, ensure that site data and sweep data are recorded and submitted.
- 2. Data Collection Tools will include: syringe access site data log, syringe disposal sweep log, volunteer sign in sheets, condom purchase invoices
- 3. Data:

All SAC members will collect the following data by individual site:

- syringes returned
- syringes distributed
- Number of contacts and apparent demographics
- Syringes swept
- Mapped route of sweeps
- Narrative of community encounters/conversations/items for follow up

Appendix Term: 7/1/2016 – 6/30/2026 Funding Source: General Fund and CDC

In addition, SFAF collects more comprehensive data on participants through an annual anonymous survey. These voluntary surveys assess demographic data, health status (such as HIV status, linkage to care, medication adherence, etc.), risk behaviors, and client satisfaction.

- 4. Frequency: Site data will be collected at every site, entered into an excel spreadsheet, and analyzed on a monthly basis. Sweep data will be collected at every sweep, entered into an excel spreadsheet, and analyzed on a monthly basis.
- 5. Data Reporting: The SAS Program Manager and the Logistics Coordinator will receive and analyze these data, in coordination with the Government Contracts Director. The evaluation data will be used to measure whether sites have adequate staffing levels, if the site is well utilized or needs outreach to make it successfully reach people, to track our disposal rate and use it to motivate staff and participants to increase returns, and to assess whether our level of service meets the needs of the community.

a) Staff assigned to program evaluation.

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

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

- b) How you will review and assess the extent to which your program is meeting its objectives. Monthly review of contract UOS versus performance, reading client satisfaction surveys, conversations with participants about their experiences at our services, surveys.
- c) What you will do if you learn the program is not meeting its objectives. Meet with the Syringe Access Collaborative and strategize, seek counsel from SFDPH, identify problems and adjust services to solve them.
- d) How you will use data/evaluation findings to change the program. Looking at demographic data, attendance patterns, service utilization, and reading client satisfaction surveys can highlight areas that need adjusting to improve the program.

9. Required Language: None required.

Appendix A-1 Appendix Term: 7/1/2016 – 6/30/2026 Funding Source: General Fund and CDC

10. Subcontractors & Consultants:

A. SFAF is responsible for the performance of its subcontractors and consultants this Agreement.

- B. SFAF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFAF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFAF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. SFAF must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.
- D. SFAF acknowledges that it will provide to City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
- E. SFAF will develop and execute subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
- F. Any such subcontract agreements will be kept on file with SFAF, with a copy sent the Department of Public Health's Program Director associated with this engagement.
- G. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether there are listed again here in this Appendix.

Contractor Name: San Francisco AIDS Foundation

Appendix A-2

Program Name: HIV Syringe Access and Disposal Services -

Homeless Youth Alliance

Appendix Term: 7/1/2016 – 6/30/2026 Funding Sources: General Fund

1. Identifiers:

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

Homeless Youth Alliance (No client services will be provided at 607-A Haight Street)

Program Address: 1035 Market Street, Suite 400 City, State, Zip Code: San Francisco, CA 94103 Telephone/FAX: (415) 487-3000/(415) 487-3094

Website Address: www.sfaf.or

Contractor Address: same as above

City, State, Zip Code:

Person completing this Narrative: Richard Hill, Director of Government Contracts

Telephone: (415) 487-8042 Email Address: rhill@sfaf.org

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3. Goal Statement:

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

4. Target Population:

While the SFAF strives to serve all, this program's primary focus is to serve San Francisco residents who are PWIDs, homeless, active drug users, formerly incarcerated, and/or struggling with mental health challenges, ensuring that services reach and meet the specific needs of the following subpopulations: males who have sex with males, youth, females, transgender persons, and males who have sex with females. The Homeless Youth Alliance (HYA) offers services for young adults aged 13-29 living on the street in the Haight and female-identified IDUs in the Mission.

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

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

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

Appendix A-2

Program Name: HIV Syringe Access and Disposal Services -

Homeless Youth Alliance

Appendix Term: 7/1/2016 – 6/30/2026 Funding Sources: General Fund

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

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

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

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

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

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

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

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

Program Name: HIV Syringe Access and Disposal Services -

Homeless Youth Alliance

Appendix Term: 7/1/2016 – 6/30/2026 Funding Sources: General Fund

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

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

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

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

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

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

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

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

Contractor Name: San Francisco AIDS Foundation

Program Name: HIV Syringe Access and Disposal Services -

Homeless Youth Alliance

Appendix A-2 Appendix Term: 7/1/2016 – 6/30/2026 Funding Sources: General Fund

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

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

6. Methodology

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

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

7. Objectives and Measurements:

N/A

8. Continuous Quality Improvement:

Please see Appendix A-1

9. Required Language: None required.

10. Subcontractors & Consultants:

- A. SFAF is responsible for the performance of its subcontractors and consultants this Agreement.
- B. SFAF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFAF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFAF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. SFAF must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to

Contractor Name: San Francisco AIDS Foundation

Program Name: HIV Syringe Access and Disposal Services -

Homeless Youth Alliance

Appendix A-2 Appendix Term: 7/1/2016 – 6/30/2026 Funding Sources: General Fund

the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.

- D. SFAF acknowledges that it will provide to City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
- E. SFAF will develop and execute subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
- F. Any such subcontract agreements will be kept on file with SFAF, with a copy sent the Department of Public Health's Program Director associated with this engagement.
- G. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether there are listed again here in this Appendix.

Appendix A-2 Amendment: 02/01/2020 Contract ID# 1000002634

Contractor: San Francisco AIDS Foundation Program Name: HIV Syringe Access and Disposal Services – Harm Reduction Center

Appendix A-3
Appendix Term: 11/01/2016 – 06/30/2026

Funding Sources: General Fund

1. Identifiers:

Program Name: San Francisco AIDS Foundation: HIV Syringe Access and Disposal Services - 6th Street

Harm Reduction Center

Program Address: 1035 Market Street, Suite 400 City, State, Zip Code: San Francisco, CA 94103 Telephone/FAX: (415) 487-3000/(415) 487-3094

Website Address: www.sfaf.org

Contractor Address: same as above

City, State, Zip Code:

Person completing this Narrative: Richard Hill, Director of Government Contracts

Telephone: (415) 487-8042 Email Address: rhill@sfaf.org

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3. Goal Statement:

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

4. Target Population:

While the SFAF strives to serve all, this program's primary focus is to serve San Francisco residents who are PWIDs, homeless, active drug users, formerly incarcerated, and/or struggling with mental health challenges, ensuring that services reach and meet the specific needs of the following subpopulations: males who have sex with males, youth, females, transgender persons, and males who have sex with females.

Modality(s) / Intervention(s):

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

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

Contractor: San Francisco AIDS Foundation Program Name: HIV Syringe Access and Disposal Services – Harm Reduction Center

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services		
One UOS = one hour of Syringe Access services	1,724	28,628
7/1/17-12/31/17: 30 hrs/wk * 26 wks = 780 UOS		
1/1/18-6/30/18: 36.3 hrs/wk * 26 weeks = 944 UOS		
~16.6 contacts per hour * 1,724 hours = 28,628 NOC		
Lounge Services (six months only)	4 275	7,650
One UOS = one hour of Lounge services		
1/1/18-6/30/18: ~49 hrs/wk * 26 weeks = 1,275 UOS	1,275	
6 contacts per hour * 1,275 hours = 7,650 NOC		
Total Services Delivered	2,999	36,278

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

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

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services		7
One UOS = one hour of Syringe Access services	1,888	31,341
36.3 hrs/wk * 52 wks = 1,888 UOS		
16.6 contacts per hour * 1,888 hours = 31,341 NOC		
Lounge Services		
One UOS = one hour of Lounge services	0.550	8,000
49.03 hrs/wk * 52 weeks = 2,550 UOS		
approx. 3 contacts per hour * 2,550 hours = 8,000 NOC		
Total Services Delivered	4,438	39,341

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services		
One UOS = one hour of Syringe Access services	1,888	31,341
36.3 hrs/wk * 52 wks = 1,888 UOS		
16.6 contacts per hour * 1,888 hours = 31,341 NOC		
Lounge Services		
One UOS = one hour of Lounge services	2.550	9 000
49.03 hrs/wk * 52 weeks = 2,550 UOS	2,550	8,000
approx. 3 contacts per hour * 2,550 hours = 8,000 NOC		
Total Services Delivered	4,438	39,341

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services		
One UOS = one hour of Syringe Access services	1,888	31,341
36.3 hrs/wk * 52 wks = 1,888 UOS		
16.6 contacts per hour * 1,888 hours = 31,341 NOC		
Lounge Services		
One UOS = one hour of Lounge services	2,550	8,000
49.03 hrs/wk * 52 weeks = 2,550 UOS		
approx. 3 contacts per hour * 2,550 hours = 8,000 NOC		
Total Services Delivered	4,438	39,341

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services		
One UOS = one hour of Syringe Access services	1,888	31,341
36.3 hrs/wk * 52 wks = 1,888 UOS		
16.6 contacts per hour * 1,888 hours = 31,341 NOC		
Lounge Services		
One UOS = one hour of Lounge services	0.550	8,000
49.03 hrs/wk * 52 weeks = 2,550 UOS	2,550	
approx. 3 contacts per hour * 2,550 hours = 8,000 NOC	1 1 1 1 1	
Total Services Delivered	4,438	39,341

Appendix A-3 Appendix Term: 11/01/2016 – 06/30/2026 Funding Sources: General Fund

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services		
One UOS = one hour of Syringe Access services	1,888	31,341
36.3 hrs/wk * 52 wks = 1,888 UOS		
16.6 contacts per hour * 1,888 hours = 31,341 NOC		
Lounge Services		
One UOS = one hour of Lounge services	2.550	8,000
49.03 hrs/wk * 52 weeks = 2,550 UOS	2,550	
approx. 3 contacts per hour * 2,550 hours = 8,000 NOC		
Total Services Delivered	4,438	39,341

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services		
One UOS = one hour of Syringe Access services	1,888	31,341
36.3 hrs/wk * 52 wks = 1,888 UOS		
16.6 contacts per hour * 1,888 hours = 31,341 NOC		
Lounge Services		
One UOS = one hour of Lounge services	2.550	0.000
49.03 hrs/wk * 52 weeks = 2,550 UOS	2,550	8,000
approx. 3 contacts per hour * 2,550 hours = 8,000 NOC		
Total Services Delivered	4,438	39,341

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services		
One UOS = one hour of Syringe Access services	1,888	31,341
36.3 hrs/wk * 52 wks = 1,888 UOS		
16.6 contacts per hour * 1,888 hours = 31,341 NOC		
Lounge Services		
One UOS = one hour of Lounge services	2,550	8,000
49.03 hrs/wk * 52 weeks = 2,550 UOS	2,330	
approx. 3 contacts per hour * 2,550 hours = 8,000 NOC		
Total Services Delivered	4,438	39,341

Contractor: San Francisco AIDS Foundation Program Name: HIV Syringe Access and Disposal Services – Harm Reduction Center

Appendix A-3 Appendix Term: 11/01/2016 – 06/30/2026 Funding Sources: General Fund

*The Harm Reduction Center serves an estimated 4,000 clients per month. This number has been pro-rated between Appendices A-1 and A-3 based on the percentage of hours (UOS) allocated to each Appendix.

6. Methodology:

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

Services available at the Harm Reduction Center include a new lounge area which provides space for clients to drop in and hang out, with opportunities to access a range of low-threshold engagement activities; engagement in and linkage to HIV and HCV testing and care; peer-based activities and education on topics such as overdose prevention, vein care, harm reduction counseling; crisis intervention; syringe access services, including access to syringes and supplies as well as disposal for used syringes; food; a breakfast club adherence program; and secure lockers for clients to store HIV and HCV medications.

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

7. Objectives and Measurements:

A. Individualized Objectives

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

8. Continuous Quality Improvement (CQI):

See Appendix A-1.

9. Required Language:

None required.

Appendix A-3 Amendment: 02/01/2020 5 of 6

Contract ID# 1000002634

Contractor: San Francisco AIDS Foundation Program Name: HIV Syringe Access and Disposal Services – Harm Reduction Center

Appendix A-3
Appendix Term: 11/01/2016 – 06/30/2026
Funding Sources: General Fund

10. Subcontractors & Consultants:

- A. SFAF is responsible for the performance of its subcontractors and consultants this Agreement.
- B. SFAF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFAF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFAF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. SFAF must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.
- D. SFAF acknowledges that it will provide to City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
- E. SFAF will develop and execute subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
- F. Any such subcontract agreements will be kept on file with SFAF, with a copy sent the Department of Public Health's Program Director associated with this engagement.
- G. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether there are listed again here in this Appendix.

Contractor Name: San Francisco AIDS Foundation	Appendix A-4
Program Name: HIV Syringe Access and Disposal Services – Syringe Sweeps Program	Appendix Term: 07/1/2019 - 6/30/2026
	Funding Source: GF

1. Identifiers:

San Francisco AIDS Foundation – HIV Syringe Access and Disposal Services – Syringe Sweeps Program

1035 Market Street, Suite 400, San Francisco, CA 94103

(415) 487-3000/fax (415) 487-3094

Website Address: www.sfaf.org

Person completing this Narrative: Richard Hill, Director of Government Contracts

Telephone: (415) 487-8042 Email Address: rhill@sfaf.org

Original	\boxtimes	Contract Amendment	RPI
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3. Goal Statement:

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

4. Target Population:

N/A - no direct services are provided to individuals on this contract.

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

Year One: July 1, 2019 - June 30, 2020 (General Fund) (B-4)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Hours One UOS = one hour of Syringe Disposal Services 364 hours of syringe disposal services/month * 12 months = 4,368 UOS.	4,368
Total Services Delivered	4,368

Year Two: July 1, 2020 - June 30, 2021 (General Fund) (B-4a)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Hours One UOS = one hour of Syringe Disposal Services 364 hours of syringe disposal services/month * 12 months = 4,368 UOS.	4,368
Total Services Delivered	4,368

Contractor Name: San Francisco AIDS Foundation	Appendix A-4
Program Name: HIV Syringe Access and Disposal Services – Syringe Sweeps Program	Appendix Term: 07/1/2019 – 6/30/2026
	Funding Source: GF

Year Three: July 1, 2021 - June 30, 2022 (General Fund) (B-4b)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Hours One UOS = one hour of Syringe Disposal Services 364 hours of syringe disposal services/month * 12 months = 4,368 UOS.	4,368
Total Services Delivered	4,368

Year Four: July 1, 2022 - June 30, 2023 (General Fund) (B-4c)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Hours One UOS = one hour of Syringe Disposal Services 364 hours of syringe disposal services/month * 12 months = 4,368 UOS.	4,368
Total Services Delivered	4,368

Year Five: July 1, 2023 - June 30, 2024 (General Fund) (B-4d)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Hours One UOS = one hour of Syringe Disposal Services 364 hours of syringe disposal services/month * 12 months = 4,368 UOS.	4,368
Total Services Delivered	4,368

Year Six: July 1, 2024 - June 30, 2025 (General Fund) (B-4e)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Hours One UOS = one hour of Syringe Disposal Services 364 hours of syringe disposal services/month * 12 months = 4,368 UOS.	4,368
Total Services Delivered	4,368

Contractor Name: San Francisco AIDS Foundation	Appendix A-4
Program Name: HIV Syringe Access and Disposal Services – Syringe Sweeps Program	Appendix Term: 07/1/2019 – 6/30/2026
	Funding Source: GF

Year Seven: July 1, 2025 - June 30, 2026 (General Fund) (B-4f)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Hours One UOS = one hour of Syringe Disposal Services 364 hours of syringe disposal services/month * 12 months = 4,368 UOS.	4,368
Total Services Delivered	4,368

6. Methodology:

- A. Citywide Syringe Clean-up: A coordinated effort of staff members whose sole purpose it is to search for, collect, and report on improperly discarded syringes, particularly on the streets and sidewalk within a specific geographic area. Clean-up activities must be complementary to other disposal efforts provided by the applicant and in collaboration with the SFDPH Rapid Response Clean Team. Requirements include:
 - Development of clean-up schedules, focusing on hot spots, i.e., locations where improperly discarded syringes historically have appeared frequently.
 - Ability to respond to DPH requests to increase clean-ups in specific areas as needed. Clean-up schedules may be adjusted to meet the needs of the community.
 - 3. Ability to incorporate other new methods of responding to clean-up requests in real-time such as cell phone, text, mobile phone application.
 - 4. Providing education to community about safe disposal options. All Clean-up Team members will share in development of safe disposal materials and outreach strategies to build community support for harm reduction and syringe access and safer disposal efforts.
- B. Data Collection and Reporting: Syringe Clean-up Data is collected monthly including the route cleaned and the number of needles collected. Clean-up Team members track: # of Syringes collected, # of sharps containers distributed, and the disposal clean-up route.
- C. Syringe Disposal Evaluation Activities: With our external contractors, SFAF has built an app for the purpose of tracking our disposal efforts through our Syringe Clean-up program. The app enables Clean-up staff to enter the number of syringes collected and disposed of during their shifts. As the app has geo-location features, we are able to report to SFDPH the total number of syringes collected as well as coverage areas and hot spots for given time periods. We are also created opportunities for expansion to our SAC partners, DPH partners, and volunteers as the app is used. Phase two development will

Appendix A-4
Appendix Term: 07/1/2019 – 6/30/2026
Funding Source: GF

focus on a feature to enable individuals from the community to let our teams know about syringes they have identified and Clean-up staff will be dispatched in a timely manner to complete sweeps of the identified areas.

7. Objectives and Measurements:

By the end of each program year, the Syringe Clean-up Team will collect at least 120,000 syringes annually as documented by disposal clean-up logs.

8. Continuous Quality Improvement (CQI):

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

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

9. Required Language: None required.

Contractor Name: San Francisco AIDS Foundation	Appendix A-5
Program Name: HIV Syringe Access and Disposal Services – Syringe Sweeps – War Memorial	Appendix Term: 07/1/2019 – 6/30/2026
	Funding Source: Work Order

1. Identifiers:

San Francisco AIDS Foundation – HIV Syringe Access and Disposal Services – Syringe Sweeps War Memorial

1035 Market Street, Suite 400, San Francisco, CA 94103

(415) 487-3000/fax (415) 487-3094

Website Address: www.sfaf.org

Person completing this Narrative: Richard Hill, Director of Government Contracts

Telephone: (415) 487-8042 Email Address: rhill@sfaf.org

Z .	Nature	of D	ocument:

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☐ Original	⊠ Cor	ntract Amendment	RPB

3. Goal Statement:

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

4. Target Population:

N/A – no direct services are provided to individuals on this contract.

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

Year One: July 1, 2019 - June 30, 2020 (B-5)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Weeks One UOS = one week of Syringe Disposal Services 52 weeks/year = 52 UOS.	52
Total Services Delivered	52

Year Two: July 1, 2020 - June 30, 2021 (B-5a)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Weeks One UOS = one week of Syringe Disposal Services 52 weeks/year = 52 UOS.	52
Total Services Delivered	52

Contractor Name: San Francisco AIDS Foundation	Appendix A-5
Program Name: HIV Syringe Access and Disposal Services – Syringe Sweeps – War Memorial	Appendix Term: 07/1/2019 – 6/30/2026
	Funding Source: Work Order

Year Three: July 1, 2021 - June 30, 2022 (B-5b)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Weeks One UOS = one week of Syringe Disposal Services 52 weeks/year = 52 UOS.	52
Total Services Delivered	52

Year Four: July 1, 2022 - June 30, 2023 (B-5c)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Weeks One UOS = one week of Syringe Disposal Services 52 weeks/year = 52 UOS.	52
Total Services Delivered	52

Year Five: July 1, 2023 - June 30, 2024 (B-5d)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Weeks One UOS = one week of Syringe Disposal Services 52 weeks/year = 52 UOS.	52
Total Services Delivered	52

Year Six: July 1, 2024 - June 30, 2025 (B-5e)

Units of Service (UOS) Description	Units of Service (UOS)
Syringe Disposal Service Weeks One UOS = one week of Syringe Disposal Services 52 weeks/year = 52 UOS.	52
Total Services Delivered	52

Contractor Name: San Francisco AIDS Foundation	Appendix A-5
Program Name: HIV Syringe Access and Disposal Services – Syringe Sweeps – War Memorial	Appendix Term: 07/1/2019 - 6/30/2026
	Funding Source: Work Order

Year Seven: July 1, 2025 - June 30, 2026 (B-5f)

Units of Service (UOS) Description Syringe Disposal Service Weeks One UOS = one week of Syringe Disposal Services 52 weeks/year = 52 UOS.	Units of Service (UOS)

6. Methodology:

This appendix funds syringe clean-up activities at the San Francisco War Memorial Veterans Building. For complete description of syringe clean-up activities, see Appendix A-4.

7. Objectives and Measurements:

See Appendix A-4.

8. Continuous Quality Improvement (CQI):

See Appendix A-4.

9. Required Language: None required.

Appendix B Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

Appendix B	Budget Summary
Appendix B-1, B-1a, B-1b, B-1c, B-1d, B-1e, B-1f, B-1g, B-1h, B-1i, B-1j, B-1k, B-1l, B-1m B-1n, B-1o, B-1p, B-1q, B-1r, B-1s, B-1t, B-1u, B-1v	HIV Syringe Access and Disposal Services
Appendix B-2, B-2a, B-2b, B-2c. B-2d. B-2e, B-2f, B-2g, B-2h, B-2i	HIV Syringe Access and Disposal Services – Homeless Youth Alliance
Appendix B-3, B-3a, B-3b, B-3c, B-3d, B-3e B-3f, B-3g, B-3h, B-3i	HIV Syringe Access and Disposal Services – Harm Reduction Center
Appendix B-4, B-4a, B-4b, B-4c, B-4d, B-4e, B-4f	HIV Syringe Access and Disposal – Syringe Sweeps Program
Appendix B-5, B-5a, B-5b, B-5c, B-5d, B-5e, B-5f	HIV Syringe Access and Disposal – Syringe Sweeps War Memorial

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, \$3,105,621 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

	Term	Funding Source	Amount
Original Agreement	07/01/16 - 06/30/17	General Fund	\$2,216,799
Original Agreement	07/01/16 - 12/31/16	CDC	\$5,000
Original Agreement	07/01/17 - 06/30/18	General Fund	\$2,216,799
Original Agreement	07/01/17 - 12/31/17	CDC	\$5,000
Internal Contract Revision #1	11/01/16 - 06/30/17	General Fund	\$344,000
Amendment #1	07/01/17 - 12/31/17	CDC	-\$5,000
Amendment #1	01/01/17 - 12/31/17	CDC	\$5,000
Amendment #1	07/01/17 - 06/30/18	General Fund	\$939,420
Amendment #1	01/01/18 - 12/31/18	CDC	\$5,000
Amendment #1	07/01/18 - 06/30/19	General Fund	\$3,328,145
Internal Contract Revision #2	07/01/17 - 06/30/18	General Fund	\$0
Internal Contract Revision #2	07/01/18 - 06/30/19	General Fund	\$0
Amendment #2	01/01/17 - 12/31/17	CDC – Unspent Funds	-\$3,036
Amendment #2	01/01/18 - 12/31/18	CDC – Unspent Funds	-\$5,000
Amendment #2	07/01/19 - 06/30/20	General Fund	\$2,006,497
Amendment #2	07/01/19 - 06/30/20	General Fund	\$211,838
Amendment #2	07/01/19 - 06/30/20	General Fund	\$168,914
Amendment #2	07/01/19 - 06/30/20	General Fund	\$1,000,000
Amendment #2	07/01/20 - 06/30/21	General Fund	\$2,006,497
Amendment #2	07/01/20 - 06/30/21	General Fund	\$211,838
Amendment #2	07/01/20 - 06/30/21	General Fund	\$168,914
Amendment #2	07/01/20 - 06/30/21	General Fund	\$1,000,000
Amendment #2	07/01/21 - 06/30/22	General Fund	\$2,006,497
Amendment #2	07/01/21 - 06/30/22	General Fund	\$211,838
Amendment #2	07/01/21 - 06/30/22	General Fund	\$168,914
Amendment #2	07/01/21 - 06/30/22	General Fund	\$1,000,000
Amendment #2	07/01/22 - 06/30/23	General Fund	\$2,006,497
Amendment #2	07/01/22 - 06/30/23	General Fund	\$211,838
Amendment #2	07/01/22 - 06/30/23	General Fund	\$168,914
Amendment #2	07/01/22 - 06/30/23	General Fund	\$1,000,000
Amendment #2	07/01/23 - 06/30/24	General Fund	\$2,006,497
Amendment #2	07/01/23 - 06/30/24	General Fund	\$211,838
Amendment #2	07/01/23 - 06/30/24	General Fund	\$168,914
Amendment #2	07/01/23 - 06/30/24	General Fund	\$1,000,000
Amendment #2	07/01/24 - 06/30/25	General Fund	\$2,006,497
Amendment #2	07/01/24 - 06/30/25	General Fund	\$211,838

Amendment #2	07/01/24 - 06/30/25	General Fund	\$168,914
Amendment #2	07/01/24 - 06/30/25	General Fund	\$1,000,000
Amendment #2	07/01/25 - 06/30/26	General Fund	\$2,006,497
Amendment #2	07/01/25 - 06/30/26	General Fund	\$211,838
Amendment #2	07/01/25 - 06/30/26	General Fund	\$168,914
Amendment #2	07/01/25 - 06/30/26	General Fund	\$1,000,000
Revision to Program Budgets #3	07/01/19 - 06/30/20	General Fund	\$750,000
Revision to Program Budgets #3	07/01/20 - 06/30/21	General Fund	\$750,000
Revision to Program Budgets #4	07/01/2019 - 06/30/2020	General Fund	\$9,783
Revision to Program Budgets #4	07/01/2019 - 06/30/2020	General Fund	\$1,034
Revision to Program Budgets #4	07/01/2019 - 06/30/2020	General Fund	\$824
Revision to Program Budgets #4	07/01/2019 - 06/30/2020	General Fund	\$30,000
Revision to Program Budgets #4	07/01/2019 - 06/30/2020	General Fund	\$22,500
Revision to Program Budgets #4	07/01/2019 - 06/30/2020	Work Order	\$6,937
Amendment #3	07/01/2018 - 06/30/2019	General Fund - Unspent	-\$111,396
Amendment #3	07/01/2018 - 06/30/2019	General Fund - Unspent	-\$19,386
Amendment #3	07/01/2020 - 06/30/2021	General Fund	\$60,190
Amendment #3	07/01/2020 - 06/30/2021	General Fund	\$6,356
Amendment #3	07/01/2020 - 06/30/2021	General Fund	\$5,068
Amendment #3	07/01/2020 - 06/30/2021	General Fund	\$55,750
Amendment #3	07/01/2020 - 06/30/2021	General Fund	\$41,813
Amendment #3	07/01/2020 - 06/30/2021	Work Order	\$6,937
Amendment #3	07/01/2021 - 06/30/2022	General Fund	\$60,190
Amendment #3	07/01/2021 - 06/30/2022	General Fund	\$6,356
Amendment #3	07/01/2021 - 06/30/2022	General Fund	\$5,068
Amendment #3	07/01/2021 - 06/30/2022	General Fund	\$55,750
Amendment #3	07/01/2021 - 06/30/2022	General Fund	\$791,813
Amendment #3	07/01/2021 - 06/30/2022	Work Order	\$6,937
Amendment #3	07/01/2022 - 06/30/2023	General Fund	\$60,190
Amendment #3	07/01/2022 - 06/30/2023	General Fund	\$6,356
Amendment #3	07/01/2022 - 06/30/2023	General Fund	\$5,068
Amendment #3	07/01/2022 - 06/30/2023	General Fund	\$55,750
Amendment #3	07/01/2022 - 06/30/2023	General Fund	\$791,813
Amendment #3	07/01/2022 - 06/30/2023	Work Order	\$6,937
Amendment #3	07/01/2023 - 06/30/2024	General Fund	\$60,190
Amendment #3	07/01/2023 - 06/30/2024	General Fund	\$6,356
Amendment #3	07/01/2023 - 06/30/2024	General Fund	\$5,068
Amendment #3	07/01/2023 - 06/30/2024	General Fund	\$55,750
Amendment #3	07/01/2023 - 06/30/2024	General Fund	\$791,813

Amendment #3	07/01/2023 - 06/30/2024	Work Order	\$6,937
Amendment #3	07/01/2024 - 06/30/2025	General Fund	\$60,190
Amendment #3	07/01/2024 - 06/30/2025	General Fund	\$6,356
Amendment #3	07/01/2024 - 06/30/2025	General Fund	\$5,068
Amendment #3	07/01/2024 - 06/30/2025	General Fund	\$55,750
Amendment #3	07/01/2024 - 06/30/2025	General Fund	\$791,813
Amendment #3	07/01/2024 - 06/30/2025	Work Order	\$6,937
Amendment #3	07/01/2025 - 06/30/2026	General Fund	\$60,190
Amendment #3	07/01/2025 - 06/30/2026	General Fund	\$6,356
Amendment #3	07/01/2025 - 06/30/2026	General Fund	\$5,068
Amendment #3	07/01/2025 - 06/30/2026	General Fund	\$55,750
Amendment #3	07/01/2025 - 06/30/2026	General Fund	\$791,813
Amendment #3	07/01/2025 - 06/30/2026	Work Order	\$6,937
		Total Award	\$39,009850
	Contingency (FY	20/21 thru FY25/26)	\$3,105,621
	(This equals	the total NTE) Total	\$42,115,471
			The first country of the first of the

- C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.
- D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.
- 3. No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

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

	1000002634		lic Health Co			,	Appendix#	В	Page#	5
DPH Section	HPS						0.000			
Check one: [] Original [X] AMD [] RPB				Con	tract Term (7/	1/16-6/30/26)		Fiscal Year(s)	16-26
Agency/Organization Name							7 9 17 1	Funding No	tification Date	1/29/2020
Contractor Name (may be same as above)	San Francisc	o AIDS Found	lation							FN#9
Program/Provider Name				HIV Syringe	Access & Disp	osal Services				TOTALS -
Appendix Number	A-1/B-1	A-1/B-1a	A-1/B-1b	A-2/B-2	A-3/B-3	A-1/B-1c	A-1/B-1d	A-1/B-1e	A-2/B-2a	Page 5
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-6.30.17	11.1.16-6.30.17	7.1.17-6.30-18	7.1.17-6.30-18	1.1.17-12.30-17	7.1.17-6.30-18	1
EXPENSES										
Salaries			\$ -	\$ -	\$ 174,282			\$ -	\$ -	\$ 909,820
Employee Benefits			\$ -	\$ -	\$ 43,569	\$ 116,125	\$ -	\$ -	\$ -	\$ 227,454
Total Personnel Expenses			\$ -	\$ -	\$ 217,851	\$ 580,625		\$ -	\$ -	\$ 1,137,274
Operating Expense				\$ 142,595		\$ 1,155,569	\$ 183,301	\$ 4,545		\$ 3,265,470
Subtotal Direct Costs	\$ 1,693,847	\$ 178,830	\$ 4,545	\$ 142,595	\$ 312,727	\$ 1,736,194	\$ 183,301	\$ 4,545	\$ 146,160	\$ 4,402,744
Indirect Cost Amount	\$ 169,385	\$ 17,883		\$ 14,259	\$ 31,273	\$ 173,619	\$ 18,330	\$ 455	\$ 14,615	\$ 440,274
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Total Expenses	\$ 1,863,232	\$ 196,713	\$ 5,000	\$ 156,854	\$ 344,000	\$ 1,909,813	\$ 201,631	\$ 5,000	\$ 160,775	\$ 4,843,018
REVENUES & FUNDING SOURCES	FR 100 100 100 100 100 100 100 100 100 10		20.00							1300
DPH Funding Sources (select from drop-down list)										
HPS COUNTY HPS GF	1,863,232					1,909,813				3,773,045
HPS COUNTY GF Children's Fund		196,713					201,631			398,344
HPS FED CDC - PD90, CFDA #93.940			5,000			1		5,000		10,000
HPS COUNTY HPS GF			7.7	156,854					160,775	317,629
HHS COUNTY GF				1- 5-1-6	344,000					344,000
Unspent Funds								(3,036)		(3,036
Total DPH Revenues	1,863,232	196,713	5,000	156,854	344,000	1,909,813	201,631	1,964	160,775	4,839,982
Total Revenues (DPH and Non-DPH)	1,863,232	196,713	5,000	156,854	344,000	1,909,813	201,631	1,964	160,775	4,839,982
Payment Method		Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursemen (CR)	Cost Reimbursemen (CR)	Cost Reimbursement (CR)	Cost Reimbursemen (CR)	Cost Reimbursemen (CR)	Cost Reimbursement (CR)	
	Larry Zapatk			Phone #		415-487-3055	1.00	-		

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

CID#	1000002634					Appendix #	B Page #	6
DPH Section								
Check one: [] Original [X] AMD	[] RPB				Contract Term (Fiscal Year(s	
Agency/Organization Name						Fu	nding Notification Date	1/29/2020
Contractor Name (may be same as above)	San Francisco	AIDS Foundation	no					FN#9
Program/Provider Name			Syringe Access	& Disposal Ser	vices		TOTALS -	TOTALS -
Appendix Number	A-3/B-3a	A-1/B-1f	A-1/B-1g	A-1/B-1h	A-2/B-2b	A-3/B-3b	Page 6	Pages 5 & 6
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1.17-6.30.18	7.1.18-6.30.19	7.1.18-6.30.19	1.1.18 - 12.31.18	7.1.18-6.30.19	7.1.18-6.30.19	III 1	
EXPENSES			15000				Hard Street Land	S. S. Carre
Salaries	\$ 588,550	\$ 488,174	\$ -	\$ -	\$ -	\$ 671,050	\$ 1,747,774	\$ 2,657,594
Employee Benefits		\$ 122,044	\$ -	\$ -	\$ -	\$ 167,763	\$ 436,945	\$ 664,399
Total Personnel Expenses	\$ 735,688	\$ 610,218	\$ -	\$ -	\$ -	\$ 838,813	\$ 2,184,719	\$ 3,321,993
Operating Expense	\$ 67,948	\$ 1,168,581	\$ 187,884	\$ 4,545	\$ 149,814	\$ 70,278	\$ 1,649,050	\$ 4,914,520
Subtotal Direct Costs	\$ 803,636	\$ 1,778,799	\$ 187,884	\$ 4,545	\$ 149,814	\$ 909,091	\$ 3,833,769	\$ 8,236,513
Indirect Cost Amount	\$ 80,364	\$ 177,880	\$ 18,788	\$ 455	\$ 14,980	\$ 90,909	\$ 383,376	\$ 823,650
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		
Total Expenses	\$ 884,000	\$ 1,956,679	\$ 206,672	\$ 5,000	\$ 164,794	\$ 1,000,000	\$ 4,217,145	\$ 9,060,163
REVENUES & FUNDING SOURCES								
DPH Funding Sources (select from drop-down list)								
HPS COUNTY HPS GF		1,956,679	1		100000		1,956,679	5,729,724
HPS COUNTY GF Children's Fund		E ZEVE	206,672				206,672	605,016
HPS FED CDC - PD90, CFDA #93.940	1-1			5,000			5,000	15,000
HPS COUNTY HPS GF					164,794		164,794	482,423
HHS COUNTY GF	884,000					1,000,000	1,884,000	2,228,000
Unspent Funds		(19,386)		(5,000)		(111,396)	(135,782	(138,818)
Total DPH Revenues	884,000	1,937,293	206,672		164,794	888,604	- 4,081,363	8,921,345
Total Revenues (DPH and Non-DPH)	884,000	1,937,293	206,672	0	164,794	888,604	- 4,081,363	8,921,345
Payment Method	Cost. Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
Prepared By	Larry Zapatka			Phone #		415-487-3055		

DPH 1: Department of Public Health Contract Burget Summary by Program

			DPH 1: De	partment of F	ublic Health	Contract Buc	iget Summary	by Program						
CID#	1000002634								Appendix #	В			Page #	7
DPH Section	HPS													
	RPB				-		Cor	ntract Term (7/	1/16-6/30/26)				Fiscal Year(s)	16-26
Agency/Organization Name	San Francisco	AIDS Founds	ation									Funding No	tification Date	1/29/2020
Contractor Name (may be same as above)	San Francisco	AIDS Founds	ation											FN#
Program/Provider Name				HIVS	yringe Access	& Disposal S	ervices			1000	7		TOTALS -	TOTALS -
Appendix Number	A-1/B-1i	A-1/B-1j	A-2/B-2c	A-3/B-3c	A-4/B-4	A-5/B-5	A-1/B-1k	A-1/8-11	A-2/B-2d	A-3/B-3d	ALES	A-5/B-5a	Page 7	Pages 5-7
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1.19-5.30.20	7.1.19-6,30.20	7,1,19-8,30,20	7,1,19-6,30,20	7.1.19-6.30.20	7.1.19-6,30,20	7.1.20-6.30.21	7.1.20-8.30.21	7.1.20-6.30.21	7.1.20-0.30.21	7.1.20-6.30.21	7.1.20-8.30.21		-
EXPENSES					A STATE OF						CONTRACTOR IN	1	Della College	A The sales and
Salanes	\$ 496,916	\$ -	\$ -	\$ 680,792	\$ 470,605	\$ 5,878	\$ 521,453	\$ -	\$ -	\$ 699,520	\$ 483,524	\$ 5,878	\$ 3,364,566	\$ 6,022,160
Employee Benefits	\$ 124,229	S -	\$ -	\$ 170,198	\$ 141,182	\$ -	\$ 130,363	5 -	\$ -	\$ 174,880	\$ 145,057	\$ -	\$ 885,909	\$ 1,550,308
Total Personnel Expenses	\$ 621,145		\$ -	\$ 850,990	\$ 611,787	\$ 5,878	\$ 651,816	\$ -	\$ -	\$ 874,400	\$ 628,581	\$ 5,878	\$ 4,250,475	\$ 7,572.468
Operating Expense				\$ 85,374	\$ 59,952		\$1,226,990	\$ 198,358	\$ 158,166	\$ 85,373	\$ 59,952	\$ 154	\$ 3,434,138	\$ 8,348,658
Subtotal Direct Costs	\$ 1,832,982	\$ 193,520	\$ 154,308	\$ 936,364	\$ 671,739	\$ 6,032	\$1,878,806	\$ 198,358	\$ 158,166	\$ 959,773	\$ 688,533	\$ 6,032	\$ 7,684,613	\$ 15,921,126
Indirect Cost Amount	\$ 183,298	\$ 19,352	\$ 15,430	\$ 93,636	\$ 100,761	\$ 905	\$ 187,881	\$ 19,836	\$ 15,816	\$ 95,977	\$ 103,280	\$ 905	\$ 837,077	\$ 1,660,727
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	15.0%	15.0%	10.0%	10.0%	10.0%	10.0%	15.0%	15.0%		
Total Expenses	\$ 2,016,280	\$ 212,872	\$ 169,738	\$1,030,000	\$ 772,500	\$ 6,937	\$ 2,066,687	\$ 218,194	\$ 173,982	\$1,055,750	\$ 791,813	\$ 6,937	\$ 8,521,690	\$ 17,581,853
REVENUES & FUNDING SOURCES	-							200						
DPH Funding Sources (select from drop-down list)														
HPS COUNTY HPS GF	2,016,280						2,066,687						4,082,967	9,812,691
HPS COUNTY GF Children's Fund		212,872						218,194					431,066	1,036,082
HPS FED CDC - PD90, CFDA #93.940														15,000
HPS COUNTY HPS GF			169,738						173,982				343,720	826,143
HHS COUNTY GF				1,030,000	772,500					1,055,750	791,813		3,650,063	5,878,063
HHS COUNTY GF												1000		(138,818
Work Order			- Jac 5			6,937			of the same		Company of the	6,937	13,874	13,874
Total DPH Revenues	2,016,280	212,872	169,738	1,030,000	772,500	6,937	2,066,687	218,194	173,982	1,055,750	791,813	6,937	8,521,690	17,443,035
Total Revenues (DPH and Non-DPH)	2,016,280	212,872	169,738	1,030,000	772,500	6,937	2,066,687	218,194	173,982	1,055,750	791,813	6,937	8,521,690	17,443,035
Payment Method	Cost Reimbursement (CR)	1-7												
Prepared By	Larry Zapatka			Phone #				415-487-3055						

CID#	1000002634								Appendix #	В			Page #	8
DPH Section	HPS													
Check one: Original X AMD	1 I RPB						Cor	ntract Term (7/	1/16-6/30/26)				Fiscal Year(s)	16-26
Agency/Organization Name	San Francisco	AIDS Founda	ation									Funding No	otification Date	1/29/2020
Contractor Name (may be same as above)	San Francisco	AIDS Founda	ation											FN#
Program/Provider Name		1 10 - 11 1 1 1 1 1		HIV:	winge Acces	& Disposal S	ervices		7 7 7 7 7				TOTALS -	TOTALS -
Appendix Number	A-1/B-1m	A-1/B-1n	A-2/B-2e	A-3/B-3e	E-A B-AD	A-5/B-5h	A-1/8-10	A-1/B-1p	A-2/B-2f	A-3/B-3f	AN PINC	A-5/B-5c	Page 8	Pages 5 - 8
Appendix Term (mm/dd/vy-mm/dd/yy)	7.1.21-8.30.22	7.1.21-6.30.22	7.1.21-0.30.22	7.1.21-8.30.22	7.1.21-8.30.22	7,1,21-8,30,22	7.1.22-6.30.23	7.1.22-6.30.23	7.1.22-8.30.23	7.1.22-6,30,23	7.1.22-8.30.23	7.1.22-6.30.23		
EXPENSES			Charles and			1	1,000,004		100000000000000000000000000000000000000		Control of the	The second	100000000000000000000000000000000000000	14.70000
Salaries	\$ 521,453	\$.	5 .	\$ 699,520	\$ 483,524	\$ 5,878	\$ 521,453	5 .	\$ -	\$ 699,520	\$ 483,524	\$ 5,878	\$ 3,420,750	\$ 9,442,910
Employee Benefits	\$ 130,363	\$ -	\$ -	\$ 174,880	\$ 145,057	5 -	\$ 130,363	\$ -	\$ -	\$ 174,880	\$ 145,057	5 -	\$ 900,600	\$ 2,450,908
Total Personnel Expenses	\$ 651,816	5 -	\$ -	\$ 874,400	\$ 628,581	\$ 5,878	\$ 651,816	\$ -	\$ -	\$ 874,400	\$ 628,581	\$ 5,878	\$ 4,321,350	\$ 11,893,818
Operating Expense	\$ 1,226,990	\$ 198,358	\$ 158,166	\$ 85,373	\$ 59,952	\$ 154	\$ 1,226,990	5 198,358	\$ 158,166	\$ 85,373	\$ 59,952	\$ 154	\$ 3,457,986	\$ 11,806,644
Subtotal Direct Costs	\$ 1,878,806	\$ 198,358	\$ 158,166	\$ 959,773	\$ 688,533	\$ 6,032	\$ 1,878,806	\$ 198,358	\$ 158,166	\$ 959,773	\$ 688,533	\$ 6,032	\$ 7,779,336	\$ 23,700,462
Indirect Cost Amount	\$ 187,881	\$ 19,836	\$ 15,816	\$ 95,977	\$ 103,280	\$ 905	\$ 187,881	\$ 19,836	\$ 15,816	\$ 95,977	\$ 103,280	\$ 905	\$ 847,390	5 2,508,117
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	15.0%	15.0%	10.0%	10.0%	10.0%	10.0%	15.0%	15.0%		
Total Expenses	\$ 2,066,687	\$ 218,194	\$ 173,982	\$1,055,750	\$ 791,813	\$ 6,937	\$ 2,066,687	\$ 218,194	\$ 173,982	\$ 1,055,750	\$ 791,813	\$ 6,937	\$ 8,626,726	\$ 26,208,579
REVENUES & FUNDING SOURCES			1000								A			200
DPH Funding Sources (select from drop-down list)							Sand Value							
HPS COUNTY HPS GF	2,066,687						2,066,687						4,133,374	13,946,06
HPS COUNTY GF Children's Fund		218,194						218,194					436,388	1,472,470
HPS FED CDC - PD90, CFDA #93.940		1												15,000
HPS COUNTY HPS GF			173,982		To Consult				173,982	La Taraca			347,964	1,174,10
HHS COUNTY GF			-	1,055,750	791,813					1,055,750	791,813		3,695.126	9,573,189
Unspent Funds														138,81
Work Order					Miles Indiana	6,937	II Decree					6,937	13,874	27,74
Total DPH Revenues	2,066,687	218,194	173,982	1,055,750	791,813	6,937	2,066,687	218,194	173,982	1,055,750	791,813	6,937	8,626,726	26,069,76
Total Revenues (DPH and Non-DPH)	2,066,687	218,194	173,982	1,055,750	791,813	6,937	2,066,687	218,194	173,982	1,055,750	791,813	6,937	8,626,726	26,069,76
Payment Method	Cost Reimbursement (CR)	Cost: Rembursement (CR)	Cost Reimbursament (CR)	Cost Raimbursement (CR)	Cost Rembursement (CR)	Cost Reinbursement (CR)	Cost Reimbursement (CR)	Cost Reinbursement (CR)	Cost Reimbursament (CR)	Cost Reimbursement (CR)	Cost Reimbarsement (CR)	Cost Reimbursement (CR)		
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Larry Zanatka	1 1	(CR)	Phone #	1 1	(CR)	(CR)	(CR) 415-487-3055	(CR)	(CR)	(CR)	(CR)		

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

CID#	1000002634						get Summary		Appendix #	В			Page #	9
DPH Section	HPS													
Check one: Original X AMD	RPB						Cor	ntract Term (7/	1/16-6/30/26				Fiscal Year(s)	16-26
Agency/Organization Name	San Francisco	AIDS Founds	etion									Funding No	tification Date	1/29/2020
Contractor Name (may be same as above)	San Francisco	AIDS Founda	ation											FN#
Program/Provider Name				HIVS	yringe Access	& Disposal S	ervices			7.00			TOTALS -	TOTALS -
Appendix Number	A-1/B-1q	A-1/B-1r	A-2/B-2g	A-3/B-3g	A-VB-4d	A-5/B-5d	A-1/B-1s	A-1/B-1t	A-2/B-2h	A-3/B-3h	ALBERT	A-5/B-5e	Page 9	Pages 5 - 9
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1.23-6.30.24	7.1.23-6,30.24	7.1.23-6.30.24	7.1.23-6.30.24	7.1.23-6.30.24	7.1.23-6.30.24	7.1.24-6.30.25	7.1.24-6.30.25	7.1.24-6.30.25	7.1.24-6.30.25	7.1.23-8.30.24	7.1.23-6.30.24		
EXPENSES		1000000		LOCAL PROPERTY.			100000	100000		Charles and			II was a second	The Revent of
Salaries	\$ 521,453	5 -	5 -	\$ 699,520	\$ 483,524	\$ 5,878	\$ 521,453	5 -	\$.	\$ 699,520	\$ 483,524	\$ 5,878	\$ 3,420,750	\$ 12,863,660
Employee Benefits	\$ 130,363	\$ -	\$ -	\$ 174,880	\$ 145,057	\$ -	\$ 130,363	5 -	\$.	\$ 174,880	\$ 145,057	5 -	\$ 900,600	\$ 3,351,508
Total Personnel Expenses	\$ 651,816	\$ -	\$ -	\$ 874,400	\$ 628,581	\$ 5,878	\$ 651,816	\$ -	\$.	\$ 874,400	\$ 628,581	\$ 5,878	\$ 4,321,350	\$ 16,215,168
Operating Expense	\$ 1,226,990	\$ 198,358	\$ 158,166	\$ 85,373	\$ 59,952	\$ 154	\$1,226,990	\$ 198,358	\$ 158,166	\$ 85,373	\$ 59,952	\$ 154	\$ 3,457,986	\$ 15,264,630
Subtotal Direct Costs	\$ 1,878,806	\$ 198,358	\$ 158,166	\$ 959,773	\$ 688,533	\$ 6,032	\$1,878,806	\$ 198,358	\$ 158,166	\$ 959,773	\$ 688,533	\$ 6,032	\$ 7,779,336	\$ 31,479,798
Indirect Cost Amount	\$ 187,881	\$ 19,836	\$ 15,816	\$ 95,977	\$ 103,280	\$ 905	\$ 187,881	\$ 19,836	\$ 15,816	\$ 95.977	\$ 103,280	\$ 905	\$ 847,390	\$ 3,355,507
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	15.0%	15.0%	10.0%	10.0%	10.0%	10.0%	15.0%	15.0%		
Total Expenses	\$ 2,066,687	\$ 218,194	\$ 173,982	\$1,055,750	\$ 791,813	\$ 6,937	\$2,066,687	\$ 218,194	\$ 173,982	\$1,055,750	\$ 791,813	\$ 6,937	\$ 8,626,726	\$ 34,835,305
REVENUES & FUNDING SOURCES										T				
DPH Funding Sources (select from drop-down list)							TABLE TO		V					
HPS COUNTY HPS GF	2,066,687						2,066,687						4,133,374	18,079,439
HPS COUNTY GF Children's Fund		218,194					and of the	218,194					436,388	1,908,858
HPS FED CDC - PD90, CFDA #93.940								F					- 4	15,000
HPS COUNTY HPS GF			173,982						173,982				347,964	1,522,071
HHS COUNTY GF				1,055,750	791,813					1,055,750	791,813		3,695,126	13,268,315
Unspent Funds				77.5		45-1								138,818
Work Order	F. V. O. C. T.				-	6,937	-			A contract		6,937	13,874	41,622
Total DPH Revenues	2,066,687	218,194	173,982	1,055,750	791,813	6,937	2,066,687	218,194	173,982	1,055,750	791,813	6,937	8,626,726	34,696,487
Total Revenues (DPH and Non-DPH)	2,066,687	218,194	173,982	1,055,750	791,813	6,937	2,066,687	218,194	173,982	1,055,750	791,813	6,937	8,626,726	34,696,487
Payment Method	Cost Reinibursement (CR)	Cost Reimbursement (CR)												
Prepared By	Lerry Zapatka			Phone #	1			415-487-3055						

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

		ent of Public	Health Conti	ract Budget S	ummary by P					
	1000002634					Ap	pendix#	В	Page #	10
DPH Section Check one: Original X AMD					Ozoten	T (7/4/4C	cionino	_	F(1)//->	40.00
Check one: [] Original [X] AMD Agency/Organization Name	[] RPB	AIDC Founds	fion		Contrac	Term (7/1/16-		nding Ni	Fiscal Year(s) otification Date	16-26
							- rt	inding iv	bullcation Date	
Contractor Name (may be same as above)	San Francisco	AIDS Founda								FN#
Program/Provider Name		1 (18 1		e Access & Di				-	TOTALS -	TOTALS -
Appendix Number		A-1/B-1v	A-2/B-2i	A-3/B-3i	A-4/B-41	A-5/B-5f			Page 10	Page 5 - 10
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1.25-6.30.26	7.1.25-6.30.26	7.1.25-6.30.26	7.1.25-6.30.26	7.1.25-6.30.26	7.1.25-6.30.26				
EXPENSES									Daniel Land	
Salaries			\$ -	\$ 699,520	\$ 483,524					\$ 14,574,035
Employee Benefits			\$ -	\$ 174,880			1		\$ 450,300	\$ 3,801,808
Total Personnel Expenses			\$ -	\$ 874,400		\$ 5,878	\$ -	\$ -	\$ 2,160,675	\$ 18,375,843
Operating Expense			\$ 158,166	\$ 85,373	\$ 59,952				\$ 1,728,993	\$ 16,993,623
Subtotal Direct Costs	Name and Address of the Owner, where the Park of the Owner, where the Owner, which the Owner, where the Owner, where the Owner, where the Owner, where the Owner, which the Owne		\$ 158,166		\$ 688,533		\$ -	\$ -	\$ 3,889,668	\$ 35,369,466
Indirect Cost Amount			\$ 15,816		\$ 103,280				\$ 423,695	\$ 3,779,202
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	15.0%	15.0%	0.0%	0.0%	A STATE OF	
Total Expenses	\$ 2,066,687	\$ 218,194	\$ 173,982	\$ 1,055,750	\$ 791,813	\$ 6,937	\$ -	\$ -	\$ 4,313,363	\$ 39,148,668
REVENUES & FUNDING SOURCES										
DPH Funding Sources (select from drop-down list)										
HPS COUNTY HPS GF	2,066,687	33.4.5							2,066,687	20,146,126
HPS COUNTY GF Children's Fund		218,194			1			1	218,194	2,127,052
HPS FED CDC - PD90, CFDA #93.940										15,000
HPS COUNTY HPS GF			173,982						173,982	1,696,053
HHS COUNTY GF				1,055,750	791,813		1 = 0		1,847,563	15,115,878
Unspent Funds										(138,818
Work Order	Town.		-	Laborate la	5 5 5 7	6,937			6,937	48,559
Total DPH Revenues	2,066,687	218,194	173,982	1,055,750	791,813	6,937	LAI	Ш. ж.	4,313,363	39,009,850
Total Revenues (DPH and Non-DPH)	2,066,687	218,194	173,982	1,055,750	791,813	6,937	1.0	11.20	4,313,363	39,009,850
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)				
Prepared By	Larry Zapatka			Phone #		415-487-3055				6-

Contractor Name San Francisco AIDS Foundation

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26 Funding Source General Fund Appendix # Page # B-1k

Fiscal Year(s)
Funding Notification Date

20-21 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		1		SERVICE MO	DES			
Personnel Expenses		Syringe Access (Hrs., City-wid Sweep	e Syringe	Syringe Access Coordination Purchas	& Bulk			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,700	100%		0%			5,700
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,308	100%		0%			5,308
Data Manager	0.05	4,815	100%		0%			4,815
SAS Director	0.75	69,254	89%	8,559	11%			77,813
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%	Y	+	113,026
SSE/Vol Coordinator	0.75	53,944	100%		0%	-		53,944
Health Educator	3.40	190,142		-	0%			190,142
the reservoir and the		- 2	0%	1	0%			
Total FTE & Total Salaries	8.10	379,445	73%	142,008	27%			521,453
Fringe Benefits	25.00%	94,861	73%	35,502	27%			130,363
Total Personnel Expenses		474,306	73%	177,510	27%			651,816
Operating Expenses		Expenditure	%	Expenditure	%	xpenditure	9	Contract Total
Total Occupancy		85,166	89%	10,500	11%			95,666
Total Materials and Supplies		144,875	29%	354,695	71%			499,570
Total General Operating		6,659	61%	4,257	39%			10,916
Consultants/Subcontractor:		620,838	100%	1 - 2	0%			620,838
Total Operating Expenses		857,538	70%	369,452	30%			1,226,990
Total Direct Expenses		1,331,844	71%	546,962	29%			1,878,806
	10.00%	133,185	71%	54,696	29%			187,881
indirect Expenses		1,465,029	71%	601,658	29%	10 1		2,066,687
Indirect Expenses TOTAL EXPENSES		1,405,025						
	vice Mode	8,012	112	12		-1		8,024
TOTAL EXPENSES			- 1,5	12 50,138.22		-		8,024

3

BUDGET JUSTIFICATION

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

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

1a) SALARIES

Staff Position 1: Programs & 0	Operations Directo	r			
Oversees crea	tion and maintenan	ce of an evaluation plan	that assures monitoring too	ls ar	e integrate
with all activities	s and that all requi	red data is reported; wo	rks with partner agencies an	d pro	gram sta
on program ac	aptation and refine	ment; coordinates curre	nt and emerging health infor	matic	on collect
Brief description of job duties: coordinates pr	ogram monitoring, e	evaluation and quality as	ssurance procedures.		
Masters in Put	lic Health and 3 ve	ars community organizir	ng and public health experier	ice o	ran
Minimum qualifications: equivalent con			ig and parent hadnes authorize		1.541
THOUT SECURE SEC			Annualized (if less than		
Annual Salary:	xFTE:	x Months per Year:	12 months):		Total
\$114,000.00	0.05	12	1	\$	5,7
\$13 April 20.00	0.00			*	- 011
Staff Position 2: Director, Beh	avioral Health Ser	vices		_	_
	the facilities of the latest and the		the implementation, manage	teme	nt and
			ssional oversight to create a		
			Il-being needs, including HIV		
Brief description of job duties: and bisexual m	A control of the second control of the control of t	e content negitir and we	il-being needs, including the	Hee	us ui ya
		rial sciences husiness	or related discipline; three ye	ars e	ynerien
			emonstrated program mana		
Minimum qualifications: program devel		iii i ii v pievention and d	emonatated program mana	genne	ont and
miniman quantodatorio: program cover	орински сирепенос		Annualized (if less than		_
Appual Salans	x FTE:	x Months per Year:	12 months):		Total
Annual Salary: \$140,000.00	0.05	12	12 110/11(15).	\$	7,0
\$140,000.00	0.05	12		4	7,0
Staff Position 3: Dir. Gov't Gra					
		77 TO 10 TO		-	
		sible for all data manag	ement and contract related a	activi	ties.
Director, Gov't	Contracts - Respon	The second secon	ement and contract related a s in accordance with contrac		
Director, Gov't Maintains oper	Contracts - Respon ational and statistic	al reporting mechanism		t and	1
Director, Gov't Maintains oper	Contracts - Respon ational and statistic equirements, produ	al reporting mechanism ces routine and ad hoc	s in accordance with contrac reporting as needed, and en	t and	1
Director, Gov't Maintains oper departmental r Brief description of job duties: integrity of the	Contracts - Respon ational and statistic equirements, produ service database b	al reporting mechanism ces routine and ad hoc y overseeing database of	s in accordance with contrac reporting as needed, and en	t and sures	f s the
Director, Gov't Maintains oper departmental r Brief description of job duties: integrity of the Bachelor's deg	Contracts - Respon ational and statistic equirements, produ service database b ree and at least two	al reporting mechanisms ces routine and ad hoc y overseeing database of p years demonstrated en	s in accordance with contrac reporting as needed, and en quality assurance activities.	t and sures	the am
Director, Gov't Maintains oper departmental r Brief description of job duties: integrity of the Bachelor's deg	Contracts - Respon ational and statistic equirements, produ service database by ree and at least two n, and evaluation; s	al reporting mechanisms ces routine and ad hoc y overseeing database of p years demonstrated en	s in accordance with contract reporting as needed, and en quality assurance activities. sperience in health services p writing; government contract	t and sures	the am
Director, Gov't Maintains oper departmental r Brief description of job duties: integrity of the Bachelor's deg planning, desig	Contracts - Respon ational and statistic equirements, produ service database by ree and at least two n, and evaluation; s	al reporting mechanisms ces routine and ad hoc y overseeing database of p years demonstrated en	s in accordance with contrac reporting as needed, and en quality assurance activities. sperience in health services i	t and sures	the am
Director, Gov't Maintains oper departmental r Brief description of job duties: integrity of the Bachelor's deg planning, desig	Contracts - Respon ational and statistic equirements, produ service database by ree and at least two n, and evaluation; s	al reporting mechanisms ces routine and ad hoc y overseeing database of p years demonstrated en	s in accordance with contract reporting as needed, and en quality assurance activities. sperience in health services p writing; government contract	t and sures	the am
Director, Gov't Maintains oper departmental r Brief description of job duties: integrity of the Bachelor's deg planning, desig Minimum qualifications: and negotiation	Contracts - Responational and statistic equirements, produ service database by ree and at least two in, and evaluation; one.	al reporting mechanism ces routine and ad hoc y overseeing database of y years demonstrated ex grant development and	s in accordance with contract reporting as needed, and en quality assurance activities. Sperience in health services parting; government contract Annualized (if less than	t and sures	s the ram mageme
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Director, Gov't Maintains oper departmental r Brief description of job duties: integrity of the Bachelor's deg planning, desig Minimum qualifications: and negotiation Annual Salary: \$106,165.00	Contracts - Responational and statistic equirements, produ service database bree and at least two n, and evaluation; sec. x FTE: 0.05	al reporting mechanism ces routine and ad hoc y overseeing database () years demonstrated ex grant development and x Months per Year:	s in accordance with contract reporting as needed, and en quality assurance activities. Experience in health services partiting; government contract Annualized (if less than 12 months):	t and sures progr s ma	s the ram inagement
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Director, Gov't Maintains oper departmental r Brief description of job duties: integrity of the Bachelor's deg planning, desig Minimum qualifications: and negotiation Annual Salary: \$106,165.00 Staff Position 4: Data Manage Data Manager summaries to 6	Contracts - Responational and statistic equirements, produ service database by ree and at least two in, and evaluation; service service database by ree and at least two in, and evaluation; services a FTE: 0.05	al reporting mechanism ces routine and ad hoc voverseeing database of pyears demonstrated exprant development and x Months per Year: 12 coordinating data collection	s in accordance with contract reporting as needed, and enquality assurance activities. Sperience in health services partiting; government contract Annualized (if less than 12 months): 1 on, quality assurance, reporticulated for process and he	t and sures progr s ma	Total 5,3
Director, Gov't Maintains oper departmental r Brief description of job duties: integrity of the Bachelor's deg planning, desig Minimum qualifications: and negotiation Annual Salary: \$106,165.00 Staff Position 4: Data Manage Data Manager summaries to e and public hea	Contracts - Responational and statistic equirements, produ service database by ree and at least two in, and evaluation; service with the contract of the contr	al reporting mechanism ces routine and ad hoc y overseeing database of y grant development and x Months per Year: 12 coordinating data collection rograms are rigorously of sible for review, abstract	s in accordance with contract reporting as needed, and enquality assurance activities. sperience in health services periting; government contract annualized (if less than 12 months): 1 on, quality assurance, reportional reportions and health from client records and determined to the contract and confrom client records and determined to the contract and confrom client records and determined to the contract and confrom client records and determined to the contract and	t and sures progress ma	Total 5,3 nd outcome
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Director, Gov't Maintains oper departmental repartmental repartments repartments. Staff Position 4: Data Manager Data Manager Data Manager Summaries to eand public head of all data colle Brief description of job duties: requirements. Bachelor's deg Minimum qualifications: years equivaler Annual Salary: \$96,300.00	Contracts - Responational and statistic equirements, produservice database by ree and at least two, and evaluation; secondary of the consure foundation path impact. Responsible for consure foundation path impact. Responded from clients as ree and 2 years experience requires x FTE: 0.05	al reporting mechanismoses routine and ad hoc voverseeing database of present development and a management of the control of t	s in accordance with contract reporting as needed, and enquality assurance activities. Sperience in health services parting; government contract Annualized (if less than 12 months): 1 on, quality assurance, report evaluated for process and he tion from client records and comeet programmatic and comeet programmatic and comessuring quality for large client and co	t and sures progress ma	Total Total state sets Total 4,1

Annual Salary:

\$

Total

77,813

Annualized (if less than

12 months):

0.75

Brief description of job duties: waste removal company, prepare reports for compliance and maintain safety protocols.

Minimum qualifications: be willing to obtain certification on the job.

\$103,750.00

effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with

Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or

x Months per Year:

12

Responsible f	or scheduling and tra or purchasing excha	nge supplies. Organize	porary staff in appropriate ex is removal of biohazard was re reports for compliance an	te from sites and
A Charles Clark	to three years' evne	rience working with neo	ple who use drugs, highly m	arginalized or
homeless por interviewing a	ulations required. A nd strong understan on preferred. Exper	ssociates degree prefer ding of harm reduction p ience using a pallet jack	previous divides, ingright priced, experience using motivi- practices and principles, exp k, hand truck, and carts and	ational erience doing
homeless pop interviewing a health educat	ulations required. A nd strong understan on preferred. Exper	ssociates degree prefer ding of harm reduction p ience using a pallet jack	red, experience using motivoractices and principles, exp	ational erience doing

Staff Position 7: Logistics Associ				
		nge sites and supervises ars down sites as neede	s volunteers at the sites. Tra d.	nsports supplies
	desired. Ability to	follow directions and go	n service organization. Biling od communications skills ne	
	x FTE:	x Months per Year:	Annualized (if less than 12 months):	2.0
Annual Salary:	XFIE.	x Months per rear.	12 111011015).	Total

exchangers willin develop training r	ange coord - Resp g to become pee materials, includin	r educators. Develops of	aining, and supervising seco curriculum for these trainings evant to MSM-IDU speed use e sites.	and he	
of experience wo		y; valid California driver in drug users and with ve	's license and excellent drivit olunteers.	ng recor	d. 1 ye
Minimum qualifications:	and the second of the second	A Charles Co., March Co.			
Minimum qualifications: Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	To	otal

testing and lini	s include health edu kage to care; harm r	reduction counseling) the	revention; vein care; referral rough mobile and encampmo riding crisis intervention supp	ent outreach;
High school di		cy; valid California driver on drug users and with v	's license and excellent drivi olunteers.	ng record. 1 year
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$55,924.00	3.40	12	1	\$ 190,142

Staff Position 10:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
		1/2	0	\$

Total FTE:

8.10

Total Salaries: \$ 521,453

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost	
- Social Security	\$	39,891.00
Retirement	\$	9,960.00
Medical	\$	53,866.00
Dental		
Unemployment Insurance	S	2,712.00
Disability Insurance	\$	21,223.00
Paid Time Off		
Workers comp	\$	2,711.00
	Total Fringe Benefit:	130,363

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 651,816

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4,973
Volunteer Spt	Snacks, T-shirts, etc - \$333.34/mo.	\$333.34	4,000
Syringes	Syringes \$.15/each x 1,945,960 syringes.	\$0.15	291,894
Bio Buckets	18/19 gallon buckets - 2,052 x \$24.367.	\$24.367	50,000
Bio Buckets	2 gallon - 18,182 x \$2.75.	\$2.75	50,000
Alcohol Wipes	257 cases x \$38.91/case.	\$38.91	10,000
Cotton balls and pellets	1,040bags x \$16.827bag.	\$16.827	17,500
Sterile Water	430 Cases x \$81,396/case.	\$81.396	35,000
Bagging Supplies	40 bundles x \$7.40/bundle.	\$7.40	296
Group Food	Additional food for increased groups \$718.14/wk x 50 wks.	718.14/wk	35,907
	Total	Materials & Supplies:	499,570

General Operating:

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

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Glide	Operational expenses; staffing, office, IT,etc	\$104,014yr	104,014
Saint James Infirmary	Operational expenses; staffing, office, IT,etc	\$108,258/yr	108,258
Homeless youth Alliance	Operational expenses; staffing, office, IT,etc	\$236,684/yr	236,684
S.F. Drug Users Union	Operational expenses; staffing, office, IT,etc	\$171,882/yr	171,882
	Total Con	sultante/Subcontractors:	620 838

TOTAL OPERATING EXPENSES:	1,226,990
TOTAL DIRECT COSTS:	1,878,806

4) INDIRECT COSTS

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

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	187,881

TOTAL EXPENSES: 2,066,687

Contractor Name San Francisco AIDS Foundation

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26 Funding Source General Fund

Appendix #

B-11

Page # Fiscal Year(s) Funding Notification Date

1 20-21 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		S	ERVICE M	ODES			
Personnel Expenses	Syringe Access Coordination Purchas	& Bulk					Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy	33,000	100%	-	0%	-	0%	33,000
Total Materials and Supplies	153,358	100%		0%	-	0%	153,358
Total General Operating	12,000	100%	18	0%	-	0%	12,000
Total Operating Expenses	198,358	100%	•	0%	7	0%	198,358
Total Direct Expenses	198,358	100%	-	0%	-	0%	198,358
Indirect Expenses 10.00%	19,836	100%		0%		0%	19,836
TOTAL EXPENSES	218,194	100%	-	0%	-1	0%	218,194
Units of Service (UOS) per Service Mode	12		-		- 1		12
Cost Per Unit of Service by Service Mode	18,182.84		100				
(NOC) per Service Mode	N/A						N/A

BUDGET JUSTIFICATION

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

Appendix #: ____ Fiscal Year:

B-11 20-21

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Syringes	398,920 syringes @ \$.15 each.	\$0.15	59,838
Bio Buckets	18/19 gallon buckets - 1,026 x \$24.367	\$24.367	25,000
Bio Buckets	2 gallon - 5,454 x \$2.7502.	\$2.7502	15,000
Sterile Water	185 Cases x \$81.081/case.	\$81.081	15,000
Misc Exchange supplies	Turniquests, bandaids, ensure.	\$293.33/mo	3,520
Condoms & Lube	16,666 Lube packets @ \$.75 each.	\$0.75	12,500
Group food/snacks	\$192.307/week for location snack/group food x 52 weeks.	\$192.307	10,000
Incentives	1250 incentives @ \$10 each.	\$10.00	12,500
	Total f	Waterials & Supplies:	153,358

General Operating:

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

TOTAL OPERATING EXPENSES: 198,358

TOTAL DIRECT COSTS: 198,358

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		19,836

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 19,836

TOTAL EXPENSES: 218,194

Contractor Name San Francisco AIDS Foundation

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26 Funding Source General Fund

Appendix#

B-1m

Page # Fiscal Year(s) Funding Notification Date

21-22 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE MO	DES			
Personnel Expenses		Syringe Acces (Hrs., City-wid Sweep	le Syringe	Syringe Access Coordination Purchas	& Bulk			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,700	100%		0%			5,700
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,308	100%		0%			5,308
Data Manager	0.05	4,815	100%		0%			4,815
SAS Director	0.75	69,254	89%	8,559	11%	-		77,813
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%			113,026
SSE/Vol Coordinator	0.75	53,944	100%	-	0%			53,944
Health Educator	3.40	190,142			0%			190,142
			0%		0%			
Total FTE & Total Salaries	8.10	379,445	73%	142,008	27%			521,453
Fringe Benefits	25.00%	94,861	73%	35,502	27%			130,363
Total Personnel Expenses		474,306	73%	177,510	27%			651,816
TRANSPORTED TO THE PARTY OF THE								
					%	xpenditure	9	Contract Total
Operating Expenses		Expenditure	%	Expenditure		xpenditure	9	Contract Total
Operating Expenses Total Occupancy		Expenditure 85,166	% 89%	Expenditure 10,500	11%	xpenditure	9	95,666
Operating Expenses Total Occupancy Total Materials and Supplies		Expenditure 85,166 144,875	% 89% 29%	Expenditure 10,500 354,695	11% 71%	xpenditure	9.	95,666 499,570
Operating Expenses Total Occupancy		Expenditure 85,166	% 89% 29% 61%	Expenditure 10,500	11%	xpenditure	9	95,666 499,570 10,916
Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating		Expenditure 85,166 144,875 6,659	% 89% 29%	Expenditure 10,500 354,695	11% 71% 39%	xpenditure	9	95,666 499,570
Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses		Expenditure 85,166 144,875 6,659 620,838 857,538	% 89% 29% 61% 100% 70%	Expenditure 10,500 354,695 4,257 - 369,452	11% 71% 39% 0% 30%	xpenditure	9.	95,666 499,570 10,916 620,838 1,226,990
Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses	10.00%	Expenditure 85,166 144,875 6,659 620,838 857,538 1,331,844	% 89% 29% 61% 100% 70%	Expenditure 10,500 354,695 4,257 - 369,452 546,962	11% 71% 39% 0%	xpenditure	9.	95,666 499,570 10,916 620,838 1,226,990
Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor:	10.00%	Expenditure 85,166 144,875 6,659 620,838 857,538	% 89% 29% 61% 100% 70%	Expenditure 10,500 354,695 4,257 - 369,452	11% 71% 39% 0% 30%	xpenditur	9	95,666 499,570 10,916 620,838 1,226,990
Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES		Expenditure 85,166 144,875 6,659 620,838 857,538 1,331,844 133,185	% 89% 29% 61% 100% 70%	Expenditure 10,500 354,695 4,257 - 369,452 546,962 54,696	11% 71% 39% 0% 30% 29% 29%	xpenditure		95,666 499,570 10,916 620,838 1,226,990 1,878,806 187,881
Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses Indirect Expenses	vice Mode	Expenditure 85,166 144,875 6,659 620,838 857,538 1,331,844 133,185 1,465,029	% 89% 29% 61% 100% 70%	Expenditure 10,500 354,695 4,257 - 369,452 546,962 54,696 601,658	11% 71% 39% 0% 30% 29% 29%			95,666 499,570 10,916 620,838 1,226,990 1,878,806 187,881 2,066,687

BUDGET JUSTIFICATION

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

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

1a) SALARIES

with a	l activities and that all re- gram adaptation and refi	uired data is reported; wo nement; coordinates curre	n that assures monitoring too rks with partner agencies an nt and emerging health infor ssurance procedures.	d program staff
			ng and public health experier	nce or an
Minimum qualifications: equiva	lent combination of educ	ation and experience.		
Minimum qualifications: equiva	elent combination of educ x FTE;	x Months per Year:	Annualized (if less than 12 months):	Total

Staff Position 2: Director, Behavi				
evaluation of the	program structure responsive to the	e and provision of profes	g the implementation, manag ssional oversight to create a I-being needs, including HIV	service deliver
Masters degree in	neuchalany ear	rial ecianope hueinage c	or related discipling: three ve-	are evnerience
		the state of the s	or related discipline; three year	Annual Control of the
a supervisory cap	acity, especially	in HIV prevention and de	or related discipline; three yea emonstrated program manag	And the second s
and the second of the second o	acity, especially	in HIV prevention and de		Annual Control of the

Staff Position 3: Dir. Gov't Grants	S			
Maintains operati departmental req Brief description of job duties: integrity of the se	onal and statistic uirements, produ rvice database b	al reporting mechanisms ces routine and ad hoc voverseeing database o		t and sures the
	and evaluation; g		sperience in health services p writing; government contract	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$106,165.00	0.05	12	1	\$ 5,308

Staff Position 4: Data Manager				
summaries to en- and public health	sure foundation p impact. Respon	rograms are rigorously e sible for review, abstrac	on, quality assurance, report evaluated for process and he tion from client records and o meet programmatic and co	alth outcomes database entry
Bachelor's degree Minimum qualifications: years equivalent			ensuring quality for large clie	nt data sets or
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$96,300.00	0.05	12	1	\$ 4.815

Staff Position 5: SAS Director				
departmental stra effective partners and training full-ti exchange supplie Brief description of job duties: waste removal co Three years expe program manage	ategic goals in allo thips with other H me and temporar as. Organizes ren ompany, prepare trience working w ment, supervision	nment with agency and IV/AIDS and Harm Red by staff in appropriate exposed of biohazard wast reports for compliance at the injection and drug us a experience preferred.	exchange sites. Develops and city objectives. Builds and nuction agencies. Responsible change protocol. Responsible from sites and coordinates and maintain safety protocols sers required. Associates Deg Must hold HIV test counselor	naintains e for scheduling le for purchasing removal with i. gree with
Minimum qualifications: be willing to obtain	n cermication on	trie job.		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.75	12	1	\$ 77,813

Staff Position 6: Logistics Invent				
Responsible for	purchasing excha	nge supplies. Organize	orary staff in appropriate ex s removal of biohazard wast e reports for compliance an	te from sites a
homeless popula interviewing and	ations required. A strong understan preferred. Exper	ssociates degree prefer ding of harm reduction prefer ience using a pallet jack	ple who use drugs, highly m red, experience using motive tractices and principles, exp , hand truck, and carts and	ational erience doing
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$63,705.00	1.00	12	1	\$ 63,70
	ite - Staffs exchar	nge sites and supervises ars down sites as neede	s volunteers at the sites. Tra d.	nsports suppli
Experience worki	desired. Ability to	follow directions and go	n service organization. Biling od communications skills ne	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	2.00	12		\$ 113,02
Staff Position 8: SSE/Volunteer	Coordinator			
exchangers willin develop training r Brief description of job duties: and manages the High school diplo	g to become pee materials, includir site volunteers a ma or equivalenc	r educators. Develops on a specific materials releated and supervises exchange	s license and excellent drivi	and helps ers. Schedules
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$71,925.00	0.75	12	1	\$ 53,94
testing and linkag	nclude health edu ge to care; harm r	eduction counseling) thr	evention; vein care; referrals ough mobile and encampme ding crisis intervention supp	ent outreach;
High school diplo		y; valid California driver' n drug users and with vo	s license and excellent drivin blunteers. Annualized (if less than	ng record. 1 ye
	The state of the s		40th-1	7-4-1

testing and linkag	ge to care; harm r	eduction counseling) the	revention; vein care; referrals rough mobile and encampme iding crisis intervention supp	ent outreach;
		y; valid California driver n drug users and with v	's license and excellent drivir plunteers.	ng record. 1 year
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$55,924.00	3.40	12	1 - 1	\$ 190,142

Staff Position 10:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$

Total FTE:

8.10

Total Salaries: \$ 521,453

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost	
Social Security	\$	39,891.00
Retirement	\$	9,960.00
Medical	\$	53,866.00
Dental		
Unemployment Insurance	s	2,712.00
Disability Insurance		21,223.00
Paid Time Off		
Workers comp	\$	2,711.00
	Total Fringe Benefit:	130,363

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 651,816

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4,973
Volunteer Spt	Snacks, T-shirts, etc - \$333.34/mo.	\$333.34	4,000
Syringes	Syringes \$.15/each x 1,945,960 syringes.	\$0.15	291,894
Bio Buckets	18/19 gallon buckets - 2,052 x \$24.367.	\$24.367	50,000
Bio Buckets	2 gallon - 18,182 x \$2.75.	\$2.75	50,000
Alcohol Wipes	257 cases x \$38.91/case.	\$38.91	10,000
Cotton balls and pellets	1,040bags x \$16.827bag.	\$16.827	17,500
Sterile Water	430 Cases x \$81.396/case.	\$81.396	35,000
Bagging Supplies	40 bundles x \$7.40/bundle.	\$7.40	296
Group Food	Additional food for increased groups \$718.14/wk x 50 wks.	718.14/wk	35,907
300			
	Total	Materials & Supplies:	499,570

General Operating:

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

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost	
Glide	Operational expenses; staffing, office, IT,etc	\$104,014yr	104,014	
Saint James Infirmary	Operational expenses; staffing, office, IT,etc	\$108,258/yr	108,258	
Homeless youth Alliance	Operational expenses; staffing, office, IT,etc	\$236,684/yr	236,684	
S.F. Drug Users Union	Operational expenses; staffing, office, IT,etc	\$171,882/yr	171,882	
	Total Consultants/Subcontractors:			

TC	OTAL OPERATING EXPENSES:	1,226,990
	TOTAL DIRECT COSTS:	1,878,806

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	
21-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	_
of total direct costs.	187,88
	-

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	187,881

TOTAL EXPENSES: 2,066,687

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

Appendix # Page#

B-1n

Fiscal Year(s)

1 21-22 1/29/2020

Funding Notification Date

UOS COST ALLOCATION BY SERVICE MODE

		S	ERVICE M	ODES			
Personnel Expenses	Syringe Access Coordination Purchas	& Bulk					Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy	33,000	100%	-	0%		0%	33,000
Total Materials and Supplies	153,358	100%		0%		0%	153,358
Total General Operating	12,000	100%	1-0	0%	-	0%	12,000
Total Operating Expenses	198,358	100%	9	0%	-	0%	198,358
Total Direct Expenses	198,358	100%	-1	0%	1 -1	0%	198,358
Indirect Expenses 10.00%	19,836	100%	1	0%		0%	19,836
TOTAL EXPENSES	218,194	100%		0%	1	0%	218,194
Units of Service (UOS) per Service Mode	12		- 2		-1		12
Cost Per Unit of Service by Service Mode	18,182.84						10000
(NOC) per Service Mode	N/A						N/A

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation Appendix #:
Program Name: HIV Syringe Access & Disposal Services Fiscal Year:

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent	Rent for 6th street location, partial allocation.	25,000	25,000
Bldg Maint	Allocated amount of bldg maint for 6 th street.	\$250/mo	3,000
Utilities	Phone, water, PG&E, allocated for 6th street.	416.67/mo	5,000
		Total Occupancy:	33.000

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Syringes	398,920 syringes @ \$.15 each.	\$0.15	59,838
Bio Buckets	18/19 gallon buckets - 1,026 x \$24.367.	\$24.367	25,000
Bio Buckets	2 gallon - 5,454 x \$2.7502.	\$2.7502	15,000
Sterile Water	185 Cases x \$81.081/case.	\$81.081	15,000
Misc Exchange supplies	Turniquests, bandaids, ensure.	\$293.33/mo	3,520
Condoms & Lube	16,666 Lube packets @ \$.75 each.	\$0.75	12,500
Land Alexander	\$192.307/week for location snack/group food x	Supplied to the same of the sa	
Group food/snacks	52 weeks.	\$192.307	10,000
Incentives	1250 incentives @ \$10 each.	\$10.00	12,500
	Total	Materials & Supplies:	153,358

General Operating:

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

TOTAL OPERATING EXPENSES:	198,35
TOTAL DIRECT COSTS:	198,358

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		19,836

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	19,836

TOTAL EXPENSES: 218,194

B-1n

21-22

Contractor Name San Francisco AIDS Foundation

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26 Funding Source General Fund Appendix # Page # Fiscal Year(s) B-10 1 22-23

Funding Notification Date

1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

			DES	SERVICE MO				
			& Bulk	Syringe Access, Coordination Purchasi	e Syringe	Syringe Access (Hrs., City-wid Sweep	L.	Personnel Expenses
Contract Totals	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	FTE	Position Titles
5,700			0%	4 4 4	100%	5,700	0.05	Pgms & Ops Director
7,000			13%	900	87%	6,100	0.05	Dir. Behavioral Health Svc
5,308			0%		100%	5,308	0.05	Dir. Gov't Contracts
4,815			0%		100%	4,815	0.05	Data Manager
77,813			11%	8,559	89%	69,254	0.75	SAS Director
63,705			75%	47,779	25%	15,926	1.00	Logistics Inventory Mgr
113,026			75%	84,770	25%	28,256	2.00	Logistics Associates
53,944			0%	1.2	100%	53,944	0.75	SSE/Vol Coordinator
190,142			0%			190,142	3.40	Health Educator
-	-		0%		0%		-	
521,453			27%	142,008	73%	379,445	8.10	Total FTE & Total Salaries
130,363			27%	35,502	73%	94,861	25.00%	Fringe Benefits
651,816			27%	177,510	73%	474,306		Total Personnel Expenses
Contract Total		xpenditure	%	Expenditure	%	Expenditure		Operating Expenses
95,666	_	Apenditure	11%	10,500	89%	85,166	- 1	Total Occupancy
499,570			71%	354,695	29%	144,875		Total Materials and Supplies
10,916			39%	4,257	61%	6.659		Total General Operating
620,838			0%	4,207	100%	620,838		Consultants/Subcontractor:
1,226,990			30%	369,452	70%	857,538		Total Operating Expenses
1,878,806			29%	546,962	71%	1,331,844	-	Total Direct Expenses
187,881			29%	54,696	71%	133,185	10.00%	Indirect Expenses
2,066,687			29%	601,658	71%	1,465,029		TOTAL EXPENSES
8,024		- 1		12		8,012	vice Mode	Units of Service (UOS) per Ser
0,024		12.0		50,138.22		182.86		Cost Per Unit of Service by Ser
				N/A		54,300		(NOC) per Ser

BUDGET JUSTIFICATION

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

Appendix #: B-10 Fiscal Year: 22-23

1a) SALARIES

Staff Position 1: Programs & Ope				
with all activities a	and that all require tation and refinen	ed data is reported; wor nent; coordinates currer	that assures monitoring too ks with partner agencies and at and emerging health informations surance procedures.	d program staff
Masters in Public Minimum qualifications: equivalent combined			g and public health experien	ce or an
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$114,000.00	0.05	12	1	\$ 5700

Staff Position 2: Director, Behav				
evaluation of the	program structur	e and provision of profe	g the implementation, manag ssional oversight to create a Il-being needs, including HIV	service deliver
Brief description of job duties: and bisexual mer	n.			
Masters degree in	n psychology, soc		or related discipline; three yea	
Masters degree in	n psychology, soc pacity, especially	in HIV prevention and d		
Masters degree in a supervisory cap	n psychology, soc pacity, especially	in HIV prevention and d		

Staff Position 3: Dir. Gov't Grants	S				
Maintains operation	onal and statistic	al reporting mechanisms ces routine and ad hoc	ement and contract related a s in accordance with contrac reporting as needed, and en quality assurance activities.	t and	
			perience in health services p writing; government contract		ment
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Tota	al
\$106,165.00	0.05	12	1	\$	5,308

Staff Position 4: Data Manager					
summaries to ens	sure foundation p impact. Respon	rograms are rigorously on sible for review, abstract	on, quality assurance, report evaluated for process and he tion from client records and to meet programmatic and co	ealth or databa	utcomes ase entry
Bachelor's degree Minimum qualifications: years equivalent			ensuring quality for large clie	nt data	a sets or !
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$96,300.00	0.05	12	1	\$	4.815

Staff Position 5: SAS Director				
departmental stra effective partners and training full-ti exchange supplie Brief description of job duties: waste removal or Three years expe program manage	ategic goals in alighips with other H me and temporares. Organizes ren ompany, prepare erience working wernent, supervision	gnment with agency and IV/AIDS and Harm Redi y staff in appropriate ex noval of biohazard wast reports for compliance a ith injection and drug us n experience preferred.	exchange sites. Develops all city objectives. Builds and nuction agencies. Responsible change protocol. Responsible from sites and coordinates and maintain safety protocols sers required. Associates Demonstruction of the protocol of the p	naintains e for scheduling e for purchasing removal with i. gree with
Minimum qualifications: be willing to obtain	in certification on	the job.		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.75	12	4	\$ 77,813

	tory Mrg				
Responsible for	purchasing excha	nge supplies. Organize	orary staff in appropriate ex s removal of biohazard was re reports for compliance an	te fro	m sites ar
homeless popula interviewing and	ations required. A strong understand preferred. Exper	ssociates degree prefer ding of harm reduction presented in the properties of the contract of	ple who use drugs, highly mand the control of the c	ation erien	al ce doing
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$63,705.00	1.00	12	1	\$	63,7
Staff Position 7: Logistics Associated	ciator			_	
Logistics Associa	ate - Staffs exchar	nge sites and supervises ars down sites as neede	s volunteers at the sites. Tra d.	nspo	rts suppli
	desired. Ability to	follow directions and go	n service organization. Biling ood communications skills ne		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$56,513.00	2.00	12	1	\$	113,0
Staff Position 8: SSE/Volunteer	Ossudiastas			_	
develop training Brief description of job duties: and manages the High school diplo of experience wo	materials, includin e site volunteers a oma or equivalenc	g specific materials rele and supervises exchange	's license and excellent drivi	ers. S	ichedules
Minimum qualifications:			Annualized (if less than		
	- CTC		ruminadinada (in land alian		
Annual Salary:	x FTE:	x Months per Year:	12 months):	-	Total
Annual Salary: \$71,925.00	0.75	x Months per Year: 12	12 months): 1	\$	Total 53,94
\$71,925.00	0.75			\$	
Staff Position 9: Health Educato Responsibilities i testing and linkag overseeing a lea High school diplo	n 0.75 nclude health edu ge to care; harm re m of street outrea	cation (e.g. overdose preduction counseling) through volunteers; and proving; valid California driver	evention; vein care; referrals ough mobile and encampme iding crisis Intervention supp s license and excellent driving	s to I	53,94 HIV/HCV utreach;
Staff Position 9: Health Educato Responsibilities i testing and linkag overseeing a tea High school diplo	n 0.75 nclude health edu ge to care; harm re m of street outrea	12 cation (e.g. overdose preduction counseling) throthy volunteers; and prov	evention; vein care; referrals ough mobile and encampme iding crisis intervention supp is license and excellent driving colunteers.	s to I	53,94 HIV/HCV utreach;
Staff Position 9: Health Educato Responsibilities i testing and linkag overseeing a tea High school diplo of experience wo	nr nclude health edu ge to care; harm re m of street outrea oma or equivalency orking with injection	cation (e.g. overdose preduction counseling) threch volunteers; and prover; valid California driver or drug users and with vo	evention; vein care; referrals ough mobile and encampme iding crisis intervention supp s license and excellent drivin olunteers. Annualized (if less than	s to I	53,94 HIV/HCV utreach; cord. 1 ye
Staff Position 9: Health Educato Responsibilities i testing and linkag overseeing a lea High school diplo	n 0.75 nclude health edu ge to care; harm re m of street outrea	cation (e.g. overdose preduction counseling) through volunteers; and proving; valid California driver	evention; vein care; referrals ough mobile and encampme iding crisis intervention supp is license and excellent driving colunteers.	s to I	53,9/ HIV/HCV utreach;
Staff Position 9: Health Educato Responsibilities i testing and linkag overseeing a tea High school diplo of experience wo Annual Salary: \$55,924.00	nr nclude health edu ge to care; harm re m of street outrea ma or equivalence rking with injection x FTE:	cation (e.g. overdose preduction counseling) throch volunteers; and provy; valid California driver a drug users and with vox Months per Year:	evention; vein care; referrals ough mobile and encampme iding crisis intervention supples license and excellent drivinolunteers. Annualized (if less than 12 months):	s to hent or	53,9 HIV/HCV utreach; cord. 1 y
Staff Position 9: Health Educato Responsibilities i testing and linkag overseeing a tea High school diplo of experience wo Annual Salary: \$55,924.00 Staff Position 10:	nr nclude health edu ge to care; harm re m of street outrea ma or equivalence rking with injection x FTE:	cation (e.g. overdose preduction counseling) throch volunteers; and provy; valid California driver a drug users and with vox Months per Year:	evention; vein care; referrals ough mobile and encampme iding crisis intervention supples license and excellent drivinolunteers. Annualized (if less than 12 months):	s to hent or	53,9 HIV/HCV utreach; cord. 1 y
Staff Position 9: Health Educato Responsibilities i testing and linkag overseeing a tea High school diplo of experience wo Annual Salary: \$55,924.00	nr nclude health edu ge to care; harm re m of street outrea ma or equivalence rking with injection x FTE:	cation (e.g. overdose preduction counseling) threch volunteers; and provy; valid California driver a drug users and with vox X Months per Year:	evention; vein care; referrals ough mobile and encampme iding crisis intervention supples license and excellent drivinolunteers. Annualized (if less than 12 months):	s to hent or	5 HIV/Hiutread

Total FTE: 8.10 Total Salaries: \$ 521,453

x Months per Year:

Annualized (if less than 12 months):

Annual Salary:

Total

x FTE:

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost	
Social Security	\$	39,891.00
Retirement	\$	9,960.00
Medical	\$	53,866.00
Dental	1	
Unemployment Insurance	\$	2,712.00
Disability Insurance	\$	21,223.00
Paid Time Off		
Workers comp	\$	2,711.00
	Total Fringe Benefit:	130,363

Fringe Benefit %:

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:

25.00% 651,816

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo.	\$800/FTE	77,760
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66/ma	2,000
Utilities	Phone, PG&E & trash.	55.618/FTE	5,406
Rent office	Additional space for 6th Street.	875/mo	10,500
		Total Occupancy:	95.666

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost	
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4,973	
Volunteer Spt	Snacks, T-shirts, etc - \$333.34/mo.	\$333.34	4,000	
Syringes	Syringes \$.15/each x 1,945,960 syringes.	\$0.15	291,894	
Bio Buckets	18/19 gallon buckets - 2,052 x \$24.367.	\$24.367	50,000	
Bio Buckets	2 gallon - 18,182 x \$2.75.	\$2.75	50,000	
Alcohol Wipes	257 cases x \$38,91/case.	\$38,91	10,000	
Cotton balls and pellets	1,040bags x \$16.827bag.	\$16.827	17,500	
Sterile Water	430 Cases x \$81.396/case.	\$81.396	35,000	
Bagging Supplies	40 bundles x \$7.40/bundle.	\$7.40	296	
Group Food	Additional food for increased groups \$718.14/wk x 50 wks.	718.14/wk	35,907	

Total Materials & Supplies:

499,570

General Operating:

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

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Glide	Operational expenses; staffing, office, IT,etc	\$104,014yr	104,014
Saint James Infirmary	Operational expenses; staffing, office, IT,etc	\$108,258/yr	108,258
Homeless youth Alliance	Operational expenses; staffing, office, IT,etc	\$236,684/yr	236,684
S.F. Drug Users Union	Operational expenses; staffing, office, IT,etc	\$171,882/yr	171,882
	Total Con	cultante/Subcontractore:	620 828

TOTAL OPERATING EXPENS	ES: 1,226,990
TOTAL DIRECT COS	TS: 1,878,806

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e San Francisco AIDS Foundation has a negotiated rate of 27%.		Amount
of total direct costs.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	187,88

	Indirect Rate:	10.00%
11.	TOTAL INDIRECT COSTS:	187,881

Contractor Name San Francisco AIDS Foundation

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26
Funding Source General Fund

Appendix # Page # B-1p

Fiscal Year(s)
Funding Notification Date

22-23 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		S	ERVICE M	ODES	7		
Personnel Expenses	Syringe Access Coordination Purchas	& Bulk					Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy	33,000	100%	-	0%	-	0%	33,000
Total Materials and Supplies	153,358	100%	-	0%	- 3	0%	153,358
Total General Operating	12,000	100%	-	0%	12	0%	12,000
Total Operating Expenses	198,358	100%		0%	- O-	0%	198,358
Total Direct Expenses	198,358	100%	-	0%	1 -1	0%	198,358
Indirect Expenses 10.00%	19,836	100%		0%		0%	19,836
TOTAL EXPENSES	218,194	100%	-	0%	-	0%	218,194
Units of Service (UOS) per Service Mode	12						12
Cost Per Unit of Service by Service Mode			- +				
(NOC) per Service Mode	N/A						N/A

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

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

2) OPERATING EXPENSES:

Occupancy:

Expense It	em	Brief Description	Rate	Cost
Rent	R	tent for 6th street location, partial allocation.	25,000	25,000
Bldg Main	it A	llocated amount of bldg maint for 6 th street.	\$250/ma	3,000
Utilities	P	hone, water, PG&E, allocated for 6th street.	416.67/mo	5,000
			Total Occupancy:	33,000

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost	
Syringes	398,920 syringes @ \$.15 each.	\$0.15	59,838	
Bio Buckets	18/19 gallon buckets - 1,026 x \$24.367.	\$24.367	25,000	
Bio Buckets	2 gallon - 5,454 x \$2.7502.	\$2.7502	15,000	
Sterile Water	185 Cases x \$81.081/case.	\$81.081	15,000	
Misc Exchange supplies	Turniquests, bandaids, ensure.	\$293.33/mo	3,520	
Condoms & Lube	16,666 Lube packets @ \$.75 each.	\$0.75	12,500	
Group food/snacks	\$192.307/week for location snack/group food x 52 weeks.	\$192.307	10,000	
Incentives	1250 incentives @ \$10 each.	\$10.00	12,500	
	Total I	Materials & Supplies:	153,358	

General Operating:

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

TOTAL OPERATING EXPENSES: 198,358

TOTAL DIRECT COSTS: 198,358

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%	. This contract seeks reimbursement at a rate of 10%	
of total direct costs.		19,83
tal direct costs.		-

Indirect Rate: 10.00% TOTAL INDIRECT COSTS: 19,836

> TOTAL EXPENSES: 218,194

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

Appendix # Page # Fiscal Year(s) B-1q 1

Funding Notification Date

23-24 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE MO	DES			
Personnel Expenses		Syringe Access (Hrs., City-wid Sweep	e Syringe	Syringe Access Coordination Purchas	& Bulk			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,700	100%		0%			5,700
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,308	100%		0%			5,308
Data Manager	0.05	4,815	100%		0%			4,815
SAS Director	0.75	69,254	89%	8,559	11%			77,813
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%			113,026
SSE/Vol Coordinator	0.75	53,944	100%		0%			53,944
Health Educator	3.40	190,142		14	0%	5		190,142
	1		0%	-	0%			
Total FTE & Total Salaries	8.10	379,445	73%	142,008	27%			521,453
Fringe Benefits	25.00%	94,861	73%	35,502	27%			130,363
Total Personnel Expenses		474,306	73%	177,510	27%			651,816
Operating Expenses		Expenditure	%	Expenditure	%	xpenditure	9	Contract Total
Total Occupancy		85,166	89%	10,500	11%			95,666
Total Materials and Supplies		144,875	29%	354,695	71%			499,570
Total General Operating		6,659	61%	4,257	39%			10,916
Consultants/Subcontractor:		620,838	100%		0%			620,838
Total Operating Expenses		857,538	70%	369,452	30%			1,226,990
Total Direct Expenses		1,331,844	71%	546,962	29%			1,878,806
Indirect Expenses 10.00%		133,185	71%	54,696	29%			187,881
Indirect Expenses		1,465,029	71%	601,658	29%		_	2,066,687
TOTAL EXPENSES		1,405,028	1170					
TOTAL EXPENSES	vice Mode		7170	12				8.024
		8,012 182.86	1170	12 50,138.22				8,024

BUDGET JUSTIFICATION

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

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

1a) SALARIES

Staff Position 1: Programs & Op	erations Directo	r			
			that assures monitoring too		
		(1) 그로 하는 것은 기본들은 사용으로 가득하는 것 같은 그렇게 되었다고 하다 그를	ks with partner agencies an		
			nt and emerging health infor	mation co	llecti
Brief description of job duties: coordinates prog				OF LOST OF	
Masters in Public Minimum qualifications: equivalent combi			g and public health experier	ice or an	
TVIII IIITOTT Qualifications, equivalent combi	mation or educati	on and expenence.	Annualized (if less than	-	
Annual Salary:	x FTE:	x Months per Year:	12 months):	To	tal
\$114,000.00	0.05	12	1	\$	5,7
Staff Position 2: Director, Behav					
			the implementation, manag		
			ssional oversight to create a		
		e current health and well	-being needs, including HIV	needs of	gay
Brief description of job duties: and bisexual mer		del autonomo tombos	a and a facility of the second	duction of	
			r related discipline; three ye		
Minimum qualifications: program develop			emonstrated program mana	gement a	па
withintum qualifications, program develop	ment experience.		Annualized (if less than		_
Annual Salary:	x FTE:	x Months per Year:	12 months):	Tot	al
\$140,000.00	0.05	12	1	\$	7,0
	- EVENO				-
CLER Desilies On Dis Coult Count					
Starr Position 3: Dir. Gov i Grant	S				_
Maintains operati	ontracts - Respon	al reporting mechanisms	ement and contract related a in accordance with contract eporting as needed, and en	tand	
Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se	ontracts - Respon ional and statistic uirements, produ rvice database by	al reporting mechanisms ces routine and ad hoc r voverseeing database q	in accordance with contract eporting as needed, and en	t and sures the	
Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se Bachelor's degree	ontracts - Respontional and statistic juirements, produ- rivice database by e and at least two and evaluation; of	al reporting mechanisms ces routine and ad hoc r v overseeing database q o years demonstrated ex	in accordance with contract eporting as needed, and en uality assurance activities.	t and sures the program	
Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se Bachelor's degree planning, design,	ontracts - Respontional and statistic juirements, produ- rivice database by e and at least two and evaluation; of	al reporting mechanisms ces routine and ad hoc r v overseeing database q o years demonstrated ex	in accordance with contract eporting as needed, and en uality assurance activities. perience in health services	t and sures the program	
Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se Bachelor's degree planning, design, Minimum qualifications: and negotiations. Annual Salary:	ontracts - Respontional and statistic uirements, productivice database by and at least two and evaluation; of x FTE:	al reporting mechanisms ces routine and ad hoc r v overseeing database q o years demonstrated ex	in accordance with contract eporting as needed, and en uality assurance activities. perience in health services vriting; government contract	t and sures the program	eme
Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se Bachelor's degree planning, design, Minimum qualifications: and negotiations.	ontracts - Respontional and statistic uirements, productivice database by and at least two and evaluation; of the contraction o	al reporting mechanisms ces routine and ad hoc r voverseeing database q byears demonstrated ex grant development and v	in accordance with contract eporting as needed, and en- uality assurance activities. perience in health services vriting; government contract Annualized (if less than	t and sures the program s manage	emer
Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se Bachelor's degree planning, design, Minimum qualifications: and negotiations. Annual Salary:	ontracts - Respontional and statistic uirements, productivice database by and at least two and evaluation; of x FTE:	al reporting mechanisms ces routine and ad hoc r v overseeing database q b years demonstrated ex grant development and v x Months per Year:	in accordance with contract eporting as needed, and en- uality assurance activities. perience in health services vriting; government contract Annualized (if less than 12 months);	t and sures the program is manage	emer
Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se Bachelor's degree planning, design, Minimum qualifications: and negotiations. Annual Salary: \$106,165.00 Staff Position 4: Data Manager	ontracts - Respontional and statistic uirements, productivice database by and at least two and evaluation; \$\text{x}\$ FTE:	al reporting mechanisms ces routine and ad hoc r v overseeing database q b years demonstrated ex grant development and v x Months per Year:	in accordance with contract eporting as needed, and en uality assurance activities. perience in health services writing; government contract Annualized (if less than 12 months):	t and sures the program s manage Tot	emer
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Director, Gov't Communications operation departmental requirements of job duties: integrity of the sea Bachelor's degree planning, design, Minimum qualifications: and negotiations. Annual Salary: Staff Position 4: Data Manager Data Manager - Position of job duties: requirements. Brief description of job duties: requirements. Bachelor's degree Minimum qualifications: years equivalent of Minimum qualifications:	ontracts - Respondental and statistic purements, productivice database by and at least two and evaluation; of the statistic pure foundation pu	al reporting mechanisms ces routine and ad hoc reviews and ad hoc reviews are rigorously estable for review, abstract well as data analysis to red. x Months per Year:	in accordance with contract eporting as needed, and en uality assurance activities. perience in health services writing; government contract Annualized (if less than 12 months): 1 In, quality assurance, report valuated for process and he ion from client records and comeet programmatic and comesting quality for large client Annualized (if less than 12 months):	Tot sing and ealth outce database intract Tot Tot	5,3
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Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se Bachelor's degree planning, design, Minimum qualifications: and negotiations. Annual Salary: \$106,165.00 Staff Position 4: Data Manager Data Manager - Posummaries to ens and public health of all data collecte Brief description of job duties: requirements. Bachelor's degree Minimum qualifications: years equivalent of Annual Salary: \$96,300.00	ontracts - Respondental and statistic purements, productivice database by and at least two and evaluation; of the statistic pure foundation pu	al reporting mechanisms ces routine and ad hoc reviews and ad hoc reviews are rigorously estable for review, abstract well as data analysis to red. x Months per Year:	in accordance with contract eporting as needed, and en uality assurance activities. perience in health services writing; government contract Annualized (if less than 12 months): 1 In, quality assurance, report valuated for process and he ion from client records and comeet programmatic and comesting quality for large client Annualized (if less than 12 months):	Tot sing and ealth outce database intract Tot Tot	sal 5,3
Director, Gov't Communication Maintains operation departmental requiremental requireme	ontracts - Respondenda and statistic purements, productivice database by and at least two and evaluation; on the statistic purements, productivice database by and evaluation; on the statistic pure foundation product. Responsed from clients as the and 2 years experience requiring a pure foundation products and the statistic pure foundation products are statistically as the statistic pure foundation products are statisticall	al reporting mechanisms ces routine and ad hoc revives and ad hoc revives and ad hoc revives and advantage of years demonstrated exprant development and verification of the verification	in accordance with contract eporting as needed, and en uality assurance activities. perience in health services writing; government contract Annualized (if less than 12 months): 1 In, quality assurance, report valuated for process and he ion from client records and comeet programmatic and comesting quality for large client Annualized (if less than 12 months):	Tot \$ ing and ealth outcodatabase intract Tot \$ Tot ant data se	al 5,

Appendix B-1q
Amendment: 02/01/2020

Annual Salary:

Total

77,813

\$

0.75

Brief description of job duties: waste removal company, prepare reports for compliance and maintain safety protocols.

x FTE:

Minimum qualifications: be willing to obtain certification on the job.

\$103,750.00

and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with

Annualized (if less than

12 months):

1

Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or

x Months per Year:

12

Staff Position 6: Logistics Inv					
Responsible t	or purchasing excha	nge supplies. Organize	orary staff in appropriate ex s removal of blohazard was re reports for compliance an	te fro	m sites and
homeless pop interviewing a	ulations required. A nd strong understan ion preferred. Exper	associates degree prefer ding of harm reduction prience using a pallet jack	ple who use drugs, highly m red, experience using motiv gractices and principles, exp s, hand truck, and carts and	ation erier	al ice doing
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$63,705.00	1.00	12	1	\$	63,70
Staff Position 7: Logistics Ass	ociates				
Logistics Asso	ciate - Staffs exchar	nge sites and supervises ars down sites as neede	s volunteers at the sites. Tra d.	nspc	rts supplie:
	sh desired. Ability to	follow directions and go	n service organization. Biling od communications skills ne		
	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
Annual Salary: \$56,513.00		12	12 monais).	\$	113,026
Staff Position 8: SSE/Volunte		annollela for anno illiano be	aining, and supervising seco	a de	
exchangers w develop training Brief description of job duties: High school descriptions	illing to become peeing materials, including the site volunteers and ploma or equivalence.	r educators. Develops on ng specific materials rele and supervises exchange	curriculum for these trainings vant to MSM-IDU speed use e sites. s license and excellent drivi	anders. S	helps Schedules
Minimum qualifications:		To be The second	Annualized (if less than		
ATTO AN ACTION OF	x FTE:	x Months per Year:	12 months):		
Annual Salary: \$71,925.00	The state of the s		12 months):	•	Total 53 044
Annual Salary: \$71,925.00	The state of the s	12	12 montris).	\$	7 - 2 - 1
	0.75			\$	3 5 5 5 5 5 5
\$71,925.00 Staff Position 9: Health Educa Responsibilitie testing and lin	0.75 ator is include health edu kage to care; harm n	12 cation (e.g. overdose preduction counseling) thr		s to h	53,944 HIV/HCV
Staff Position 9: Health Educa Responsibilitie testing and lin overseeing a t High school di	0.75 ator as include health edu kage to care; harm re eam of street outrea	12 location (e.g. overdose preduction counseling) throch volunteers; and provi	evention; vein care; referrals ough mobile and encampme ding crisis intervention supp s license and excellent drivir	s to lent o	53,944 HIV/HCV utreach;

C D III S SINGLE			1.00 1.00 1.00 2.00 2.00 2.00 2.00 2.00	7.7.5711
\$55,924.00	3.40	12	1	\$ 190,14
Staff Position 10:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	•

Total FTE:

8.10

Total Salaries: \$ 521,453

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	\$ 39,891.00
Retirement	\$ 9,960.00
Medical	\$ 53,866.00
Dental	
Unemployment Insurance	\$ 2,712.00
Disability Insurance	\$ 21,223.00
Paid Time Off	
Workers comp	\$ 2,711.00

Total Fringe Benefit: 130,363

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 651,816

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo.	\$800/FTE	77,760
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66/mo	2,000
Utilities	Phone, PG&E & trash.	55.618/FTE	5,406
Rent office	Additional space for 6th Street.	875/mo	10,500
		Total Occupancy:	95.666

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4,973
Volunteer Spt	Snacks, T-shirts, etc - \$333.34/mo.	\$333.34	4,000
Syringes	Syringes \$.15/each x 1,945,960 syringes.	\$0.15	291,894
Bio Buckets	18/19 gallon buckets - 2,052 x \$24.367.	\$24.367	50,000
Bio Buckets	2 gallon - 18,182 x \$2.75.	\$2.75	50,000
Alcohol Wipes	257 cases x \$38.91/case.	\$38.91	10,000
Cotton balls and pellets	1,040bags x \$16.827bag.	\$16.827	17,500
Sterile Water	430 Cases x \$81.396/case.	\$81,396	35,000
Bagging Supplies	40 bundles x \$7.40/bundle.	\$7.40	296
Group Food	Additional food for increased groups \$718.14/wk x 50 wks.	718.14/wk	35,907
		Materiale & Supplies	400 570

General Operating:

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

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Glide	Operational expenses; staffing, office, IT,etc	\$104,014yr	104,014
Saint James Infirmary	Operational expenses; staffing, office, IT,etc	\$108,258/yr	108,258
Homeless youth Alliance	Operational expenses; staffing, office, IT,etc	\$236,684/yr	236,684
S.F. Drug Users Union	Operational expenses; staffing, office, IT,etc	\$171,882/yr	171,882
	Total Con	cultante/Subcontractors:	820 838

TOTAL OPERATING EXPENSES:	1,226,990
TOTAL DIRECT COSTS:	1,878,806

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	
	187.88
of total direct costs.	
	-

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	187,881

TOTAL EXPENSES: 2,066,687

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26 Funding Source General Fund Appendix #

B-1r

Page # Fiscal Year(s)

Funding Notification Date

23-24 1/29/2020

		S	ERVICE M	ODES			
Personnel Expenses	Syringe Access Coordination Purchas	& Bulk					Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy	33,000	100%	-	0%	2	0%	33,000
Total Materials and Supplies	153,358	100%	20	0%	P-1	0%	153,358
Total General Operating	12,000	100%		0%	-	0%	12,000
Total Operating Expenses	198,358	100%	3	0%	-	0%	198,358
Total Direct Expenses	198,358	100%	1 2	0%	1	0%	198,358
Indirect Expenses 10.00%	19,836	100%	1 10	0%		0%	19,836
TOTAL EXPENSES	218,194	100%		0%	-	0%	218,194
Units of Service (UOS) per Service Mode	12		-	-	-		12
Cost Per Unit of Service by Service Mode							
(NOC) per Service Mode	N/A	-	14				N/A

Contractor Name San Francisco AIDS Foundation Program Name: HIV Syringe Access & Disposal Services Appendix #: Fiscal Year:

B-1r 23-24

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Syringes	398,920 syringes @ \$.15 each.	\$0.15	59,838
Bio Buckets	18/19 gallon buckets - 1,026 x \$24.367	\$24.367	25,000
Bio Buckets	2 gallon - 5,454 x \$2.7502.	\$2.7502	15,000
Sterile Water	185 Cases x \$81.081/case.	\$81.081	15,000
Misc Exchange supplies	Turniquests, bandaids, ensure.	\$293.33/mo	3,520
Condoms & Lube	16,666 Lube packets @ \$.75 each.	\$0.75	12,500
Group food/snacks	\$192.307/week for location snack/group food x 52 weeks.	\$192.307	10,000
Incentives	1250 incentives @ \$10 each.	\$10.00	12,500
	Total	Materials & Supplies:	153,358

General Operating:

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

TOTAL OPERATING EXPENSES: 198,358

TOTAL DIRECT COSTS: 198,358

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		19,836

Indirect Rate: 10.00% TOTAL INDIRECT COSTS: 19,836

> TOTAL EXPENSES: 218,194

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

Page# Fiscal Year(s) Funding Notification Date

Appendix#

B-1s 1 24-25 1/29/2020

				SERVICE MO	DES			
Personnel Expenses		Syringe Access (Hrs., City-wid Sweep	e Syringe	Syringe Access Coordination Purchas	& Bulk			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,700	100%		0%			5,700
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,308	100%		0%			5,308
Data Manager	0.05	4,815	100%	7	0%			4,815
SAS Director	0.75	69,254	89%	8,559	11%			77,813
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%			113,026
SSE/Vol Coordinator	0.75	53,944	100%		0%			53,944
Health Educator	3.40	190,142			0%			190,142
			0%		0%			
Total FTE & Total Salaries	8.10	379,445	73%	142,008	27%			521,453
Fringe Benefits	25.00%	94,861	73%	35.502	27%		-	130,363
Total Personnel Expenses	25.0076	474,306	73%	177,510	27%		,	651,816
				-				
		Expenditure	%	Expenditure		xpenditure	9	Contract Total
Total Occupancy		85,166	89%	10,500	11%	xpenditure	9	95,666
Total Occupancy Total Materials and Supplies		85,166 144,875	89% 29%	10,500 354,695	11% 71%	xpenditure	9	95,666 499,570
Total Occupancy Total Materials and Supplies Total General Operating		85,166 144,875 6,659	89% 29% 61%	10,500	11% 71% 39%	xpenditure		95,666 499,570 10,916
Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor:		85,166 144,875 6,659 620,838	89% 29% 61% 100%	10,500 354,695 4,257	11% 71% 39% 0%	xpenditure		95,666 499,570 10,916 620,838
Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor:		85,166 144,875 6,659	89% 29% 61%	10,500 354,695	11% 71% 39%	xpenditure		95,666 499,570 10,916
Total Occupancy Total Materials and Supplies Total General Operating		85,166 144,875 6,659 620,838	89% 29% 61% 100%	10,500 354,695 4,257	11% 71% 39% 0%	xpenditure		95,666 499,570 10,916 620,838
Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses	10.00%	85,166 144,875 6,659 620,838 857,538	89% 29% 61% 100% 70%	10,500 354,695 4,257 369,452	11% 71% 39% 0% 30%	xpenditure		95,666 499,570 10,916 620,838 1,226,990
Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses Indirect Expenses	10.00%	85,166 144,875 6,659 620,838 857,538	89% 29% 61% 100% 70%	10,500 354,695 4,257 369,452	11% 71% 39% 0% 30%	xpenditure		95,666 499,570 10,916 620,838 1,226,990
Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES		85,166 144,875 6,659 620,838 857,538 1,331,844 133,185	89% 29% 61% 100% 70% 71% 71%	10,500 354,695 4,257 369,452 546,962 54,696	11% 71% 39% 0% 30% 29% 29%	xpenditure		95,666 499,570 10,916 620,838 1,226,990 1,878,806 187,881 2,066,687
Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses Indirect Expenses	vice Mode	85,166 144,875 6,659 620,838 857,538 1,331,844 133,185 1,465,029	89% 29% 61% 100% 70% 71% 71%	10,500 354,695 4,257 369,452 546,962 54,696 601,658	11% 71% 39% 0% 30% 29% 29%			95,666 499,570 10,916 620,838 1,226,990 1,878,806 187,881

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

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

1a) SALARIES

Staff Position 1: Programs & Op	erations Directo				
Oversees creation with all activities	on and maintenand and that all require otation and refinen	ce of an evaluation plar ed data is reported; wo nent; coordinates curre	that assures monitoring too rks with partner agencies an nt and emerging health infor ssurance procedures.	d pro	gram staff
	Health and 3 year	ars community organizir	ng and public health experier	ice o	ran
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$114,000.00	0.05	12	1	\$	5,70
Staff Position 2: Director, Behav	ioral Health Sen	vices		_	
evaluation of the continuum that is Brief description of job duties: and bisexual mer	program structure responsive to the n.	e and provision of profe current health and we	g the implementation, manag ssional oversight to create a I-being needs, including HIV	nee	ce deliver is of gay
	pacity, especially i		or related discipline; three ye emonstrated program mana		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	-	Total
\$140,000.00	0.05	12	1	\$	7,00
Staff Position 3: Dir. Gov't Grant					
	e and at least two and evaluation; g	years demonstrated ex	perience in health services p writing; government contract		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$106,165.00	0.05	12	1	\$	5,30
Staff Position 4: Data Manager				-	
Data Manager - F summaries to ens and public health	sure foundation pr impact. Respons	ograms are rigorously e sible for review, abstrac	on, quality assurance, reporti evaluated for process and he tion from client records and o meet programmatic and co	alth i	outcomes ase entry
Brief description of job duties: requirements.	and 2 years exp	erience managing and	ensuring quality for large clie	nt da	ta sate or
Brief description of job duties: requirements.			ensuring quality for large clie	nt da	ta sets or
Brief description of job duties: requirements. Bachelor's degree Minimum qualifications: years equivalent Annual Salary:	experience require x FTE:	x Months per Year:	ensuring quality for large clie Annualized (if less than 12 months):		Total
Brief description of job duties: requirements. Bachelor's degree Minimum qualifications: years equivalent	experience require	ed.	Annualized (if less than	nt da	
Brief description of job duties: requirements. Bachelor's degree Minimum qualifications: years equivalent Annual Salary: \$96,300.00 Staff Position 5: SAS Director SAS Director - Pridepartmental strateffective partners and training full-times.	experience require x FTE: 0.05 ovides oversight a stegic goals in alignifies with other HI' me and temporary s. Organizes rem	and management of 11 nment with agency and V/AIDS and Harm Redu y staff in appropriate exposal of biohazard wasterns.	Annualized (if less than 12 months): 1 exchange sites, Develops ar city objectives, Builds and nuction agencies, Responsible change protocol. Responsible from sites and coordinates	\$ nnual nainta e for se	Total 4,8

Annual Salary:

Total

77,813

\$

Annualized (if less than

12 months):

0.75

x FTE:

x Months per Year:

12

Minimum qualifications: be willing to obtain certification on the job.

\$103,750.00

Staff Position 6: Logistics Inver				
Responsible for	purchasing excha	inge supplies. Organize	oorary staff in appropriate ex s removal of biohazard was re reports for compliance an	te from sites ar
homeless populinterviewing and	lations required. A d strong understan n preferred. Expe	Associates degree prefer ding of harm reduction prience using a pallet jack	ple who use drugs, highly m red, experience using motiv oractices and principles, exp k, hand truck, and carts and	ational erience doing
A 77 77 8 37			Annualized (if less than	200.0
Annual Salary:	x FTE:	x Months per Year:	12 months):	Total
\$63,705.00	1.00	12	1	\$ 63,70
Staff Position 7: Logistics Asso	ciatos			
		nne sites and supervises	s volunteers at the sites. Tra	nenorte cunnlie
		ars down sites as neede		noponto soppiio
	desired. Ability to	follow directions and go	n service organization. Biling ood communications skills ne	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
				£ 449.00
\$56,513.00	2.00	12		\$ 113,02
		12	1	\$ 113,02
Staff Position 8: SSE/Volunteer Secondary Exch	Coordinator	ponsible for recruiting, tr	aining, and supervising securiculum for these trainings	ondary
Staff Position 8: SSE/Volunteer Secondary Exchexchangers willing develop training and manages the High school diples:	Coordinator nange coord - Res ng to become pee materials, includir te site volunteers a oma or equivalence	ponsible for recruiting, tr r educators. Develops on ng specific materials releand supervises exchang by; valid California driver	curriculum for these trainings evant to MSM-IDU speed use e sites. 's license and excellent drivi	andary and helps ers. Schedules
Staff Position 8: SSE/Volunteer Secondary Exchexchangers willing develop training and manages the High school diples:	Coordinator nange coord - Res ng to become pee materials, includir te site volunteers a oma or equivalence	ponsible for recruiting, tr r educators. Develops on ng specific materials rele and supervises exchang	curriculum for these trainings evant to MSM-IDU speed use e sites. 's license and excellent drivi olunteers.	andary and helps ers. Schedules
Staff Position 8: SSE/Volunteer Secondary Exchexchangers willing develop training and manages the High school diplof of experience willing the secondary of experience will be secondary Exchangers will be secondary to seco	Coordinator nange coord - Resing to become pee materials, including site volunteers a oma or equivalence orking with injection	ponsible for recruiting, tr r educators. Develops on ng specific materials rele and supervises exchang by; valid California driver on drug users and with ve	curriculum for these trainings vant to MSM-IDU speed use e sites. 's license and excellent driviolunteers. Annualized (if less than	ondary and helps ers. Schedules ng record. 1 ye
Staff Position 8: SSE/Volunteer Secondary Exchexchangers willing develop training and manages the High school diplof of experience with Minimum qualifications: Annual Salary:	Coordinator nange coord - Resing to become pee materials, including site volunteers a oma or equivalence orking with injection	ponsible for recruiting, tr r educators. Develops on ng specific materials rele and supervises exchang by; valid California driver on drug users and with vo	curriculum for these trainings vant to MSM-IDU speed use e sites. 's license and excellent driviolunteers. Annualized (if less than 12 months):	ondary and helps ers. Schedules ng record. 1 ye
Staff Position 8: SSE/Volunteer Secondary Exchexchangers willing develop training and manages the High school diplof of experience willing the Minimum qualifications:	Coordinator nange coord - Resing to become pee materials, including site volunteers a oma or equivalence orking with injection	ponsible for recruiting, tr r educators. Develops on ng specific materials rele and supervises exchang by; valid California driver on drug users and with ve	curriculum for these trainings vant to MSM-IDU speed use e sites. 's license and excellent driviolunteers. Annualized (if less than	ondary and helps ers. Schedules ng record. 1 ye
Staff Position 8: SSE/Volunteer Secondary Exchexchangers willing develop training Brief description of job duties: High school diplof of experience with the school of the school of experience with the school diplof experience with the school di	Coordinator nange coord - Resing to become pee materials, including the site volunteers a coma or equivalencorking with injection x FTE: 0.75	ponsible for recruiting, tr r educators. Develops on ng specific materials rele and supervises exchang by; valid California driver on drug users and with vo	curriculum for these trainings vant to MSM-IDU speed use e sites. 's license and excellent driviolunteers. Annualized (if less than 12 months):	ondary and helps ers. Schedules ng record. 1 ye Total
Staff Position 8: SSE/Volunteer Secondary Exchexchangers willing develop training and manages the High school diploser of experience with the school diploser of experience wi	Coordinator lange coord - Resing to become pee materials, includir le site volunteers a oma or equivalence orking with injection x FTE: 0.75 or include health edu lige to care; harm r	ponsible for recruiting, tr r educators. Develops on ng specific materials rele and supervises exchange by; valid California driver on drug users and with value x Months per Year: 12	curriculum for these trainings vant to MSM-IDU speed use e sites. 's license and excellent driviolunteers. Annualized (if less than 12 months):	ondary and helps ers. Schedules erg record. 1 ye Total \$ 53,94 s to HIV/HCV ent outreach;
Staff Position 8: SSE/Volunteer Secondary Exchexchangers willing develop training and manages the High school diploser of experience with the secondary exchangers willing develop training and manages the High school diploser of experience with the secondary experience with th	Coordinator lange coord - Resign to become pee materials, including the site volunteers a some or equivalence o	ponsible for recruiting, tr r educators. Develops of ng specific materials rele and supervises exchang by; valid California driver of drug users and with valid x Months per Year: 12 Incation (e.g. overdose preduction counseling) the active valid California driver	curriculum for these trainings evant to MSM-IDU speed use e sites. 's license and excellent driving ounteers. Annualized (if less than 12 months): 1 revention; vein care; referrals ough mobile and encampment of the control of t	andary s and helps ers. Schedules rig record. 1 ye Total \$ 53,94 s to HIV/HCV ent outreach; ort.
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Total FTE: 8.10 Total Salaries: \$ 521,453

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	COSI
Social Security	\$ 39,891.00
Retirement	\$ 9,960.00
Medical	\$ 53,866.00
Dental	
Unemployment Insurance	\$ 2,712.00
Disability Insurance	\$ 21,223.00
Paid Time Off	
Workers comp	\$ 2,711.00

Total Fringe Benefit: 130,363

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 651,816

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo.	\$800/FTE	77,760
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66/mo	2,000
Utilities	Phone, PG&E & trash.	55,618/FTE	5,406
Rent office	Additional space for 6th Street.	875/mo	10,500
		Total Occupancy:	95,666

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4,973
Volunteer Spt	Snacks, T-shirts, etc - \$333.34/mo.	\$333.34	4,000
Syringes	Syringes \$.15/each x 1,945,960 syringes.	\$0.15	291,894
Bio Buckets	18/19 gallon buckets - 2,052 x \$24.367	\$24.367	50,000
Bio Buckets	2 gallon - 18,182 x \$2.75.	\$2.75	50,000
Alcohol Wipes	257 cases x \$38.91/case.	\$38.91	10,000
Cotton balls and pellets	1,040bags x \$16,827bag.	\$16.827	17,500
Sterile Water	430 Cases x \$81.396/case.	\$81.396	35,000
Bagging Supplies	40 bundles x \$7.40/bundle.	\$7.40	296
Group Food	Additional food for increased groups \$718.14/wk x 50 wks.	718.14/wk	35,907
	Total	Materials & Supplies:	499,570

General Operating:

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

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Glide	Operational expenses; staffing, office, IT,etc	\$104,014yr	104,014
Saint James Infirmary	Operational expenses; staffing, office, IT,etc	\$108,258/yr	108,258
Homeless youth Alliance	Operational expenses; staffing, office, IT,etc	\$236,684/yr	236,684
S.F. Drug Users Union	Operational expenses; staffing, office, IT,etc	\$171,882/yr	171,882
	Total Cons	sultants/Subcontractors:	620,838

TOTAL OPERATING EXPENSES:	1,226,990
TOTAL DIRECT COSTS:	1,878,806

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.	

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	187,881

TOTAL EXPENSES: 2,066,687

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

Appendix # Page #

B-1t

Fiscal Year(s)

1 24-25

1/29/2020

Funding Notification Date UOS COST ALLOCATION BY SERVICE MODE

		S	ERVICE M	ODES			
Personnel Expenses	Syringe Access Coordination Purchas	& Bulk					Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy	33,000	100%	-	0%	-	0%	33,000
Total Materials and Supplies	153,358	100%	- 4	0%	14-0-0	0%	153,358
Total General Operating	12,000	100%		0%	4	0%	12,000
Total Operating Expenses	198,358	100%	740	0%		0%	198,358
Total Direct Expenses	198,358	100%	-1	0%	1 -1	0%	198,358
Indirect Expenses 10.00%	19,836	100%	F4 141	0%		0%	19,836
TOTAL EXPENSES	218,194	100%	ē.	0%	-	0%	218,194
Units of Service (UOS) per Service Mode	12		-		-		12
Cost Per Unit of Service by Service Mode							
(NOC) per Service Mode							N/A

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

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

2) OPERATING EXPENSES:

Occupancy:

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

Fotal Occupancy: 33,000

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Syringes	398,920 syringes @ \$.15 each.	\$0.15	59,838
Bio Buckets	18/19 gallon buckets - 1,026 x \$24.367.	\$24.367	25,000
Bio Buckets	2 gallon - 5,454 x \$2.7502.	\$2.7502	15,000
Sterile Water	185 Cases x \$81.081/case.	\$81.081	15,000
Misc Exchange supplies	Turniquests, bandaids, ensure.	\$293.33/mo	3,520
Condoms & Lube	16,666 Lube packets @ \$.75 each.	\$0.75	12,500
Group food/snacks	\$192.307/week for location snack/group food x 52 weeks.	\$192.307	10,000
Incentives	1250 incentives @ \$10 each.	\$10.00	12,500
	Total I	Materials & Supplies:	153,358

General Operating:

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

TOTAL OPERATING EXPENSES: 198,358

TOTAL DIRECT COSTS: 198,358

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		19,836

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	19,836

TOTAL EXPENSES: 218,194

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26 Funding Source General Fund Appendix # Page # B-1u

Fiscal Year(s)
Funding Notification Date

25-26 1/29/2020

				SERVICE MO	DES			
Personnel Expenses		Syringe Access (Hrs., City-wid Sweep	e Syringe	Syringe Access Coordination Purchas	& Bulk			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,700	100%		0%			5,700
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,308	100%		0%			5,308
Data Manager	0.05	4,815	100%		0%			4,815
SAS Director	0.75	69,254	89%	8,559	11%			77,813
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%			113,026
SSE/Vol Coordinator	0.75	53,944	100%	ALTERNATION	0%		7	53,944
Health Educator	3.40	190,142		-	0%			190,142
	7							-
			0%	9	0%			
Total FTE & Total Salaries	8.10	379,445	73%	142,008	27%			521,453
Fringe Benefits	25.00%	94,861	73%	35,502	27%			130,363
Total Personnel Expenses		474,306	73%	177,510	27%			651,816
Operating Expenses	-	Expenditure	%	Expenditure	%	xpenditure	9	Contract Total
Total Occupancy		85,166	89%	10,500	11%			95,666
Total Materials and Supplies		144,875	29%	354,695	71%			499,570
Total General Operating		6,659	61%	4,257	39%			10,916
Consultants/Subcontractor:		620,838	100%	A	0%			620,838
Total Operating Expenses		857,538	70%	369,452	30%			1,226,990
Total Direct Expenses		1,331,844	71%	546,962	29%			1,878,806
Indirect Expenses	10.00%	133,185	71%	54,696	29%			187,881
TOTAL EXPENSES	====	1,465,029	71%	601,658	29%			2,066,687
Units of Service (UOS) per Ser	vice Mode	8,012		12				8.024
		182.86		50,138.22				
Cost Per Unit of Service by Service	AICE MICHE							

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

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

1a) SALARIES

with all activities	n and maintenand and that all require tation and refiner	ce of an evaluation plan ed data is reported; wor ment; coordinates currer	that assures monitoring too ks with partner agencies and and emerging health informations surance procedures.	d pro	gram staf
Masters in Public Minimum qualifications: equivalent combi			g and public health experien	ice o	an
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$114,000.00	0.05	12	1	S	5.70

evaluation of the	oral Health Svc - F program structur	Responsible for ensuring e and provision of profe	the implementation, manag ssional oversight to create a	service deliver
Brief description of job duties: and bisexual mer		e current nealth and wel	I-being needs, including HIV	needs or gay
Montorn degree i	a saughalagu aga	ial adiapaga buginaga	a cultivarial although the professional	
			or related discipline; three yea	
	pacity, especially	in HIV prevention and d		
a supervisory cap	pacity, especially	in HIV prevention and d		

Staff Position 3: Dir. Gov't Grants	S			
Maintains operation	onal and statistic	al reporting mechanisms ces routine and ad hoc	ement and contract related a s in accordance with contract reporting as needed, and en- quality assurance activities.	t and
			perience in health services p writing; government contract	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$106,165.00	0.05	12	1	\$ 5,308

Staff Position 4: Data Manager				
summaries to ens	sure foundation p impact. Respon	rograms are rigorously a sible for review, abstrac	on, quality assurance, report evaluated for process and he tion from client records and o meet programmatic and co	ealth outcom database en
Bachelor's degree Minimum qualifications: years equivalent			ensuring quality for large clie	ent data sets
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	0.05	12		\$ 4.

Staff Position 5: SAS Director				
departmental stra effective partners and training full-ti exchange supplie Brief description of job duties: waste removal co Three years expe	ategic goals in alighips with other Hime and temporaries. Organizes renompany, prepare infence working with ment, supervision	nment with agency and IV/AIDS and Harm Red y staff in appropriate ex noval of biohazard wast reports for compliance a ith injection and drug us n experience preferred.	exchange sites. Develops and city objectives. Builds and nuction agencies. Responsible change protocol. Responsible from sites and coordinates and maintain safety protocols sers required. Associates Def Must hold HIV test counselon	naintains e for scheduling e for purchasing removal with i. gree with
minimum quantitative.		7.70.70.70.00	Annualized (if less than	
Annual Salary:	x FTE:	x Months per Year:	12 months):	Total
\$103,750.00	0.75	12	1	\$ 77,813

THE PERSON NAMED OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAME	tory Mrg			
Responsible for	purchasing excha	nge supplies. Organize	orary staff in appropriate ex s removal of biohazard was e reports for compliance an	e from site:
homeless popula interviewing and	ations required. A strong understan preferred. Exper	associates degree prefer ding of harm reduction prefer dence using a pallet jack	ple who use drugs, highly m red, experience using motiv tractices and principles, exp s, hand truck, and carts and	ational erience doi
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Tota
\$63,705.00	1.00	12	1	\$ 63
0. 45 W 7 L 1 L 1 L	false:			
Staff Position 7: Logistics Association As		nge sites and supervises	s volunteers at the sites. Tra	nsnorts eur
		ars down sites as neede		risporta sup
	desired. Ability to	follow directions and go	n service organization. Biling od communications skills ne	
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Tota
\$56,513.00	2.00	12	1	\$ 113
Staff Position 8: SSE/Volunteer	Coordinator			
exchangers willin develop training r	ange coord - Resp og to become pee materials, includir	r educators. Develops on ng specific materials rele	aining, and supervising seco surriculum for these trainings want to MSM-IDU speed use a sites.	and helps
Secondary Excha exchangers willin develop training of Brief description of job duties: and manages the High school diplo of experience wo	ange coord - Resp g to become pee materials, includir e site volunteers a ma or equivalence	r educators. Develops on ng specific materials releated supervises exchange and supervises exchange release to the control of the control	curriculum for these trainings want to MSM-IDU speed use e sites. s license and excellent drivi	and helps ers. Schedu
Secondary Excha exchangers willin develop training of Brief description of job duties: and manages the High school diplo	ange coord - Resp g to become pee materials, includir e site volunteers a ma or equivalence	r educators. Develops on ng specific materials rele and supervises exchangory; valid California driver	curriculum for these trainings want to MSM-IDU speed use e sites. s license and excellent drivi	and helps ers. Schedu
Secondary Excha exchangers willin develop training of and manages the High school diplo of experience wo Minimum qualifications:	ange coord - Resping to become pee materials, including site volunteers a ma or equivalency rking with injection	r educators. Develops on ag specific materials releated supervises exchangery; valid California driver and drug users and with vo	curriculum for these trainings vant to MSM-IDU speed use a sites. Is license and excellent driving blunteers. Annualized (if less than	and helps ers. Schedu ng record. 1
Secondary Excha exchangers willin develop training and manages the High school diplo of experience wo Minimum qualifications: Annual Salary: \$71,925.00	ange coord - Resping to become peematerials, includire in site volunteers and or equivalency with injection x FTE: 0.75	r educators. Develops of g specific materials releand supervises exchanging; valid California driver in drug users and with vox Months per Year:	curriculum for these trainings vant to MSM-IDU speed use a sites. Is license and excellent driving olunteers. Annualized (if less than 12 months):	and helps ers. Schedu ng record. 1
Secondary Excha exchangers willin develop training of and manages the High school diplo of experience wo Minimum qualifications: Annual Salary: \$71,925.00 Staff Position 9: Health Educator Responsibilities in testing and linkage overseeing a tear	ange coord - Resping to become peematerials, includire site volunteers and an equivalence of the site volunteers and an equivalence of the site volunteers and an equivalence of the site volunteers and site	r educators. Develops of g specific materials releand supervises exchanging; valid California driver in drug users and with volumes and with value of the cation (e.g. overdose preduction counseling) through the children of the cation provides the cation of the cation	curriculum for these trainings vant to MSM-IDU speed use sites. Is license and excellent driving blunteers. Annualized (if less than 12 months): 1 revention; vein care; referrals ough mobile and encampmending crisis intervention supplied.	Total \$ 53 s to HIV/HC ent outreach
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Staff Position 10:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$

Total FTE:

8.10

Total Salaries: \$ 521,453

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost	
Social Security	\$	39,891.00
Retirement	\$	9,960.00
Medical	\$	53,866.00
Dental		
Unemployment Insurance	\$	2,712.00
Disability Insurance	\$	21,223.00
Paid Time Off		
Workers comp	\$	2,711.00
	Total Fringe Benefit:	130,363

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 651,816

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo.	\$800/FTE	77,760
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66/mo	2,000
Utilities	Phone, PG&E & trash.	55.618/FTE	5,406
Rent office	Additional space for 6th Street.	875/mo	10,500
		Total Occupancy:	95.666

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4,973
Volunteer Spt	Snacks, T-shirts, etc - \$333.34/mo.	\$333.34	4,000
Syringes	Syringes \$.15/each x 1,945,960 syringes.	\$0.15	291,894
Bio Buckets	18/19 gallon buckets - 2,052 x \$24.367.	\$24.367	50,000
Bio Buckets	2 gallon - 18,182 x \$2.75.	\$2.75	50,000
Alcohol Wipes	257 cases x \$38.91/case.	\$38.91	10,000
Cotton balls and pellets	1,040bags x \$16.827bag.	\$16.827	17,500
Sterile Water	430 Cases x \$81.396/case.	\$81.396	35,000
Bagging Supplies	40 bundles x \$7.40/bundle.	\$7.40	296
Group Food	Additional food for increased groups \$718.14/wk x 50 wks.	718.14/wk	35,907
	Total	Materials & Supplies:	499,570

General Operating:

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

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Glide	Operational expenses; staffing, office, IT,etc	\$104,014yr	104,014
Saint James Infirmary	Operational expenses; staffing, office, IT,etc	\$108,258/yr	108,258
Homeless youth Alliance	Operational expenses; staffing, office, IT,etc	\$236,684/yr	236,684
S.F. Drug Users Union	Operational expenses; staffing, office, IT,etc	\$171,882/yr	171,882
	Total Con	sultants/Subcontractors	620 838

TOTAL OPERATING EXPENSES:	1,226,990
TOTAL DIRECT COSTS:	1,878,806

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%
of total direct costs.

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	187,881

TOTAL EXPENSES: 2,066,687

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26 Funding Source General Fund Appendix # Page # B-1v

Fiscal Year(s)

25-26 1/29/2020

Funding Notification Date UOS COST ALLOCATION BY SERVICE MODE

		S	ERVICE M	ODES			
Personnel Expenses	Syringe Acces Coordinatio Purcha	n & Bulk					Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy	33,000	100%	-	0%	17 00 -	0%	33,000
Total Materials and Supplies	153,358	100%	/	0%		0%	153,358
Total General Operating	12,000	100%	- S-V	0%	0 TO 100	0%	12,000
Total Operating Expenses	198,358	100%	<u> </u>	0%	E - 2	0%	198,358
Total Direct Expenses	198,358	100%		0%	[I	0%	198,358
Indirect Expenses 10.0	19,836	100%		0%	h = = = 1	0%	19,836
TOTAL EXPENSES	218,194	100%		0%	-	0%	218,194
of Service (UOS) per Service Mode	12		-		-		12
er Unit of Service by Service Mode	18,182.84		1.0			-	
(NOC) per Service Mode	N/A						N/A

Contractor Name San Francisco AIDS Foundation Appendix #: B-1v
Program Name: HIV Syringe Access & Disposal Services Fiscal Year: 25-26

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Syringes	398,920 syringes @ \$.15 each.	\$0.15	59,838
Bio Buckets	18/19 gallon buckets - 1,026 x \$24.367.	\$24.367	25,000
Bio Buckets	2 gallon - 5,454 x \$2.7502.	\$2.7502	15,000
Sterile Water	185 Cases x \$81.081/case.	\$81.081	15,000
Misc Exchange supplies	Turniquests, bandaids, ensure.	\$293.33/mo	3,520
Condoms & Lube	16,666 Lube packets @ \$.75 each.	\$0.75	12,500
Group food/snacks	\$192.307/week for location snack/group food x 52 weeks.	\$192.307	10,000
Incentives	1250 incentives @ \$10 each.	\$10.00	12,500
	Total I	Waterials & Supplies:	153,358

General Operating:

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

TOTAL OPERATING EXPENSES: 198,358

TOTAL DIRECT COSTS: 198,358

4) INDIRECT COSTS

n Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	
total direct costs.	19,836

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	19,836

TOTAL EXPENSES: 218,194

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

Appendix # Page # B-2d

Fiscal Year(s)

1 20-21 1/29/2020

Funding Notification Date UOS COST ALLOCATION BY SERVICE MODE

		5	SERVICE M	ODES			
Personnel Expenses	HYA Wrap A Disposal Se						Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	158,166	100%		0%	-	0%	158,166
Total Operating Expenses	158,166	100%	•	0%		0%	158,166
Total Direct Expenses	158,166	100%	-	0%	-	0%	158,166
Indirect Expenses 10.00%	15,816	100%		0%		0%	15,816
TOTAL EXPENSES	173,982	100%	-	0%	-	0%	173,982
Units of Service (UOS) per Service Mode	12				-		12
Cost Per Unit of Service by Service Mode	14,498.50						
Cost Fer Office of Dervice by Dervice Mode							N/A

Contractor Name San Francisco AIDS Foundaiton Appendix #: B-2d
Program Name: HIV Syringe Access & Disposal Services Fiscal Year: 20-21

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$158,166	158,166
		+	
	Total Con	sultants/Subcontractors:	158,166

TOTAL OPERATING EXPENSES: 158,166

TOTAL DIRECT COSTS: 158,166

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	
of total direct costs.	15,816

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 15,816

TOTAL EXPENSES: 173,982

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26 Funding Source General Fund Appendix # Page # B-2e

Fiscal Year(s)

1 21-22 1/29/2020

Funding Notification Date

		5	SERVICE M	ODES			
Personnel Expenses	HYA Wrap A Disposal Se						Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	158,166	100%	-	0%		0%	158,166
Total Operating Expenses	158,166	100%	-	0%	- 4	0%	158,166
Total Direct Expenses	158,166	100%	1	0%	-	0%	158,166
Indirect Expenses 10.00%	15,816	100%		0%		0%	15,816
TOTAL EXPENSES	173,982	100%	-	0%		0%	173,982
Units of Service (UOS) per Service Mode	12		-				12
Cost Per Unit of Service by Service Mode	14,498.50					175-	100000
(NOC) per Service Mode							N/A

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

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

158,166

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$158,166	158,166
	Total Consu	ultants/Subcontractors:	158,166
	TOTAL O	PERATING EXPENSES:	158,166

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		15,816
total alloot oods.		10,0

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	15,816

TOTAL DIRECT COSTS:

TOTAL EXPENSES: 173,982

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26 Funding Source General Fund Appendix # Page # B-2f

Fiscal Year(s)

1 22-23

Funding Notification Date 1/29/2020

			ERVICE M	ODES			
Personnel Expenses	HYA Wrap A Disposal Se						Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	158,166	100%	-	0%		0%	158,166
Total Operating Expenses	158,166	100%	-	0%	-	0%	158,166
Total Direct Expenses	158,166	100%	-1	0%	1 -1	0%	158,166
Indirect Expenses 10.00%	15,816	100%		0%	4	0%	15,816
TOTAL EXPENSES	173,982	100%	-	0%		0%	173,982
Units of Service (UOS) per Service Mode	12	100	- 1	-	- 1		12
Cost Per Unit of Service by Service Mode	14,498.50		-				
(NOC) per Service Mode	N/A						N/A

Contractor Name San Francisco AIDS Foundaiton Appendix #: B-2f Program Name: HIV Syringe Access & Disposal Services Fiscal Year: 22-23 Consultants/Subcontractors: Consultant/Subcontractor Name Service Description Rate Cost Homeless Youth Alliance Wrap around and disposal services. \$158,166 158,166 158,166 Total Consultants/Subcontractors:

TOTAL OPERATING EXPENSES: 158,166

TOTAL DIRECT COSTS: 158,166

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)

San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs.

15,816

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 15,816

TOTAL EXPENSES: 173,982

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26 Funding Source General Fund Appendix # Page # B-2g

Fiscal Year(s)
Funding Notification Date

23-24 1/29/2020

		5	SERVICE M	ODES			
Personnel Expenses	HYA Wrap A Disposal Se						Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	158,166	100%		0%	(- Te	0%	158,166
Total Operating Expenses	158,166	100%	-1	0%	-	0%	158,166
Total Direct Expenses	158,166	100%	-	0%	1 -1	0%	158,166
Indirect Expenses 10.00%	15,816	100%		0%		0%	15,816
TOTAL EXPENSES	173,982	100%		0%	-	0%	173,982
Units of Service (UOS) per Service Mode	12	000	-		- 1		12
Cost Per Unit of Service by Service Mode	14,498.50		DêT.	1-3	-	1 3	
	N/A	-				-	N/A

Contractor Name	San Francisco AIDS Foundaiton	Appendix #:	B-2g
Program Name:	HIV Syringe Access & Disposal Services	Fiscal Year:	23-24
Consultants/Subcontractors:			
Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$158,166	158,166
	Total Consult	ants/Subcontractors:	158,166
	Total consult	ants/oubcontractors.	150,100
	TOTAL OPE	RATING EXPENSES:	158,166
	TO	TAL DIRECT COSTS:	158,166
4) INDIRECT COSTS			
	A A A A A D A A A A A A A A A A A A A A		
	ct Cost Allocation (i.e., FTE, square footage, or		Amount
San Francisco AIDS Foundation has a	egotiated rate of 27%. This contract seeks reimbu		
			10.000.000.000
San Francisco AIDS Foundation has a			
San Francisco AIDS Foundation has a			

TOTAL EXPENSES:

173,982

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26 Funding Source General Fund Appendix #

B-2h 1

Page #
Fiscal Year(s)
Funding Notification Date

24-25 1/29/2020

			SERVICE M	ODES			7
Personnel Expenses	HYA Wrap A Disposal Se						Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Tota
Consultants/Subcontractor:	158,166	100%	-	0%	-	0%	158,166
Total Operating Expenses	158,166	100%	-	0%		0%	158,166
Total Direct Expenses	158,166	100%		0%	1 -1	0%	158,166
Indirect Expenses 10.00%	15,816	100%		0%		0%	15,816
TOTAL EXPENSES	173,982	100%	-1	0%		0%	173,982
Units of Service (UOS) per Service Mode	12				1		12
Cost Per Unit of Service by Service Mode			-	-	4.0		
(NOC) per Service Mode							N/A

	San Francisco AIDS Foundaiton HIV Syringe Access & Disposal Se	Appendix #:	B-2h 24-25
Consultants/Subcontractors:			
Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$158,166	158,166
		Total Consultants/Subcontractors:	158,166
		TOTAL OPERATING EXPENSES:	158,166
		TOTAL DIRECT COSTS:	158,166
4) INDIRECT COSTS			
Describe method and basis for Indire	ct Cost Allocation (i.e., FTE, square	footage, or other)	Amount
San Francisco AIDS Foundation has a r	egotiated rate of 27%. This contrac	t seeks reimbursement at a rate of 10%	
of total direct costs.			15,816
		Indirect Rate:	10.00%
		TOTAL INDIRECT COSTS:	15,816
		A Section Lands	
		TOTAL EXPENSES:	173,982

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26 Funding Source General Fund Appendix #

B-2i

Page # Fiscal Year(s) Funding Notification Date

25-26 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

		8	SERVICE M	ODES			
Personnel Expenses	HYA Wrap A Disposal Se						Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	158,166	100%	1	0%	100	0%	158,166
Total Operating Expenses	158,166	100%		0%	1-14	0%	158,166
Total Direct Expenses	158,166	100%		0%	-	0%	158,166
Indirect Expenses 10.00%	15,816	100%		0%		0%	15,816
TOTAL EXPENSES	173,982	100%		0%		0%	173,982
Units of Service (UOS) per Service Mode	12	-	- 1		- 1	-	12
Cost Per Unit of Service by Service Mode	-		- 1			100	
(NOC) per Service Mode					100		N/A

1.

Contractor Name San Francisco AIDS Foundaiton Appendix #: B-2i
Program Name: HIV Syringe Access & Disposal Services Fiscal Year: 25-26

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$158,166	158,166
	3		
	Total Const	ultants/Subcontractors:	158,166
	TOTAL O	PERATING EXPENSES:	158,166

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement	nt at a rate of 10%
of total direct costs.	15,816
	4 14 14

	Indirect Rate:	10.00%
1	TOTAL INDIRECT COSTS:	15,816

TOTAL DIRECT COSTS:

TOTAL EXPENSES: 173,982

158,166

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

Appendix #

B-3d

Page # Fiscal Year(s) Funding Notification Date

20-21 1/29/2020

				SERVICE MO	DES			
Personnel Expenses		Syringe A Servic	es	Lounge Se	rvices			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Total
V.P Programs & Services	0.10	10,150	50%	10,150	50%		0%	20,300
Director, Behavioral Health Services	0.05	3,000	50%	3,000	50%	in for	0%	6,000
Director, SAS	0.15	7,781	50%	7,782	50%	-	0%	15,563
Associate Director, 6th Street HRC	1.00	39,199	50%	39,199	50%	J G	0%	78,398
Health Educator	7.75	218,988	50%	218,988	50%	-	0%	437,976
Mobile Health Educator	0.50	14,129	50%	14,128	50%		0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%	12	0%	56,513
Inventory Associate/Health Educator	1.00	28,257	50%	28,256	50%	1	0%	56,513
Total FTE & Total Salaries	11.55	349,760	50%	349,760	50%	11 B	0%	699,520
Fringe Benefits	25.00%	87,440	50%	87,440	50%		0%	174,880
Total Personnel Expenses		437,200	50%	437,200	50%	-	0%	874,400
Operating Expenses		Expenditure	%	Expenditure	%	xpenditur	%	Contract Tota
and the second s		18,594	50%	18.593	50%		0%	37,187
Total Occupancy		10,004						
		12,432	50%	12,432	50%	1	0%	24,864
Total Materials and Supplies					50% 50%	-	0% 0%	
Total Occupancy Total Materials and Supplies Total General Operating Total Operating Expenses		12,432	50%	12,432				24,864 23,322 85,373
Total Materials and Supplies Total General Operating Total Operating Expenses		12,432 11,661	50% 50% 50%	12,432 11,661 42,686	50% 50%	-	0% 0%	23,322
Total Materials and Supplies Total General Operating Total Operating Expenses Total Direct Expenses	10.00%	12,432 11,661 42,687	50% 50%	12,432 11,661	50%	-	0%	23,322 85,373
Total Materials and Supplies Total General Operating Total Operating Expenses	10.00%	12,432 11,661 42,687 479,887	50% 50% 50%	12,432 11,661 42,686	50% 50%	-	0% 0%	23,322 85,373 959,773
Total Materials and Supplies Total General Operating Total Operating Expenses Total Direct Expenses Indirect Expenses		12,432 11,661 42,687 479,887 47,988	50% 50% 50% 50%	12,432 11,661 42,686 479,886 47,989	50% 50% 50%		0% 0% 0%	23,322 85,373 959,773 95,977 1,055,750
Total Materials and Supplies Total General Operating Total Operating Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES	vice Mode	12,432 11,661 42,687 479,887 47,988 527,875	50% 50% 50% 50%	12,432 11,661 42,686 479,886 47,989 527,875	50% 50% 50%	-	0% 0% 0%	23,322 85,373 959,773 95,977

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

Program Name: Harm Reduction Center

Appendix #: B-3d

Fiscal Year: 20-21

1a) SALARIES

structure and pro responsive to the	vision of profession	onal oversight to c	gement and evaluation of the reate a service delivery conti s, including HIV needs of gay	nuum th	nat is
Brief description of job duties: men.		and the second			
also include three	e years' experience	e in supervisory c	ness or related disciplines. R apacity, especially in HIV pre evelopment experience.		
withindri qualifications.					
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	7	otal

st	ructure and pro esponsive to the	vision of profession	nal oversight to cr	ement and evaluation of the eate a service delivery contir s, including HIV needs of gay	nuum that is
	xperience in a s	upervisory capaci	ly, especially in HI	ess or related discipline; thre V prevention and demonstrat	
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
- united Control of					

Staff Position 3: Director, SA					
strategic goa partnerships training full-ti exchange su	ls in alignment with ag with other HIV/AIDS a me and temporary sta pplies. Organizes ren	gency and city obje and Harm Reduction off in appropriate e noval of biohazard	e sites. Develops annual depe ectives. Builds and maintains on agencies. Responsible for exchange protocol. Responsible waste from sites and coordination and maintain safety	effect sche ole for nates	tive duling and purchasin removal
program mar		experience prefe	rug users required. Associate rred. Must hold HIV test cour job.		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	23	Total
\$103,750.0	0.15	12	1	\$	15,563

Harm Reduction education (e.g. c curriculum devel	include site operat Center; supervisir overdose preventio lopment; managing	tions (schedules, le ng health educator on, vein care) and i g syringe access, o	ogistics, QA, programming) o s, volunteers, and interns; co referrals; program design, fac disposal, and lounge space; l and providing crisis interventi	nducting health cilitation, and inking
required. Associa understanding of	ates Degree prefer f harm reduction por f HIV/HCV disease	rred, experience u ractices and princi e prevention and b	ly marginalized, or homeless sing motivational interviewing ples, experience doing health reatment. Supervisory experi- ce required.	and strong education.
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$78,398.00	1.00	12	1	\$ 78,398

referrals; program disposal, and lou Brief description of job duties: providing crisis in	nclude conducting n design, facilitation nge space; linking tervention suppor	on, and curriculum participants to HI t.	(e.g. overdose prevention, von development; supports syrin V/HCV testing and linkage to	ge a	e; and
			users. Associates Degree pre edge of HIV/HCV prevention/		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$56,513.00	7.75	12	1	\$	437,97

Staff Position 6: Mobile Health E	Educator			
HIV/HCV testing	and linkage to car reach; overseeing	e; harm reduction	ose prevention; vein care; ref counseling) through mobile a outreach volunteers; and prov	and
Minimum, 1-3 yea Minimum qualifications: reduction, motiva			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:		Annualized (if less than 12 months):	Total
\$56,513.00	0.50	12	1	\$ 28,257

referrals; support	include conducting ts syringe access, ge to care; and pro	g health education disposal, and lour oviding crisis inten	(e.g. overdose prevention, v nge space; linking participants rention support. Supports mo supply inventory.	s to HIV/HCV
Minimum, 1-3 yea Minimum qualifications: reduction, motiva			isers. Associates Degree pre edge of HIV/HCV prevention/t	
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,51

referrals; suppor testing and linka	include conducting ts syringe access, ge to care; and pro- ervises volunteers	g health education disposal, and lour oviding crisis inten	i (e.g. overdose prevention, v nge space; linking participant rention support. Supports mo ntory Team Lead with supply	s to HIV/HCV bile and 6th
	ars experiencing v		users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,513

Total FTE: 11.55 Total Salaries: \$ 699,520

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost	
Social Security	\$	53,513.00
Retirement	\$	13,361.00
Medical	\$	72,260.00
Dental		
Unemployment Insurance	\$	3,638.00
Disability Insurance	\$	28,470.00
Paid Time Off		
Other (Workers Comp):	\$	3,638.00
	Total Fringe Benefit:	174,880

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 874,400

2) OPERATING EXPENSES:

0		
Occu	pancy	/÷

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$2,000/mo x 12 mo.	2000	24,000
Rent-6th Street	Prorated rent @ \$432,25/mo x 12 mo.	432.25	5,187
Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo,	500	6,000
		Total Occupancy:	37 187

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies\$547/mo.	\$547/mo	6,564
Incentives	exchange incentives, 1,260 incentives @ \$5each =\$6,300.	-	6,300
Group supplies	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,000
		Materials 9 Supplies	24.004

General Operating:

Expense Item	Brief Description	Rate	Cost
Janitorial	Prorated Monthly janitorial svc \$1,735.17/mo.	1,735.17/mo	20,822
Insurance	Prorated gen liability, hazard and auto insurance.	208.34	2,500
	TO TO	otal General Operating:	23,322

TOT	AL OPERATI	NG EXPENS	ES:	85,37
101/	AL OFERAII	NG EXPENS	LO;	00,3

TOTAL DIRECT COSTS:	959,773

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		95,977

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	95,977

TOTAL EXPENSES: 1,055,750

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

Appendix# Page #

B-3e 1

Fiscal Year(s) Funding Notification Date

21-22 1/29/2020

				SERVICE MO	DES		_	
Personnel Expenses		Syringe A Service	es	Lounge Se				
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
V.P Programs & Services	0.10	10,150	50%	10,150	50%		0%	20,300
Director, Behavioral Health Services	0.05	3,000	50%	3,000	50%	1	0%	6,000
Director, SAS	0.15	7,781	50%	7,782	50%		0%	15,563
Associate Director, 6th Street HRC	1.00	39,199	50%	39,199	50%	5 8	0%	78,398
Health Educator	7.75	218,988	50%	218,988	50%	-	0%	437,976
Mobile Health Educator	0.50	14,129	50%	14,128	50%	1 4	0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%	181	0%	56,513
Inventory Associate/Health Educator	1.00	28,257	50%	28,256	50%		0%	56,513
Total FTE & Total Salaries	11.55	349,760	50%	349,760	50%		0%	699,520
Fringe Benefits	25.00%	87,440	50%	87,440	50%	12 19	0%	174,880
Total Personnel Expenses		437,200	50%	437,200	50%		0%	874,400
Operating Expenses		Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
Total Occupancy		18,594	50%	18,593	50%	74	0%	37,187
		40.400	50%	12,432	50%	-	0%	24,864
Total Materials and Supplies		12,432	00 /0	12,402				
Total Materials and Supplies Total General Operating	-	11,661	50%	11,661	50%	1, 11 4	0%	23,322
					50% 50%		0% 0%	
Total General Operating Total Operating Expenses		11,661	50%	11,661				85,373
Total General Operating Total Operating Expenses Total Direct Expenses	10.00%	11,661 42,687	50% 50%	11,661 42,686	50%		0%	85,373
Total General Operating Total Operating Expenses Total Direct Expenses	10.00%	11,661 42,687 479,887	50% 50% 50%	11,661 42,686 479,886	50%		0%	23,322 85,373 959,773 95,977 1,055,750
Total General Operating Total Operating Expenses Total Direct Expenses Indirect Expenses		11,661 42,687 479,887 47,988	50% 50% 50%	11,661 42,686 479,886 47,989	50% 50% 50%	-	0% 0% 0%	959,773 95,977
Total General Operating Total Operating Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES	ice Mode	11,661 42,687 479,887 47,988 527,875	50% 50% 50%	11,661 42,686 479,886 47,989 527,875	50% 50% 50%	-	0% 0% 0%	959,773 95,977 1,055,750

Contractor Name San Francisco AIDS Foundation

HIV Syringe Access & Disposal Services -

Program Name: Harm Reduction Center

Appendix #: B-3e

Fiscal Year: 21-22

1a) SALARIES

structure and pro responsive to the	ensuring the imple	onal oversight to cr	gement and evaluation of the reate a service delivery continually s, including HIV needs of gay	nuum that is
			ess or related disciplines. R	
			apacity, especially in HIV pre- evelopment experience.	vention and
Minimum qualifications:	gram manageme	in and program de	svoiopinorit experience.	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$203,000.00	0.10	12	1	\$ 20,30

structure and	for ensuring the imple provision of profession	ementation, managonal oversight to cr	ement and evaluation of the reate a service delivery continuations, including HIV needs of gay	nuum that is
Masters deg experience i Minimum qualifications: managemen	n a supervisory capaci	ty, especially in HI	ess or related discipline; thre V prevention and demonstrat	ee years ted program
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$120,000.0	0.05	12	1	\$ 6,00

Staff Position 3: Director, SAS				
strategic goals in partnerships with training full-time exchange supplie	a alignment with ag n other HIV/AIDS a and temporary sta es. Organizes ren	gency and city obje and Harm Reduction of in appropriate en noval of biohazard	e sites. Develops annual deparetives. Builds and maintains on agencies. Responsible for exchange protocol. Responsib waste from sites and coordinations and maintain safety	effective scheduling and le for purchasin nates removal
Three years expe program manage	ement, supervision		ug users required. Associate rred. Must hold HIV test cour job.	
	x FTE:	x Months per Year:	Annualized (if less than 12 months):	2.20
Annual Salary:	AIIL.	I. Court	TE montroj.	Total

Harm Reduction education (e.g. o curriculum develo	include site operat Center; supervisir verdose preventio opment; managing	tions (schedules, ling health educator on, vein care) and on g syringe access, of	ogistics, QA, programming) o rs, volunteers, and interns; co referrals; program design, fac disposal, and lounge space; li and providing crisis interventi	nducting healt dilitation, and nking
Five years' exper required. Associa understanding of	ates Degree prefer f harm reduction pr f HIV/HCV disease	rred, experience u ractices and princi e prevention and t	ly marginalized, or homeless sing motivational interviewing iples, experience doing health reatment. Supervisory experience required.	and strong education.
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
				lotai

referrals; program disposal, and lou	include conducting m design, facilitation	on, and curriculum participants to HI	(e.g. overdose prevention, volume of the development; supports syring V/HCV testing and linkage to	ge a	ccess,
Minimum, 1-3 ye			users. Associates Degree pre edge of HIV/HCV prevention/		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$56,513.00	7.75	12	1	\$	437,976

Staff Position 6: Mobile				
HIV/HC	V testing and linkage to ca ment outreach; overseeing	re; harm reduction	ose prevention; vein care; ref counseling) through mobile a outreach volunteers; and prov	and
Minimum qualifications: reductio			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,5	13.00 0.50	12	1	\$ 28,257

referrals; support	include conducting s syringe access, ge to care; and pro	g health education disposal, and lour oviding crisis interv	(e.g. overdose prevention, v ge space; linking participant rention support. Supports mo supply inventory.	s to HIV/HCV
Minimum, 1-3 year Minimum, 1-3 year Minimum qualifications: reduction, motiva			isers. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,51

Responsibiliti referrals; supp testing and lin Street sites; s Brief description of job duties: maintenance:	ports syringe access, kage to care; and pro upervises volunteers and transport. years experiencing v	g health education disposal, and lour oviding crisis inten and assists Inver vorking with drug u	i (e.g. overdose prevention, vinge space; linking participants vention support. Supports molitory Team Lead with supply in users. Associates Degree presented of HIV/HCV prevention.	s to HIV/HCV bile and 6th inventory
within qualifications, reduction, mo	uvational interviewing			ix preferred.
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total

Total FTE: 11.55 Total Salaries: \$ 699,520

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost	
Social Security	\$	53,513.00
Retirement	\$	13,361.00
Medical	\$	72,260.00
Dental		
Unemployment Insurance	\$	3,638.00
Disability Insurance	\$	28,470.00
Paid Time Off		
Other (Workers Comp):	\$	3,638.00
X	Total Fringe Benefit:	174 880

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 874,400

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$2,000/mo x 12 mo.	2000	24,000
Rent-6th Street	Prorated rent @ \$432.25/mo x 12 mo.	432.25	5,187
Building Maint	Prorated maintenance cost @ \$166,67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo.	500	6,000
-		Total Occupancy	27 107

Total Occupancy: 37,187

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies\$547/mo.	\$547/mo	6,564
Incentives	exchange incentives, 1,260 incentives @ \$5each =\$6,300.		6,300
Group supplies	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12.000

Total Materials & Supplies: 24,864

General Operating:

Expense Item	Brief Description	Rate	Cost
Janitorial	Prorated Monthly janitorial svc \$1,735.17/mo.	1,735.17/mo	20,822
Insurance	Prorated gen liability, hazard and auto insurance.	208.34	2,500
		Total General Operating:	23,322

TOTAL OPERATING EXPENSES: 85,373

TOTAL DIRECT COSTS: 959,773

4) INDIRECT COSTS

an Francisco AIDS Foundation has a negotiated rate of 27%	. This contract seeks reimbursement at a rate of 10%	
f total direct costs.		95,977

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 95,977

TOTAL EXPENSES: 1,055,750

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

Appendix #

B-3f 1

Page # Fiscal Year(s) Funding Notification Date

22-23 1/29/2020

				SERVICE MO	DES			
Personnel Expenses		Syringe A Service	es	Lounge Se	rvices		TWO Day	1, ,,,,,,
Position Titles	FTE	Salaries	% FTE	Salaries	%FTE	Salaries	% FTE	Contract Total
V.P Programs & Services	0.10	10,150	50%	10,150	50%		0%	20,300
Director, Behavioral Health Services	0.05	3,000	50%	3,000	50%		0%	6,000
Director, SAS	0.15	7,781	50%	7,782	50%		0%	15,563
Associate Director, 6th Street HRC	1.00	39,199	50%	39,199	50%		0%	78,398
Health Educator	7.75	218,988	50%	218,988	50%		0%	437,976
Mobile Health Educator	0.50	14,129	50%	14,128	50%		0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%	-	0%	56,513
Inventory Associate/Health Educator	1.00	28,257	50%	28,256	50%		0%	56,513
Total FTE & Total Salaries	11.55	349,760	50%	349,760	50%	4	0%	699,520
Fringe Benefits	25.00%	87,440	50%	87,440	50%	-	0%	174,880
Total Personnel Expenses		437,200	50%	437,200	50%	-	0%	874,400
Operating Expenses		Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
Total Occupancy		18,594	50%	18,593	50%	1.72	0%	37,187
Total Materials and Supplies		12,432	50%	12,432	50%	12.02	0%	24,864
Total General Operating		11,661	50%	11,661	50%	1 - 2	0%	23,322
Total Operating Expenses		42,687	50%	42,686	50%	-	0%	85,373
Total Direct Expenses		479,887	50%	479,886	50%	-	0%	959,773
Indirect Expenses	10.00%	47,988	50%	47,989	50%		0%	95,977
TOTAL EXPENSES		527,875	50%	527,875	50%	-	0%	1,055,750
Units of Service (UOS) per Sen	vice Mode	1,888 1		2,550		1		4,438
DINES OF DELAICE (DOD) DEL DEL				207.01		1		11.00
Cost Per Unit of Service by Serv	vice Mode	279.60		201.011				

Contractor Name San Francisco AIDS Foundation

HIV Syringe Access & Disposal Services -

Program Name: Harm Reduction Center

Appendix #: B-3f

Fiscal Year: 22-23

Staff Position 1: V.P Program:		mentation manage	ement and evaluation of the	ntonra	m
structure and p	provision of profession	onal oversight to co	reate a service delivery contings, including HIV needs of gay	nuum t	hat is
Master's degre			ess or related disciplines. Rapacity, especially in HIV pre		
			evelopment experience.	0(1110)	, 61,4
Minimum qualifications:					
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	1	Total
\$203,000.00	0.10	12	1	\$	20,300

	structure and pro- responsive to the	vision of profession	nal oversight to cr	ement and evaluation of the eate a service delivery contir s, including HIV needs of gay	uum the	at is
	experience in a s	upervisory capaci	ty, especially in HI	ess or related discipline; thre V prevention and demonstrat		
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	To	tal
	\$120,000.00	0.05	12		-	6,0

stra par trai exc with Brief description of job duties:	ovides oversight and managemategic goals in alignment with a therships with other HIV/AIDS ning full-time and temporary stange supplies. Organizes rein waste removal company, prejues years experience working waster management, supervision	gency and city objet and Harm Reduction off in appropriate e moval of biohazard over reports for continuity	ectives. Builds and maintains on agencies. Responsible for exchange protocol. Responsible waste from sites and coordinate and maintain safety ag users required. Associates	effective scheduling and le for purchasing ates removal protocols. s Degree with
				seioi
	tification or be willing to obtain	certification on the	job.	setor
cert				Total

Staff Position 4: Associate Dire	ector, 6th Street H	IRC		
Harm Reduction education (e.g.	Center; supervisir	ng health educator	ogistics, QA, programming) o s, volunteers, and interns; co referrals; program design, fac disposal, and lounge space; li and providing crisis interventi	nducting health ilitation, and
Five years' experienced required. Associunderstanding of	erience working with liates Degree prefer of harm reduction p of HIV/HCV disease	h drug users, high rred, experience u ractices and princi e prevention and to	y marginalized, or homeless sing motivational interviewing ples, experience doing health reatment. Supervisory experie	populations and strong education.
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$78,398.00	1.00	12	1	\$ 78,398

Staff Position 5: Health Educate				
referrals; program disposal, and lou	n design, facilitation	n, and curriculum participants to HI	(e.g. overdose prevention, von development; supports syrin V/HCV testing and linkage to	ge access,
			sers. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE;	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	7.75	12	1	\$ 437,97

HIV/HCV testing	include health edu and linkage to car	e; harm reduction	ose prevention; veln care; ref counseling) through mobile a utreach volunteers; and prov	and
Brief description of job duties: Intervention supp	ort.		THE RESERVE	
Minimum, 1-3 ye. Minimum qualifications: reduction, motiva			isers. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	
\$56,513.00	0.50	12	1	\$ 28,257

referrals; support	include conducting s syringe access, ge to care; and pro	g health education disposal, and lour oviding crisis interv	(e.g. overdose prevention, v nge space; linking participants rention support. Supports mo supply inventory.	to HIV/HCV
Minimum, 1-3 yea Minimum qualifications: reduction, motiva			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56.5

referrals; suppor testing and linka Street sites; sup- Brief description of job duties: maintenance and	include conducting ts syringe access, ge to care; and pro ervises volunteers d transport.	g health education disposal, and lour oviding crisis interv and assists Inven	(e.g. overdose prevention, vage space; linking participants vention support. Supports mostory Team Lead with supply insers. Associates Degree pre	s to HIV/HCV bile and 6th inventory
Minimum qualifications: reduction, motiva				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,51

Total FTE: 11.55 Total Salaries: \$ 699,520

1b) EMPLOYEE FRINGE BENEFITS:

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

Cost	
\$	53,513.00
\$	13,361.00
\$	72,260.00
\$	3,638.00
\$	28,470.00
\$	3,638.00
Total Fringe Benefit:	174,880
	\$ \$ \$ \$ \$

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 874,400

2) OPERATING EXPENSES:

Occur	-	
Occu	par	ıcy.

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$2,000/mo x 12 mo.	2000	24,000
Rent-6th Street	Prorated rent @ \$432,25/mo x 12 mo.	432.25	5,187
Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo.	500	6,000
		Total Occupancy	27 187

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies\$547/mo.	\$547/mo	6,564
Incentives	exchange incentives, 1,260 incentives @ \$5each =\$6,300.		6,300
Group supplies	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,000
	Total N	Materials & Supplies:	24,864

General Operating:

Expense Item	Brief Description	Rate	Cost
Janitorial	Prorated Monthly janitorial svc \$1,735.17/mo.	1,735.17/mo	20,822
Insurance	Prorated gen liability, hazard and auto insurance.	208.34	2,500
	To	ital General Operating:	23,322

TOTAL OPERATING EXPENSES:	85,373
TOTAL DIRECT COSTS.	050 772

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	
of total direct costs.	95,977

Indirect F	ate: 10.00%
TOTAL INDIRECT COS	STS: 95,977

TOTAL EXPENSES: 1,055,750

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

Appendix # Page # B-3g 1

Fiscal Year(s) Funding Notification Date

23-24 1/29/2020

				SERVICE MO	DES			
Personnel Expenses		Syringe Access Services		Lounge Se				
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Total:
V.P Programs & Services	0.10	10,150	50%	10,150	50%		0%	20,300
Director, Behavioral Health Services	0.05	3,000	50%	3,000	50%	-	0%	6,000
Director, SAS	0.15	7,781	50%	7,782	50%	1-38	0%	15,563
Associate Director, 6th Street HRC	1.00	39,199	50%	39,199	50%		0%	78,398
Health Educator	7.75	218,988	50%	218,988	50%	-	0%	437,976
Mobile Health Educator	0.50	14,129	50%	14,128	50%	-	0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%		0%	56,513
Inventory Associate/Health Educator	1.00	28,257	50%	28,256	50%	-	0%	56,513
Total FTE & Total Salaries	11.55	349,760	50%	349,760	50%	19	0%	699,520
Fringe Benefits	25.00%	87,440	50%	87,440	50%		0%	174,880
Total Personnel Expenses		437,200	50%	437,200	50%	-	0%	874,400
Operating Expenses		Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
		18.594	50%	18,593	50%	9/	0%	37,187
Total Occupancy		18,594		10,000				
		12,432	50%	12,432	50%	-	0%	24.864
Total Occupancy Total Materials and Supplies Total General Operating					50% 50%		0% 0%	
Total Materials and Supplies		12,432	50%	12,432				24,864 23,322 85,373
Total Materials and Supplies Total General Operating Total Operating Expenses		12,432 11,661 42,687	50% 50% 50%	12,432 11,661 42,686	50%		0%	23,322 85,373
Total Materials and Supplies Total General Operating	10.00%	12,432 11,661	50% 50%	12,432 11,661	50% 50%	:	0% 0%	23,322
Total Materials and Supplies Total General Operating Total Operating Expenses Total Direct Expenses	10.00%	12,432 11,661 42,687 479,887	50% 50% 50% 50%	12,432 11,661 42,686	50% 50%	:	0% 0%	23,322 85,373 959,773
Total Materials and Supplies Total General Operating Total Operating Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES		12,432 11,661 42,687 479,887 47,988	50% 50% 50% 50%	12,432 11,661 42,686 479,886 47,989	50% 50% 50% 50%	:	0% 0% 0% 0%	23,322 85,373 959,773 95,977 1,055,750
Total Materials and Supplies Total General Operating Total Operating Expenses Total Direct Expenses Indirect Expenses	vice Mode	12,432 11,661 42,687 479,887 47,988 527,875	50% 50% 50% 50%	12,432 11,661 42,686 479,886 47,989 527,875	50% 50% 50% 50%	-	0% 0% 0% 0%	23,322 85,373 959,773 95,977

Contractor Name San Francisco AIDS Foundation

HIV Syringe Access & Disposal Services -

Program Name: Harm Reduction Center

Appendix #: B-3g

Fiscal Year: 23-24

structure and p	rovision of profession	onal oversight to co	ement and evaluation of the reate a service delivery continuations, including HIV needs of gay	nuum	that is
Brief description of job duties: men.			3.11.10.00		
also include thr demonstrated p	ee years' experienc	e in supervisory ca	ess or related disciplines. Rapacity, especially in HIV pre- evelopment experience.		
Minimum qualifications:					
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):		Total

structure a	le for ensuring the imple nd provision of profession	ementation, manag onal oversight to cr	ement and evaluation of the reate a service delivery continually s, including HIV needs of gay	nuum	that is
	in a supervisory capaci	ity, especially in HI	ess or related discipline; thre V prevention and demonstrat		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	1	Total
\$120,000	.00 0.05	12	1	\$	6,00

Staff Position 3: Director,	SAS				
strategic g partnershi training ful exchange	poals in alignment with ag ps with other HIV/AIDS a II-time and temporary sta supplies. Organizes ren	gency and city obje and Harm Reduction of in appropriate en noval of biohazard	e sites. Develops annual depa ectives. Builds and maintains on agencies. Responsible for exchange protocol. Responsib waste from sites and coordin mpliance and maintain safety	effect sched le for lates	tive duling and purchasin removal
program m		experience prefe	rug users required. Associate: rred. Must hold HIV test coun job.		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Th	Total
\$103,750	0.15	12	1	\$	15,563

\$10	03,750.00	0.15	12	1	\$ 15,56
Staff Position 4: Ass	sociate Director	r, 6th Street H	RC		
Har edu cum	m Reduction Ce cation (e.g. over iculum developr	nter; supervisir dose preventio nent; managing	ig health educator n, vein care) and i i syringe access, o	ogistics, QA, programming) o s, volunteers, and interns; co referrals; program design, fac disposal, and lounge space; li and providing crisis interventi	nducting healt dilitation, and nking
requ und	uired. Associates erstanding of ha terstanding of H	s Degree prefer irm reduction properties of the properties of the prefer to the prefer	red, experience us ractices and princi e prevention and tr	y marginalized, or homeless sing motivational interviewing ples, experience doing health eatment. Supervisory experi ce required.	and strong education.
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$*	78,398.00	1.00	12	1	\$ 78,39

referrals; progra disposal, and lo	s include conducting am design, facilitation	on, and curriculum participants to HI	(e.g. overdose prevention, volume of the development; supports syrin V/HCV testing and linkage to	ge access,
Minimum, 1-3 y			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	7.75	12	1	\$ 437,97

Staff Position 6: Mobile Health	Educator			
HIV/HCV testin	g and linkage to car utreach; overseeing	e; harm reduction	ose prevention; vein care; ref counseling) through mobile a outreach volunteers; and prov	and
Minimum, 1-3 y Minimum qualifications: reduction, motiv			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	0.50	12	1	\$ 28,257

referrals; support	s syringe access, ge to care; and pro	disposal, and four oviding crisis interv	(e.g. overdose prevention, v age space; linking participants rention support. Supports mo supply inventory.	s to HIV/H	HCV
	ars experiencing v	vorking with drug u	isers. Associates Degree pre		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Tot	
\$56,513.00	1.00	12	1	\$ 5	56,51

referrals; suppor testing and linka	include conducting ts syringe access, ge to care; and pro- ervises volunteers	g health education disposal, and lour oviding crisis inten	n (e.g. overdose prevention, v nge space; linking participant vention support. Supports mo ntory Team Lead with supply i	s to HIV/HCV bile and 6th
	ars experiencing v		users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,51

Total FTE: 11.55 Total Salaries: \$ 699,520

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost	
Social Security	\$	53,513.00
Retirement	\$	13,361.00
Medical	S	72,260.00
Dental		
Unemployment Insurance	S	3,638,00
Disability Insurance	\$	28,470.00
Paid Time Off		
Other (Workers Comp):	\$	3,638.00
1	T	454 000

Total Fringe Benefit: 174,880

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 874,400

2) OPERATING EXPENSES:

Occupanc	y:	

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$2,000/mo x 12 mo.	2000	24,000
Rent-6th Street	Prorated rent @ \$432.25/mo x 12 mo.	432.25	5,187
Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo.	500	6,000
	4	Total Occupancy:	37,187

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies\$547/mo.	\$547/mo	6,564
Incentives	exchange incentives, 1,260 incentives @ \$5each =\$6,300.		6,300
Group supplies	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,000
	Total	Materials & Supplies:	24,864

General Operating:

	Expense Item	Brief Description	Rate	Cost
	Janitorial	Prorated Monthly janitorial svc \$1,735.17/mo.	1,735.17/mo	20,822
	Insurance	Prorated gen liability, hazard and auto insurance.	208.34	2,500
-			Total General Operating:	23,322

OTAL OPERATING EXPENSES:	85,373
TOTAL DIRECT COSTS:	959.773

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		95,977

Indire	ct Rate: 10.00%
TOTAL INDIRECT	COSTS: 95,977

TOTAL EXPENSES: 1,055,750

Contractor Name San Francisco AIDS Foundation

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26
Funding Source General Fund

Appendix # Page # B-3h

Fiscal Year(s)
Funding Notification Date

24-25 1/29/2020

0.10 0.05	Syringe A Service Salaries 10,150		Lounge Se	rvices			
0.10		% FTE		,	4.3		- V. V.
	10.150		Salaries	% FTE	Salaries	% FTE	Contract Totals
0.05	10,100	50%	10,150	50%		0%	20,300
	3,000	50%	3,000	50%	-	0%	6,000
0.15	7,781	50%	7,782	50%	-	0%	15,563
1.00	39,199	50%	39,199	50%	7	0%	78,398
7.75	218,988	50%	218,988	50%		0%	437,976
0.50	14,129	50%	14,128	50%	4	0%	28,257
1.00	28,256	50%	28,257	50%	-	0%	56,513
1.00	28,257	50%	28,256	50%		0%	56,513
1.55	349,760	50%	349,760	50%	-	0%	699,520
00%	87,440	50%	87,440	50%	-	0%	174,880
	437,200	50%	437,200	50%		0%	874,400
E	xpenditure	%	Expenditure	%	xpenditur	%	Contract Total
	18,594	50%	18,593	50%	-	0%	37,187
	12,432		12,432	50%		0%	24,864
	11,661	50%	11,661	50%	-	0%	23,322
	42,687	50%	42,686	50%		0%	85,373
	479,887	50%	479,886	50%	-	0%	959,773
10%	47,988	50%	47,989	50%		0%	95,977
	527,875	50%	527,875	50%	- ¥	0%	1,055,750
Mode	1.888 T		2.550		-1		4,438
			207,01				
Mode	31,341		8,000				39,341
	7.75 0.50 1.00 1.00 1.55 00%	7.75 218,988 0.50 14,129 1.00 28,256 1.00 28,257 1.55 349,760 00% 87,440 437,200 Expenditure 18,594 12,432 11,661 42,687 479,887 479,887 10% 47,988 527,875 Mode 1,888 Mode 279.60	7.75 218,988 50% 0.50 14,129 50% 1.00 28,256 50% 1.00 28,257 50% 1.55 349,760 50% 0.0% 87,440 50% 437,200 50% Expenditure % 18,594 50% 12,432 50% 11,661 50% 42,687 50% 479,887 50% 527,875 50% Mode 1,888 Mode 279.60	7.75	7.75 218,988 50% 218,988 50% 0.50 14,129 50% 14,128 50% 1.00 28,256 50% 28,257 50% 1.00 28,257 50% 28,256 50% 1.55 349,760 50% 349,760 50% 1.55 349,760 50% 87,440 50% 437,200 50% 437,200 50% 18,594 50% 18,593 50% 12,432 50% 12,432 50% 11,661 50% 11,661 50% 42,687 50% 47,886 50% 479,887 50% 47,989 50% 527,875 50% 527,875 50% Mode 1,888 2,550 Mode 279.60 207.01	7.75	7.75 218,988 50% 218,988 50% - 0% 0.50 14,129 50% 14,128 50% - 0% 1.00 28,256 50% 28,257 50% - 0% 1.00 28,257 50% 28,256 50% - 0% 1.55 349,760 50% 349,760 50% - 0% 10% 87,440 50% 87,440 50% - 0% 437,200 50% 437,200 50% - 0% 18,594 50% 18,593 50% - 0% 12,432 50% 12,432 50% - 0% 11,661 50% 11,661 50% - 0% 42,687 50% 47,886 50% - 0% 479,887 50% 47,989 50% - 0% 527,875 50% 527,875 50% - 0% Mode 279.60 207,01 - 0% - 0%

Contractor Name San Francisco AIDS Foundation

HIV Syringe Access & Disposal Services -

Program Name: Harm Reduction Center

Appendix #: B-3h

Fiscal Year: 24-25

structure and	provision of profession	onal oversight to co	ement and evaluation of the reate a service delivery continus, including HIV needs of gay	nuum that is
Master's degr also include the	nree years' experienc	e in supervisory ca	less or related disciplines. Repacity, especially in HIV pre- evelopment experience.	
Annual Salary:	xFTE;	x Months per Year:	Annualized (if less than 12 months):	Total

structure a	ole for ensuring the imple and provision of profession	ementation, manag	ement and evaluation of the reate a service delivery continus, including HIV needs of gay	nuum that is
	e in a supervisory capaci	ty, especially in HI	ess or related discipline; thre V prevention and demonstrate	
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Total

Staff Position 3: Director, SAS				
strategic goals in partnerships with training full-time a exchange supplie	alignment with ag other HIV/AIDS a and temporary sta es. Organizes ren	ency and city obje nd Harm Reduction of in appropriate e noval of biohazard	sites. Develops annual depa ectives. Builds and maintains on agencies. Responsible for exchange protocol. Responsib waste from sites and coordin ppliance and maintain safety	effective scheduling and le for purchasin nates removal
Three years expe program manage		experience prefe	ug users required. Associate rred. Must hold HIV test cour job.	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.15	12	1	\$ 15,563

Respo Harm educa curricu	Reduction Center; supervision (e.g. overdose prevention lum development; managing	tions (schedules, land ong health educator on, vein care) and og syringe access, o	ogistics, QA, programming) or rs, volunteers, and interns; cor referrals; program design, fac disposal, and lounge space; I and providing crisis interventi	nducting health cilitation, and inking
require unders	ed. Associates Degree prefe standing of harm reduction p standing of HIV/HCV diseas	rred, experience u ractices and princi e prevention and t	ly marginalized, or homeless sing motivational interviewing iples, experience doing health reatment. Supervisory experi- ce required.	and strong education.
Annual Salary	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
£70	.398.00 1.00	12	1	\$ 78,398

Staff Position 5: Health Educate				
referrals; prograr disposal, and lou	n design, facilitation	on, and curriculum participants to HI	(e.g. overdose prevention, von development; supports syrin V/HCV testing and linkage to	ge access,
			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	7.75	12	1	\$ 437,9

Staff Position 6: Mo					
HIV	V/HCV testing a campment outr	and linkage to car each; overseeing	e; harm reduction	ose prevention; vein care; ref counseling) through mobile a utreach volunteers; and prov	and
Minimum qualifications: red				isers. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$	56,513.00	0.50	12	1	\$ 28,25

referrals; support	s syringe access, ge to care; and pro	disposal, and lour oviding crisis interv	(e.g. overdose prevention, v nge space; linking participant: rention support. Supports mo supply inventory.	s to HIV/HCV
Minimum, 1-3 year Minimum, 1-3 year Minimum qualifications: reduction, motiva			isers. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,51

referrals; support testing and linkage Street sites; super Brief description of job duties: maintenance and	include conducting ts syringe access, ge to care; and pro ervises volunteers; d transport.	g health education disposal, and loun oviding crisis interv and assists Inven	(e.g. overdose prevention, vige space; linking participants rention support. Supports motory Team Lead with supply in	s to HIV/HCV bile and 6th nventory
Minimum, 1-3 ye Minimum qualifications: reduction, motiva			isers. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:		Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,513

Total Salaries: \$ Total FTE: 11.55 699,520

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost	
Social Security	\$	53,513.00
Retirement	\$	13,361.00
Medical	\$	72,260.00
Dental		
Unemployment Insurance	\$	3,638.00
Disability Insurance	\$	28,470.00
Paid Time Off		
Other (Workers Comp):	\$	3,638.00
	Total Fringe Benefit:	174,880

25.00%

Fringe Benefit %:

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 874,400

2) OPERATING EXPENSES:

Occupancy:	
------------	--

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$2,000/mo x 12 mo.	2000	24,000
Rent-6th Street	Prorated rent @ \$432.25/mo x 12 mo.	432.25	5,187
Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo.	500	6,000
		Total Occupancy	27 187

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies\$547/mo.	\$547/mo	6,564
Incentives	exchange incentives, 1,260 incentives @ \$5each =\$6,300.		6,300
Group supplies	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,000
	Total I	Waterials & Supplies:	24,864

General Operating:

Expense Item	Brief Description	Rate	Cost
Janitorial	Prorated Monthly janitorial svc \$1,735.17/mo.	1,735.17/mo	20,822
Insurance	Prorated gen liability, hazard and auto insurance.	208.34	2,500
		otal General Operating:	23,322

TOTAL OPERATING EXPENSES	85,373
TOTAL DIRECT COSTS	959.773

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		95,977

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	95,977

TOTAL EXPENSES: 1,055,750

Contractor Name San Francisco AIDS Foundation

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26 Funding Source General Fund

Appendix # Page # Fiscal Year(s) Funding Notification Date

B-3i 1 25-26 1/29/2020

				SERVICE MO	DES			
Personnel Expenses	19-5	Syringe Access Services		Lounge Se	rvices			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Total
V.P Programs & Services	0.10	10,150	50%	10,150	50%		0%	20,300
Director, Behavioral Health Services	0.05	3,000	50%	3,000	50%	-	0%	6,000
Director, SAS	0.15	7,781	50%	7,782	50%	4	0%	15,563
Associate Director, 6th Street HRC	1.00	39,199	50%	39,199	50%		0%	78,398
Health Educator	7.75	218,988	50%	218,988	50%		0%	437,976
Mobile Health Educator	0.50	14,129	50%	14,128	50%	-	0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%	-	0%	56,513
Inventory Associate/Health Educator	1.00	28,257	50%	28,256	50%	1.0	0%	56,513
Total FTE & Total Salaries	11.55	349,760	50%	349,760	50%	-	0%	699,520
Fringe Benefits	25.00%	87,440	50%	87,440	50%		0%	174,880
Total Personnel Expenses		437,200	50%	437,200	50%	- 16	0%	874,400
Operating Expenses		Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
Total Occupancy		18.594	50%	18,593	50%		0%	37,187
								04.004
		12,432	50%	12,432	50%	× 1	0%	24,864
Total Materials and Supplies		12,432 11,661		12,432 11,661	50%		0%	
			50% 50% 50%					23,322 85,373
Total Materials and Supplies Total General Operating Total Operating Expenses		11,661	50%	11,661	50%	-	0%	23,322
Total Materials and Supplies Total General Operating	10.00%	11,661 42,687	50% 50%	11,661 42,686	50% 50%	-	0% 0%	23,322 85,373
Total Materials and Supplies Total General Operating Total Operating Expenses Total Direct Expenses	10.00%	11,661 42,687 479,887	50% 50% 50%	11,661 42,686 479,886	50% 50% 50%	-	0% 0%	23,322 85,373 959,773
Total Materials and Supplies Total General Operating Total Operating Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES		11,661 42,687 479,887 47,988 527,875	50% 50% 50%	11,661 42,686 479,886 47,989	50% 50% 50%		0% 0% 0%	23,322 85,373 959,773 95,977
Total Materials and Supplies Total General Operating Total Operating Expenses Total Direct Expenses Indirect Expenses	rice Mode	11,661 42,687 479,887 47,988 527,875	50% 50% 50%	11,661 42,686 479,886 47,989 527,875	50% 50% 50%		0% 0% 0%	23,322 85,373 959,773 95,977 1,055,750

Contractor Name San Francisco AIDS Foundation

HIV Syringe Access & Disposal Services - Program Name: Harm Reduction Center

Appendix #:

B-3i

Fiscal Year: 25-26

Staff Position 1: V.P Programs 8				
	and reference and the second of the second	and the second s	ement and evaluation of the	
			eate a service delivery conting, including HIV needs of gay	
Brief description of job duties:	Current nearth an	d well-being freeds	s, moduling the theeus of gay	a bisexual file
	in psychology, soc	cial services, busin	ess or related disciplines. Re	equirements als
			ty, especially in HIV prevention	
	to experience in	supervisory capaci	ty, especially in this pievenill	JII alla
			velopment experience.	JII and
				an and
demonstrated pro				Total

	Responsible for e structure and pro- responsive to the	ensuring the imple vision of profession	mentation, managenal oversight to cr	ement and evaluation of the peate a service delivery contine, including HIV needs of gay	nuum that is
	experience in a s	upervisory capacit	y, especially in HI	ess or related discipline; thre V prevention and demonstrate	
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	\$120,000.00	0.05	12	1	\$ 6.0

Staff Position 3: Director, SAS				
strategic goals in partnerships with training full-time a exchange supplie	alignment with ag other HIV/AIDS a and temporary sta es. Organizes rem	ency and city obje nd Harm Reductio ff in appropriate ex loval of biohazard	sites. Develops annual depa ctives. Builds and maintains n agencies. Responsible for ichange protocol. Responsible waste from sites and coordin ipliance and maintain safety	effective scheduling and le for purchasin ates removal
Three years expe	ment, supervision	experience prefer	ig users required. Associates red. Must hold HIV test coun	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$103,750.00	0.15	12	1	\$ 15.56

Staff Position 4: A	Associate Direct	tor, 6th Street H	RC		Section 1
F e c	Reduction Center ducation (e.g. o surriculum develo	r; supervising hea verdose preventio opment; managing	th educators, volu n, vein care) and r syringe access, d	gistics, QA, programming) of nteers, and interns; conducti eferrals; program design, fac isposal, and lounge space; if and providing crisis intervention	ng health ilitation, and nking
r	equired. Associa inderstanding of Inderstanding of	ites Degree prefer harm reduction pr HIV/HCV disease	red, experience us actices and princip prevention and tr	y marginalized, or homeless p sing motivational interviewing ples, experience doing health eatment. Supervisory experie se required.	and strong education.
Annual Salary		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	\$78,398.00	1.00	12		\$ 78,398

Staff Po	osition 5: Health Educato	r			
Brief description of jo	referrals; program disposal, and lour	n design, facilitation nge space; linking	n, and curriculum participants to HI	(e.g. overdose prevention, ve development; supports syring V/HCV testing and linkage to	ge access,
Minimum qualif	radication matica			sers. Associates Degree pref dge of HIV/HCV prevention/b	
Annual Sala		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	\$56,513.00	7.75	12	1	\$ 437,976

Staff Position 6: Mobile	Health Educator			
HIV/HC	/ testing and linkage to can i; overseeing a team of str	e; harm reduction	se prevention; vein care; refi counseling) through mobile a teers; and providing crisis int	ind encampment
Minimum qualifications: reduction			sers. Associates Degree pref dge of HIV/HCV prevention/t	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,5	13.00 0.50	12	1	\$ 28,257

referrals; support	include conducting s syringe access, ge to care; and pro	g health education disposal, and loun oviding crisis interv	(e.g. overdose prevention, v ge space; linking participants ention support, Supports mo supply inventory.	to HI	V/HCV
Minimum, 1-3 yea Minimum qualifications: reduction, motiva			sers. Associates Degree pref edge of HIV/HCV prevention/t		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$56,513.00	1.00	12	1	\$	56,51

referrals; support testing and linkag Street sites; supe Brief description of job duties: maintenance and	include conducting is syringe access, ge to care; and pro prvises volunteers I transport.	g health education disposal, and lour viding crisis interv and assists Inver	(e.g. overdose prevention, vige space; linking participants rention support. Supports mostory Team Lead with supply issers. Associates Degree preferences.	to HIV/HCV bile and 6th inventory
Minimum qualifications: reduction, motiva				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,51

Total FTE: 11.55 Total Salaries: \$ 699,520

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost	
Social Security	s	53,513.00
Retirement	\$	13,361.00
Medical	\$	72,260.00
Dental		
Unemployment Insurance	\$	3,638.00
Disability Insurance	\$	28,470.00
Paid Time Off		
Other (Workers Comp):	\$	3,638.00
		404.000

Total Fringe Benefit: 174,880

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 874,400

2) OPERATING EXPENSES:

ccu	

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$2,000/mo x 12 mo.	2000	24,000
Rent-6th Street	Prorated rent @ \$432.25/mo x 12 mo.	432.25	5,187
Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo.	500	6,000
		Total Occupancy:	37,187

Materials & Supplies:

	Expense Item	Brief Description	Rate	Cost
	Supplies	General office and program supplies\$547/mo.	\$547/mo	6,564
	Incentives	exchange incentives, 1,260 incentives @ \$5each =\$6,300.		6,300
	Group supplies	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,000
-		Total	Materiale & Supplies	24 864

General Operating:

Expense Item	Brief Description	Rate	Cost
Janitorial	Prorated Monthly janitorial svc \$1,735.17/mo.	1,735.17/mo	20,822
Insurance	Prorated gen liability, hazard and auto insurance.	208.34	2,500
	T	otal General Operating:	23,322

TOTAL OPERATING EXPENSES:	85,373
TOTAL DIRECT COSTS:	959,773

4) INDIRECT COSTS

	an Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
otal direct costs. 95,8	total direct costs.		95,97

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	95,977

TOTAL EXPENSES: 1,055,750

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

Appendix#

B-4a 1 20-21

Page # Fiscal Year(s) Funding Notification Date

1/29/2020

				SERVICE	MODES			
		Syringe Di	sposal					1
Personnel Expenses		Service I	lours					
Position Titles	TE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Total
Manager, Syringe Clean Up	2.00	140,000	100%		0%		0%	140,000
Inventory & Logistics Coordinator	0.80	37,622	100%	-	0%	-	0%	37,622
Associate Syringe Clean Up	5.60	227,483	100%	-	0%	-	0%	227,483
Syringe Sweeps Mgr. Disposal, Mobile & C	0.25	23,882	100%		0%	- 2	0%	23.882
Associate, Syringe Clean Up - Mobile	1.00	54,537	100%	-	0%		0%	54,537
			0%		0%		0%	-
			0%		0%		0%	1
		- 12	0%		0%		0%	
Total FTE & Total Salaries	9.65	483,524	100%	-	0%	-	0%	483,524
	.00%	145,057	100%		0%		0%	145,057
Total Personnel Expenses	.0070	628,581	100%		0%	1	0%	628,581
Total Personnel Expenses		020,301	10076		0 /0		0 /6	020,301
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Tota
Total Occupancy		31,752	100%		0%	-	0%	31,752
Total Materials and Supplies		8,800	100%		0%	- T-	0%	8.800
Total General Operating		19,400	100%		0%	1 2	0%	19,400
Total Staff Travel		10,100	0%		0%		0%	10,100
Consultants/Subcontractor:			0%		0%	7.	0%	
Other (specify):			0%		0%	-	0%	
Cura (Specify)			0%		0%		0%	-
			0%		0%		0%	
			0%		0%		0%	
			0%		0%		0%	
			0%		0%		0%	
Total Operating Expenses		59,952	100%		0%	1-1-	0%	59,952
100 43-1 100 100								
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1			0%	- 3	0%	-	0%	
Capital Expenditure 2			0%		0%		0%	-
Total Capital Expenses		•	0%		0%		0%	
Total Direct Expenses		688,533	100%	1 2	0%	-	0%	688,533
	.00%	103,280	100%		0%		0%	103,280
TOTAL EXPENSES	00 76	791,813	100%	1	0%		0%	791,813
IVIAL EXPENSES		791,813	100%		U 76	-1	0%	/91,613
Units of Service (UOS) per Service	Mode	4,368				- 1		4,368
Cost Per Unit of Service by Service		181.28					- 9	
	Mode	N/A						N/A

Contractor Name San Francisco AIDS Foundation

HIV Syringe Access & Disposal Services -

Program Name: Syringe Sweeps

Appendix #: E

B-4a

Fiscal Year:

20-21

	nd supervises dis ules and coordi	nates clean-up a	mbers. Ensures adherence ctivities; and completes re		
Driver's License Minimum qualifications: drugs and one			ence working with people eams.	who	inject
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):		Total
	2.00	12	-	de	140,00

Staff Position 2: Inventory & Log					
Supports the m Brief description of job duties: administrative,			s, scheduling, coordination nt. Conducts street clean-		
Minimum qualifications: Driver's License	e. 1 year or more	of experience w	orking with people who in	ject dr	ugs.
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		otal
\$47,028.00	0.80	12	1	\$	37,62

and hot	cts syringe clean up effor spots. Adheres to safet tion to community member	y protocols and	per disposal in priority neig procedures. Disseminates n-ups. Documents disposa	safe disposal
			lunteering with substance rograms.	users,
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$40,62	22.00 5.60	12	1	\$ 227,48

Coordinates an	nd oversees mob		d syringe disposal efforts. Up Managers, and Invento	
	ee years supervi	sing staff, Minim	ium three years of experier	nce working
Minimum qualifications: with people wh				
Minimum qualifications: with people wh				Total

pi pi	onducts mobil riority neighbor rocedures. Dis	e-based syringe rhoods, hot spot seminates safe	access and cleas, and encampn disposal information	Mobile an up efforts to ensure pro- nents. Adheres to safety p ation and health education ts activities accurately.	rotocols and
Minimum qualifications: he				olunteering with substance ograms.	e users,
Annual Salary:	\$54,537.00	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total \$ 54,537

Total FTE:

9.65

Total Salaries: \$

483,524

1b) EMPLOYEE FRINGE BENEFITS:

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

Component		Cost
Social Security	\$	36,990
Retirement	\$	23,741
Medica	\$	59,619
Denta		
Unemployment Insurance	S	2,514
Disability Insurance	\$	19,679
Paid Time Off		
Other (workers comp):	\$	2,514

Total Fringe Benefit: 145,057

Fringe Benefit %:

30.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:

628,581

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent	Touch downspace for sweeps, approx \$1,500/mo for contract staff.	\$1,500/mo	18,000
Phone	Desk phone, 2 phone in space @ \$73/phone/mo x 2 x 12.	\$73/phone/mo	1,752
Phone	Monthly mobile phone charge @ \$100/phone/mo x 10 phones x 12 mo.	\$100/phone/mo	12,000
		Total Occupancy:	31,752

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Printing & Repro	palm cards and flyers, refer to 311.		1,074
Program Supplies	Items include, but not limited to, tongs, bio buckets, gloves, bags, etc.	\$602.17/mo	7,226
Supplies	General supplies like pens, pads, etc.		500
	Take	Materials & Supplies	9 900

General Operating:

	Expense Item	Brief Description	Rate	Cost
1	Parking	Parking for vehicle, \$800/mo x 12 mo.	\$800/mo	9,600
	Auto Fuel	fuel for vehicle, \$200/mo x 12 mo.	\$200/mo	2,400

Appendix B-4a Amendment: 02/01/2020

Insurance	Insurance for vehicle, \$200/m	no x 12 mo.	\$200/mo	2,400
Professional services	Service providers like Apple I Amazon Web Svc, ancillary m			5,000
		Tota	General Operating:	19,400
0. #TI				
Staff Travel:	-			
Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Staff Travel:	
C				
Consultants/Subcontractors:	-			
Consultant/Subcontractor Name	e Service Descrip	ption	Rate	Cost
		Total Consulta	nts/Subcontractors:	
		Total Consulta	nts/Subcontractors:	-
Other:				
Expense Item	Brief Descript	tion	Rate	Cost
Expense item	Dilei Descript	100	Nate	Cost
			T-4-1 045 4 11	
			Total Other:	
		TOTAL OPER	RATING EXPENSES:	59,952
3) CAPITAL EXPENDITURES: (If ne	eeded. A unit valued at \$5,000 or r	nore)		
Capital Expenditure Item	Brief Descript	ion	-	Cost
		TOTAL CAPITA	AL EXPENDITURES:	_
		ТОТ	AL DIRECT COSTS:	688,533
N HIDIDECT COOTS				
4) INDIRECT COSTS				
Describe method and basis for Ind	lirect Cost Allocation (i.e., FTE,	square footage, or of	her)	Amount
The San Francisco AIDS Foundation		t rate .of 27%. This o	ontract seeks a	
eimbursement rate of 15% of total of	lirect costs.			103,280
			Indirect Rate:	15.00%
		TOTAL	. INDIRECT COSTS:	103,280
		T	OTAL EXPENSES:	791,813
		1		

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

	1		SERVICE	MODES			
Personnel Expenses	Syringe D Service						
Position Titles FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Total
Manager, Syringe Clean Up 2.	00 140,000	100%		0%		0%	140,000
Inventory & Logistics Coordinator 0.	80 37,622	100%	-	0%		0%	37,622
	60 227,483	100%		0%		0%	227,483
	25 23,882	100%		0%		0%	23,882
	00 54,537	100%	-	0%	-	0%	54,537
		0%		0%		0%	
		0%		0%		0%	
	-	0%	4	0%	100	0%	
Total FTE & Total Salaries 9.	65 483,524	100%		0%		0%	483,524
Fringe Benefits 30.00		100%	-	0%	-	0%	145,057
Total Personnel Expenses	628,581	100%	1	0%	1	0%	628,581
Total Fersonner Expenses	020,001	10070	1	0 70	11	076	020,301
Operating Expenses	Expenditure	%	Expenditure	%	Expenditure	%	Contract Tota
Total Occupancy	31,752	100%	LAPOHUNGIO	0%	Experience	0%	31,752
Total Materials and Supplies	8,800	100%		0%	-	0%	8,800
Total General Operating	19,400	100%		0%	-	0%	19,400
Total Staff Travel	10,400	0%	-	0%	1	0%	15,400
Consultants/Subcontractor:	-	0%		0%	-	0%	
Other (specify):	-	0%	-	0%		0%	
Other (apeciny).		0%	1	0%		0%	
		0%		0%		0%	
		0%	1	0%		0%	
	+ -	0%	-	0%	1	0%	1
	-	0%		0%		0%	-
Total Operating Expenses	59,952	100%		0%	-	0%	59,952
		- 57	II II	- 62	V= -		11-
Capital Expenses	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		0%	-	0%	-	0%	17
Capital Expenditure 2	3 1	0%		0%		0%	-
Total Capital Expenses	- F	0%	•	0%	•	0%	
Total Direct Expenses	688,533	100%		0%		0%	688,533
Indirect Expenses 15.00%		100%		0%		0%	103,280
TOTAL EXPENSES	791,813	100%	-	0%	-	0%	791,813
Units of Service (UOS) per Service Mo	de 4,368						4,368
Cost Per Unit of Service by Service Mo			141				4,300
(NOC) per Service Mo	de N/A				-		N/A
Towns, Personal Property	37. %						Rev. 07/15

Contractor Name San Francisco AIDS Foundation

HIV Syringe Access & Disposal Services - Program Name: Syringe Sweeps

Appendix #: B-4b

Fiscal Year: 21-22

	nd supervises dis ules and coordir	nates clean-up a	nbers. Ensures adherence ctivities; and completes re	
Driver's License Minimum qualifications: drugs and one			ence working with people eams.	who inject
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$70,000.00	2.00	12	1	\$ 140,00

Staff Position 2: Inventory & Log					
Supports the m Brief description of job duties: administrative,			s, scheduling, coordination nt. Conducts street clean-		
Minimum qualifications: Driver's License	e. 1 year or more	of experience w	vorking with people who in	ject dru	ıgs.
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		otal
\$47,028.00	0.80	12	1	\$	37,62

and hot spots.	ge clean up effo Adheres to safet	y protocols and	per disposal in priority neig procedures. Disseminates n-ups. Documents disposa	safe	disposa
			unteering with substance ograms.	users	S.,
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	10	Total
\$40,622.00	5.60	12	1	\$	227,48

			Mobile & Outrea		
st				d syringe disposal efforts. Up Managers, and Invento	
M	linimum of thre	e vears sunervi	sing staff Minim	um three years of experies	nce working
Minimum qualifications: w					nce working
					Total

pric pro	rity neighbor cedures. Dis	hoods, hot spot seminates safe	s, and encampm disposal informa	an up efforts to ensure pro nents. Adheres to safety p nation and health education is activities accurately.	rotoc	ols and
Minimum qualifications: hor				olunteering with substanc ograms.	e use	ers,
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$5	54,537.00	1.00	12	1	\$	54,537

Total FTE:

9.65

Total Salaries: \$

483,524

1b) EMPLOYEE FRINGE BENEFITS:

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

Cost
\$ 36,990
\$ 23,741
\$ 59,619
\$ 2,514
\$ 19,679
\$ 2,514
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Total Fringe Benefit: 14

145,057

Fringe Benefit %:

30.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:

628,581

2) OPERATING EXPENSES:

Occupancy:

	Expense Item	Brief Description	Rate	Cost
	Rent	Touch downspace for sweeps, approx \$1,500/mo for contract staff.	\$1,500/mo	18,000
	Phone	Desk phone, 2 phone in space @ \$73/phone/mo x 2 x 12.	\$73/phone/mo	1,752
	Phone	Monthly mobile phone charge @ \$100/phone/mo x 10 phones x 12 mo.	\$100/phone/mo	12,000
L			Total Occupancy:	31.752

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Printing & Repro	palm cards and flyers, refer to 311.		1,074
Program Supplies	Items include, but not limited to, tongs, bio buckets, gloves, bags, etc.	\$602.17/mo	7,226
Supplies	General supplies like pens, pads, etc.		500

Total Materials & Supplies:

8,800

General Operating:

Expense Item	Brief Description	Rate	Cost
Parking	Parking for vehicle, \$800/mo x 12 mo.	\$800/mo	9,600
Auto Fuel	fuel for vehicle, \$200/mo x 12 mo.	\$200/mo	2,400

Insurance	Insurance for vehicle, \$200/m	o x 12 mo.	\$200/mo	2,400
Professional services	Service providers like Apple D Amazon Web Svc, ancillary m		5,00	
		Tot	al General Operating:	19,40
Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate	Cost
Turpose of Traver		LAPONSO ROM	Tiuto	0000
		1 1		
			Total Staff Travel:	
		_	14300 2400 114140	
Consultants/Subcontractors:	-			
Consultant/Subcontractor Name	Service Descrip	otion	Rate	Cost
		Total Concult	ants/Subcontractors:	
		Total Collsuit	anta/Subcontractors.	
Other:	<u> </u>			
Expense Item	Brief Descript	Brief Description Rate		Cost
	1		Total Other:	
		_		
		TOTAL OPE	RATING EXPENSES:	59,952
B) CAPITAL EXPENDITURES: (If need	ded. A unit valued at \$5,000 or n	nore)		
Capital Expenditure Item	Print Department	-		Cost
Capital Expenditure item	Brief Descript	on		Cost
		TOTAL CAPIT	TAL EXPENDITURES:	-18
		10	TAL DIRECT COSTS:	688,533
) INDIRECT COSTS				
	ant Cont Allogotion (i.e. ETE o		-th-a-t	Auranus
Describe method and basis for Indirection in the San Francisco AIDS Foundation has been seen that the same in the				Amount
eimbursement rate of 15% of total dire		Trate .01 27 76. Triis	bontiact seeks a	103,280
			Indirect Rate:	15.00%
		TOTA	AL INDIRECT COSTS:	103,280
		F3	TOTAL EXPENSES:	791,813
		-	TOTAL EXPENSES:	791,013

Contract Term (mm/dd/see) 7/3/16 - 6/30/26

Contract Term (mm/dd/yyyy) 7/1/16 - 6/30/26 Funding Source General Fund

				SERVICE	MODES			1
Salara Salar		Syringe Di		7				
Personnel Expenses		Service I	lours		-	1		1
Position Titles F	TE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Total
Manager, Syringe Clean Up	2.00	140.000	100%		0%	7.77	0%	140.000
Inventory & Logistics Coordinator	0.80	37,622	100%		0%	2	0%	37.62
Associate, Syringe Clean Up	5.60	227,483	100%	-	0%		0%	227,48
Syringe Sweeps Mgr. Disposal, Mobile & C	0.25	23,882	100%		0%	1-	0%	23,88
Associate, Syringe Clean Up - Mobile	1.00	54,537	100%	-	0%	1	0%	54.53
			0%		0%		0%	
			0%		0%		0%	
) To 100	0%		0%	-	0%	
Total FTE & Total Salaries	9.65	483,524	100%	-	0%	1.1	0%	483,524
	00%	145,057	100%		0%		0%	145,057
Total Personnel Expenses	10.70	628,581	100%		0%	-	0%	628,581
Total Tersolinoi Expenses	_	020,001	10070		0.70		070	020,30
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Tota
Total Occupancy	- 1	31,752	100%		0%	-	0%	31,752
Total Materials and Supplies		8,800	100%		0%	7-1	0%	8,800
Total General Operating		19,400	100%		0%	-	0%	19,400
Total Staff Travel		- W	0%		0%	-	0%	
Consultants/Subcontractor:			0%		0%	-	0%	
Other (specify):			0%		0%	-	0%	
			0%		0%		0%	
			0%		0%		0%	
			0%		0%		0%	
			0%		0%		0%	
		5	0%		0%		0%	
Total Operating Expenses		59,952	100%		0%	- 4	0%	59,952
AND								
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Tota
Capital Expenditure 1			0%		0%		0%	
Capital Expenditure 2			0%		0%		0%	
Total Capital Expenses		•	0%	•	0%	-	0%	
Total Direct Expenses	1	688,533	100%	-1	0%		0%	688,533
Indirect Expenses 15.0	00%	103,280	100%	1	0%		0%	103,280
TOTAL EXPENSES	70 76				0%			
IOTAL EXPENSES	-	791,813	100%		0%	•	0%	791,813
Units of Service (UOS) per Service I	Mode	4,368					-	4,368
Cost Per Unit of Service by Service I		181.28		1				

Contractor Name San Francisco AIDS Foundation

HIV Syringe Access & Disposal Services -

Program Name: Syringe Sweeps

Appendix #: B-4c

Fiscal Year: 22-23

	nd supervises dis ules and coordin	ates clean-up a	nbers. Ensures adherence ctivities; and completes re	
Driver's License Minimum qualifications: drugs and one			ence working with people eams.	who inject
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$70,000.00	2.00	12	1	\$ 140,000

Staff Position 2: Inventory & Log	istics Coordinat	or		
Supports the m Brief description of job duties: administrative,			s, scheduling, coordination nt. Conducts street clean-	
Minimum qualifications: Driver's License	e. 1 year or more	of experience v	vorking with people who in	ject drugs.
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,028.00	0.80	12	1	\$ 37,622

and hot spots.	ge clean up effo Adheres to safet	y protocols and	per disposal in priority neig procedures. Disseminates n-ups. Documents disposa	safe	disposa
Brief description of job duties: accurately.					
Minimum of 6 n Minimum qualifications: homeless popu			unteering with substance ograms.	user	S,
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$40,622.00	5.60	12	1	\$	227,48

				d syringe disposal efforts. Up Managers, and Invento	
				um three years of experier	nce working
Minimum qualifications:	with people who	o inject drugs an	d/or are experien	ncing homelessness.	
Minimum qualifications: Annual Salary:	with people who	x FTE:	d/or are experient x Months per Year:	Annualized (if less than 12 months):	Total

priority neighbo procedures. Dis	le-based syringe orhoods, hot spot sseminates safe	access and cleas, and encampn disposal informa	an up efforts to ensure pro- nents. Adheres to safety pation and health education ts activities accurately.	rotocols and
Minimum three Minimum qualifications: homeless popu			colunteering with substance ograms.	e users,
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$54,537.00	1.00	12	1	\$ 54,537

Total FTE:

9.65

Total Salaries: \$

483,524

1b) EMPLOYEE FRINGE BENEFITS:

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

Cost
36,990
23,741
59,619
2,514
19,679
2,514

Total Fringe Benefit:

145,057

Fringe Benefit %:

30.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:

628,581

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent	Touch downspace for sweeps, approx \$1,500/mo for contract staff.	\$1,500/mo	18,000
Phone	Desk phone, 2 phone in space @ \$73/phone/mo x 2 x 12.	\$73/phone/mo	1,752
Phone	Monthly mobile phone charge @ \$100/phone/mo x 10 phones x 12 mo.	\$100/phone/mo	12,000
		Total Occupancy:	31,752

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Printing & Repro	palm cards and flyers, refer to 311.		1,074
Program Supplies	Items include, but not limited to, tongs, bio buckets, gloves, bags, etc.	\$602.17/mo	7,226
Supplies	General supplies like pens, pads, etc.	3.5	500

Total Materials & Supplies: 8,800

General Operating:

Expense Item	Brief Description	Rate	Cost
 Parking	Parking for vehicle, \$800/mo x 12 mo.	\$800/mo	9,600
Auto Fuel	fuel for vehicle, \$200/mo x 12 mo.	\$200/mo	2,400

Professional services		x 12 mo.	\$200/mo	2,40
		Service providers like Apple Development, Amazon Web Svc, ancillary maint.		5,00
		Total	General Operating:	19,40
Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Staff Travel:	
		_	Total Stall Havel.	
Consultants/Subcontractors:	_			
Consultant/Subcontractor Nam	ne Service Descript	ion	Rate	Cost
		Total Consulta	nts/Subcontractors:	
Other:	-			
Expense Item	Brief Description	on	Rate	Cost
			Total Other:	
	[TOTAL OPER	ATING EXPENSES:	59,95
) CAPITAL EXPENDITURES: (If n	eeded. A unit valued at \$5,000 or mo	ore)		
	eeded. A unit valued at \$5,000 or mo			Cost
B) CAPITAL EXPENDITURES: (If n				Cost
		on		Cost
		TOTAL CAPITA	AL EXPENDITURES:	
		TOTAL CAPITA	AL EXPENDITURES:	Cost -
		TOTAL CAPITA		-
Capital Expenditure Item		TOTAL CAPITA	AL DIRECT COSTS:	
Capital Expenditure Item In Indirect Costs Describe method and basis for Incidence of Costs The San Francisco AIDS Foundation	Brief Description [direct Cost Allocation (i.e., FTE, so has a federally negotiated indirect	TOTAL CAPITA TOTA	AL DIRECT COSTS:	688,533 Amount
Capital Expenditure Item In the second seco	Brief Description [direct Cost Allocation (i.e., FTE, so has a federally negotiated indirect	TOTAL CAPITA TOTA	AL DIRECT COSTS:	688,533
Capital Expenditure Item In Indirect Costs Describe method and basis for Incidence of Costs The San Francisco AIDS Foundation	Brief Description [direct Cost Allocation (i.e., FTE, so has a federally negotiated indirect	TOTAL CAPITA TOTA	AL DIRECT COSTS:	688,533 Amount
Capital Expenditure Item In Indirect Costs Describe method and basis for Incidence of Costs The San Francisco AIDS Foundation	Brief Description [direct Cost Allocation (i.e., FTE, so has a federally negotiated indirect	TOTAL CAPITA TOTA	AL DIRECT COSTS:	688,533 Amount
		on	AL EXPENDITURES:	Cos
Capital Expenditure Item In Indirect Costs Describe method and basis for Incidence of Costs The San Francisco AIDS Foundation	Brief Description [direct Cost Allocation (i.e., FTE, so has a federally negotiated indirect	TOTAL CAPITA TOTA	AL DIRECT COSTS:	688,53 Amount
Capital Expenditure Item In Indirect Costs Describe method and basis for Incidence of Costs The San Francisco AIDS Foundation	Brief Description [direct Cost Allocation (i.e., FTE, so has a federally negotiated indirect	TOTAL CAPITA TOTA	AL DIRECT COSTS:	- 688,53 Amount
Capital Expenditure Item In Indirect Costs Describe method and basis for Incidence of Costs The San Francisco AIDS Foundation	Brief Description [direct Cost Allocation (i.e., FTE, so has a federally negotiated indirect	TOTAL CAPITA TOTA	her) ontract seeks a	688,53 Amount

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

Appendix#

B-4d 1

Page # Fiscal Year(s) Funding Notification Date

23-24 1/29/2020

				SERVICE	MODES			
		Syringe Di	sposal					
Personnel Expenses		Service I	lours			ļ.,		
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Manager, Syringe Clean Up	2.00	140,000	100%		0%		0%	140.000
Inventory & Logistics Coordinator	0.80	37.622	100%		0%	-	0%	37.622
Associate, Syringe Clean Up	5.60	227,483	100%		0%	-	0%	227.483
Syringe Sweeps Mgr. Disposal, Mobile & C	0.25	23,882	100%		0%	-	0%	23.882
Associate, Syringe Clean Up - Mobile	1.00	54,537	100%		0%	-	0%	54.537
Associate, dyringe citari op - Mobile	1.00	01,001	0%		0%		0%	04,007
			0%		0%		0%	
			0%		0%		0%	
Total FTE & Total Salaries	9.65	483,524	100%	1 -1	0%		0%	483,524
	0.00%	145,057	100%		0%	-	0%	145,057
Total Personnel Expenses	7.00 /6	628,581	100%		0%		0%	628,581
Total Personnel Expenses		020,361	100%	-1	0.70	•	076	020,301
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		31,752	100%	7	0%	-	0%	31,752
Total Materials and Supplies	A 7	8,800	100%		0%	-	0%	8.800
Total General Operating		19,400	100%	1	0%	-	0%	19,400
Total Staff Travel		10,100	0%	-	0%		0%	10,100
Consultants/Subcontractor:			0%		0%	- 3	0%	
Other (specify):	_	-	0%	-	0%	-	0%	
entit (obserry).			0%		0%		0%	
			0%	1	0%	- 4	0%	-
			0%		0%		0%	
	_		0%		0%		0%	
			0%		0%		0%	
Total Operating Expenses		59,952	100%	-	0%	-	0%	59,952
_0.120.00		(le 10)		II =	•	le e	m/	
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1			0%	-	0%	-	0%	
Capital Expenditure 2			0%	-	0%		0%	-
Total Capital Expenses	-	•	0%		0%	-	0%	
Total Direct Expenses		688,533	100%	- 7	0%		0%	688,533
	.00%	103,280	100%		0%	1	0%	103,280
TOTAL EXPENSES		791,813	100%	•	0%		0%	791,813
Units of Service (UOS) per Service					-			4,368
Cost Per Unit of Service by Service (NOC) per Service		181.28		-		F 180		
	44 - 4-	N/A						N/A

Contractor Name San Francisco AIDS Foundation

HIV Syringe Access & Disposal Services -

Program Name: Syringe Sweeps

Appendix #:

B-4d

Fiscal Year:

23-24

Staff Position 1: Manager, Syrin				
	ules and coordin	nates clean-up a	nbers. Ensures adherence ctivities; and completes re	
Driver's License Minimum qualifications: drugs and one			ence working with people eams.	who inject
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$70,000.00	2.00	12	1	\$ 140,00

Staff Position 2: Inventory & Log					
Supports the m Brief description of job duties: administrative,			s, scheduling, coordination nt. Conducts street clean-		
Minimum qualifications: Driver's License	e. 1 year or more	of experience w	orking with people who in	ject drug	s.
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Tot	al
\$47,028.00	0.80	12	1	\$ 3	7,62

Staff Position 3: Associate, Syri	nge Clean Up				
and hot spots.	Adheres to safet	y protocols and	per disposal in priority nei procedures. Disseminates n-ups. Documents disposa	safe	disposa
Minimum of 6 n Minimum qualifications: homeless popu			unteering with substance ograms.	user	5,
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$40,622.00	5.60	12	1	\$	227,483

Staff Position 4: Syringe Sweep				
			d syringe disposal efforts. Up Managers, and Invento	
Minimum of thr	ee years superv	sing staff. Minim	ium three years of experier	nce working
Minimum of thr Minimum qualifications: with people wh				nce working
	o inject drugs ar	x Months per	Annualized (if less than	nce working
		d/or are experie	ncing homelessness.	nce working

priority neighbo procedures. Di	lle-based syringe orhoods, hot spo sseminates safe	access and cle ts, and encampn disposal informa	Mobile an up efforts to ensure pro- nents. Adheres to safety p- ation and health education ts activities accurately.	rotocols and
Minimum qualifications: homeless popu			olunteering with substance ograms.	e users,
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$54,537.00	1.00	12	1) - 4	\$ 54,53

Total FTE:

9,65

Total Salaries: \$

483,524

1b) EMPLOYEE FRINGE BENEFITS:

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

Component		Cost
Social Security	\$	36,990
Retirement	S	23,741
Medical	\$	59,619
Dental		
Unemployment Insurance	\$	2,514
Disability Insurance	\$	19,679
Paid Time Off		
Other (workers comp):	\$	2,514

Total Fringe Benefit: 145,057

Fringe Benefit %:

30.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:

628,581

2) OPERATING EXPENSES:

Occupancy:

Expense Ite	em Brief Description	Rate	Cost
Rent	Touch downspace for sweeps, approx \$1,500/mo for contract staff.	\$1,500/mo	18,000
Term	Desk phone, 2 phone in space @	ψ1,000/mo	10,000
Phone	\$73/phone/mo x 2 x 12.	\$73/phone/mo	1,752
Phone	Monthly mobile phone charge @ \$100/phone/mo x 10 phones x 12 mo.	\$100/phone/mo	12,000
		Total Occupancy:	31,752

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Printing & Repro	palm cards and flyers, refer to 311.		1,074
Program Supplies	Items include, but not limited to, tongs, bio buckets, gloves, bags, etc.	\$602.17/mo	7,226
Supplies	General supplies like pens, pads, etc.		500

Total Materials & Supplies:

8,800

General Operating:

Expense Item	Brief Description	Rate	Cost
Parking	Parking for vehicle, \$800/mo x 12 mo.	\$800/mo	9,600
Auto Fuel	fuel for vehicle, \$200/mo x 12 mo.	\$200/mo	2,400

Insurance	Insurance for vehicle, \$200/r		\$200/mo	2,400
Professional services	Service providers like Apple Amazon Web Svc, ancillary			5,000
		Tota	I General Operating:	19,400
Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Staff Travel:	3.0
Consultants/Subcontractors:				
Consultant/Subcontractor Name	e Service Descr	iption	Rate	Cost
		Total Consulta	nts/Subcontractors:	
Other		Total Consult	nic/oubconductors.	
Other:	Brief Descrip	tion	Rate	Cost
Expense Item	Brief Descrip	Mon	Rate	COST
			Total Other:	
		TOTAL OPE	RATING EXPENSES:	59,952
3) CAPITAL EXPENDITURES: (If ne	eded. A unit valued at \$5,000 or			
Capital Expenditure Item	Brief Descrip			Cost
ouplai Experientale non	Die scorie			0001
			AL EXPENDITURES:	
		TOT	AL DIRECT COSTS:	688,533
4) INDIRECT COSTS				
Describe method and basis for Inc	lirect Cost Allocation (i.e., FTE,	square footage, or o	ther)	Amount
The San Francisco AIDS Foundation eimbursement rate of 15% of total of		ct rate .of 27%. This c	ontract seeks a	103,280
			Indirect Rate:	15.00%
		TOTA	INDIRECT COSTS:	103,280
		ΓŦ	OTAL EXPENSES:	791,813
		1-1	OTAL EXPENSES:	191,013

Contractor Name San Francisco AIDS Foundation

Contract Term (mm/dd/yyyy) 7/1/16 - 6/30/26 Funding Source General Fund

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE	MODES			
		Syringe Di	sposal					
Personnel Expenses		Service H	lours					1
Position Titles FT	E	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
N. P. P. P. T. D. G. S.	2.00	140,000	100%		0%		0%	140,000
	0.80	37.622	100%	-	0%	-	0%	37,622
mitterinery at meglecite sectionistic	5.60	227,483	100%	-	0%		0%	227,483
100000000000000000000000000000000000000	0.25	23,882	100%	-	0%	-	0%	23,882
	1.00	54,537	100%	-	0%	-	0%	54,537
Account, Cylinge Glean op Moune	1.00	01,007	0%		0%		0%	0.11007
			0%		0%		0%	
			0%	,	0%	-	0%	
Total FTE & Total Salaries	9.65	483,524	100%		0%	-1	0%	483,524
Fringe Benefits 30.0		145,057	100%	-	0%	1	0%	145,057
	0 /0	628,581	100%		0%		0%	628,581
Total Personnel Expenses		020,001	100%	•	0%		0%	020,301
Operating Expenses	TIE.	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		31,752	100%		0%		0%	31,752
Total Materials and Supplies		8,800	100%		0%	-	0%	8,800
Total General Operating		19,400	100%		0%		0%	19,400
Total Staff Travel		,	0%		0%	-	0%	10,100
Consultants/Subcontractor:			0%		0%		0%	
Other (specify):		-	0%	-	0%		0%	
Other (apoony).			0%		0%		0%	
			0%		0%		0%	
			0%	F	0%		0%	
			0%		0%		0%	
	-		0%	-	0%		0%	
Total Operating Expenses		59,952	100%	-	0%	-	0%	59,952
Liber To a								
Capital Expenses	E	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1			0%	-	0%	-	0%	7
Capital Expenditure 2			0%	-	0%	1	0%	-
Total Capital Expenses			0%	- 1	0%	-	0%	
Total Direct Expenses	- 0	688,533	100%		0%		0%	688,533
Indirect Expenses 15.00	20/	103,280	100%		0%	- 1	0%	103,280
	1/0							
TOTAL EXPENSES		791,813	100%	-1	0%	-	0%	791,813
Units of Service (UOS) per Service M	ode	4,368				-1		4,368
Cost Per Unit of Service by Service M		181.28						
(NOC) per Service M		N/A						N/A

Appendix B-4e Amendment: 02/01/2020

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

Appendix #:

B-4e

Fiscal Year:

24-25

	nd supervises dis ules and coordin	nates clean-up a	nbers. Ensures adherence ctivities; and completes re	
Driver's License Minimum qualifications: drugs and one			ence working with people eams.	who inject
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$70,000.00	2.00	12	1	\$ 140,00

Staff Position 2: Inventory & Log	gistics Coordinat	or		
Supports the m Brief description of job duties: administrative,			s, scheduling, coordination ent. Conducts street clean-	
Minimum qualifications: Driver's License	e. 1 year or more	of experience v	vorking with people who in	ject drugs.
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,028.00	0.80	12	1	\$ 37,6

and hot spots. A	ge clean up effo Adheres to safet	y protocols and	per disposal in priority neig procedures. Disseminates n-ups. Documents disposa	safe	e disposa
			unteering with substance ograms.	usei	s,
Annual Salary	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$40,622.00	5.60	12	1	\$	227,48

Staff Position 4: Syringe Sweep				
			d syringe disposal efforts. Up Managers, and Invento	
Minimum of thr	on vente euroni	eing staff Minim	um three years of experies	nce working
Minimum qualifications: with people wh				noc working
				Total

priority neighb procedures. D	oile-based syringe orhoods, hot spo isseminates safe	access and cle ts, and encampn disposal informa	Mobile an up efforts to ensure pro nents. Adheres to safety p ation and health education ts activities accurately.	rotocols and
	vears of experie	ence working or v	olunteering with substance	e lisers
Minimum qualifications: homeless pop				0 00013,
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$54,537.00	1.00	12	11	\$ 54,537

Total FTE:

9.65

Total Salaries: \$

483,524

1b) EMPLOYEE FRINGE BENEFITS:

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

Component		Cost
Social Security	\$	36,990
Retirement	\$	23,741
Medical	\$	59,619
Dental		
Unemployment Insurance	\$	2,514
Disability Insurance	S	19,679
Paid Time Off	U	
Other (workers comp):	\$	2,514

Total Fringe Benefit: 145,057

Fringe Benefit %:

30.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 628,581

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent	Touch downspace for sweeps, approx \$1,500/mo for contract staff.	\$1,500/mo	18,000
Phone	Desk phone, 2 phone in space @ \$73/phone/mo x 2 x 12.	\$73/phone/mo	1,752
Phone	Monthly mobile phone charge @ \$100/phone/mo x 10 phones x 12 mo.	\$100/phone/mo	12,000
		Total Occupancy:	31,752

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Printing & Repro	palm cards and flyers, refer to 311.		1,074
Program Supplies	Items include, but not limited to, tongs, bio buckets, gloves, bags, etc.	\$602.17/mo	7,226
Supplies	General supplies like pens, pads, etc.		500
	Tot	al Materials & Supplies:	8,800

General Operating:

Expense Item	Brief Description	Rate	Cost
Parking	Parking for vehicle, \$800/mo x 12 mo.	\$800/mo	9,600
Auto Fuel	fuel for vehicle, \$200/mo x 12 mo.	\$200/mo	2,400

Insurance	Insurance for vehicle, \$200/mo x 12 mo.		\$200/mo	2,400
Professional services	Service providers like Apple Development, Amazon Web Svc, ancillary maint.			5,000
		Total	General Operating	19,400
Staff Travel:				
	-			
Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Staff Trave	
		-	Total Stan Trave	
Consultants/Subcontractors:	-			
Consultant/Subcontractor Name	Service Descri	ption	Rate	Cost
	1	Total Consultar	nts/Subcontractors	
And the second s			10.000000000000000000000000000000000000	
Other:				
Expense Item	Brief Descript	ion	Rate	Cost
			Total Other	
		TOTAL OPER	ATING EXPENSES	: 59,952
				. 00,002
3) CAPITAL EXPENDITURES: (If nee	ded. A unit valued at \$5,000 or r	nore)		
Capital Expenditure Item	Brief Descript	ion		Cost
	*			
		TOTAL CAPITA	L EXPENDITURES	
		TOTA	AL DIRECT COSTS	: 688,533
I) INDIRECT COSTS				
Describe method and basis for Indir				Amount
	The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a eimbursement rate of 15% of total direct costs.			103,280
			Indirect Rate	45.000
		TOTAL	INDIRECT COSTS	7,5 8,515, 4,5
		TTO	OTAL EXPENSES	791,813
		100.0		

Appendix B-4e Amendment: 02/01/2020

Contract Term (mm/dd/yyyy) 7/1/16 - 6/30/26
Funding Source General Fund

Appendix # B-4f Page # Fiscal Year(s) 1 25-26 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

			SERVICE	MODES			1
Contract to the contract of th	Syringe D						
Personnel Expenses	Service I	lours					
Position Titles FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Manager, Syringe Clean Up 2.00		100%	119-11-11	0%		0%	140,000
Inventory & Logistics Coordinator 0.80		100%	-	0%	-	0%	37,622
Associate, Syringe Clean Up 5.60		100%	-	0%	-	0%	227,483
Syringe Sweeps Mgr. Disposal, Mobile & 0.25		100%	-	0%	-	0%	23,882
Associate, Syringe Clean Up - Mobile 1.00	54,537	100%		0%	-	0%	54,537
		0%		0%		0%	
		0%		0%		0%	
	-	0%	-	0%	-	0%	-
Total FTE & Total Salaries 9.65		100%		0%		0%	483,524
Fringe Benefits 30.00%	145,057	100%	-	0%	-	0%	145,057
Total Personnel Expenses	628,581	100%	-	0%	5	0%	628,581
Operating Expenses	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy	31,752	100%		0%		0%	31,752
Total Materials and Supplies	8,800	100%		0%	-	0%	8,800
Total General Operating	19,400	100%		0%	-	0%	19,400
Total Staff Travel	-	0%		0%	-	0%	
Consultants/Subcontractor:	-	0%		0%	-	0%	
Other (specify):	-	0%	-	0%	-	0%	
		0%		0%		0%	
		0%		0%		0%	
		0%		0%		0%	
		0%		0%		0%	
		0%		0%		0%	
Total Operating Expenses	59,952	100%	-1	0%		0%	59,952
Capital Expenses	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1	4	0%	4	0%	- X	0%	
Capital Expenditure 2		0%		0%		0%	
Total Capital Expenses	-	0%		0%		0%	2
Total Direct Expenses	600 E22	100%		0%		00/	600 500
Indirect Expenses 15.00%	688,533	100%		0%	-	0%	688,533
	103,280		-				103,280
TOTAL EXPENSES	791,813	100%		0%		0%	791,813
Units of Service (UOS) per Service Mode				-	-		4,368
Cost Per Unit of Service by Service Mode					-		
(NOC) per Service Mode							N/A

Contractor Name San Francisco AIDS Foundation

HIV Syringe Access & Disposal Services -

Program Name: Syringe Sweeps

Appendix #: B-4f

Fiscal Year: 25-26

1a) SALARIES

	nd supervises dis ules and coordir	nates clean-up a	nbers. Ensures adherence ctivities; and completes re	
Driver's License Minimum qualifications: drugs and one			ence working with people eams.	who inject
Annual Salary:	xFTE;	x Months per Year:	Annualized (if less than 12 months):	Total
\$70,000.00	2.00	12	1	\$ 140

Staff Position 2: Inventory & Log	istics Coordinat	or		
			s, scheduling, coordination	
Brief description of job duties: administrative,	and inventory/su	pply manageme	nt. Conducts street clean-	up.
Minimum qualifications: Driver's License	e. 1 year or more	of experience v	vorking with people who in	ject drugs.
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	0.80		12 months).	
\$47,028.00	0.80	12	1	\$ 37,622

and	nducts syring hot spots. A rmation to co	ge clean up effor Adheres to safet	y protocols and p	per disposal in priority neigo procedures. Disseminates I-ups. Documents disposa	saf	e disposal
Brief description of job duties: acc						
Minimum qualifications: hon				unteering with substance ograms.	use	rs,
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
	10,622.00	5.60	12	1	\$	227,483

			d syringe disposal efforts. Up Managers, and Invento	
Minimum of three			um three years of experier	nce working
Minimum qualifications: with people who	o inject drugs an	d/or are experie	ncing homelessness.	
Minimum qualifications: with people who	o inject drugs an	x Months per Year:	Annualized (if less than 12 months):	Total

priority neig procedures	mobile-based syringe ghborhoods, hot spot s. Disseminates safe	access and cle ts, and encampn disposal informa	Mobile an up efforts to ensure pro nents. Adheres to safety p ation and health education ts activities accurately.	rotocols and
Minimum the Minimum to Minimum the Minimum qualifications: homeless to the Minimum qualifications and the Minimum to Minimum to the Minimum to the Minimum to			volunteering with substand rograms.	e users,
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$54,537.0	00 1.00	12	1	\$ 54,537

Total FTE:

9.65

Total Salaries: \$

483,524

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost		
Social Security	\$	36,990	
Retirement	\$	23,741	
Medical	\$	59,619	
Dental			
Unemployment Insurance	\$	2,514	
Disability Insurance	\$	19,679	
Paid Time Off			
Other (workers comp):	\$	2,514	

Total Fringe Benefit: 145,057

Fringe Benefit %:

30.00%

628,581

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost	
Rent	Touch downspace for sweeps, approx. \$1,500/mo for contract staff.	\$1,500/mo	18,000	
Phone	Desk phone, 2 phone in space @ \$73/phone/mo x 2 x 12.	\$73/phone/mo	1,752	
Phone	Monthly mobile phone charge @ \$100/phone/mo x 10 phones x 12 mo.	\$100/phone/mo	12,000	
		Total Occupancy:	31,752	

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Printing & Repro	palm cards and flyers, refer to 311.		1,074
Program Supplies	Items include, but not limited to, tongs, bio buckets, gloves, bags, etc.	\$602.17/mo	7,226
Supplies	General supplies like pens, pads, etc.	1	500
		Materiale & Supplies	9 900

General Operating:

	Expense Item	Brief Description	Rate	Cost	
	Parking	Parking for vehicle, \$800/mo x 12 mo.	\$800/ma	9,600	
Charles and	Auto Fuel	fuel for vehicle, \$200/mo x 12 mo.	\$200/mo	2,400	

Insurance	Insurance for vehicle, \$200/m		\$200/mo	2,400
Professional services	Service providers like Apple I Amazon Web Svc, ancillary m			5,000
		Total	I General Operating:	19,400
Death Transpla		100	ii General Operating:	19,400
Staff Travel:		S	1270	S. C.
Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Staff Travel:	
A vite salvin Same of Nove Salvin		_	Total Gail Haven	
Consultants/Subcontractors:	-			
Consultant/Subcontractor Nam	e Service Descri	ption	Rate	Cost
		Total Consulta	nts/Subcontractors:	300
Othor				
Other:	-			
Expense Item	Brief Descript	tion	Rate	Cost
		- J-	Total Other:	
		TOTAL OPE	RATING EXPENSES:	59,952
3) CAPITAL EXPENDITURES: (If ne	eeded, A unit valued at \$5,000 or n	nore)		
Capital Expenditure Item	Brief Descript	ion		Cost
		TOTAL CAPIT	AL EXPENDITURES:	
		TO	AL DIRECT COSTS:	688,533
al abudest diseas				300,000
4) INDIRECT COSTS				
Describe method and basis for Inc				Amount
The San Francisco AIDS Foundation reimbursement rate of 15% of total of		t rate .of 27%. This o	contract seeks a	103,280
			Indirect Rate:	15.00%
		TOTA	L INDIRECT COSTS:	103,280
		T	OTAL EXPENSES:	791,813
		_		

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

Appendix# B-5a Page# 1 Fiscal Year(s) 20-21 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE	MODES			
Personnel Expenses		Syringe Dispos Weeks - War		Evaluat	ion			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Associate, Syringe Clean Up	0.125	5,878	100%	E	0%		0%	5,878
			0%	¥ Y	0%	-	0%	
			0%	-	0%	- 4	0%	
			0%	2	0%	7 2	0%	1
H			0%	-	0%	2	0%	
			0%		0%		0%	
			0%		0%		0%	
		-1	0%	-	0%		0%	-
Total FTE & Total Salaries	0.125	5,878	100%	-	0%	-	0%	5,878
Fringe Benefits	0.0%		0%	-	0%	-	0%	
Total Personnel Expenses		5,878	100%	-	0%		0%	5,878
0		[F 414]	0/	F	0/	TE	n/	10
Operating Expenses Total Occupancy		Expenditure	% 0%	Expenditure	%	Expenditure	%	Contract Total
Total Materials and Supplies		154	100%		0%	-	0%	454
Total General Operating		154	0%		0%	-		154
Total Staff Travel		. 7	0%		0%	- :	0%	-
Consultants/Subcontractor:		- :	0%		0%		0%	-
Other (specify):			0%	-	0%		0%	
Otrei (specify).		-	0%	-	0%	-	0%	
			0%		0%		0%	
			0%		0%		0%	
		-	0%		0%		0%	
			0%		0%		0%	-
Total Operating Expenses		154	100%	-	0%	-	0%	154
A								
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		-	0%	-	0%		0%	-
Capital Expenditure 2		-	0%		0%		0%	-
Total Capital Expenses		× 1	0%	-	0%	•	0%	
Total Direct Expenses		6,032	100%		0%		0%	6,032
Indirect Expenses	15.00%	905	100%		0%		0%	905
TOTAL EXPENSES		6,937	100%	- 1	0%		0%	6,937
Units of Service (UOS) per Serv						-		52
Cost Per Unit of Service by Serv (NOC) per Serv		133.41 N/A				-		N/A
(NOC) per serv	re mode	IN/M						N/A

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

Program Name: Syringe Sweeps War Memorial

B-5a Appendix #:

20-21 Fiscal Year:

1a) SALARIES

Staff Position 1: Associate, Syri	nge Clean Up			
and hot spots.	Adheres to safet	y protocols and	per disposal in priority neig procedures. Disseminates n-ups. Documents disposa	safe disposa
Minimum of 6 n Minimum qualifications: homeless popu			lunteering with substance rograms.	users,
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,027.00	0.125	12	1	\$ 5,87
Staff Position 2: Brief description of job duties: Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$
Staff Position 3: Brief description of job duties: Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			U	a
Staff Position 4: Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	xFTE;	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$
Staff Position 5: Brief description of job duties: Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$

Total FTE: 0.125 Total Salaries: \$ 5,878

(Components provided below are sam		onents should reflect	the contractor's ledger ac	counts.)
	A TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	Social Security		
		Retirement		
		Medical		
		Dental		
	Unem	ployment Insurance		
		Disability Insurance		
		Paid Time Off		
	Oti	ner (workers comp):		
			Total Fringe Benefit:	-
			Fringe Benefit %:	0.0
	TOTAL SAL	ARIES & EMPLOYE	E FRINGE BENEFITS:	5,87
2) OPERATING EXPENSES:				
Occupancy:				
-2.000	-		P 44	
Expense Item	Brief Descrip	otion	Rate	Cost
	J. S.		Total Occupancy:	-
Materials & Supplies:	-			
Expense Item	Brief Descrip		Rate	Cost
Program Supplies	Items include, but not limited buckets, gloves, bags, etc.	to, tongs, bio		154
Program Supplies	buckets, gioves, bags, etc.			10
		Total	Materials & Supplies:	15
General Operating:	_			
Expense Item	Brief Descrip	tion	Rate	Cost
		To	tal General Operating:	
Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Staff Travel:	
Consultants/Subcontractors:				
Consultant/Subcontractor Name	Service Descri	ption	Rate	Cost
	1	Total Consul	tants/Subcontractors:	

Appendix B-5a Amendment: 02/01/2020

Other:			
Expense Item	Brief Description	Rate	Cost
		Total Other:	
	TOTAL OPE	RATING EXPENSES:	154
3) CAPITAL EXPENDITURES: (If needed.	A unit valued at \$5,000 or more)		
Capital Expenditure Item	Brief Description		Cost
	TOTAL CAPIT	AL EXPENDITURES:	×.
	TO	TAL DIRECT COSTS:	6,032
4) INDIRECT COSTS			
	ost Allocation (i.e., FTE, square footage, or		Amount
The San Francisco AIDS Foundation has a reimbursement rate of 15% of total direct co	federally negotiated indirect rate .of 27%. This osts.	contract seeks a	905
		Indirect Rate:	15.00%
	TOTA	L INDIRECT COSTS:	905
	_		
		TOTAL EXPENSES:	6,937

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

Appendix #
Page #
Fiscal Year(s)
Funding Notification Date 1

1 21-22 1/29/2020

B-5b

UOS COST ALLOCATION BY SERVICE MODE

			AODES	SERVICE N				
			on	Evaluati		Syringe Dispos Weeks - War		Personnel Expenses
Contract Total	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	FTE	Position Titles
5,878	0%		0%	The second	100%	5,878	0.125	Associate, Syringe Clean Up
	0%		0%	•	0%	-		
	0%	3	0%	-	0%			
	0%	-	0%		0%			
	0%		0%		0%		-	
	0%		0%		0%			
	0%		0%		0%			
	0%	-	0%		0%			
5,878	0%		0%		100%	5,878	0.125	Total FTE & Total Salaries
	0%	- 8	0%	-	0%	1 34	0.0%	Fringe Benefits
5,878	0%	-	0%		100%	5,878		Total Personnel Expenses
Contract Tota	%	Expenditure	%	Expenditure	%	Expenditure		Operating Expenses
Contract Tota	0%		0%	Experiunure	0%	LAPERIORGIC		Total Occupancy
154	0%		0%		100%	154		Total Materials and Supplies
104	0%	-	0%		0%	104		Total General Operating
	0%		0%	-	0%	- 4		Total Staff Travel
	0%		0%		0%	- 0		Consultants/Subcontractor:
	0%		0%		0%	-		Other (specify):
	0%	-	0%		0%			outer (oposity).
	0%		0%		0%			
	0%		0%		0%			
	0%		0%		0%			
	0%		0%		0%			
154	0%	-	0%		100%	154		Total Operating Expenses
Contract Total	%	Expenditure	%	Expenditure	%	Expenditure	1	Capital Expenses
Somulact Total	0%	Expenditure	0%	Expenditure	0%	Expenditure		Capital Expenses Capital Expenditure 1
	0%		0%	-	0%	-	-	Capital Expenditure 2
	0%		0%	-	0%			Total Capital Expenses
							-	
6,032	0%		0%		100%	6,032		Total Direct Expenses
905	0%		0%	-	100%	905	15.00%	Indirect Expenses
6,937	0%		0%	-	100%	6,937		TOTAL EXPENSES
52		741				52	vice Mode	Units of Service (UOS) per Serv
JZ				-		133.41	vice Mode	Cost Per Unit of Service by Serv
The second second					_	N/A		(NOC) per Serv

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

Program Name: Syringe Sweeps War Memorial

Appendix #:

B-5b

Fiscal Year:

21-22

1a) SALARIES

Staff Position 1: Associate				
and hot s	spots. Adheres to safe on to community mem	ty protocols and	per disposal in priority nei procedures. Disseminates n-ups. Documents disposa	safe dispos
			lunteering with substance rograms.	users,
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,02	7.00 0.125	12	1	\$ 5,8
Claff Dealling 2				
Staff Position 2: Brief description of job duties: Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$
Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Total
		-	Annualized (if less than 12 months): Annualized (if less than 12 months): O Annualized (if less than 12 months): O Annualized (if less than 12 months): O Annualized (if less than 12 months): O	\$
Staff Position 4:				
Brief description of job duties: Minimum qualifications:				
william qualifications.		12.77		
Annual Salary:	x FTE:	x Months per Year:		Total
			0	\$
Staff Position 5:				
Brief description of job duties: Minimum qualifications:				
withintum quantications.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
- 12 TO 11 DAY FW DIS 100, 10 2 1			0	\$

Total FTE:

0.125

Total Salaries: \$

5,878

Component			Cost	ccounts.)
Component		Social Security		
		Retirement	HQC7	
		Medical		
		Dental		
	2.7			
	Oth	er (workers comp):	T. (P. () P. () P. ()	
			Total Fringe Benefit:	7
			Fringe Benefit %:	0.0
TO	TAL SALA	ARIES & EMPLOYE	E FRINGE BENEFITS:	5,87
Brief	Descript	ion	Rate	Cost
			Total Occupancy:	
			Rate	Cost
		o, tongs, bio		
buckets, gloves, bag	s, etc.			15
4		Total	Materials & Supplies:	154
_				
Brief	Descript	ion	Rate	Cost
		Tot	al General Operating	
			ar control operating.	
—	cation	Expense Item	Rate	Cost
		-	Total Staff Travel:	
_				
Service	e Descrip	tion	Rate	Cost
	Brief Brief Items include, but no buckets, gloves, bag Brief	Brief Descript Brief Descript Items include, but not limited to buckets, gloves, bags, etc. Brief Descript	Brief Description Brief Description	Social Security Retirement Medical Dental Unemployment Insurance Disability Insurance Paid Time Off Other (workers comp): Total Fringe Benefit: Fringe Benefit %: Fringe Benefit %: Total Occupancy: Brief Description Rate Items include, but not limited to, tongs, bio buckets, gloves, bags, etc. Brief Description Rate Total Materials & Supplies: Total General Operating: Location Expense Item Rate Total Staff Travel:

Appendix B-5b Amendment: 02/01/2020

3) CAPITAL EXPENDITURES: (If needed. A unit valued at \$5,000 or more) Capital Expenditure Item Brief Description Cost TOTAL CAPITAL EXPENDITURES: TOTAL DIRECT COSTS: 6,03 4) INDIRECT COSTS Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) Amount The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs. Indirect Rate: 15.00	Other:			
3) CAPITAL EXPENDITURES: (If needed. A unit valued at \$5,000 or more) Capital Expenditure Item Brief Description Cost TOTAL CAPITAL EXPENDITURES: TOTAL DIRECT COSTS: 6,03 4) INDIRECT COSTS Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) Amount The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs. Indirect Rate: 15.00	Expense Item	Brief Description	Rate	Cost
3) CAPITAL EXPENDITURES: (If needed. A unit valued at \$5,000 or more) Capital Expenditure Item Brief Description Cost TOTAL CAPITAL EXPENDITURES: TOTAL DIRECT COSTS: 6,03 4) INDIRECT COSTS Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) Amount The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs. Indirect Rate: 15.00			Total Other:	
Capital Expenditure Item Brief Description Cost TOTAL CAPITAL EXPENDITURES: TOTAL DIRECT COSTS: 6,03 4) INDIRECT COSTS Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) Amount The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs. Indirect Rate: 15.00		TOTAL	OPERATING EXPENSES:	154
TOTAL DIRECT COSTS: 6,03 4) INDIRECT COSTS Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs. 90 Indirect Rate: 15.00				Cost
4) INDIRECT COSTS Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs. 90 Indirect Rate: 15.00		TOTAL C.	APITAL EXPENDITURES:	
Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) The San Francisco AIDS Foundation has a federally negotiated indirect rate .of 27%. This contract seeks a reimbursement rate of 15% of total direct costs. 90 Indirect Rate: 15.00			TOTAL DIRECT COSTS:	6,032
reimbursement rate of 15% of total direct costs. 90 Indirect Rate: 15.00		Cost Allocation (i.e., FTE, square footage,	or other)	Amount
			his contract seeks a	905
		T	Indirect Rate: OTAL INDIRECT COSTS:	15.00% 905

6,937

TOTAL EXPENSES:

Contractor Name San Francisco AIDS Foundation Contract Term (mm/dd/yyyy) Funding Source Work Order

Page # Fiscal Year(s) Funding Notification Date

Appendix #

B-5c 1 22-23 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

			ODES	SERVICE N				
			on	Evaluati		Syringe Dispos Weeks - War		Personnel Expenses
Contract Total	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	FTE	Position Titles
5.878	0%		0%	2010.100	100%	5.878	0.125	Associate, Syringe Clean Up
	0%		0%	-	0%	3,0.0	21.84	
	0%		0%		0%			
	0%	-	0%	-	0%			
	0%		0%	-	0%			
	0%		0%		0%			
	0%		0%		0%			
	0%		0%		0%			
5,878	0%		0%		100%	5,878	0.125	Total FTE & Total Salaries
	0%	-	0%	-	0%		0.0%	Fringe Benefits
5,878	0%		0%		100%	5,878	5.070	Total Personnel Expenses
				1=				
Contract Tota	%	Expenditure	%	Expenditure	%	Expenditure		Operating Expenses
	0%	- 4	0%		0%	7	-	Total Occupancy
154	0%	-	0%		100%	154		Total Materials and Supplies
	0%	-	0%		0%			Total General Operating
	0%	- 4	0%		0%			Total Staff Travel
	0%	-	0%		0%			Consultants/Subcontractor:
-	0%	-	0%	-	0%			Other (specify):
	0%		0%		0%			
	0%		0%		0%			
	0%		0%		0%			
	0%		0%		0%			
	0%		0%		0%			
154	0%		0%	*	100%	154		Total Operating Expenses
Contract Tota	%	Expenditure	%	Expenditure	%	Expenditure	1	Capital Expenses
	0%		0%	-	0%	-		Capital Expenditure 1
	0%		0%		0%			Capital Expenditure 2
	0%		0%	-	0%	-		Total Capital Expenses
6,032	0%		0%		100%	6,032		Total Direct Expenses
905	0%	-	0%		100%	905	15.00%	Indirect Expenses
	0%		0%		100%		10.00%	TOTAL EXPENSES
6,937	0%		U%	•	100%	6,937		IOTAL EXPENSES
52		-				52	rice Mode	Units of Service (UOS) per Serv
				10.00		133.41		Cost Per Unit of Service by Serv
						N/A		(NOC) per Serv

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

Program Name: Syringe Sweeps War Memorial

Appendix #: B-5c

Fiscal Year: 22-23

1a) SALARIES

Staff Position 1: Associate, Syr				
and hot spots.	Adheres to safe	ty protocols and	per disposal in priority nei procedures. Disseminates n-ups. Documents disposa	safe disposa
			lunteering with substance rograms.	users,
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,027.00	0.125	12	1	\$ 5,87
01-1/10-11-10-10-10-10-10-10-10-10-10-10-10-1				
Staff Position 2: Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			Annualized (if less than 12 months):	\$
Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
Americal Scales a	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
Annual Salary:	XFIE.	real,	12 monuis).	\$
			0	Ψ
Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
Allitual Salary	AT IL.	rear.	0	\$
de				-
Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
		u Mantha aca	Annualized Of last these	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$

Total FTE: 0.125 Total Salaries: \$ 5,878

6	Component			Cost	
			Social Security		
			Retirement		
			Medical		
		116	Dental		
		Unem	loyment Insurance		
			Disability Insurance		
		Oth	Paid Time Off		
		Otr	er (workers comp):	Total Fringe Benefit:	
				Total Fringe Bellent.	
				Fringe Benefit %:	0.0
		TOTAL SAL	ARIES & EMPLOYE	E FRINGE BENEFITS:	5,87
2) OPERATING EXPENSES:					
Occupancy:	-				
Expense Item		Brief Descrip	tion	Rate	Cost
	10				
			1172	Total Occupancy:	
Materials & Supplies:	-				
Expense Item		Brief Descrip		Rate	Cost
		e, but not limited	o, tongs, bio		
Program Supplies	buckets, glov	ves, bags, etc.			15
			Total	Materials & Supplies:	15
Seneral Operating:	-				
Expense Item		Brief Descript	ion	Rate	Cost
Expense item	T	Differ Descript	1011	Nate	OUSL
	1				
	1		Tot	al General Operating:	
Staff Travel:					
Purpose of Travel		Location	Expense Item	Rate	Cost
				Total Staff Travel:	-14
Consultants/Subcontractors:					
the second secon					
Consultant/Subcontractor Name		Service Descrip	otion	Rate	Cost
	1				
				ante/Subcontractores	

3

Appendix B-5c Amendment: 02/01/2020

Other:			
Expense Item	Brief Description	Rate	Cost
		Total Other:	
	TOTAL	OPERATING EXPENSES:	154
3) CAPITAL EXPENDITURES: (If needs Capital Expenditure Item	ed. A unit valued at \$5,000 or more) Brief Description		Cost
	TOTAL	CAPITAL EXPENDITURES:	
		TOTAL DIRECT COSTS:	6,032
INDIRECT COSTS Describe method and basis for Indirect	et Cost Allocation (i.e., FTE, square footage	e, or other)	Amount
The San Francisco AIDS Foundation has reimbursement rate of 15% of total direct	s a federally negotiated indirect rate .of 27%. tt costs.	This contract seeks a	905
	0.00	Indirect Rate:	15.00%
	J	TOTAL INDIRECT COSTS:	905

Appendix B-5c Amendment; 02/01/2020 6,937

TOTAL EXPENSES:

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

Appendix # B-5d Page # Fiscal Year(s) 1 23-24 Funding Notification Date 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE	MODES			1
Personnel Expenses		Syringe Dispos Weeks - War	sal Service Memorial	Evaluat	ion			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Associate, Syringe Clean Up	0.125	5,878	100%		0%		0%	5,878
			0%	-	0%		0%	
			0%	-	0%	-	0%	
			0%	-	0%	-	0%	
			0%	-	0%	-	0%	
			0%		0%		0%	
			0%		0%		0%	
	200		0%	-	0%	-	0%	-
Total FTE & Total Salaries	0.125	5,878	100%	-	0%	1.	0%	5,878
Fringe Benefits 0	0.0%		0%		0%	~	0%	
Total Personnel Expenses		5,878	100%	-	0%	-	0%	5,878
		(i)		1 =				
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy			0%		0%		0%	1
Total Materials and Supplies		154	100%		0%	-	0%	154
Total General Operating			0%		0%		0%	-
Total Staff Travel		- 4	0%		0%		0%	
Consultants/Subcontractor:			0%		0%		0%	
Other (specify):		-	0%	-	0%		0%	
			0%		0%	-	0%	
			0%		0%		0%	-
			0%	-	0%		0%	-
			0%		0%		0%	
			0%		0%		0%	
Total Operating Expenses		154	100%	-	0%	-	0%	154
Capital Expenses	- 1	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1	1	-	0%	-	0%		0%	-
Capital Expenditure 2			0%		0%		0%	1
Total Capital Expenses		-	0%	-4	0%	- 2	0%	
Total Direct Expenses	200/	6,032	100%	-	0%	-	0%	6,032
Indirect Expenses 15 TOTAL EXPENSES	.00%	905	100%	-	0%		0%	905
IUIAL EXPENSES	_	6,937	100%	-	0%		0%	6,937
Units of Service (UOS) per Service	Mode	52	-			-1		52
Cost Per Unit of Service by Service	Mode	133.41		A 25				
(NOC) per Service		N/A						N/A

Appendix B-5d Amendment: 02/01/2020

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

Program Name: Syringe Sweeps War Memorial

Appendix #: B-5d

Fiscal Year: 23-24

1a) SALARIES

Staff Position 1: Associate, Syri	nge Clean Up			
and hot spots.	Adheres to safe	y protocols and	per disposal in priority nei procedures. Disseminates n-ups. Documents disposa	safe dispos
			lunteering with substance rograms.	users,
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,027.00	0.125	12		\$ 5,87
Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Calery	WETE.	x Months per	Annualized (if less than	7.44
Annual Salary:	x FTE:	Year:	12 months):	Total \$
			0	ų.
Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
			12	
2.004000	FTE	x Months per	Annualized (if less than	22.2
Annual Salary:	x FTE:	Year:	12 months):	Total
			0	\$
Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
A	ETT.	x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Total \$
			U	Þ
Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
Annual Balance	Sere	x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Total
			0	\$

Total FTE: 0.125 Total Salaries: \$ 5,878

(Components provided below are same	Component		Cost	
		Social Security		
		Retirement		
		Medical		
	11000	Dental		
	Uner	nployment Insurance		
		Disability Insurance Paid Time Off		
		ther (workers comp):		
		diei (workers comp).	Total Fringe Benefit:	
			Total Tringo Dononti	
			Fringe Benefit %:	0.0
	TOTAL SA	LARIES & EMPLOYE	E FRINGE BENEFITS:	5,87
2) OPERATING EXPENSES:				
Occupancy:				
Expense Item	Brief Descri	iption	Rate	Cost
			1	0001
			Total Occupancy:	
Program Supplies	buckets, gloves, bags, etc.			15
		Total	Materials & Supplies:	15
General Operating:	_			
Expense Item	Brief Descri	ption	Rate	Cost
		Tot	tal General Operating:	-
Staff Travel:			-	
Purpose of Travel	Location	Expense Item	Rate	Cost
		-	Total Staff Travel:	
Consultants/Subcontractors:	Paris and the			
Consultant/Subcontractor Name	Service Desc	ription	Rate	Cost
	7.00			
	-	D 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		

Appendix B-5d Amendment: 02/01/2020

Other:			
Expense Item	Brief Description	Rate	Cost
		Total Other:	
	TOTAL	OPERATING EXPENSES:	154
3) CAPITAL EXPENDITURES: (If needed. A	A unit valued at \$5,000 or more)		
Capital Expenditure Item	Brief Description		Cost
4) INDIRECT COSTS Describe method and basis for Indirect C		TOTAL DIRECT COSTS: or other)	6,032
The San Francisco AIDS Foundation has a training training to the same of the s	ederally negotiated indirect rate .of 27%. T		905
		Indirect Rate:	45.000
		OTAL INDIRECT COSTS:	15.00%

6,937

TOTAL EXPENSES:

Contractor Name San Francisco AIDS Foundation Contract Term (mm/dd/yyyy) Funding Source Work Order

Appendix# B-5e Page # Fiscal Year(s) **Funding Notification Date**

1 24-25 1/29/2020

UOS COST ALLOCATION BY SERVICE MODE

			MODES	SERVICE N					
			ion	Evaluati		Syringe Dispos Weeks - War		Personnel Expenses	
E Contract Total	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	FTE	Position Titles FTE	
	0%		0%		100%	5,878	0.125	Associate, Syringe Clean Up	
	0%		0%	-	0%				
	0%	-	0%	-/	0%				
	0%	-	0%		0%				
	0%		0%	-	0%				
	0%		0%		0%				
	0%		0%		0%				
	0%	14	0%		0%				
5,878	0%	1	0%		100%	5,878	0.125	Total FTE & Total Salaries	
	0%	1	0%	-	0%		0.0%	Fringe Benefits	
5,870	0%	(±)	0%		100%	5,878		Total Personnel Expenses	
10	0/	E	0/	[F]	0/	F		O	
Contract Total	% 0%	Expenditure	% 0%	Expenditure	0%	Expenditure		Operating Expenses	
154	0%		0%	-	100%	154		Total Occupancy Total Materials and Supplies	
	0%	- 1	0%		0%	154		Total Materials and Supplies Total General Operating	
	0%		0%		0%			Total Staff Travel	
	0%		0%	^	0%	- 3		Consultants/Subcontractor:	
	0%	- 1	0%		0%			Other (specify):	
	0%		0%	- 1	0%	-	-	Other (specify).	
	0%		0%		0%				
	0%		0%		0%				
	0%		0%		0%				
	0%		0%		0%				
154	0%		0%		100%	154		Total Operating Expenses	
10	0/	F	6/	Francisco I	0/	P	1	C	
Contract Tota	%	Expenditure	%	Expenditure	%	Expenditure		Capital Expenses	
	0%	-	0%	-	0%			Capital Expenditure 1	
	0%		0%		0%			Capital Expenditure 2	
	0%	•	0%	•	0%	•		Total Capital Expenses	
6,032	0%		0%	-	100%	6,032		Total Direct Expenses	
905	0%		0%	-	100%	905	15.00%	Indirect Expenses	
6,937	0%		0%		100%	6,937		TOTAL EXPENSES	
52	-			1		52	vice Mode	Units of Service (UOS) per Serv	
52						133.41		Cost Per Unit of Service by Serv	
N/A				-		N/A		(NOC) per Serv	

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

Program Name: Syringe Sweeps War Memorial

Appendix #:

B-5e

Fiscal Year:

24-25

1a) SALARIES

Staff Position 1: Associate, 5	Syringe Clean Up			
and hot spo	ts. Adheres to safe	ty protocols and	per disposal in priority nei procedures. Disseminates n-ups. Documents disposa	safe disposa
			lunteering with substance rograms.	users,
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,027.0	0.125	12	1	\$ 5,87
Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
	1	x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months);	Total
Ailliudi Salary.	ATTE	Todi.	0	\$
	_			*
Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
	1	x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Total
milder oakliy.	X112.	1001	0	\$
Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Total
			0	\$
Staff Position 5:				
Brief description of job duties: Minimum qualifications:				
Minimum quanneauons.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total

Total FTE:

0.125

Total Salaries: \$

5,878

Component		the contractor's ledger ac Cost	oodino.j
	Social Security		
	Dental		
Disa	Paid Time Off		
Other (v	workers comp):		
		Total Fringe Benefit:	
		Fringe Benefit %:	0.0
TOTAL SALARIE	ES & EMPLOYE	E FRINGE BENEFITS:	5,87
Brief Description		Rate	Cost
1		Total Occurrency	
Brief Description		Rate	Cost
	ongs, bio		
buckets, gloves, bags, etc.			15
	Total	Materials & Supplies:	15
Brief Description		Rate	Cost
	Total	al General Operating:	
Location E	xpense Item	Rate	Cost
		Total Staff Travel:	-
-			
Service Description	n	Rate	Cost
Service Description	n	Rate	Cost
	Brief Description Brief Description Items include, but not limited to, to buckets, gloves, bags, etc. Brief Description	Retirement Medical Dental Unemployment Insurance Disability Insurance Paid Time Off Other (workers comp): TOTAL SALARIES & EMPLOYE Brief Description Brief Description Items include, but not limited to, tongs, bio buckets, gloves, bags, etc. Total Brief Description	Retirement Medical Dental Unemployment Insurance Disability Insurance Paid Time Off Other (workers comp): Total Fringe Benefit: Fringe Benefit %: TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: Brief Description Rate Total Occupancy: Brief Description Rate Items include, but not limited to, tongs, bio buckets, gloves, bags, etc. Total Materials & Supplies: Brief Description Rate Location Expense Item Rate

Appendix B-5e Amendment: 02/01/2020 Total Consultants/Subcontractors:

Other:			
Expense Item	Brief Description	Rate	Cost
		Total Other:	-,
	TOTAL	OPERATING EXPENSES:	154
3) CAPITAL EXPENDITURES: (If neede	d. A unit valued at \$5,000 or more)		
Capital Expenditure Item	Brief Description		Cost
	TOTAL	CAPITAL EXPENDITURES:	- 40
		TOTAL DIRECT COSTS:	6,032
INDIRECT COSTS Describe method and basis for Indirect	at Cost Allocation (i.e., FTE, square footage	e, or other)	Amount
The San Francisco AIDS Foundation has reimbursement rate of 15% of total direct	s a federally negotiated indirect rate .of 27%. t costs.	This contract seeks a	905
	Y	Indirect Rate:	15.00% 905

6,937

TOTAL EXPENSES:

Contractor Name San Francisco AIDS Foundation Contract Term (mm/dd/yyyy) 07/01/16 -06/30/26 Funding Source Work Order

UOS COST ALLOCATION BY SERVICE MODE

1			MODES	SERVICE N					
			on	Evaluati		Syringe Dispos Weeks - War		Personnel Expenses	
Contract Tota	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	FTE	Position Titles FTE	
5,87	0%		0%		100%	5.878	0.125	Associate, Syringe Clean Up	
	0%		0%	-	0%				
	0%	-	0%		0%			,	
	0%	-	0%	-	0%				
	0%	-	0%	-	0%				
	0%		0%		0%	11			
	0%		0%		0%				
	0%	-	0%	X	0%	Terranda A			
5,87	0%		0%	-	100%	5,878	0.125	Total FTE & Total Salaries	
	0%	1 - 2	0%	-	0%		0%	Fringe Benefits	
5,87	0%	-	0%	-	100%	5,878		Total Personnel Expenses	
		-				(= v. T			
Contract Total	%	Expenditure	%	Expenditure	%	Expenditure		Operating Expenses	
-	0%		0%		0%	157		Total Occupancy	
154	0%		0%		100%	154		Total Materials and Supplies	
	0%		0%		0%			Total General Operating	
P	0%		0%	-	0%	-		Total Staff Travel	
	0%	-	0%		0%	-		Consultants/Subcontractor:	
	0%	-	0%	-	0%			Other (specify):	
	0%		0%		0%				
	0%		0%		0%	-			
	0%		0%		0%				
	0%		0%		0%				
154	0% 0%		0% 0%		0% 100%	154		Total Operating Expenses	
154	076		076	-1	100%	134		Total Operating Expenses	
Contract Tota	%	Expenditure	%	Expenditure	%	Expenditure		Capital Expenses	
	0%	T.V. Trye	0%	-	0%			Capital Expenditure 1	
	0%		0%		0%			Capital Expenditure 2	
	0%	-	0%	•	0%	•		Total Capital Expenses	
6,032	0%	V	0%		100%	6.032		Total Direct Expenses	
905	0%		0%		100%	905	15.00%	Indirect Expenses	
6,937	0%		0%	- 1	100%	6.937	10.0070	TOTAL EXPENSES	
0,937	0 /0	- 1	0 /0	-1	10076	0,831		TOTAL EXPENSES	
52		- 0				52		Units of Service (UOS) per Serv	
						133.41		Cost Per Unit of Service by Serv	
N/A						N/A	1 11-1-	(NOC) per Serv	

Contractor Name San Francisco AIDS Foundation

HIV Syringe Access & Disposal Services -

Program Name: Syringe Sweeps War Memorial

Appendix #:

B-5f

Fiscal Year:

25-26

1a) SALARIES

Staff Position 1: Associate, Syr	inge Clean Up			
and hot spots.	Adheres to safe	ty protocols and	per disposal in priority nei procedures. Disseminates n-ups. Documents disposa	safe disposa
Minimum of 6 m Minimum qualifications: homeless popul			lunteering with substance rograms.	users,
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$47,027.00	0.125	12	1	\$ 5,87
Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$
04-# 0				
Staff Position 3: Brief description of job duties:				
Minimum qualifications:				
			I a serve torre to the	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$
0. 50 00				
Staff Position 4: Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$
Staff Position 5: Brief description of job duties:				
Minimum qualifications:				
man quantosono.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$

Total FTE:

0.125

Total Salaries: \$

5,878

Component		Cost	
	Social Security		
	Retirement		
	Medical		
	Dental		
Di	sability Insurance		
Other	r (workers comp):		
		Total Fringe Benefit:	
		Fringe Benefit %:	0.0
TOTAL SALA	RIES & EMPLOYE	E FRINGE BENEFITS:	5,87
Brief Description	on	Rate	Cost
	_	Total Occupancy:	
		Rate	Cost
buckets, gloves, bags, etc.	, tongs, bio		15
	Total	Materials & Supplies:	15
Brief Description	on	Rate	Cost
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	Tota	al General Operating:	-
Location	Expense Item	Rate	Cost
		Total Staff Travel:	
Service Descripti	ion	Rate	Cost
	Brief Description Brief Description Brief Description Brief Description Items include, but not limited to buckets, gloves, bags, etc. Brief Description Location	Dental Unemployment Insurance Disability Insurance Paid Time Off Other (workers comp): TOTAL SALARIES & EMPLOYE Brief Description Items include, but not limited to, tongs, bio buckets, gloves, bags, etc. Total Brief Description Items include, but not limited to, tongs, bio buckets, gloves, bags, etc.	Unemployment Insurance Disability Insurance Paid Time Off Other (workers comp): Total Fringe Benefit: Fringe Benefit %: TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: Brief Description Rate Items include, but not limited to, tongs, bio buckets, gloves, bags, etc. Brief Description Rate Total Materials & Supplies: Total General Operating: Location Expense Item Rate Total Staff Travel:

Appendix B-5f Amendment: 02/01/2020

Other:		
Expense Item	Brief Description Rate	Cost
1	Total Other:	
	TOTAL OPERATING EXPENSES:	154
3) CAPITAL EXPENDITURES: (If needed.	A unit valued at \$5,000 or more)	
Capital Expenditure Item	Brief Description	Cost
	TOTAL CAPITAL EXPENDITURES:	
	TOTAL DIRECT COSTS:	6,032
4) INDIRECT COSTS		
Describe method and basis for Indirect C	Cost Allocation (i.e., FTE, square footage, or other)	Amount
The San Francisco AIDS Foundation has a	federally negotiated indirect rate .of 27%. This contract seeks a	
	federally negotiated indirect rate .of 27%. This contract seeks a	
The San Francisco AIDS Foundation has a	federally negotiated indirect rate .of 27%. This contract seeks a	Amount 905

TOTAL EXPENSES:

6,937

APPENDIX F-1k 07/01/2020 - 06/30/2021 PAGE A

Contractor: San Francisco AIDS Found	ation		02634) ir	A-1JUL2	
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	00			Cor	tract Purchase	Order No:			
Telephone: 415-487-3000 Fax:		CH	EP			g Source:	G	Seneral F	und
Program Name: HIV Syringe Access and Di	sposal S	ervices		De	epartment ID-Au				
ACE Control #:					Project ID-A				
					Invoi	ce Period:	07/	1/20 - 07/	31/20
					FINA	AL Invoice	-	(check it	f Yes)
DELIVERABLES		TAL RACTED NOC	THIS PER		TO DATE UOS NOC	% TO			AINING RABLES NOC
Syringe Access Services (hrs., City-Wide &	8,012	54,300		1100	100	1	110,0	8,012	54,300
Syringe Access, Disposal Coordination & Bu	12	N/A			1 1			12	N/A
			-	-		-	-	-	-
		-	1 1						
				_					
		NOC		NOC	NOC		NOC		NOC
Number of Clients for Appendix		54300		_					54,300
EXPENDITURES	BUD	GET	EXPENS THIS PER		EXPENSES TO DATE	% (AINING
Total Salaries (See Page B)	\$521	,							453.00
Fringe Benefits Total Personnel Expenses	\$130 \$651		_	_		-	_	\$130,3 \$651,8	
Operating Expenses:	9031	,010						\$001,0	310.00
Occupancy-(e.g., Rental of Property, Utilities,	\$95,	666						\$95,6	66.00
Building Maintenance Supplies and Repairs)						-			-
Materials and Supplies-(e.g., Office,	\$499	,570						\$499,5	70.00
Postage, Printing and Repro., Program Supplies)	100								
General Operating-e.g., Insurance, Staff	\$10,	916				1-		\$10,9	16.00
Training, Equipment Rental/Maintenance)	4700							4.0,0	10.00
Staff Travel - (e.g., Local & Out of Town)									
									-
Consultant/Subcontractor	\$620	,838						\$620,8	338.00
Other - (Meals, Audit, Transportation Reimb,									
Stipends, Facilitators)				_				-	_
Total Operating Expenses	\$1,226	5,990						\$1,226,	990.00
Capital Expenditures	\$1,878	3.806						£1 070	806 AD
TOTAL DIRECT EXPENSES Indirect Expenses	\$1,87							\$1,878, \$187,8	
TOTAL EXPENSES	\$2,066							\$2,066,	
LESS: Initial Payment Recovery					NOTES:				
Other Adjustments Enter as negative, if approp. REIMBURSEMENT	nate)	-							
I certify that the information provided above is, to the best accordance with the budget approved for the contract cite records for those claims are maintained in our office at the Signature:	ed for service	es provided			THE DESIGNATION OF THE PARTY.			ckup	
Title:						-			
Send to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor, S		Dec					Deix		
San Francisco, CA 94103 Attn: Contract Payments		By:	(DPH Autho	orized	Signatory)		Date:		

APPENDIX F-1k 07/01/2020 - 06/30/2021 PAGE B

						PAGE
					Invo	ice Number
Contractor: Sa	n Francisco AIDS Fo	oundation			A	-1JUL20
Address: 103	35 Market Street, Su	ite 400				
Sa	n Francisco, CA 94	103	Contract P	urchase Order No:		
Telephone: 415	5-487-3000			Fund Source:	Ger	neral Fund
Fax:						
			Departme	ent ID-Authority ID:		
Program Name: HIV	Syringe Access an	d Disposal Serv				
	-,			oject ID-Activity ID:		
ACE Control #:				V 300 100 100		
				Invoice Period:	07/1/2	0 - 07/31/20
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL	L EXPENDITURES	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Pams & Ops Director	0.05	\$5,700	THOTENIOD	TODATE	DODGET	\$5,700.00
Dir. Behavioral Health Sv		\$7,000				\$7,000.00
Dir. Gov't Contracts	0.05	\$5,308				\$5,308.00
Data Manager	0.05	\$4,815				\$4,815.00
SAS Director	0.75	\$77,813			-	\$77,813.00
Logistics Inventory Mgr	1.00	\$63,705				\$63,705.00
Logistics Associates	2.00	\$113,026				\$113,026.00
SSE/Vol Coordinator	0.75	\$53,944				\$53,944.00
Health Educator	3.40	\$190,142				\$190,142.00
				7 - 1		
		_				

TOTAL SALARIES 8.10 \$521,453 \$52

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

Certified By:	Date:	
Title:		

APPENDIX F-11 07/01/2020 - 06/30/2021 PAGE A

Contractor: San Francisco AIDS Founda Address: 1035 Market Street, Suite 40 San Francisco, CA 94103			002634	Cor	ntract Purchase C	order No:		ice Num -1JUL2		
Telephone: 415-487-3000 Fax:		CHEP		Funding Source: Department ID-Authority ID:				General Fund		
Program Name: HIV Syringe Access and Dis	posal S	iervices		De	Project ID-Ac	AGO E				
ACE Control #:										
					Invoic	Period:	07/1/2	0 - 07/3	31/20	
					FINA	Invoice		check if	Yes)	
DELIVERABLES		TAL RACTED NOC	DELIVER THIS PER UOS		TO DATE UOS NOC	% OF TOTAL UOS N	ос	REMA DELIVE UOS		
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A						12	N/A	
							-			
								_		
Number of Clients for Appendix	_	NOC N/A		NOC	NOC	N	oc II		NOC N/A	
		13/63	47.07		Acres	7. 15				
EXPENDITURES	BUD	OGET	EXPENS THIS PER		TO DATE	% OF BUDGET		REMA		
otal Salaries (See Page B)										
ringe Benefits Total Personnel Expenses	_			-			_	_		
Operating Expenses:								75		
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33	,000					1	\$33,00	00.00	
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$153	3,358						\$153,3	58.00	
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,	,000					1	\$12,00	0.00	
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb.				_						
Stipends, Facilitators)						1 -				
Total Operating Evenness	£109	358		_			_	\$198,3	50.00	
Total Operating Expenses Capital Expenditures	9130	,550						3 180,3	36.00	
TOTAL DIRECT EXPENSES	\$198						F	\$198,3		
Indirect Expenses OTAL EXPENSES	\$19, \$218							\$19,83 \$218,19		
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments (Enter as negative, if appropri REIMBURSEMENT	ate)			-						
certify that the information provided above is, to the best accordance with the budget approved for the contract cited accords for those claims are maintained in our office at the Signature:	d for servi	ces provided	under the pro			justification an				
iend to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, Su San Francisco, CA 94103	The second	By:				D	ate:			

APPENDIX F-1I 07/01/2020 - 06/30/2021 PAGE B

Contractor:	San Francisco Al	DS Four	ndation				ce Number 1JUL20
	Address: 1035 Market Street, Suite 400						
	San Francisco, C.	A 94103	3	Contra	ct Purchase Order No):	
Telephone:	Telephone: 415-487-3000				Fund Source	Gen	eral Fund
Fax:			Done	desert ID Authority IF			
Program Name:	HIV Syringe Acce	ss and	Disposal Ser		rtment ID-Authority ID		
					Project ID-Activity ID):	
ACE Control #:					Invoice Period	07/1/2	0 - 07/31/20
							0 - 0115 1120
					FINAL Invoic	е	(check if Yes
T411 DEDGG4	IEI EVBENBEI						
	NEL EXPENDITU	E	BUDGETED	EXPENSES	EXPENSES	% OF	REMAININ
RSONNEL	F	TE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
		-	_			+ +	
		-					
					_		
	100						
		-			-		
		_					

APPENDIX F-1m 07/01/2021 - 06/30/2022 PAGE A

Contractor: San Francisco AIDS Foundation			oct ID#	1			- 1	- In	A-1JUL2			
Address: 1035 Market Street, Suite 40		10000	02004				4 		A- IJULZ			
San Francisco, CA 94103				Co	ntract Pur	chase C	rder No:					
Telephone: 415-487-3000 Fax:		CHEP			Funding Source:					General Fund		
Program Name: HIV Syringe Access and Dis	posal S	I Services		D	epartmen							
ACE Control #:					Proje	ct ID-Ac	tivity ID:					
AGE GOING W.						Invoice	Period:	07/1	/21 - 07/	31/21		
						FINAL	. Invoice[(check if	Yes)		
	CONTR	TAL	DELIV THIS P	ERIOD	TOD	ERED	% C TOT	AL	DELIVE	AINING RABLES		
DELIVERABLES Syringe Access Services (hrs., City-Wide &	8,012	NOC 54,300	UOS	NOC	UOS	NOC	UOS	NOC	UOS 8,012	NOC 54,300		
Syringe Access, Disposal Coordination & Bu	12	N/A		-				_	12	N/A		
Syringe Access, Disposar Cooldination & Da		(M/S)								1,117		
					-				-	-		
					-				u	-		
		NOC		NOC		NOC		NOC	10	NOC		
Number of Clients for Appendix	_	54300								54,300		
EXPENDITURES	BUD	GET	EXPEI		EXPE TO D		% C			UNING.		
Total Salaries (See Page B)	\$521									53.00		
Fringe Benefits	\$130			_						363.00		
Total Personnel Expenses Operating Expenses:	\$651	,816		_					\$651,8	316.00		
Occupancy-(e.g., Rental of Property, Utilities,	\$95,	666	-						\$95,6	66.00		
Building Maintenance Supplies and Repairs)	3111									25-10		
Materials and Curalias to a Own	\$499	570							£400 F	70.00		
Materials and Supplies-e.g., Office, Postage, Printing and Repro., Program Supplies)	\$490	,370				-	-	_	\$488,0	0.00		
									1			
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$10,	916							\$10,9	16.00		
Staff Travel - (e.g., Local & Out of Town)										-		
Consultant/Subcontractor	\$620	.838		-		-			\$620,8	38.00		
	- 3.00		-									
Other - (Meals, Audit, Transportation Reimb,				_								
Stipends, Facilitators)		_										
Total Operating Expenses	\$1,226	5,990							\$1,226	990.00		
Capital Expenditures												
TOTAL DIRECT EXPENSES	\$1,878	1							\$1,878,			
Indirect Expenses	\$187, \$2,066								\$187,8			
TOTAL EXPENSES LESS: Initial Payment Recovery	φείνοι	3,007			NOTES:				Ψ2,000,	007.00		
Other Adjustments (Enter as negative, if appropri	ate		-									
REIMBURSEMENT	- 152											
I certify that the information provided above is, to the best accordance with the budget approved for the contract cite records for those claims are maintained in our office at the Signature:	d for service	es provided							kup			
Title: Send to: SFDPH Fiscal / Invoice Processin												
1380 Howard Street, 4th Floor, St San Francisco, CA 94103	The same and	Ву:			Signatory			Date:				

APPENDIX F-1m 07/01/2021 - 06/30/2022 PAGE B

					,	Invo	ice Number
	San Francisco				- 1	A-	1JUL21
Address:	1035 Market Str San Francisco,			Contract F	Purchase Order No:		
Telephone:	415-487-3000				Fund Source:	Ger	eral Fund
Fax:	710 101 0000						iorar i ario
Program Name:	HIV Syringe Acc	cess ar	nd Disposal Ser		ent ID-Authority ID:		
	1000			Pr	oject ID-Activity ID:		
ACE Control #:			-11		Invoice Period:	07/1/2	1 - 07/31/21
					FINAL Invoice		(check if Yes)
DETAIL PERSONI	NEL EXPENDIT	TURES		- Tunning	EVENION	w on 1	
PERSONNEL		FTE	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Pgms & Ops Director		0.05	\$5,700				\$5,700.00
Dir. Behavioral Health	Svc	0.05	\$7,000				\$7,000.00
Dir. Gov't Contracts		0.05	\$5,308				\$5,308.00
Data Manager		0.05	\$4,815				\$4,815.00
SAS Director		0.75	\$77,813				\$77,813.00
Logistics Inventory M Logistics Associates	ar I	2.00	\$63,705 \$113,026			-	\$63,705.00 \$113,026.00
SSE/Vol Coordinator		0.75	\$53,944			-	\$53,944.00
Health Educator		3.40	\$190,142				\$190,142.00
		_					
		-					
		-					
		-				-	-
		-					
		-					
					1.7		
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		-				-	
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							_
Line and the second of		8.10	\$521,453				\$521,453.00

APPENDIX F-1n 07/01/2021 - 06/30/2022 PAGE A

Contractor: San Francisco AIDS Foundation			002634			1		voice Num A-1JUL2	_
Address: 1035 Market Street, Suite 40 San Francisco, CA 94103	00			Cor	ntract Purchase C	rder No:			
Telephone: 415-487-3000 Fax:		CHEP		Funding Source:				General Fund	
Program Name: HIV Syringe Access and Dis	posal S	ervices		De	epartment ID-Auti	ority ID:			
ACE Control #:					Project ID-Ad	tivity ID:			
					Invoice	Period:	07/1	/21 - 07/3	31/21
					FINAL	Invoice		(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS PER		DELIVERED TO DATE UOS NOC	% O TOTA			NINING RABLES
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A			000 1100		1100	12	N/A
				-				-	
		NOC		NOC	NOC		NOC		NOC
Number of Clients for Appendix	_	N/A							N/A
EXPENDITURES	BUE	OGET	EXPENS THIS PER		EXPENSES TO DATE	% OI BUDG			INING
Total Salaries (See Page B) Fringe Benefits									
Total Personnel Expenses									
Operating Expenses: Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs	\$33,	,000						\$33,00	00.00
Materials and Supplies-e.g., Office, Postage, Printing and Repro., Program Supplies)	\$153	,358						\$153,3	58.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,	000						\$12,00	00.00
Staff Travel - (e.g., Local & Out of Town)						-			
Consultant/Subcontractor									
Other - (Meals, Audit, Transportation Reimb,									
Stipends, Facilitators)			-				-		
Total Operating Expenses	\$198	,358						\$198,3	58.00
Capital Expenditures OTAL DIRECT EXPENSES	\$198	,358	-					\$198,3	58.00
Indirect Expenses TOTAL EXPENSES	\$19, \$218							\$19,83 \$218,1	
LESS: Initial Payment Recovery	0210	,104			NOTES:			Ψ2 10, 1	54.00
Other Adjustments (Enter as negative, if appropr REIMBURSEMENT	iate)								
certify that the information provided above is, to the best coordance with the budget approved for the contract cite ecords for those claims are maintained in our office at the Signature:	d for service address i	des provided ndicated.	under the pr						
Title:_									
Send to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, Si San Francisco, CA 94103 Attn: Contract Payments		Ву:	(DPH Autho				Date:		

APPENDIX F-1n 07/01/2021 - 06/30/2022 PAGE B

Contractor	San Francisco	AIDS F	oundation		1		1JUL21	
	1035 Market St					THE INVILLE		
	San Francisco,	CA 94	103	Contract	Purchase Order No:			
Telephone:	415-487-3000				Fund Source:	Gen	eral Fund	
raa.				Departm	ent ID-Authority ID:	7		
Program Name:	HIV Syringe Ac	cess an	d Disposal Se	rvices	roject ID-Activity ID:			
ACE Control #:				1 "	roject ib-Activity ib:			
					Invoice Period:	07/1/2	1 - 07/31/21	
					FINAL Invoice		(check if Yes	
TAIL PERSON	NEL EXPENDI	TURES						
RSONNEL		FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE	
_								
		-						
	-	-	_					
	-	-						
		-				- 1		
		-			-	-		
	-							
AL SALARIES								
			of my knowledge	nmolete and securates	he amount requested for	anianh.uanaun	nt in in	

APPENDIX F-10 07/01/2022 - 06/30/2023 PAGE A

Contractor: San Francisco AIDS Founda			02634				1	16	A-1JUL2	
Address: 1035 Market Street, Suite 40 San Francisco, CA 94103	90			Co	ntract Purc	hase C	order No:			
Telephone: 415-487-3000 Fax:		СН	EP			i y j	Source:	G	eneral Fi	und
Program Name: HIV Syringe Access and Dis	posal S	ervices		D	epartment l					
ACE Control #:					Projec	t ID-Ac	tivity ID:			
						Invoic	e Period:	07/	1/22 - 07/	31/22
						FINA	_ Invoice[(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS PERI		DELIVE TO DA UOS		% C TOT UOS			NINING RABLES NOC
Syringe Access Services (hrs., City-Wide &	8,012	54,300							8,012	54,300
Syringe Access, Disposal Coordination & Bu	12	N/A							12	N/A
				Ξ						
		NOC		юс		NOC		NOC		NOC
Number of Clients for Appendix		54300		=						54 300
EXPENDITURES	DUD	GET	EXPENSE THIS PERI		EXPENS		% 0			INING
Total Salaries (See Page B)	\$521		THIS PERI	OL2	TO DA	16	BUDO)E1	\$521,4	53 00
ringe Benefits	\$130,363								\$130,3	
Total Personnel Expenses	\$651	,816							\$651,8	16.00
Operating Expenses:	605	000		_	-		/		005.0	
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,666								\$95,66	56.00
Materials and Supplies-(e.g., Office,	\$499	,570	-						\$499,5	70.00
Postage, Printing and Repro., Program Supplies)										
General Operating-le.g., Insurance, Staff	\$10,	916		-					\$10,9	16.00
Training, Equipment Rental/Maintenance)	\$10 ,	010						-	Ψ10,0	10.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$620	,838							\$620,8	38.00
Other - (Meals, Audit, Transportation Reimb,		-								
Stipends, Facilitators)										
Total Operating Expenses	\$1,226	5,990							\$1,226,	990.00
Capital Expenditures										
TOTAL DIRECT EXPENSES	\$1,878								\$1,878,	
Indirect Expenses TOTAL EXPENSES	\$187				-	_			\$187,8	
LESS: Initial Payment Recovery	92,000	3,007			NOTES:			_	[\$2,000 ₁	307.00
Other Adjustments (Enter as negative, if appropri	iate									
certify that the information provided above is, to the best accordance with the budget approved for the contract citerecords for those claims are maintained in our office at the Signature: Title:	d for service address in	es provided	under the pro-	(C. 1964 - N						
Send to: SFDPH Fiscal / Involce Processin						=	-		_	_
1380 Howard Street, 4th Floor, St San Francisco, CA 94103	200 600 0	Ву:_	ORH Author		Standard C			Date:		

APPENDIX F-10 07/01/2022 - 06/30/2023 PAGE B

Contractor: S	an Francisco AIDS Fo	oundation		T		ice Number -1JUL22
	035 Market Street, Su		Contract D	urchase Order No:		
3.	an Francisco, CA 94	103	Contract P	uicilase Order No.		
Telephone: 4	5-487-3000			Fund Source:	Ger	neral Fund
Fax:			Departme	ent ID-Authority ID:		
Program Name: Hi	V Syringe Access an	d Disposal Sen	rices	ject ID-Activity ID:		
ACE Control #:			130	nject ib-Activity ib.		
				Invoice Period:	07/1/2	2 - 07/31/22
				FINAL Invoice		(check if Yes)
DETAIL PERSONNE	L EXPENDITURES	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
Pgms & Ops Director	0.05	\$5,700		1		\$5,700.00
Dir. Behavioral Health S		\$7,000				\$7,000.00
Dir. Gov't Contracts	0.05	\$5,308			_	\$5,308.00
Data Manager SAS Director	0.05	\$4,815 \$77,813			_	\$4,815.00 \$77,813.00
ogistics Inventory Mgr	1.00	\$63,705				\$63,705.00
ogistics Associates	2.00	\$113,026				\$113,026.00
SSE/Vol Coordinator	0.75	\$53,944				\$53,944.00
Health Educator	3.40	\$190,142				\$190,142.00
				-		
	8.10	\$521,453				\$521,453.00

APPENDIX F-1p 07/01/2022 - 06/30/2023 PAGE A

Contractor: San Francisco AIDS Founda	ation	-	002634					voice Num A-1JUL2	
Address: 1035 Market Street, Suite 40 San Francisco, CA 94103	00			Cor	ntract Purchase O	rder No:			
Telephone: 415-487-3000 Fax:		CH	EP	D	Funding		G	eneral Fu	ınd
Program Name: HIV Syringe Access and Dis	posal S	ervices		D					
ACE Control #:					Project ID-Ac	305			
					Invoice	Period:	07/1	/22 - 07/3	31/22
					FINAL	Invoice		(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS PERI		DELIVERED TO DATE UOS NOC	% OF			INING RABLES NOC
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A					1100	12	N/A
						-			
	_	-	-				-	-	-
									-
		NOC		юс	NOC		NOC		NOC
Number of Clients for Appendix		N/A							N/A
EXPENDITURES	BUD	GET	EXPENSE THIS PERI		EXPENSES TO DATE	% OF		REMA	
Total Salaries (See Page B)									
ringe Benefits					1				
Total Personnel Expenses									
Operating Expenses:	\$33,	000	-	_	-	-	-	\$33,0	20.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	φου,	000						933,0	0.00
Materials and Supplies-(e.g., Office,	\$153	,358						\$153,3	58.00
Postage, Printing and Repro., Program Supplies)							- 1		
General Operating-le.g., Insurance, Staff	\$12,	000	-		-		_	\$12,00	00.00
Training, Equipment Rental/Maintenance)	ψ1Z,	000						\$12,00	0.00
Staff Travel - (e.g., Local & Out of Town)				7					
Consultant/Subcontractor									
Other - (Meals, Audit, Transportation Reimb,	-								
Stipends, Facilitators)				_		1	-10		
7.10 4 5	\$198	750		_			_	6400.0	FO 00
Total Operating Expenses Capital Expenditures	\$190,	330	_	_				\$198,3	30,00
TOTAL DIRECT EXPENSES	\$198,	358						\$198,3	58.00
Indirect Expenses	\$19,8			000				\$19,83	
TOTAL EXPENSES	\$218,	194		_	DOTES.			\$218,1	94.00
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropri	lede I			-	NOTES:				
REIMBURSEMENT	iate)								
certify that the information provided above is, to the best accordance with the budget approved for the contract cite accords for those claims are maintained in our office at the Signature:	d for service	es provided	And the state of t						
Title:									
Send to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, St	The state of the state of								
San Francisco, CA 94103 Attn: Contract Payments		Ву:	DPH Author	havi	Signatory		Date:	_	_

APPENDIX F-1p 07/01/2022 - 06/30/2023 PAGE B

						Invo	ice Number
	San Francisco A				I	A.	1JUL22
Address:	1035 Market Stre San Francisco,			Contract	Purchase Order No:		
Telephone:	415-487-3000				Fund Source:	Ger	eral Fund
Fax:				A		Out	iciai i una
Program Name:	HIV Syringe Acc	ess and I	Disposal Se		ent ID-Authority ID:		
		DE VE	A SPAN OF		roject ID-Activity ID:		
ACE Control #:				1	Invoice Period:	07/1/2	2 - 07/31/22
					FINAL Invoice		(check if Yes)
					THE INVOICE		(check if 1 cs)
ETAN DEDECAN	NEI EVOCNOR	UDEO					
ETAIL PERSON		E	SUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
ERSONNEL	1	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
		-					
					-		
						-	
	_	-					
TAL SALARIES							

APPENDIX F-1q 07/01/2023 - 06/30/2024 PAGE A

C. P. Marie Albo P.		Contra 10000					- h	voice Nun	
Contractor: San Francisco AIDS Founds Address: 1035 Market Street, Suite 40		10000	02034					A-1JUL2	.3
San Francisco, CA 94103				Co	ntract Purcha	ase Order I	No:		
Telephone: 415-487-3000 Fax:		СН	EP			nding Sour		ieneral F	und
Program Name: HIV Syringe Access and Dis	posal S	ervices		D	epartment ID	-Authority	ID:	_	
100.0					Project	D-Activity	ID:		
ACE Control #:					In	voice Perio	od: 07/	1/23 - 07/	31/23
					10	FINAL Invo	ice	(check i	(Yes)
	70	TAL	DC: NE	nen	DELIVERI		% OF		AINING
DELIVERABLES		ACTED	THIS PEI		TO DAT		TOTAL		RABLES
Syringe Access Services (hrs., City-Wide &	8,012	54,300	UUS	NOC	005 1	100	NOC	8,012	54,300
Syringe Access, Disposal Coordination & Bu	12	N/A						12	N/A
		1							
			-	_	-		-	-	
		NOC		NOC		ioc	NOC		NOC
Number of Clients for Appendix		54300		NUC		100	NOC	I	54,300
- VARIABLE INC.			EXPENS)F0	EVENIEN		NOF	best	
EXPENDITURES	BUD	GET	THIS PER	100	TO DATE		% OF SUDGET	6,000	ANCE
Total Salaries (See Page B)	\$521								53.00
ringe Benefits	\$130,363								363.00
Total Personnel Expenses	\$651	,816						\$651,8	316.00
Operating Expenses:	COE	000				_		POE C	ee 00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,	000						\$95,6	00.00
Materials and Supplies-(e.g., Office,	\$499	570						\$499,	70.00
Postage, Printing and Repro., Program Supplies)									
Consent Consented to the Consented to th	\$10.	018			_			\$10,9	16.00
General Operating e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	φ10,	910			-			\$10,8	10.00
Staff Travel - (e.g., Local & Out of Town)									
Starr Travel - (e.g., Local & Out of Town)									
Consultant/Subcontractor	\$620	,838		-		-		\$620,8	38.00
Other - (Meals, Audit, Transportation Reimb,									
Stipends, Facilitators)									
T-1-10	\$4.726	000 5	_	_		_		\$1,226	000 00
Total Operating Expenses Capital Expenditures	\$1,226	0,880	_			_		1,220	990.00
TOTAL DIRECT EXPENSES	\$1,878	3,806						\$1,878,	806.00
Indirect Expenses	\$187,							\$187,8	81.00
TOTAL EXPENSES	\$2,066	5,687			TING PER			\$2,066	687,00
LESS: Initial Payment Recovery					NOTES:				
Other Adjustments (Enter as negative, if appropr REIMBURSEMENT	late)								
certify that the information provided above is, to the best ecordance with the budget approved for the contract cite ecords for those claims are maintained in our office at the Signature:	d for service	es provided						ckup	
Title:									
Send to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, S San Francisco, CA 94103		Ву:					Date:		

APPENDIX F-1q 07/01/2023 - 06/30/2024 PAGE B

DETAIL PERSONNEL EXPENDITURES BUDGETED EXPENSES EXPENSES W OF REMAINING	The Artist Etc.						ice Number
Telephone: 415-487-3000 Fund Source: General Fund						A-	1JUL23
Telephone: 415-487-3000 Fund Source: General Fund				Contract P	urchase Order No		
Program Name: HIV Syringe Access and Disposal Services				(22,002,007)			
Program Name: HIV Syringe Access and Disposal Services	The second secon	000			Fund Source	Ger	eral Fund
Project ID-Activity ID:	rax.			Departme	ent ID-Authority ID):	
### ACE Control #: Invoice Period:	Program Name: HIV Syring	ge Access and	Disposal Serv	rices			
Invoice Period: 07/1/23 - 07/31/23 FINAL Invoice (check if Yes)	ACE Control #:			Pro	oject ID-Activity ID);	
### FIGURE 1.00 STATE	No 2 Commontal				Invoice Period	07/1/2	3 - 07/31/23
ERSONNEL FTE BUDGETED SALARY EXPENSES THIS PERIOD EXPENSES TO DATE % OF BUDGET REMAINING BALANCE gms & Ops Director 0.05 \$5,700 \$5,700 \$5,700 ir. Behavioral Health Svc 0.05 \$7,000 \$7,000 \$7,000 gr. Gov't Contracts 0.05 \$5,308 \$5,308 \$5,308 ata Manager 0.05 \$4,815 \$4,815 \$4,815 AS Director 0.75 \$77,813 \$77,813 \$77,813 ogistics Inventory Mgr 1.00 \$63,705 \$63,705 \$63,705 ogistics Associates 2.00 \$113,026 \$113,026 SE/Vol Coordinator 0.75 \$53,944 \$53,944					FINAL Invoic	e	(check if Yes)
ERSONNEL FTE BUDGETED SALARY EXPENSES THIS PERIOD EXPENSES TO DATE % OF BUDGET REMAINING BALANCE gms & Ops Director 0.05 \$5,700 \$5,700 \$5,700 ir. Behavioral Health Svc 0.05 \$7,000 \$7,000 \$7,000 gr. Gov't Contracts 0.05 \$5,308 \$5,308 \$5,308 ata Manager 0.05 \$4,815 \$4,815 \$4,815 AS Director 0.75 \$77,813 \$77,813 \$77,813 ogistics Inventory Mgr 1.00 \$63,705 \$63,705 \$63,705 ogistics Associates 2.00 \$113,026 \$113,026 SE/Vol Coordinator 0.75 \$53,944 \$53,944	ETAIL PERSONNEL EXPE	ENDITURES					
gms & Ops Director 0.05 \$5,700 \$5,700 ir. Behavioral Health Svc 0.05 \$7,000 \$7,000 ir. Gov't Contracts 0.05 \$5,308 \$5,308 ata Manager 0.05 \$4,815 \$4,815 AS Director 0.75 \$77,813 \$77,813 ogistics Inventory Mgr 1.00 \$63,705 \$63,705 ogistics Associates 2.00 \$113,026 \$113,026 SEIVol Coordinator 0.75 \$53,944 \$53,944							REMAINING BALANCE
ir. Gov't Contracts 0.05 \$5,308 \$5,308 ata Manager 0.05 \$4,815 \$4,815 AS Director 0.75 \$77,813 \$77,813 ogistics Inventory Mgr 1.00 \$63,705 \$63,705 ogistics Associates 2.00 \$113,026 \$113,026 SE/Vol Coordinator 0.75 \$53,944 \$53,944		0.05	\$5,700				\$5,700.0
ata Manager 0.05 \$4,815 \$4,815 AS Director 0.75 \$77,813 \$77,813 ogistics Inventory Mgr 1.00 \$63,705 \$63,705 ogistics Associates 2.00 \$113,026 \$113,026 SE/Vol Coordinator 0.75 \$53,944 \$53,944							\$7,000.0
AS Director 0.75 \$77,813 \$77,813 ggistics Inventory Mgr 1.00 \$63,705 \$63,705 ggistics Associates 2.00 \$113,026 \$113,026 SE/Vol Coordinator 0.75 \$53,944 \$53,944						11-1	\$5,308.0
pgistics Inventory Mgr 1.00 \$63,705 \$63,705 gistics Associates 2.00 \$113,026 \$113,026 SE/Vol Coordinator 0.75 \$53,944 \$53,944							\$4,815.0
pgistics Associates 2.00 \$113,026 \$113,026 SE/Vol Coordinator 0.75 \$53,944 \$53,944						-	
SE/Vol Coordinator 0.75 \$53,944 \$53,944							
ealth Educator 3.40 \$190,142 \$190,142						-	
STAL SALARIES 8.10 \$521,453 Statisty that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in cordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup ords for those claims are maintained in our office at the address indicated.	ertify that the information provided above cordance with the budget approved for	ve is, to the best of the contract cited t	my knowledge, cor or services provide		and the second second second		
	Certified By:			Date:			
Certified By: Date:	Title						

APPENDIX F-1r 07/01/2023 - 06/30/2024 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4	000 K 16	-	002634			I		A-1JUL2	-
San Francisco, CA 94103	00		-	Con	tract Purchase (Order No:			
Telephone: 415-487-3000 Fax:		СН	EP			Source:	G	eneral Fu	und
Program Name: HIV Syringe Access and Dis	sposal S	ervices		De	epartment ID-Aut	hority ID:			
ACE Control #:					Project ID-A	ctivity ID:			
					Invoic	e Period:	07/1	/23 - 07/	31/23
					FINA	L Invoice		(check if	Yes)
DELIVERABLES		TAL RACTED NOC	DELIVERED THIS PERIO UOS NO	D	DELIVERED TO DATE UOS NOC	% O TOTA			INING RABLES
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A	003 140		DOS NOC	1003	NOC	12	N/A
		-							
		150					67.1		
Number of Clients for Appendix	_	NOC N/A	NO	C	NOC		NOC	1	NOC N/A
EXPENDITURES	RUD	GET	EXPENSES THIS PERIO		EXPENSES TO DATE	% O BUDG			INING
otal Salaries (See Page B)									
ringe Benefits Total Personnel Expenses		_		-				_	_
Operating Expenses:									
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33,	000						\$33,00	00.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$153	,358						\$153,3	58.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,	000						\$12,00	00.00
Staff Travel - (e.g., Local & Out of Town)								1 -	
Consultant/Subcontractor				\exists					
Other - (Meals, Audit, Transportation Reimb,	-			\dashv				-	
Stipends, Facilitators)									
Total Operating Expenses	\$198	358		-			_	\$198,3	58.00
Capital Expenditures	\$150	000						\$100,0	30.00
OTAL DIRECT EXPENSES	\$198,							\$198,3	
Indirect Expenses OTAL EXPENSES	\$19,i \$218,			\dashv			-	\$19,83 \$218,1	
LESS: Initial Payment Recovery	7=13				NOTES:	Ļ		427511	0 1100
Other Adjustments (Enter as negative, if appropriate INDURSEMENT)	riate)	-		4					
certify that the information provided above is, to the best coordance with the budget approved for the contract cite scords for those claims are maintained in our office at the Signature:	d for service	es provided							
Send to: SFDPH Fiscal / invoice Processis 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments		Ву:	(DPH Authoriz	ed '	Signatory		Date:		

APPENDIX F-1r 07/01/2023 - 06/30/2024 PAGE B

Contractor: 5	San Francisco A	IDS Fo	oundation		19.10		1JUL23
2-7/2/22 2-3/4/2	1035 Market Stre						100220
	San Francisco, C	the Park Street		Contract P	urchase Order No:		
and the second s	415-487-3000				Fund Source:	Gen	eral Fund
Fax:				Departme	ent ID-Authority ID:		
Program Name: H	IV Syringe Acc	ess an	d Disposal Se	rvices			
ACE Control #:				Pro	oject ID-Activity ID:		
ACE CONTO #.				,	Involce Period:	07/1/2	3 - 07/31/23
					FINAL Invoice		(check if Yes
ETAIL PERSONN	EL EXPENDIT	URES	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
ERSONNEL		TE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
		+					
		-					_
	-	-				-	
	1						
		-					_
		-					
		+					
		-				1	-
		-					
		-					
VII CALABIES							
TAL SALARIES	varidad abaya la ta t	ha hast	of my knowledge	complete and accurate; the	o amount requested for	roimburnomo	nt in in

APPENDIX F-1s 07/01/2024 - 06/30/2025 PAGE A

Contractor: San Francisco AIDS Founda		10000					1		A-1JUL2	
Address: 1035 Market Street, Suite 40 San Francisco, CA 94103	J u			Cor	ntract Pur	chase C	rder No:			
Telephone: 415-487-3000 Fax:		СН	EP				Source:	G	eneral F	und
Program Name: HIV Syringe Access and Dis	posal S	ervices		De	epartmen					
ACE Control #:					Proje	ct ID-Ac	tivity ID:			
						Involce	Period:	07/1	1/24 - 07/	31/24
						FINAL	Invoice		(check if	Yes)
DELINEDADI FO	CONTR	TAL	DELIVER THIS PER	IOD	DELIV TO D	ATE	% D TOT/	AL	DELIVE	INING RABLES
DELIVERABLES Syringe Access Services (hrs., City-Wide &	8,012	NOC 54,300	UOS I	NOC	UOS	NOC	uos	NOC	8,012	NOC 54,300
Syringe Access, Disposal Coordination & Bu	12	N/A							12	N/A
										-
						- 4				
				-				_		
		NOC:		NOC	,	NOC		NOC		NOC
Number of Clients for Appendix		54300				_		_	-	54,300
EXPENDITURES	DUD	GET	EXPENS		EXPE		% 0			INING
Total Salaries (See Page B)	\$521		THIS PER	IOD	TOD	AIE	BUDG	DE1	\$521,4	53.00
Fringe Benefits	\$130								\$130,3	
Total Personnel Expenses	\$651	,816							\$651,8	16.00
Operating Expenses:	200								****	
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,	666							\$95,6	66.00
Materials and Supplies-(e.g., Office,	\$499	,570					-		\$499,5	70.00
Postage, Printing and Repro., Program Supplies)									-	
General Operating-(e.g., Insurance, Staff	\$10,	916		-					\$10,9	16.00
Training, Equipment Rental/Maintenance)	010,	010							\$10,5	10.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$620,	838			-				\$620,8	38.00
Other - (Meals, Audit, Transportation Reimb,				-		-				
Stipends, Facilitators)										
Total Operating Expenses	\$1.226	3 000				_			\$1,226.	000 00
Capital Expenditures	31,220	0,880		=		$\overline{}$			\$1,220,	990.00
TOTAL DIRECT EXPENSES	\$1,878	3,806							\$1,878,	806.00
Indirect Expenses	\$187,								\$187,8	
TOTAL EXPENSES	\$2,066	5,687			NOTES:				\$2,066,	687.00
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropri	iate				MUILS.					
REIMBURSEMENT certify that the information provided above is, to the best accordance with the budget approved for the contract cite ecords for those claims are maintained in our office at the	d for service	es provided						and bac	kup	
Signature: Title:								Date:		
_										
Send to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, Si San Francisco, CA 94103	V27 1 74.79	By:_	DPH Autho					Date:		

APPENDIX F-1s 07/01/2024 - 06/30/2025 PAGE B

					Invo	ice Number
Contractor:	San Francisco AIDS Fo	oundation		Ī	1.11.5	-1JUL24
	1035 Market Street, Su		0.200.002	,		
1	San Francisco, CA 94	103	Contract P	urchase Order No:	_	
Telephone:	415-487-3000			Fund Source:	Ger	neral Fund
rax.			Departme	ent ID-Authority ID:		
Program Name: I	HIV Syringe Access an	nd Disposal Serv		ject ID-Activity ID:		
ACE Control #:				oject ib-Activity ib.		
				Invoice Period:	07/1/2	4 - 07/31/24
				FINAL Invoice		(check if Yes)
DETAIL PERSONN	IEL EXPENDITURES		December 1			220,000
PERSONNEL	FTE	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
gms & Ops Director	0.05	\$5,700				\$5,700.00
Dir. Behavioral Health		\$7,000				\$7,000.00
Dir. Gov't Contracts	0.05	\$5,308				\$5,308.00
Data Manager	0.05	\$4,815				\$4,815.00
SAS Director	0.75	\$77,813				\$77,813.00
ogistics Inventory Mg		\$63,705				\$63,705.00
ogistics Associates	2.00	\$113,026				\$113,026.00
SSE/Vol Coordinator Health Educator	0.75 3.40	\$53,944 \$190,142		1		\$53,944.00 \$190,142.00
		\$521,453				\$521,453.00
OTAL SALARIES	8.10					

APPENDIX F-1t 07/01/2024 - 06/30/2025 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4			02634]		A-1JUL2	_
San Francisco, CA 94103				Cor	ntract Purchase	Order No:			-
Telephone: 415-487-3000 Fax:		СН	EP			g Source:	G	eneral Fu	ınd
Program Name: HIV Syringe Access and Di	sposal S	ervices		Di	epartment ID-Au				
ACE Control #:					Project ID-A	ctivity ID:	-		
					Invoi	ce Period:	07/1	/24 - 07/	31/24
					FINA	AL Invoice		(check if	Yes)
DELIVERABLES		TAL RACTED NOC	DELIVE THIS PE UOS		DELIVERED TO DATE UOS NOC	% C TOTA			INING RABLES NOC
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A		1400	I I		HOO	12	N/A
		-					-		
	_						_		
		NOC		NOC	NOC		NOC		NOC
lumber of Clients for Appendix		N/A					-		N/A
EXPENDITURES	BUD	GET	EXPEN: THIS PE		EXPENSES TO DATE	% O BUDG		REMA BALA	4. July 4. m.
Total Salaries (See Page B) -ringe Benefits		- 5		_			_		
Total Personnel Expenses									
Operating Expenses:	E00	000						600.00	20.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33,000							\$33,00	00.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$153	,358						\$153,3	58.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,	000						\$12,00	00.00
Staff Travel - (e.g., Local & Out of Town)									=
Consultant/Subcontractor									
Other - (Meals, Audit, Transportation Reimb.		-				-	-		
Stipends, Facilitators)		- 1							
Total Consider Francis	\$198	250						\$198,3	50.00
Total Operating Expenses Capital Expenditures	\$150	330						\$150,5	30.00
OTAL DIRECT EXPENSES	\$198,							\$198,3	
Indirect Expenses OTAL EXPENSES	\$19, \$218,		-	-1		-		\$19,83 \$218,1	
LESS: Initial Payment Recovery	ψ <u>2</u> 10	104			NOTES:			Ψ210,1	04.00
Other Adjustments (Enter as negative, if appropriate appropriate and appropria	riate)				-				
REIMBURSEMENT certify that the Information provided above is, to the best coordance with the budget approved for the contract cite acords for those claims are maintained in our office at the Signature: Title:	t of my know ed for service e address in	es provided	under the pr					kup	
end to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments		Ву:	(DPH Auth	orized	Signatory)		Date:		

APPENDIX F-1t 07/01/2024 - 06/30/2025 PAGE B

(n Francisco AIDS Fo					ce Number 1JUL24
	5 Market Street, Su 1 Francisco, CA 94		Contract P	urchase Order No:		
Telephone: 415	i-487-3000			Fund Source:		eral Fund
Program Name: HIV	Syringe Access an	nd Disposal Ser	vices	ent ID-Authority ID:		
ACE Control #:			Pro	pject ID-Activity ID:		
				Invoice Period:	07/1/2	4 - 07/31/24
DETAIL PERSONNEL	EXPENDITURES		20.00.2	FINAL Invoice		(check if Yes)
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
					-	
TAL SALARIES						
				e amount requested for		

APPENDIX F-1u 07/01/2025 - 06/30/2026 PAGE A

Contractor: San Francisco AIDS Founda	stion	10000				I	lr	A-1JUL2	
Address: 1035 Market Street, Suite 40 San Francisco, CA 94103	00			on	tract Purchase C	rder No:			
Telephone: 415-487-3000		011	ED		Funding	Source:	G	eneral F	und
Fax:		СН	EP	De	partment ID-Auth	ority ID:			
Program Name: HIV Syringe Access and Dis	posal S	ervices			Project ID-Ac	tivity ID:	_		
ACE Control #:						Period:	D7/4	1/25 - 07/	21/25
					224,442		UII	5	4.0
	245		2 27 2 22 22			Invoice		(check if	
DELIVERABLES		TAL RACTED NOC	THIS PERIOR UOS NO	0	TO DATE UOS NOC	TOT.			RABLES NOC
Syringe Access Services (hrs., City-Wide &	8,012	54,300	UOS NO		003 100	003	NOC	8,012	54,300
Syringe Access, Disposal Coordination & Bu	12	N/A						12	N/A
		NOC	NO	c	NOC		NOC		NOC
Number of Clients for Appendix		54300		_			_		54,300
EXPENDITURES	BUD	GET	EXPENSES THIS PERIOD		TO DATE	% O			ANCE
Total Salaries (See Page B)	\$521	,453						\$521,4	153.00
Fringe Benefits	\$130							\$130,3	
Total Personnel Expenses Operating Expenses:	\$651	,816		긕				\$651,8	316.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,	666						\$95,6	66.00
Materials and Supplies-(e.g., Office,	\$499	,570		-				\$499,5	70.00
Postage, Printing and Repro., Program Supplies)	- X			-					
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$10,	916						\$10,9	16.00
Staff Travel - (e.g., Local & Out of Town)									
Consultant/Subcontractor	\$620	,838						\$620,8	38.00
Other - (Meals, Audit, Transportation Reimb,									
Stipends, Facilitators)						1			
Total Operating Expenses	\$1,226	6,990						\$1,226	990.00
Capital Expenditures TOTAL DIRECT EXPENSES	\$1,878	3,806		7				\$1,878,	806.00
Indirect Expenses	\$187			\exists				\$187,8	
TOTAL EXPENSES LESS: Initial Payment Recovery	\$2,066	0,087		4	NOTES:			\$2,066,	00.180
Other Adjustments Enter as negative, if appropri	iate)	-			1000				
REIMBURSEMENT certify that the information provided above is, to the best accordance with the budget approved for the contract cite ecords for those claims are maintained in our office at the Signature:	d for service address in	es provided							
Title: _				_					
Send to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, St San Francisco, CA 94103 Attn: Contract Payments		By:	DPH Authorize		Y 14-34		Date:		

APPENDIX F-1u 07/01/2025 - 06/30/2026 PAGE B

					144	PAGE ice Number
Contractor: San France	isco AIDS F	oundation				-1JUL25
Address: 1035 Mark						100120
	isco, CA 94		Contract F	Purchase Order No:		
Telephone: 415-487-3	000			Fund Source:	Ger	neral Fund
Fax:			Donardon	ent ID-Authority ID:		
Program Name: HIV Syring	ge Access ar	d Disposal Serv	ices			
ACE Control #:	- 10 Care		Pr	oject ID-Activity ID:		
ACE Control #:				Invoice Period:	07/1/2	5 - 07/31/25
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPE	ENDITURES	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
Pgms & Ops Director	0.05	\$5,700				\$5,700.00
Dir. Behavioral Health Svc	0.05	\$7,000				\$7,000.00
Dir. Gov't Contracts	0.05	\$5,308			-	\$5,308.00
Data Manager SAS Director	0.05	\$4,815 \$77,813				\$4,815.00 \$77,813.00
ogistics Inventory Mgr	1.00	\$63,705			_	\$63,705.00
ogistics Associates	2.00	\$113,026				\$113,026.00
SSE/Vol Coordinator	0.75	\$53,944				\$53,944.00
Health Educator	3.40	\$190,142				\$190,142.00
				-		
	-			-		
	-	-				
	400					-
		\$521,453				
TOTAL SALARIES	8.10				- 1	\$521,453.00

APPENDIX F-1v 07/01/2025 - 06/30/2026 PAGE A

Contractor: San Francisco AIDS Founda Address: 1035 Market Street, Suite 40		_	02634						voice Num A-1JUL2	
San Francisco, CA 94103				Cor	ntract Pure	chase O	rder No:			
Telephone: 415-487-3000 Fax:		СН	EP			-	Source:	G	eneral Fu	und
Program Name: HIV Syringe Access and Dis	posal S	ervices		De	epartment					
ACE Control #:					Proje	ct ID-Ac	tivity ID:			
						Invoice	Period:	07/1	/25 - 07/	31/25
						FINAL	. Invoice		(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS PE		TO D.		TOT UOS			RABLES NOC
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A	1	1400	000	1400	1	NOC	12	N/A
										1000
										-
						-				
				_						
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A								N/A
EXPENDITURES	BUD	GET	EXPEN THIS PE		EXPEN TO D		% (INING ANCE
Total Salaries (See Page B)										
ringe Benefits					-					
Total Personnel Expenses										
Operating Expenses:	***	000							400.0	
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33,	000							\$33,0	00.00
Materials and Supplies-(e.g., Office,	\$153	358							\$153,3	58.00
Postage, Printing and Repro., Program Supplies)										
	0.10	000							4.00	
General Operating-(e.g., Insurance, Staff	\$12,	000	-	_		-		-	\$12,00	00.00
Training, Equipment Rental/Maintenance)		-		_		-		-	-	_
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Relmb,						-				
Stipends, Facilitators)										
		0.50								
Total Operating Expenses	\$198	358	-						\$198,3	00.86
Capital Expenditures TOTAL DIRECT EXPENSES	\$198,	358							\$198,3	58.00
Indirect Expenses	\$19,								\$19,83	
OTAL EXPENSES	5218,						1		\$218,1	
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments Enter as negative, if appropria REIMBURSEMENT	ate)									
certify that the information provided above is, to the best of occordance with the budget approved for the contract cited ecords for those claims are maintained in our office at the Signature:	for service	es provided	1,420,476,131,401	5 - 7 - 5 - 5 - 6 - 6	Contract The	C. 30 - 111				
Title:										
Send to: SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Su San Francisco, CA 94103	7 7 7	By:						Date:	T	

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Contractor	San Francisco AIDS	Foundation		4.01		ce Number 1JUL25
Address:	1035 Market Street,		A			
	San Francisco, CA	94103	Contract P	urchase Order No:		
Telephone:	415-487-3000			Fund Source:	Gen	eral Fund
				ent ID-Authority ID:		
Program Name:	HIV Syringe Access	and Disposal Ser		ject ID-Activity ID:		
ACE Control #:		1		gett ib-Activity ib.		
				Invoice Period:	07/1/2	5 - 07/31/25
				FINAL Invoice		(check if Yes)
TAIL PERSON	NEL EXPENDITURI	s				
RSONNEL	FTE	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
				/ 1		
					-	
TAL SALARIES						nt is in

APPENDIX F-2d 07/01/2020 - 06/30/2021 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4 San Francisco, CA 94103			902634	Coi	ntract Pur	chase C	order No:		voice Num A-2JUL2	
Telephone: 415-487-3000 Fax:		СН	EP	De	epartmen		Source:	G	eneral Fu	ind
Program Name: HIV Syringe Access and Dis	sposal Se	ervices -	Homele	The state of the s	th Allian	ce	tivity ID:			
ACE Control #:					rioje					
						Invoice	Period:	07/1	/20 - 07/3	31/20
						FINAL	Invoice	1	(check if	Yes)
DELIVERABLES	CONTR	TAL RACTED NOC	THIS P	ERED ERIOD NOC	TO D		% C TOT UOS		REMA DELIVER UOS	INING RABLES NOC
HYA Wrap Around & Disposal Services	12	N/A	UUU	1100	000	NOC	003	1100	12	N/A
		-								
						7				
		1000				- 35			1	
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A	1+			-				N/A
EXPENDITURES	BUD	GET	EXPE THIS P		EXPE TO D		% C		REMA BALA	
Total Salaries (See Page B)										
ringe Benefits Total Personnel Expenses		_		_	-		_	-	_	_
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)										
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)				-						
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$158,	166							\$158,1	66.00
Other - (Meals, Audit, Transportation Reimb,										
Stipends, Facilitators)										
Total Operating Expenses	\$158	166							\$158,10	66.00
Capital Expenditures	6284	100								
Indirect Expenses	\$158, \$15,8					-		-	\$158,10	
TOTAL EXPENSES	\$173,								\$173,98	
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments (Enter as negative, if appropriate a	t of my knov	es provided	the contract of the			the state of the s		and back	(up	
Signature: _ Title:								Date:		
Send to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor, S San Francisco, CA 94103		Ву:			Cimpotos			Date:		

APPENDIX F-2d 07/01/2020 - 06/30/2021 PAGE B

Contractor.	San Francisco AIDS I	Foundation				ce Number 2JUL20
Address:	1035 Market Street, S					
	San Francisco, CA 9	4103	Contract P	urchase Order No:		
Telephone:	415-487-3000			Fund Source:	Gen	eral Fund
Fax:						
Descript Name	UIV Contras Assess	and Diamonal Con		ent ID-Authority ID:		
Program Name:	HIV Syringe Access a	ind Disposal Ser		oject ID-Activity ID:		
ACE Control #:						
				Invoice Period:	07/1/2	0 - 07/31/20
				FINAL Invoice		(check if Yes)
TAIL PERSON	NEL EXPENDITURE	S BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
RSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
-						
				-		
	5 1					
	1 1	- 1				
					_	

APPENDIX F-2e 07/01/2021 - 06/30/2022 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4 San Francisco, CA 94103			02634	Con	ntract Pur	rchase C	order No:		voice Num A-2JUL2	_
Telephone: 415-487-3000 Fax:		СН	EP			Funding	Source:	G	eneral Fi	und
Program Name: HIV Syringe Access and Di	sposal S	ervices -	Homeles		h Allian	ce	tivity ID:			
ACE Control #:					rioje					
						Invoice	Period:	07/1	/21 - 07/	31/21
						FINAL	Invoice		(check if	Yes)
DELIVERABLES	CONT	TAL RACTED	DELIV THIS P			ERED DATE NOC	TOT UOS		DELIVE	RABLES
HYA Wrap Around & Disposal Services	UOS 12	NOC N/A	005	NOC	UUS	NOC	005	NOC	12	NOC N/A
									1.5	1,107
	-		-							
			-	-			1		1	
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A						-		N/A
EXPENDITURES	BUC	OGET	EXPE		EXPE TO D	NSES	% (INING
Total Salaries (See Page B)										
Fringe Benefits Total Personnel Expenses	_				-	_		_		
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities,	-									
Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office,		-	-	-	-			_		_
Postage, Printing and Repro., Program Supplies)										
General Operating-(e.g., Insurance, Staff			-	-	_	-				
Training, Equipment Rental/Maintenance)										
Staff Travel - (e.g., Local & Out of Town)		- 3		-		-	-	-	-	-
Consultant/Subcontractor	\$158	,166					-		\$158,1	66.00
Other - (Meals, Audit, Transportation Reimb,			-	-				-		_
Stipends, Facilitators)										
Total Operating Expenses	\$158	166							\$158,1	86.00
Total Operating Expenses Capital Expenditures	3130	,100							\$130,1	00.00
TOTAL DIRECT EXPENSES	\$158								\$158,1	_
Indirect Expenses	\$15, \$173								\$15,81	
TOTAL EXPENSES LESS: Initial Payment Recovery	\$173	,902			NOTES:				\$173,9	02.00
Other Adjustments (Enter as negative, if approp	riate)				NOV (SEE)					
REIMBURSEMENT certify that the information provided above is, to the besaccordance with the budget approved for the contract cite ecords for those claims are maintained in our office at the Signature: Title:	ed for service	ces provided				Section 1			kup	
OFFICIAL DESCRIPTION OF THE PROPERTY OF THE PR			_			_		_		_
Send to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor, S San Francisco, CA 94103	1.74	Ву:	DDU A.					Date:		

APPENDIX F-2e 07/01/2021 - 06/30/2022 PAGE B

Contractor						Invo	ice Number
	San Francisco				10.4	A-	2JUL21
	1035 Market S San Francisco			Contract P	urchase Order No:		
	San i i ancisco	, 04 3	100	oomingt 1	aronase oraci ito.		
Telephone:	415-487-3000				Fund Source:	Gen	eral Fund
I da.				Departme	nt ID-Authority ID:		
Program Name:	HIV Syringe A	ccess a	nd Disposal Sei	vices - Homeless			
					ject ID-Activity ID:		
ACE Control #:					Invoice Period:	07/1/2	1 - 07/31/21
					FINAL Invoice		(check if Yes)
ETAIL PERSONI	NEL EXPEND	ITURE	The second secon				
RSONNEL		FTE	BUDGETED	EXPENSES THIS PERIOD	TO DATE	% OF BUDGET	REMAINING BALANCE
		-					
		-				-	
		_					
		-				_	
TAL SALARIES		-					
IAL SALARIES		to the hes	t of my knowledge o	omplete and accurate; the		reimburseme	nt is in

APPENDIX F-2f 07/01/2022 - 06/30/2023 PAGE A

See Francisco AIDS Form			02634			T		voice Num	
Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4		10000	02034					A-2JUL2	2
San Francisco, CA 94103				Cor	ntract Purchase (Order No:			
Telephone: 415-487-3000 Fax:		СН	EP			Source:	G	eneral Fu	und
Program Name: HIV Syringe Access and Di	isposal S	ervices -	Homeles		epartment ID-Aut th Alliance	hority ID:			
ACE Constant #U	1				Project ID-A	ctivity ID:			
ACE Control #:	1				Invoic	e Period:	07/1	/22 - 07/3	31/22
					FINA	L Invoice		(check if	Yes)
	70	TAL	DELIVE	EREN	DELIVERED	%(ne .		UNING
DELIVERABLES		RACTED	THIS PE		TO DATE	TOT			RABLES
HYA Wrap Around & Disposal Services	12	N/A	003	NOC	I I	005	NOC	12	N/A
	-	-				-			
		NOC		NOC	NOC		NOC		NOC
Number of Clients for Appendix		N/A							N/A
EXPENDITURES	BUE	OGET	EXPEN THIS PE		EXPENSES TO DATE	% C BUDG			INING
Total Salaries (See Page B)						11 11			
Fringe Benefits Total Personnel Expenses	_	_		_			_	-	_
Operating Expenses:	-								
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)									
Materials and Supplies-e.g., Office,	_					-	-		
Postage, Printing and Repro., Program Supplies)									
General Operating~e.g., Insurance, Staff									
Training, Equipment Rental/Maintenance)									
Staff Travel - (e.g., Local & Out of Town)									
Consultant/Subcontractor	\$158	,166						\$158,1	66.00
Other - (Meals, Audit, Transportation Reimb,				-					_
Stipends, Facilitators)									
Total Operating Expenses	\$158	166		_			_	\$158.1	66.00
Capital Expenditures	ψ150	,100						3100,1	00.00
TOTAL DIRECT EXPENSES	\$158							\$158,1	
Indirect Expenses TOTAL EXPENSES	\$15, \$173		_	-			-	\$15,81 \$173,9	
LESS: Initial Payment Recovery	¥11.5	1002			NOTES:			41.0,0	02.00
Other Adjustments Enter as negative, if appropriate Telegraphics (Fig. 1) The Company of the Com	riate)								
certify that the information provided above is, to the best accordance with the budget approved for the contract cit accords for those claims are maintained in our office at it Signature:	ed for servi	ces provided							
Title:									
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, S	A 100 1 100 100								

APPENDIX F-2f 07/01/2022 - 06/30/2023 PAGE B

					Invol	ce Number
Contractor: San Fra	ncisco AIDS Fo	undation			A-	2JUL22
Address: 1035 Ma	rket Street, Sui	ite 400				
San Fran	ncisco, CA 941	03	Contract P	urchase Order No:		
Telephone: 415-487-	-3000			Fund Source:	Gen	eral Fund
Fax:			42,000			
Program Name: HIV Syri	ngo Accors an	d Dienosal Sor		nt ID-Authority ID:		
	ilge Access all	u Disposai oci		ject ID-Activity ID:		
ACE Control #:		- 1		Invoice Period:	07/1/2:	2 - 07/31/22
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EX	PENDITURES					
		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
				5		
		-				
					10.00	
OVAL CALABIES						
TOTAL SALARIES certify that the information provided at	hove is to the hest	f my knowledge co	nmplete and accurate: the	a amount requested for	r reimhurseme	nt is in
accordance with the budget approved f						
ecords for those claims are maintained						
Certified By:			Date:			
Title:						

Appendix F-2f Amendment: 02/01/2020

APPENDIX F-2g 07/01/2023 - 06/30/2024 PAGE A

Contractor: San Francisco AIDS Found		_	02634				A-2JI	
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	00			Co	ntract Purchase (order No:		
Telephone: 415-487-3000 Fax:		СН	EP			Source:	Genera	Fund
Program Name: HIV Syringe Access and Di-	sposal Se	ervices -	Homeles		epartment ID-Aut th Alliance	hority ID:		
ACE Control #:					Project ID-A	tivity ID:		
ACE COMION #.					Involc	e Period:	07/1/23 -	07/31/23
					FINA	Invoice	(chec	k if Yes)
	CONTR	ACTED	THIS PE	RIOD	DELIVERED TO DATE	% OF TOTAL	DEL	EMAINING JVERABLES
DELIVERABLES HYA Wrap Around & Disposal Services	uos 12	NOC N/A	uos	NOC	UOS NOC	UOS 1	NOC UO	
THE THOUSE OF THE STATE OF THE		1407					- 12	180%
							_	-
		NOC		NOC	NOC		NOC	NOC
Number of Clients for Appendix		N/A		1400	NOC		100	N/A
EXPENDITURES	BUD	GET	EXPEN THIS PE	111 6 6 6	EXPENSES TO DATE	% OF BUDGE		EMAINING ALANCE
Total Salaries (See Page B)	505		111011	.,,,,,,	10 5/112	50000		ALDINOL.
ringe Benefits								
Total Personnel Expenses Operating Expenses:	-						_	
Occupancy-(e.g., Rental of Property, Utilities,								
Building Maintenance Supplies and Repairs)								
Materials and Supplies-(e.g., Office,		_						
Postage, Printing and Repro., Program Supplies)								
General Operating-(e.g., Insurance, Staff				-	-		_	
Training, Equipment Rental/Maintenance)								
Staff Travel - (e.g., Local & Out of Town)		_		-				
Consultant/Subcontractor	\$158,	166					\$15	8,166.00
Other - (Meals, Audit, Transportation Reimb,		- 1	-	_			_	
Stipends, Facilitators)							- 1	
Total O	\$158,	166					E4E	9 400 00
Total Operating Expenses Capital Expenditures	\$100,	100	-	-			310	8,166.00
TOTAL DIRECT EXPENSES	\$158,						\$15	8,166.00
Indirect Expenses	\$15,8 \$173.							3,816.00
TOTAL EXPENSES LESS: Initial Payment Recovery	\$173,	902	-		NOTES:		\$17	3,982.00
Other Adjustments Enter as negative, if appropriate REIMBURSEMENT	riate							
certify that the information provided above is, to the best accordance with the budget approved for the contract cite ecords for those claims are maintained in our office at the Signature:	d for service	es provided				l justification a		
Title:								
Send to: SFDPH Fiscal / Invoice Processis 1380 Howard Street, 4th Floor, S San Francisco, CA 94103		By:					Date:	

APPENDIX F-2g 07/01/2023 - 06/30/2024 PAGE B

	San Francisco AIDS	Foundation				ice Number 2JUL23
Address:	1035 Market Street, S	Suite 400				
-	San Francisco, CA 9	4103	Contract F	urchase Order No:		
Telephone:	415-487-3000			Fund Source:	Gen	eral Fund
Fax:			400,000			
Program Name: I	HIV Syringe Access a	and Dienocal Sor		ent ID-Authority ID:		
r rogram manie.	iiv oyinige Access a	ind Disposal Get		oject ID-Activity ID:		
ACE Control #:						
				Invoice Period:	07/1/2	3 - 07/31/23
				FINAL Invoice		(check if Yes
TAIL PERSONN	EL EXPENDITURE		EVDENCES	EXPENSES	W 05 1	DEMARKS
RSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	TO DATE	% OF BUDGET	REMAININ BALANCE
					-	
	4					

APPENDIX F-2h 07/01/2024 - 06/30/2025 PAGE A

Contractor: San Francisco AIDS Found	ation	-	02634				In	A-2JUL2	
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	00			Con	tract Purcha	se Order No:			
Telephone: 415-487-3000 Fax:		СН	EP	De	Fundament ID-	ding Source:	G	eneral Fu	ind
Program Name: HIV Syringe Access and Di	sposal S	ervices -	Homele	All August beauti	h Alliance	-Activity ID:			
ACE Control #:							201	20 120	
						olce Period:	07/1	/24 - 07/3	31/24
					F	NAL Invoice		(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS P		TO DATE	TO	OF TAL NOC	DELIVER UOS	INING RABLES NOC
HYA Wrap Around & Disposal Services	12	N/A						12	N/A
				-					
							1		-
									_
hambar of Climbs for Assessed		NOC		NOC	N	DC II	NOC	0	NOC
Number of Clients for Appendix	-	N/A	_	_					N/A
EXPENDITURES	BUD	GET	EXPE THIS P		EXPENSE: TO DATE		OF GET	REMA BALA	
otal Salaries (See Page B) ringe Benefits									
Total Personnel Expenses							_		_
Operating Expenses:									
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)									
Materials and Supplies-(e.g., Office,						_			_
Postage, Printing and Repro., Program Supplies)									
General Operating-(e.g., Insurance, Staff		-			-				
Training, Equipment Rental/Maintenance)									
Staff Travel - (e.g., Local & Out of Town)									
Consultant/Subcontractor	\$158	,166						\$158,1	66.00
Other - (Meals, Audit, Transportation Reimb,		-	_	-	_	-		-	_
Stipends, Facilitators)									
Total Operating Expenses	\$158	166	_	-		-	-	\$158,1	66.00
Capital Expenditures	0100	,100						0100,1	00.00
OTAL DIRECT EXPENSES	\$158							\$158,1	
Indirect Expenses OTAL EXPENSES	\$15, \$173			-		-		\$15,81 \$173,9	
LESS: Initial Payment Recovery					NOTES:				
Other Adjustments (Enter as negative, if appropriate Adjustment)	riate)	-							
certify that the information provided above is, to the bes coordance with the budget approved for the contract cit acords for those claims are maintained in our office at the	ed for service	es provided							
Signature: Title:						-	Date:		
end to: SFDPH Fiscal / Invoice Process							_		_
1380 Howard Street, 4th Floor, 5 San Francisco, CA 94103 Attn: Contract Payments		Ву:	PDUI	a case to	Signatory)		Date:		

APPENDIX F-2h 07/01/2024 - 06/30/2025 PAGE B

Contractor:	San Francisco AIDS	S Foundation				ce Number 2JUL24
Address:	1035 Market Street, San Francisco, CA		Contract F	urchase Order No:		
***	And the same of the same	54105	John de l'			15
Fax:	415-487-3000			Fund Source:	Gen	eral Fund
Program Name:	HIV Syringe Access	and Dienocal Sa		ent ID-Authority ID:		
	The Specific Action	and Disposar Se		oject ID-Activity ID:		
ACE Control #:				Invoice Period:	07/1/24	1 - 07/31/24
						15.000
				FINAL Invoice		check if Yes
TAU DEDOOM	NEL EVBENDITUE					
	NEL EXPENDITUR	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
RSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
					-	
					12.5	
				7		

APPENDIX F-2i 07/01/2025 - 06/30/2026 PAGE A

Contractor: San Francisco AIDS Found	iation		02634				- In	A-2JUL25	
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	100			Con	ntract Purch	ase Order No			
		_							
Telephone: 415-487-3000 Fax:		СН	EP			nding Source		eneral Fun	id
Program Name: HIV Syringe Access and Di	sposal S	ervices -	Homeles		th Alliance	D-Authority ID			
ACE Control #:					Project	ID-Activity ID	-		
					1	voice Period	07/1	/25 - 07/31	1/25
						FINAL Invoice		(check if Y	(es)
DELIVERABLES		TAL RACTED NOC	THIS PE		TO DAT		OF OTAL NOC	REMAIN DELIVERA UOS	
HYA Wrap Around & Disposal Services	12	I N/A	UUS	NOC	003	100	T	12	N/A
The Triag Priority & Dioposal Carrious	12	19/21						12	THE
- 1				_					
Number of Charles for Assessed to		NOC		NOC		NOC	NOC		NOC
Number of Clients for Appendix		N/A		_		0			N/A
EXPENDITURES	BUD	GET	EXPEN THIS PE		EXPENS TO DAT	77	OF DGET	REMAIN	
Total Salaries (See Page B)									
Fringe Benefits									
Total Personnel Expenses									
Operating Expenses:									
Occupancy-(e.g., Rental of Property, Utilities,									
Building Maintenance Supplies and Repairs)			-						
Materials and Supplies-(e.g., Office,									
Postage, Printing and Repro., Program Supplies)									
General Operating-le.g., Insurance, Staff									
Training, Equipment Rental/Maintenance)	_					_			
Staff Travel - (e.g., Local & Out of Town)									
Consultant/Subcontractor	\$158	.166					-	\$158,160	6.00
	4,	1.55					- 1		
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)									
Total Operating Expenses	\$158	166		_		_		\$158,160	6.00
Capital Expenditures TOTAL DIRECT EXPENSES	\$158	166		_			_	\$158,166	2.00
Indirect Expenses	\$15,		-	_		_	_	\$15,816	
TOTAL EXPENSES	\$173				-			\$173,982	
LESS: Initial Payment Recovery					NOTES:				
Other Adjustments (Enter as negative, if approp	riate								
REIMBURSEMENT			100						
certify that the information provided above is, to the bes		and the state of the state of				A second			
ecords for those claims are maintained in our office at the Signature:	ne address i	ndicated.					Date:		
Title:							-uio.		
Send to: SFDPH Fiscal / Invoice Processi									_
1380 Howard Street, 4th Floor, S San Francisco, CA 94103		By:					Date:		
Attn: Contract Payments			(DPH Auth	orized	Signatory)				

APPENDIX F-2i 07/01/2025 - 06/30/2026 PAGE B

(San Francisco AIDS	11701700000		I		ce Number 2JUL25
Address:	1035 Market Street, San Francisco, CA	J (C.	Contract P	urchase Order No:		
	415-487-3000			Fund Source:	Gen	eral Fund
Fax:			Departme	ent ID-Authority ID:		
Program Name:	HIV Syringe Access	and Disposal Ser	rvices - Homeless \	outh Alliance		
ACE Control #:			Pro	ject ID-Activity ID:		
ACE CONTON #.			Į.	Invoice Period:	07/1/2	5 - 07/31/25
				FINAL Invoice		check if Yes
ETAIL PERSON	NEL EXPENDITUR	ES BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
RSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
				-		
			-			
						_

APPENDIX F-3d 07/01/2020 - 06/30/2021 PAGE A

1			ct ID#				fı	tvoice Nun	
Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4		10000	02634					A-3JUL2	20
San Francisco, CA 94103				Co	ntract Purcha	se Order No:			
Telephone: 415-487-3000 Fax:		СН	EP	=		ding Source:	G	Seneral F	und
Program Name: HIV Syringe Access and D	isposal S	ervices -	Harm Re		epartment ID- on Center	Authority ID:			
100.0-1-14	1				Project I	D-Activity ID:			
ACE Control #:	Į.				Inv	voice Period:	07/	1/20 - 07/	31/20
					F	INAL Invoice		(check it	(Yes)
		TAL	DELIVE THIS PE		DELIVERE TO DATE		OF TAL		AINING
DELIVERABLES	UOS	NOC	UOS	NOC		oc uos	NOC	UOS	NOC
Syringe Access Services Lounge Services	1,888	8,000						1,888	8,000
Louinge Services	2,000	5,000						2,000	0,000
		NOC		NOC	N	oc	NOC		NOC
Number of Clients for Appendix		39341		1100					39,341
EXPENDITURES	BUD	GET	EXPEN THIS PE		EXPENSE TO DATE		OF GET		AINING
Total Salaries (See Page B)	\$699,520							\$699,5	520.00
Fringe Benefits Total Personnel Expenses	\$174 \$874							\$174,8	100.00
Operating Expenses:	3014	,400				-	_	30/4,	+00.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,	187						\$37,1	87.00
Materials and Supplies-(e.g., Office,	\$24.	864		-	-		-	\$24.8	64.00
Postage, Printing and Repro., Program Supplies)									
General Operating-(e.g., Insurance, Staff	\$23,	322	-	_		-	_	\$23,3	22.00
Training, Equipment Rental/Maintenance)	4453		1					-	
Staff Travel - (e.g., Local & Out of Town)									
Consultant/Subcontractor									
Other - (Meals, Audit, Transportation Reimb,		-							
Stipends, Facilitators)									
Total Operating Expenses	\$85,	373				_	_	\$85,3	73.00
Capital Expenditures	200,	313						500,0	70.00
TOTAL DIRECT EXPENSES	\$959							\$959,7	
Indirect Expenses TOTAL EXPENSES	\$95, \$1,05							\$95,9	
LESS: Initial Payment Recovery					NOTES:				
Other Adjustments (Enter as negative, if appropriate Adjustments) REIMBURSEMENT	priate)	- 1		_					
certify that the information provided above is, to the besecordance with the budget approved for the contract cleecords for those claims are maintained in our office at the Signature:	led for service	ces provided						ckup	
Title:									
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, V	2070								
San Francisco, CA 94103		By:	IDPH Aut	norized	Signatury	_	Date:	_	

APPENDIX F-3d 07/01/2020 - 06/30/2021 PAGE B

Cantanatan Can F.	analone AIDE F	oundation				ice Number
Contractor: San Fr. Address: 1035 M				L	A-	-3JUL20
	ancisco, CA 94		Contract P	Purchase Order No:		
Telephone: 415-48	7-3000			Fund Source:	Ger	neral Fund
Fax:			4			
Program Name: HIV Sy	ringe Access a	nd Disposal Serv		ent ID-Authority ID:		
	6,4 ,		Pro	oject ID-Activity ID:		
ACE Control #:				Invoice Period:	07/1/2	0 - 07/31/20
				FINAL Invoice	- 10	(check if Yes)
ETAIL PERSONNEL EX	(PENDITURES	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
ERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
.P. Programs & Services	0.10	\$20,300				\$20,300.00
irector, Behavioral Health S		\$6,000				\$6,000.00
irector, SAS	0.15	\$15,563				\$15,563.00
ssociate Director, 6th Street		\$78,398				\$78,398.00
ealth Educator	7.75	\$437,976				\$437,976.00
obile Health Educator	0.50	\$28,257				\$28,257.00
ealth Educator/Inventory Te		\$56,513				\$56,513.00
ventory Associate/Health E	ducator 1.00	\$56,513				\$56,513.00
		-				
	\rightarrow					
				1222		

APPENDIX F-3e 07/01/2021 - 06/30/2022 PAGE A

Contractor: San Francisco AIDS Found		10000		1			- ir	woice Nun A-3JUL2	
Address: 1035 Market Street, Sulte a San Francisco, CA 94103	100			Cor	ntract Purch	ase Order No			_
Telephone: 415-487-3000					Fee	nding Source		Seneral F	ind
Fax:		CH	EP	D		-Authority ID		cherarr	unio .
Program Name: HIV Syringe Access and D	isposal S	ervices -	Harm Re	1	n Center				
ACE Control #:	1				-	ID-Activity ID			
					In	voice Period	: 07/	1/21 - 07/	31/21
					1	FINAL Invoice	9	(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS P		TO DAT		OF OTAL NOC		AINING RABLES NOC
Syringe Access Services	1,888	31,341	000	1100			1,00	1,888	31,341
Lounge Services	2,550	8,000		-			-	2,550	8,000
			_						
								1	
		NOC		NOC		юс	NOC		NOC
Number of Clients for Appendix		39341				1		_	39,341
EXPENDITURES	BUD	GET	EXPE		EXPENSE TO DATE		OF		ANCE
Total Salaries (See Page B)	\$699,520		11.11.01	LITTOD	100,000				20.00
ringe Benefits	\$174								00.08
Total Personnel Expenses	\$874	,400						\$874,4	00.00
Operating Expenses:	627	107	1.0	_		_		527 4	97.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,	107						\$37,1	87.00
Materials and Supplies-(e.g., Office,	\$24,	864			-	-	-	\$24,8	64.00
Postage, Printing and Repro., Program Supplies)	ΨZ-1,	004						Ψ2-4,0	04.00
General Operating-(e.g., Insurance, Staff	\$23,	322				_		\$23,3	22.00
Training, Equipment Rental/Maintenance)	-		_	_	-	_		-	
Staff Travel - (e.g., Local & Out of Town)				- 4					
Consultant/Subcontractor							-		
Other - (Meals, Audil, Transportation Reimb,						_		-	
Stipends, Facilitators)									
	- 205	070						2050	20.00
Total Operating Expenses Capital Expenditures	\$85,	3/3						\$85,3	73.00
TOTAL DIRECT EXPENSES	\$959	.773						\$959,7	73.00
Indirect Expenses	\$95,							\$95,9	
TOTAL EXPENSES	\$1,055	5,750			EIOTEO		11	\$1,055,	750.00
LESS: Initial Payment Recovery	11.12				NOTES				
Other Adjustments Enter as negative, if appro REIMBURSEMENT	priate								
certify that the information provided above is, to the be accordance with the budget approved for the contract ci accords for those claims are maintained in our office at t Signature:	ted for service he address in	es provided ndicated.	under the	provision				ckup	
Title:			_			_			
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, San Francisco, CA 94103		Ву:					Date:		

APPENDIX F-3e 07/01/2021 - 06/30/2022 PAGE B

Contract Con Francisco	AIDS	num dadie -		r		ice Number
Contractor: San Francisco Address: 1035 Market S				1	A-	3JUL21
San Francisco			Contract F	Purchase Order No:		
Telephone: 415-487-3000				Fund Source:	Ger	eral Fund
Fax:			4519 4.1	The second second second		
Decree Name: LIV Systems A		d Diamanal Can		ent ID-Authority ID:		
Program Name: HIV Syringe A	cess an	id Disposal Serv		oject ID-Activity ID:		
ACE Control #:				ojourio riumini io.[
				Invoice Period:	07/1/2	1 - 07/31/21
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEND	ITURES			FURENISE		
PERSONNEL	FTE	SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
V.P. Programs & Services	0.10	\$20,300				\$20,300.00
Director, Behavioral Health Services	0.05	\$6,000				\$6,000.00
Director, SAS	0.15	\$15,563				\$15,563.00
Associate Director, 6th Street HRC	1.00	\$78,398				\$78,398.00
Health Educator Mobile Health Educator	7.75	\$437,976				\$437,976.00
Health Educator/Inventory Team Lea	1.00	\$28,257 \$56,513				\$28,257.00 \$56,513.00
nventory Associate/Health Educator	1.00	\$56,513				\$56,513.00
	11.02	400,010				400,0.0.00
				-		
	_					
	_			-		
	-					
	-				_	
	-			-	-	
-						
		1		17		
TOTAL SALARIES	11.55	\$699,520				\$699,520.00

APPENDIX F-3f 07/01/2022 - 06/30/2023 PAGE A

Contractor: San Francisco AIDS Found	dation	Contra 10000				13	Ir	A-3JUL2	
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	100			Cor	ntract Purchase (Order No:		_	
Telephone: 415-487-3000		СП	EP		Funding	Source:	G	eneral F	und
Fax:		1000	7.5		epartment ID-Aut	hority ID:			
Program Name: HIV Syringe Access and D	isposal S	ervices - l	Harm Re	ductio	n Center Project ID-A	ctivity ID:			
ACE Control #:]						07//	/00 07	
					Invoic	e Period:	07/1	1/22 - 07/	31/22
					FINA	L Invoice		(check i	Yes)
DELIVERABLES		TAL RACTED NOC	THIS PE		TO DATE UOS NOC	TOT UOS			RABLES NOC
Syringe Access Services	1,888	31,341						1,888	31,34
Lounge Services	2,550	8,000		-				2,550	8,000
	-								-
		NOC		NOC	NOC		NOC		NOC
Number of Clients for Appendix		39341							39,34
EXPENDITURES	1200		EXPEN		EXPENSES	% (100000	INING
Total Salaries (See Page B)	\$699	GET	THIS PE	RIOD	TO DATE	BUD	GET		ANCE 520.00
Fringe Benefits	\$174	-							380.00
Total Personnel Expenses	\$874	,400							100.00
Operating Expenses:	407	407						007.	67.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,	187						\$37,1	87.00
Materials and Supplies-(e.g., Office,	\$24,	864						\$24.8	64.00
Postage, Printing and Repro., Program Supplies)	ψ2-1,	004						Ψ24,0	04.00
Consul Describes ()	600	222				_		600.0	22.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$23,	SZZ						\$23,3	22.00
Staff Travel - (e.g., Local & Out of Town)		-							
Consultant/Subcontractor									
Other - (Meals, Audit, Transportation Reimb,				-					
Stipends, Facilitators)			!						
Total Operating Expenses	\$85,	373						\$85,3	73.00
Capital Expenditures									
TOTAL DIRECT EXPENSES	\$959,							\$959,7	
Indirect Expenses TOTAL EXPENSES	\$95, \$1,055		_	_		-		\$95,9 \$1,055,	
LESS: Initial Payment Recovery	91,000	3,130		-	NOTES:	1		₩ 1,000,	750.00
Other Adjustments (Enter as negative, if appro	priate)								
certify that the information provided above is, to the be accordance with the budget approved for the contract cl ecords for those claims are maintained in our office at t Signature:	led for service he address in	ces provided ndicated.	under the p	provision				kup	
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, San Francisco, CA 94103	sing	Ву:					Date:		

APPENDIX F-3f 07/01/2022 - 06/30/2023 PAGE B

Contractor: San Francisco AIDS Fo Address: 1035 Market Street, Sui San Francisco, CA 941 Telephone: 415-487-3000 Fax:	ite 400				
Address: 1035 Market Street, Sui San Francisco, CA 941 Telephone: 415-487-3000	ite 400			Invo	ice Number
San Francisco, CA 941 Telephone: 415-487-3000				A-	3JUL22
San Francisco, CA 941 Telephone: 415-487-3000					
	03	Contract F	urchase Order No:		
Fax:			Fund Source:	Ger	eral Fund
		2.0	and the same of		
5 V (W/ 6 A	d Discussion Com	And the second second second second	ent ID-Authority ID:		
Program Name: HIV Syringe Access and	a Disposal Serv		oject ID-Activity ID:		
ACE Control #:			oject ib-Activity ib.		
ACE COMMON M.			Invoice Period:	07/1/2	2 - 07/31/22
					227/05/1188
			FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPENDITURES					
PERSONNEL FTE	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL FTE V.P. Programs & Services 0.10	\$20,300	THIS PERIOD	TO DATE	BUDGET	\$20,300,00
Director, Behavioral Health Services 0.05	\$6,000				\$6,000.00
Director, SAS 0.15	\$15,563				\$15,563.00
Associate Director, 6th Street HRC 1.00	\$78,398				\$78,398.00
Health Educator 7.75	\$437,976			-	\$437,976.00
Mobile Health Educator 0.50	\$28,257				\$28,257.00
Health Educator/Inventory Team Lea 1.00	\$56,513				\$56,513.00
Inventory Associate/Health Educator 1.00	\$56,513				\$56,513.00
					10010000
				-	
	\$699,520				\$699,520.00

Appendix F-3f Amendment: 02/01/2020

APPENDIX F-3g 07/01/2023 - 06/30/2024 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4		10000]		A-3JUL2	
San Francisco, CA 94103				Co	ntract Pu	rchase O	rder No:			
Telephone: 415-487-3000 Fax:		СН	EP			Funding		G	ieneral Fi	und
Program Name: HIV Syringe Access and Di	sposal S	ervices - I	Harm Re			r				
ACE Control #:					Proj	ect ID-Ac		201		
						Invoice	Period:	07/1	1/23 - 07/	31/23
						FINAL	Invoice		(check if	Yes)
DELIVERABLES		TAL LACTED NOC	THIS PE			PERED DATE NOC	% O TOTA			AINING RABLES NOC
Syringe Access Services	1,888	31,341	1000	1100	000	1	000	1100	1,888	31,341
Lounge Services	2,550	8,000							2,550	8,000
				705	*	W.T.		100	-	
Number of Clients for Appendix		NOC	- 1	NOC	0	NOC		NOC	li .	NOC
Number of Cirents for Appendix		39341		_				_		39,341
EXPENDITURES	2112	000	EXPEN			NSES	%0			INING
Total Salaries (See Page B)	\$699	520 II	THIS PE	KIUD	101	DATE	BUDG	EI	\$699,5	NCE
Fringe Benefits	\$174								\$174,8	
Total Personnel Expenses	\$874								\$874,4	
Operating Expenses:										2.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,	187							\$37,1	87.00
Materials and Supplies-(e.g., Office,	\$24,	864	_		-		_		\$24,86	64.00
Postage, Printing and Repro., Program Supplies)	1								421,0	7.00
General Operating-(e.g., Insurance, Staff	\$23,	322			-				\$23,32	22.00
Training, Equipment Rental/Maintenance)	_		-		-	-		_	-	-
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb,						-				
Stipends, Facilitators)										-
Total Operating Expenses	\$85,	373							\$85,37	3.00
Capital Expenditures	\$959,	772							\$959.7	79.00
TOTAL DIRECT EXPENSES Indirect Expenses	\$959,			_	-	-			\$959,7	
TOTAL EXPENSES	\$1,055								\$1,055,	
LESS: Initial Payment Recovery					NOTES	1			1200	
Other Adjustments (Enter as negative if approp REIMBURSEMENT	riate)									
certify that the information provided above is, to the best accordance with the budget approved for the contract cit records for those claims are maintained in our office at the Signature:	ed for servic le address in	es provided idicated.								
Title:						_				
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, S San Francisco, CA 94103	7 . 7	By:						Date:		

APPENDIX F-3g 07/01/2023 - 06/30/2024 PAGE B

Contractor: San Francisc	o AIDS F	oundation		Ī		ice Number 3JUL23
Address: 1035 Market San Francisc			Contract P	urchase Order No:		
Telephone: 415-487-3000				Fund Source:	Ger	neral Fund
Fax:			Control of the Contro	· · · · · · · · · · · · · · · · · · ·		
Program Name: HIV Syringe	Access ar	d Disposal Serv		ent ID-Authority ID:		
			Pro	ject ID-Activity ID:		
ACE Control #:				Invoice Period:	07/1/2	3 - 07/31/23
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEN	DITURES				2.5	
PERSONNEL	FTE	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
V.P. Programs & Services	0.10	\$20,300	1,1,10,1,0,1,0,1			\$20,300.00
Director, Behavioral Health Services		\$6,000				\$6,000.00
Director, SAS	0.15	\$15,563				\$15,563.00
Associate Director, 6th Street HRC	1.00	\$78,398				\$78,398.00
Health Educator	7.75	\$437,976				\$437,976.00
Mobile Health Educator	0.50	\$28,257				\$28,257.00
Health Educator/Inventory Team Le	a 1.00	\$56,513				\$56,513.00
Inventory Associate/Health Educato	r 1.00	\$56,513				\$56,513.00
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	1		-		-	
	1				-	
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	-				_	
	1 1					
		7100				
			-			
	-					
TOTAL SALARIES	11.55	\$699,520				\$699,520.00

APPENDIX F-3h 07/01/2024 - 06/30/2025 PAGE A

Contractor: San Francisco AIDS Found	dation	-	02634			Ī		A-3JUL2	
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	100			Co	ntract Purchase	Order No:	_		
				- 7.7	HOMES ALCHES				
Telephone: 415-487-3000 Fax:		СН	EP			g Source:	G	eneral Fi	und
Program Name: HIV Syringe Access and D	isposal S	ervices -	Harm Re			- 4-2			
ACE Control #:	1				Project ID-A	ctivity ID:			
A					Invoid	e Period:	07/1	/24 - 07/	31/24
					FINA	L Invoice	1	(check if	Yes)
DELIVERABLES		TAL PACTED NOC	THIS PI		DELIVERED TO DATE UOS NOC	% O TOTA UOS			AINING RABLES NOC
Syringe Access Services	1,888	31,341	005	NOC	1 1	1 003	NOC	1,888	31,341
Lounge Services	2,550	8,000						2,550	8,000
Number of Cliente for Amondia		NOC		NOC	NOC		NOC	11	NOC
Number of Clients for Appendix		39341	_				_		39,341
EXPENDITURES	BUD	GET	THIS PE	1 - 11 -	EXPENSES TO DATE	% O			ANCE
Total Salaries (See Page B)	\$699,520							\$699,5	20.00
Fringe Benefits	\$174							\$174,8	
Total Personnel Expenses	\$874	,400						\$874,4	00.00
Operating Expenses:	603	407						607.4	07.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,	18/						\$37,1	87.00
Materials and Supplies-(e.g., Office,	\$24.	864						\$24,8	64.00
Postage, Printing and Repro., Program Supplies)									
General Operating-(e.g., Insurance, Staff	\$23.	322		_		-	-	\$23,3	22 00
Training, Equipment Rental/Maintenance)	Ψ20,	ULL						420,0	22.00
Staff Travel - (e.g., Local & Out of Town)	-		-				_		
Consultant/Subcontractor			-						
Other • (Meals, Audit, Transportation Reimb,									
Stipends, Facilitators)	-								
Total Operating Expenses	\$85.	373	_	_	_	-	_	\$85.3	73.00
Capital Expenditures	400,	510						000,0	0.00
TOTAL DIRECT EXPENSES	\$959	,773						\$959,7	73.00
Indirect Expenses	\$95,							\$95,97	
TOTAL EXPENSES LESS: Initial Payment Recovery	\$1,05	5,750	-		NOTES:			\$1,055,	750.00
Other Adjustments (Enter as negative, if approx	riata)				NOTES.				
Content Adjustments (Enter as negative, if approximation provided above is, to the besaccordance with the budget approved for the contract circeords for those claims are maintained in our office at the Signature:	st of my know	es provided		9					
Title:									
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, San Francisco, CA 94103	77	Ву:					Date:		

APPENDIX F-3h 07/01/2024 - 06/30/2025 PAGE B

						PAGE
					Invo	ice Number
Contractor: San Francisco				I.	A	-3JUL24
Address: 1035 Market S			4.75.02			A. A.
San Francisco	, CA 94	103	Contract F	urchase Order No:		
Telephone: 415-487-3000				Fund Source:	Ger	ieral Fund
Fax:				Total control	001	icrai i dilu
			Departm	ent ID-Authority ID:		
Program Name: HIV Syringe A	ccess ar	d Disposal Serv		44		
		1000000	Pn	oject ID-Activity ID:		
ACE Control #:						
				Invoice Period:	07/1/2	4 - 07/31/24
				FINAL Invoice	1	(check if Yes)
						(0)
DETAIL PERSONNEL EXPEND	ITURES					
SETAL TEROOMINEE EXITERS	OILL	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
/.P. Programs & Services	0.10	\$20,300				\$20,300.00
Director, Behavioral Health Services	0.05	\$6,000				\$6,000.00
Director, SAS	0.15	\$15,563				\$15,563.00
Associate Director, 6th Street HRC	1.00	\$78,398				\$78,398.00
lealth Educator	7.75	\$437,976				\$437,976.00
Nobile Health Educator	0.50	\$28,257				\$28,257.00
lealth Educator/Inventory Team Lea		\$56,513				\$56,513.00
nventory Associate/Health Educator	1.00	\$56,513				\$56,513.00
				- 1		
						\$699,520.00
OTAL SALARIES	11.55	\$699,520				

APPENDIX F-3i 07/01/2025 - 06/30/2026 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4			oct ID # 02634)	. In	A-3JUL2	
San Francisco, CA 94103				Co	ntract Pur	chase C	order No:			
Telephone: 415-487-3000 Fax:		СН	EP			5 =	Source:	G	eneral F	und
Program Name: HIV Syringe Access and D	isposal S	ervices -	Harm Re		epartment in Center		nority ID:			
ACE Control #:	1						tivity ID:			
AGE SOMMUN.						Invoice	Period:	07/1	/25 - 07/	31/25
						FINAL	_Invoice		(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS PI		TO D		% C TOT UOS			AINING RABLES NOC
Syringe Access Services	1,888	31,341	000	1100	1 1	1400	1	(400	1,888	31,341
Lounge Services	2,550	8,000	(2,550	8,000
N. A. L		1								17.
		-				-		-		
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		39341								39,341
EXPENDITURES	PUID	GET	EXPEN	7.77	EXPEN		% C			INING
Total Salaries (See Page B)	\$699		THIS PE	RIOD	TO D	AIE	BUDO	3E1		20.00
ringe Benefits	\$174	,880							\$174,8	
Total Personnel Expenses	\$874	,400							\$874,4	00.00
Operating Expenses:					-					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,	187							\$37,1	87.00
Materials and Complete and	604	004							204.0	04.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$24,	804							\$24,8	64.00
Canada Ca	600	200							600.0	00.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$23,	322							\$23,3	22.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Relmb, Stipends, Facilitators)										
Total Operating Expenses	\$85.	373		-				1.7	\$85,3	73.00
Capital Expenditures TOTAL DIRECT EXPENSES	\$959	773							\$959,7	73.00
Indirect Expenses	\$95.								\$95,97	
TOTAL EXPENSES	\$1,055	5,750							\$1,055,	
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments Enter as negative, if appropriate REIMBURSEMENT	riate)									
certify that the information provided above is, to the best accordance with the budget approved for the contract ci- ecords for those claims are maintained in our office at the Signature:	led for service he address in	es provided indicated.	under the p	provision	of that cont					
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, San Francisco, CA 94103 Attn: Contract Payments	ing	Ву:			Signatory)			Date:		

APPENDIX F-3i 07/01/2025 - 06/30/2026 PAGE B

Contractor: San Francisco A					10000	
	AIDS FO	nundation		/1		-3JUL25
Address: 1035 Market Str		201020000000000000000000000000000000000		1		JULZU
San Francisco,			Contract F	urchase Order No:		
Telephone: 415-487-3000				Fund Source:	Cor	neral Fund
Fax:				rund Source.	Ger	lerai runu
			The state of the s	ent ID-Authority ID:		
Program Name: HIV Syringe Acc	ess an	d Disposal Serv		oction Center		
ACE Control #:			Pa	oject ib-Activity ib:		
				Invoice Period:	07/1/2	5 - 07/31/25
				FINAL Invoice		(check if Yes)
ETAIL PERSONNEL EXPENDIT	URES					
ERSONNEL	FTE	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
P. Programs & Services	0.10	\$20,300	This PERIOD	TODATE	BUDGET	\$20,300.00
irector, Behavioral Health Services	0.05	\$6,000				\$6,000.00
rector, SAS	0.15	\$15,563				\$15,563.00
ssociate Director, 6th Street HRC	1.00	\$78,398		-		\$78,398.00
ealth Educator	7.75	\$437,976				\$437,976.00
obile Health Educator	0.50	\$28,257				\$28,257.00
ealth Educator/Inventory Team Lea	1.00					\$56,513.00
ventory Associate/Health Educator	1.00	\$56,513 \$56,513		-		\$56,513.00
Torner J. Toodolator, Today Educator	1.00	\$00,010				\$00,010.00
	-			-		
		- /				
	-					
	_				-	
	-					
					-	
					- 1	
	-				-	

APPENDIX F-4a 07/01/2020 - 06/30/2021 PAGE A

Contractor: San Francisco AIDS Found	lation	_	02634			1		A-4JUL2	
Address: 1035 Market Street, Suite 4				C-0	ntract Purchase	Order Novi		71 40022	
San Francisco, CA 94103				Co	ntract Purchase	Order No:			
Telephone: 415-487-3000 Fax:		СН	EP			g Source:	G	eneral Fu	ind
Program Name: HIV Syringe Access and Di	isposal S	ervices -	Syringe :						
ACE Control #:	1				Project ID-A	Activity ID:			_
					Invol	ce Period:	07/1	/20 - 07/3	31/20
					FINA	AL Invoice	2 = 1	(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS PE		DELIVERED TO DATE UOS NOC	% C TOT UOS		REMA DELIVER UOS	INING RABLES NOC
Syringe Disposal Service Hours	4,368	N/A		,,,,,			1100	4,368	N/A
		-	-	-		1	_	-	
		-							
		NOC		NOC	NOC		NOC		NOC
Number of Clients for Appendix		N/A							N/A
EXPENDITURES	BUD	GET	EXPEN THIS PE	7.00	EXPENSES TO DATE	% C		REMA	
Total Salaries (See Page B)	\$483,524							\$483,5	
Fringe Benefits		,057						\$145,0	
Total Personnel Expenses Operating Expenses:	\$628	100,0		_		-	-	\$628,5	01.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$31,	752						\$31,75	52.00
Materials and Supplies-(e.g., Office,	\$8,	ROO		_	-		_	\$8,80	0.00
Postage, Printing and Repro., Program Supplies)	ψ0,	000						40,00	0.00
General Operating-e.g., Insurance, Staff	\$19,	400		_			-	\$19,40	00.00
Training, Equipment Rental/Maintenance)	7.4	-17		-					
Staff Travel - (e.g., Local & Out of Town)									
Consultant/Subcontractor							_		
Other - Meals, Audit, Transportation Reimb,		-		-					_
Stipends, Facilitators)									
W . 10	EFO	060			-			FF0.05	0.00
Total Operating Expenses Capital Expenditures	\$59,	952	-			-	\rightarrow	\$59,95	12.00
TOTAL DIRECT EXPENSES	\$688	,533						\$688,5	33.00
Indirect Expenses	\$103							\$103,2	
TOTAL EXPENSES	\$791	,813			NOTES:			\$791,8	13.00
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropriate to the control of the cont	nriste)	_		_	NOTES.				
REIMBURSEMENT	2110107				1				
certify that the information provided above is, to the best accordance with the budget approved for the contract cli ecords for those cleims are maintained in our office at the Signature:	ed for service	ces provided							
Title:									
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, 3	ing						_		
San Francisco, CA 94103 Attn: Contract Payments	Julio 403	Ву:	IDPH Auth	norized	Sinnatory	-	Date:		

APPENDIX F-4a 07/01/2020 - 06/30/2021 PAGE B

774747 8745 375	1000					ce Number
Contractor: San Francisco				100	A-	4JUL20
Address: 1035 Market St San Francisco			Contract F	urchase Order No:		
Telephone: 415-487-3000				Fund Source:	Gon	eral Fund
Fax:				runa source.	Gen	erai runu
The state of the s			the second secon	ent ID-Authority ID:		
Program Name: HIV Syringe Ac	cess an	d Disposal Serv		veeps oject ID-Activity ID:		
ACE Control #:			160	oject ib-Activity ib.		
an an and an				Invoice Period:	07/1/2	0 - 07/31/20
				FINAL Invoice		(check if Yes)
	TUBEO					
ETAIL PERSONNEL EXPENDI ERSONNEL	FTE	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
anager, Syringe Clean Up	2.00	\$140,000	THIS PERIOD	TOBALL	DODOL)	\$140,000.00
ventory & Logistics Coordinator	0.80	\$37,622				\$37,622.00
sociate, Syringe Clean Up	5.60	\$227,483				\$227,483.00
ringe Sweeps Mgr. Disposal, Mobil sociate, Syringe Clean Up - Mobile	1.00	\$23,882 \$54,537				\$23,882.00 \$54,537.00
sociate, syringe clean op - Mobile	1.00	ψ04,007				ψ04,007.00
				-		
		-				
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	-				-	
	-				-	_
		-				
	-					
	-					
					-	
		\$483,524				\$483,524.00

APPENDIX F-4b 07/01/2021 - 06/30/2022 PAGE A

Contractor: San Francisco AIDS Found	lation	-	002634				In	voice Num A-4JUL2	
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	00			Co	ntract Purchase	e Order No:			
A company of the comp									
Telephone: 415-487-3000 Fax:		СН	EP			ng Source:	G	eneral Fu	und
Program Name: HIV Syringe Access and Di	sposal Se	ervices -	Syringe :			0.500			
ACE Control #:					Project ID-	Activity ID:			
					Invo	ice Period:	07/1	/21 - 07/	31/21
					FIN	IAL Invoice		(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS PE		TO DATE UOS NO	TOT			RABLES NOC
Syringe Disposal Service Hours	4,368	N/A	1					4,368	N/A
	27711			- 1		1			
1									
		-	-						-
		_		_	11 1 1		_		
		NOC		NOC	NO		NOC		NOC
Number of Clients for Appendix		N/A							N/A
EXPENDITURES	BUD	CET	EXPEN THIS PE		EXPENSES TO DATE	% C		1.120010	ANCE
Total Salaries (See Page B)	\$483		I IIII	MOD	I TO DATE	1 000	JL. 1	\$483,5	
Fringe Benefits	\$145							\$145.0	
Total Personnel Expenses	\$628	,581						\$628,5	81.00
Operating Expenses:									
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$31,	752						\$31,7	52.00
Materials and Supplies-(e.g., Office,	\$8,8	300	_	_	-		_	\$8.80	00.00
Postage, Printing and Repro., Program Supplies)								90,00	0.00
General Operating-e.g., Insurance, Staff	\$19,	400		_		1		\$19,40	00.00
Training, Equipment Rental/Maintenance)	7.1-1							,	
Staff Travel - (e.g., Local & Out of Town)									
Consultant/Subcontractor									
Other - (Meals, Audit, Transportation Relimb.	-				-			1.	
Stipends, Facilitators)									
Total Operating Expenses	\$59,9	952						\$59,95	52.00
Capital Expenditures OTAL DIRECT EXPENSES	\$688,	522		_		-	_	\$688,5	22.00
Indirect Expenses	\$103,			_		-	_	\$103,2	
TOTAL EXPENSES	\$791,			-				\$791,8	
LESS: Initial Payment Recovery					NOTES:				
Other Adjustments (Enter as negative, if approp REIMBURSEMENT	riate)								
certify that the information provided above is, to the best coordance with the budget approved for the contract cities acords for those claims are maintained in our office at the Signature:	ed for servic	es provided							
Title:									
Send to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor, S							-		

APPENDIX F-4b 07/01/2021 - 06/30/2022 PAGE B

						ice Number
Contractor: San Francisco		741230000		1	A-	4JUL21
Address: 1035 Market St San Francisco			Contract P	urchase Order No:		
Telephone: 415-487-3000				Fund Source:	Gor	eral Fund
Fax:				rund source. [Ger	iciai ruiiu
				ent ID-Authority ID:		
Program Name: HIV Syringe Ac	cess ar	nd Disposal Serv		veeps oject ID-Activity ID:		
ACE Control #:			3.0	oject ib-Activity ib-[
				Invoice Period:	07/1/2	1 - 07/31/21
				FINAL Invoice		(check if Yes)
ETAIL PERSONNEL EXPENDI	TURES					
		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
ERSONNEL anager, Syringe Clean Up	2.00	\$140,000	THIS PERIOD	TO DATE	BUDGET	\$140,000.00
ventory & Logistics Coordinator	0.80	\$37,622				\$37,622.00
sociate, Syringe Clean Up	5.60	\$227,483				\$227,483.00
ringe Sweeps Mgr. Disposal, Mobil	0.25	\$23,882				\$23,882.00
sociate, Syringe Clean Up - Mobile	1.00	\$54,537				\$54,537.00
					_	
	-					
	-				-	
	\rightarrow					
	-				_	
	-					
OTAL SALARIES	9.65	\$483,524				\$483,524.00

APPENDIX F-4c 07/01/2022 - 06/30/2023 PAGE A

Contractor: San Francisco AIDS Found	Salar Salar		002634	h		1		A-4JUL2	
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	00			Cor	ntract Purchase	Order No:			
Telephone: 415-487-3000 Fax:		СН	EP			g Source:	G	eneral Fu	und
Program Name: HIV Syringe Access and Di	sposal S	ervices -	Syringe						
ACE Control #:					Project ID-A	ctivity ID:		-	
					Involc	e Period:	07/1	/22 - 07/3	31/22
					FINA	L Invoice		(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS PI		DELIVERED TO DATE UOS NOC	% C TOT UOS			INING RABLES NOC
Syringe Disposal Service Hours	4,368	N/A	000	NOC	UOD NOD	1	1400	4,368	N/A
				-					
		+				1	-		
		NOC		NOC	NOC		NOC		NOC
Number of Clients for Appendix		N/A		-					N/A
EXPENDITURES	BUD	GET	EXPENTING PE		EXPENSES TO DATE	% C			INING
Total Salaries (See Page B)	\$483,524							\$483,5	
Fringe Benefits Total Personnel Expenses	\$145 \$628			_		-	_	\$145,0 \$628,5	
Operating Expenses:	\$020	,301				1		\$020,0	01.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$31,	752						\$31,7	52.00
Made delegand Security of the second	60.0	200						60.00	0.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$8,8	500						\$8,80	0.00
General Operating-(e.g., Insurance, Staff	\$19,	400		_		1		\$19,40	00.00
Training, Equipment Rental/Maintenance)		-							
Staff Travel - (e.g., Local & Out of Town)			-						
Consultant/Subcontractor									
Other - (Meals, Audit, Transportation Reimb,						-	-		
Stipends, Facilitators)									
Total Operating Eventure	\$59.	052				-		\$59.95	2 00
Total Operating Expenses Capital Expenditures	309,	oue.						\$55,50	12.00
TOTAL DIRECT EXPENSES	\$688							\$688,5	
Indirect Expenses TOTAL EXPENSES	\$103 \$791		_	-				\$103,2 \$791,8	
LESS: Initial Payment Recovery	Ψ/.01	010			NOTES:	1		9701,0	10.00
Other Adjustments (Enter as negative, if appropriate REIMBURSEMENT)	riate)								
certify that the information provided above is, to the best accordance with the budget approved for the contract cit ecords for those claims are maintained in our office at the Signature:	ed for service	es provided							
Title:									
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, 5 San Francisco, CA 94103	7 3 4 3 4 4 4	By:					Date:		

APPENDIX F-4c 07/01/2022 - 06/30/2023 PAGE B

					lar	ce Number
Contractor: San Francis	sco AIDS Fo	oundation		1		4JUL22
Address: 1035 Market						
San Francis	sco, CA 94	103	Contract P	Purchase Order No:		
Telephone: 415-487-30	00			Fund Source:	Gen	eral Fund
Fax:			Departme	ent ID-Authority ID:		
Program Name: HIV Syringe	Access an	d Disposal Serv	rices - Syringe Sv	veeps		
ACE Control #:			Pn	oject ID-Activity ID:		
ACE CONTION #.				Invoice Period:	07/1/2	2 - 07/31/22
				FINAL Invoice		(check if Yes)
				FINAL IIIVOICE		(check it res)
ETAIL PERSONNEL EXPE	NDITURES	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
ERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
anager, Syringe Clean Up ventory & Logistics Coordinator	2.00 0.80	\$140,000 \$37,622		-		\$140,000.00 \$37,622.00
sociate, Syringe Clean Up	5.60	\$227,483				\$227,483.00
ringe Sweeps Mgr. Disposal, M		\$23,882				\$23,882.00
sociate, Syringe Clean Up - Mo		\$54,537				\$54,537.00
	111111					
		_				
	-	-		-		
	-					
	The					
		-				
		-			-	_
	+ +					

APPENDIX F-4d 07/01/2023 - 06/30/2024 PAGE A

Contractor: San Francisco AIDS Found	lation	-	02634			Í		A-4JUL2	
Address: 1035 Market Street, Sulte 4				Co	stract Durchas (Arder No.		71 10022	
San Francisco, CA 94103				Lo	ntract Purchase (order No:	_		
Telephone: 415-487-3000 Fax:		СН	EP			Source:	G	eneral Fu	nd
Program Name: HIV Syringe Access and Di	sposal S	ervices -	Syringe						
ACE Control #:					Project ID-A	tivity ID:			
					Invoic	e Period:	07/1	/23 - 07/3	1/23
					FINA	Linvoice		(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS PI		TO DATE UOS NOC	% O TOTA		REMA DELIVER UOS	
Syringe Disposal Service Hours	4,368	N/A	1	1100	DOD NOO		1100	4,368	N/A
					4 4				
		NOC		NOC	NOC		NOO		NOC
Number of Clients for Appendix		N/A		NOC	NOC		NOC		NOC N/A
EXPENDITURES	200		EXPE		EXPENSES	% O		REMAI	NING
Total Salaries (See Page B)	\$483	.524	THIS PI	RIOD	TO DATE	BUDG	EI	\$483,5	_
Fringe Benefits	\$145							\$145,0	
Total Personnel Expenses	\$628	,581						\$628,5	81.00
Operating Expenses:	\$31,	752						\$31,75	2 00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	φ31,	132						\$31,75	2.00
Materials and Supplies-(e.g., Office,	\$8,8	300						\$8,80	0.00
Postage, Printing and Repro., Program Supplies)									
General Operating-(e.g., Insurance, Staff	\$19.	400						\$19,40	0.00
Training, Equipment Rental/Maintenance)	1 10							\$10,10	
Staff Travel - (e.g., Local & Out of Town)									
Consultant/Subcontractor									
Other - (Meals, Audit, Transportation Reimb,	_			_	-		_		
Stipends, Facilitators)					2 2	15			
		OF O							0.55
Total Operating Expenses Capital Expenditures	\$59,	952		_			_	\$59,95	2.00
TOTAL DIRECT EXPENSES	\$688	,533						\$688,53	33.00
Indirect Expenses	\$103	,280						\$103,28	30.00
TOTAL EXPENSES	\$791	,813			NOTES:			\$791,81	13.00
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropriate to the control of the cont	cintal			-	NOTES:				
REIMBURSEMENT	(Hate)				1				
certify that the information provided above is, to the best accordance with the budget approved for the contract cit ecords for those claims are maintained in our office at the Signature:	ed for servic ne address i	es provided	Committee of the commit						
Title:									
Send to: SFDPH Fiscal / Invoice Process		_	-	_			_		-
1380 Howard Street, 4th Floor, 5 San Francisco, CA 94103 Atto: Contract Payments	Julie 403	Ву	(DPH Aut	harizad	Signatory)		Date:		

APPENDIX F-4d 07/01/2023 - 06/30/2024 PAGE B

						Invo	ice Number
Contractor: Sa		7.00	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		I	A-	4JUL23
	35 Market Str in Francisco,		130 100	Contract I	Purchase Order No:		
		27		24.00			48.4
Telephone: 41 Fax:	5-487-3000				Fund Source:	Ger	neral Fund
			Contraction		ent ID-Authority ID:		
Program Name: HI	V Syringe Ac	cess an	d Disposal Serv		veeps oject ID-Activity ID:		
ACE Control #:							- 704
					Invoice Period:	07/1/2	3 - 07/31/23
					FINAL Invoice		(check if Yes)
ETAIL PERSONNE	L EXPENDI	TURES					
ERSONNEL		FTE	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
anager, Syringe Clean	Up I	2.00	\$140,000				\$140,000.00
ventory & Logistics Co	ordinator	0.80	\$37,622				\$37,622.00
sociate, Syringe Clear		5.60	\$227,483				\$227,483.00
ringe Sweeps Mgr. Dis		0.25	\$23,882				\$23,882.00
ssociate, Syringe Clear	Up - Mobile	1.00	\$54,537				\$54,537.00
					4		
	-	-			-		
		_	-				
					1		
					11		
		_					
		-					
	-	-	-				
		-				-	
TAL SALARIES		9.65	\$483,524		L - I		\$483,524.00

Appendix F-4d Amendment: 02/01/2020

APPENDIX F-4e 07/01/2024 - 06/30/2025 PAGE A

on osal Se	СН	ED	Co	ntract Pu	6.7	rder No:		A-4JUL2	
osal Se	СН	ED	Goi		6.7	rder No:			
osal Se	СН	ED		Funding Source:					
osal Se	1					AT IT	G	eneral Fu	ınd
	ervices -	Syringe S		epartmen s	i ID-Autr	ionity ID:			
				Proje	ct ID-Ac	tivity ID:			
					Invoice	Period:	07/1	/24 - 07/3	31/24
					FINAL	Invoice		(check if	Yes)
TOT		DELIVE THIS PE		DELIV TO D		% C			INING RABLES
UOS	NOC	UOS	NOC	UOS	NOC	uos	NOC	UOS	NOC
1,368	N/A							4,368	N/A
					-				
					-				
	NOO		was		NOO		NOO		Non
-	NOC N/A		NOC		NOC		NOC		NOC N/A
-		EXPEN		EXPE		% C			INING
\$483,		THIS PE	RIOD	TOD	ATE	BUDG	it 1	\$483.5	24 00
\$145,								\$145,0	
\$628,	581							\$628,5	81.00
604	750							604 71	20.00
\$31,7	152							\$31,75	52.00
\$8,8	00			-				\$8,80	0.00
				-					
\$19.4	400		_	-			_	\$19.40	00.00
4,101	,,,,								
			-	-			-		
			- :						
EFA 7	500							650.05	0.00
\$59,8	952		_					\$59,95	2.00
\$688,	533							\$688,5	33.00
								\$103,2	
\$791,	813		_	MOTES		_		\$791,8	13.00
9)				NOTES.					
-				<u> </u>					
or servic	es provided						and bac		
							Date:		
	_				_				
	\$19,4 \$59,5 \$688, \$103, \$791, my know or service ddress in	\$19,400 \$59,952 \$688,533 \$103,280 \$791,813 a) my knowledge, comport services provided didress indicated.	\$19,400 \$59,952 \$688,533 \$103,280 \$791,813 my knowledge, complete and acor services provided under the p	\$19,400 \$59,952 \$688,533 \$103,280 \$791,813 a) my knowledge, complete and accurate; or services provided under the provision didress indicated.	\$19,400 \$59,952 \$688,533 \$103,280 \$791,813 NOTES: a) my knowledge, complete and accurate; the amount or services provided under the provision of that conditress indicated.	\$19,400 \$59,952 \$688,533 \$103,280 \$791,813 NOTES: a) my knowledge, complete and accurate; the amount requester are services provided under the provision of that contract. Full didress indicated.	\$19,400 \$59,952 \$688,533 \$103,280 \$791,813 NOTES: a) my knowledge, complete and accurate; the amount requested for reimbur a services provided under the provision of that contract. Full justification address indicated.	\$19,400 \$59,952 \$688,533 \$103,280 \$791,813 NOTES: a) my knowledge, complete and accurate; the amount requested for reimbursement or services provided under the provision of that contract. Full justification and bacterists indicated. Date:	\$19,400 \$19,40 \$59,952 \$59,95 \$688,533 \$103,280 \$103,2 \$791,813 \$791,813 my knowledge, complete and accurate; the amount requested for reimbursement is in or services provided under the provision of that contract. Full justification and backup didress indicated. Date:

APPENDIX F-4e 07/01/2024 - 06/30/2025 PAGE B

					Invo	ice Number
Contractor: San Francisco	AIDS F	oundation		[A-	-4JUL24
Address: 1035 Market S			120000			
San Francisco	, CA 94	103	Contract F	urchase Order No:		
Telephone: 415-487-3000				Fund Source:	Ger	neral Fund
Fax:						
11-1-15		C		ent ID-Authority ID:		
Program Name: HIV Syringe Ad	ccess ar	nd Disposal Serv		veeps oject ID-Activity ID:	_	
ACE Control #:			Pro	oject iD-Activity iD:		
AGE COMMON				Invoice Period:	07/1/2	4 - 07/31/24
						and the second
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEND	TURES					
		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
Manager, Syringe Clean Up oventory & Logistics Coordinator	2.00 0.80	\$140,000 \$37,622		-		\$140,000.00 \$37,622.00
ssociate, Syringe Clean Up	5.60	\$227,483				\$227,483.00
syringe Sweeps Mgr. Disposal, Mobil	0.25	\$23,882				\$23,882.00
ssociate, Syringe Clean Up - Mobile	1.00	\$54,537				\$54,537.00
	-	-			_	
	-	-				
	-					
			-	-		-
	9.65	\$483,524			-	\$483,524.00

APPENDIX F-4f 07/01/2025 - 06/30/2026 PAGE A

Contractor: San Francisco AIDS Found			act ID # 002634				1	_	voice Num A-4JUL2	_
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	100			Co	ntract Purc	hase O	rder No:			
							112			
Telephone: 415-487-3000 Fax:		CH	EP		Fo epartment l		Source:	G	eneral Fu	ınd
Program Name: HIV Syringe Access and Di	sposal So	ervices -	Syringe		s		Des			
ACE Control #:					Projec	t ID-Ac	tivity ID:			
					Ç.	Invoice	Period:	07/1	/25 - 07/3	31/25
						FINAL	Invoice	1.0	(check if	Yes)
DELIVERABLES	CONTR UOS	TAL IACTED NOC	THIS P		TO DA		% o TOT UOS			INING RABLES NOC
Syringe Disposal Service Hours	4,368	N/A	000	1100	1	1100	000	HOO	4,368	N/A
									Y-111	
							1			
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A								N/A
EXPENDITURES	BUD	CET	EXPE		EXPENS TO DA		% C		1.0001111	INING
Total Salaries (See Page B)	\$483		I I I I I I	LKIOD	II II	1	BUU	SE1	\$483,5	
Fringe Benefits	\$145								\$145.0	
Total Personnel Expenses	\$628,581								\$628,5	81.00
Operating Expenses:										-
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$31,	752							\$31,7	52.00
Meterials and Supplies is - Office	\$8,8	200				-		_	\$8,80	0.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	φο,ο	000							φ0,00	0.00
	0.10	100							040.4	20.00
General Operating-(e.g., Insurance, Staff	\$19,	400	-	_		_		-	\$19,40	00.00
Training, Equipment Rental/Maintenance)										_
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb,				_			_			
Stipends, Facilitators)										
Total Operating Expenses	\$59,9	952					_		\$59,95	52.00
Capital Expenditures	0000	F00							6600 E	22.00
Indirect Expenses	\$688, \$103,			_		\rightarrow		-	\$688,5 \$103,2	
TOTAL EXPENSES	\$791,						_		\$791,8	
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments (Enter as negative, if appropriate Adjustments) REIMBURSEMENT	riate)				Mar. 11					
certify that the information provided above is, to the best accordance with the budget approved for the contract cit ecords for those claims are maintained in our office at the Signature:	ed for servic ne address in	es provided indicated.	under the	provision					kup	
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments	No. of the last of	Ву:		horized	Signatory)			Date:		

APPENDIX F-4f 07/01/2025 - 06/30/2026 PAGE B

					Invo	ice Number
Contractor: San Francisco	AIDS F	oundation			A-	4JUL25
Address: 1035 Market St						
San Francisco	CA 94	103	Contract P	urchase Order No	:	
Telephone: 415-487-3000				Fund Source	Ger	eral Fund
Fax:			1000000			
Program Name: HIV Syringe Ac		d Dienoral Son		ent ID-Authority ID		
Program Name. Hiv Syringe Ac	cess an	id Disposal Serv		oject ID-Activity ID		
ACE Control #:						Samour
				Invoice Period	07/1/2	5 - 07/31/25
				FINAL Invoice		(check if Yes)
						(
ETAIL PERSONNEL EXPENDI	TURES	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
RSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
nager, Syringe Clean Up	2.00	\$140,000				\$140,000.00
entory & Logistics Coordinator sociate, Syringe Clean Up	5.60	\$37,622				\$37,622.00
ringe Sweeps Mgr. Disposal, Mobil	0.25	\$227,483 \$23,882				\$227,483.00 \$23,882.00
sociate, Syringe Clean Up - Mobile	1.00	\$54,537				\$54,537.00
	-				-	
	-					
1						
	-					
	-	-			-	
	-	-				
TAL SALARIES	9.65	\$483,524				\$483,524.00

APPENDIX F-5a 07/01/2020 - 06/30/2021 PAGE A

Address: 1035 Market Street, Suite 41 San Francisco, CA 94103 Telephone: 415-487-3000 Fax: Program Name: HIV Syringe Access and Dis ACE Control #: DELIVERABLES Syringe Disposal Service Weeks	sposal S	1	DELIVETHIS PEUOS	De Sweep:	Project ID-Ac	Source:	Work Order /1/20 - 07/31/2 (check if Yes REMAININ DELIVERABI UOS N 52 N
Fax: Program Name: HIV Syringe Access and Dis ACE Control #:	TO CONTR UOS	TAL RACTED NOC N/A	Syringe :	Sweep:	epartment ID-Auth s War Memorial Project ID-Ac Invoice FINAL DELIVERED TO DATE	nority ID: tivity ID: Period: 07 Invoice % OF	/1/20 - 07/31/2 (check if Yes REMAININ DELIVERABI UOS N
ACE Control #:	TO CONTR UOS	TAL RACTED NOC N/A	DELIVE THIS PE	Sweep:	S War Memorial Project ID-Ac Invoice FINAL DELIVERED TO DATE	tivity ID: 07	(check if Yes REMAININ DELIVERABI UOS N
DELIVERABLES	CONTR	NOC N/A	THIS PE	RIOD	Invoice FINAL DELIVERED TO DATE	Period: 07	(check if Yes REMAININ DELIVERABI UOS N
	CONTR	NOC N/A	THIS PE	RIOD	FINAL DELIVERED TO DATE	% OF	(check if Yes REMAININ DELIVERABI UOS N
	CONTR	NOC N/A	THIS PE	RIOD	DELIVERED TO DATE	% OF TOTAL	REMAININ DELIVERABI UOS N
	CONTR	NOC N/A	THIS PE	RIOD	TO DATE	TOTAL	DELIVERABI UOS N
		N/A					-
		NOC					
		NOC					
		NOC					
		NOC					
		NOC		-			
		7,100		NOC	NOC	NOC	N
Number of Clients for Appendix		N/A	1				IN
EXPENDITURES	BUD	GET	EXPEN THIS PE		EXPENSES TO DATE	% OF BUDGET	REMAININ
Total Salaries (See Page B)	\$5,878		11,101,1				\$5,878.00
Fringe Benefits							
Total Personnel Expenses	\$5,8	378					\$5,878.00
Operating Expenses: Occupancy-(e.g., Rental of Property, Utilities,		_			-		
Building Maintenance Supplies and Repairs)			-	-			
Materials and Supplies-(e.g., Office,	\$1	54				1	\$154.00
Postage, Printing and Repro., Program Supplies)							
General Operating-(e.g., Insurance, Staff			_	-			+
Training, Equipment Rental/Maintenance)							
Staff Travel - (e.g., Local & Out of Town)							
Consultant/Subcontractor							
Other - (Neels Audit Transconsider Reint							
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)				-			1
Total Operating Expenses	\$15	54					\$154.00
Capital Expenditures TOTAL DIRECT EXPENSES	\$6,0	32					\$6,032.00
Indirect Expenses	\$90	05			J. T. T.		\$905.00
TOTAL EXPENSES	\$6,9	37			Notes		\$6,937.00
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropri	rintel	-		-	NOTES:		
REIMBURSEMENT	na(e)						
certify that the information provided above is, to the best ecordance with the budget approved for the contract cite scords for those claims are maintained in our office at the Signature:	ed for service	es provided					ackup
Title:							
Send to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, S							

APPENDIX F-5a 07/01/2020 - 06/30/2021 PAGE B

Contractor	San Francisco	AIDS E	oundation.				ce Number 5JUL20
	1035 Market St					A	55UL20
	San Francisco			Contract F	Purchase Order No:		
Telephone:	415-487-3000				Fund Source:	Wo	rk Order
Fax:							
			150000		ent ID-Authority ID:		
Program Name:	HIV Syringe Ac	cess an	id Disposal Serv		weeps War Memor	ial	
ACE Control #:				PI	oject ID-Activity ID:		
AGE COMBON #.					Invoice Period:	07/1/2	0 - 07/31/20
					FINAL Invoice		(check if Yes)
ETAIL PERSON	NEL EXPENDI	TURES	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
ERSONNEL		FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
ssociate, Syringe Cle	ean Up	0.125	\$5,878				\$5,878.00
			-				
		-					
					1		
		-				-	
		-					
		_					_
					11		
OTAL SALARIES		0.405	SF 596				
JIAL SALAKIES		0.125	\$5,878	nplete and accurate; the			\$5,878.00

APPENDIX F-5b 07/01/2021 - 06/30/2022 PAGE A

Contractor: San Francisco AIDS Found	ation		02634			I		voice Num A-5JUL2	
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	00			Co	ntract Purchase	Order No:			
Telephone: 415-487-3000 Fax:		СН	EP		Fundin	g Source:	V	Vork Ord	er
	and S	1930	77		epartment ID-Au	and the second second			
Program Name: HIV Syringe Access and Di	sposai s	ervices -	Syringe	oweep	Project ID-A	and the same of th			
AGE Control #:					Invoic	e Period:	07/1	/21 - 07/3	31/21
						L Invoice		(check if	
DELIVERABLES		RACTED NOC	THIS PE		TO DATE UOS NOC	TOT UOS			RABLES NOC
Syringe Disposal Service Weeks	52	N/A						52	N/A
						-			-
						1			
				_			_		
		NOC		NOC	NOC		NOC		NOC
Number of Clients for Appendix	_	N/A		_					N/A
EXPENDITURES	BUE	OGET	THIS PE	100000	EXPENSES TO DATE	% C BUDG			INING
Total Salaries (See Page B)	\$5,	878						\$5,87	8.00
Fringe Benefits Total Personnel Expenses	\$5	878	-	-	-	-	-	\$5,87	8.00
Operating Expenses:	40,	010						\$0,01	0.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)									
Materials and Supplies-(e.g., Office,	\$1	54		_	-		-	\$154	1.00
Postage, Printing and Repro., Program Supplies)		0					- 1		
General Operating-(e.g., Insurance, Staff		_	_	-		-			_
Training, Equipment Rental/Maintenance)									
Staff Travel - (e.g., Local & Out of Town)									-
Consultant/Subcontractor									
04			1-						
Other - (Meals, Audit, Transportation Relmb, Stipends, Facilitators)								-	
Total Operating Expenses Capital Expenditures	\$1	54	1					\$154	.00
TOTAL DIRECT EXPENSES	\$6,0	032						\$6,03	2.00
Indirect Expenses		05						\$905	
TOTAL EXPENSES LESS: Initial Payment Recovery	\$6,	937			NOTES:	1		\$6,93	7.00
Other Adjustments Enter as negative, if appropriate REIMBURSEMENT	riate)				1,0,20				
certify that the information provided above is, to the bes accordance with the budget approved for the contract cite ecords for those claims are maintained in our office at the Signature:	ed for servi e address (ces provided Indicated.	under the	provision					
Title:									
Send to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor, S San Francisco, CA 94103	100	By:					Date:		

APPENDIX F-5b 07/01/2021 - 06/30/2022 PAGE R

							PAGE
Contractor	San Francisco All	DS Ear	indetion		1		E II II 24
7 70 70 70 70 70	1035 Market Stree				1	A-	5JUL21
	San Francisco, C			Contract F	Purchase Order No:		
Telephone:	415-487-3000				Fund Source:	Wo	rk Order
Fax:							
Program Name	HIV Syringe Acce	se and	Dienosal Son		ent ID-Authority ID:	ial	
	200200	ss and	Disposal Self		oject ID-Activity ID:	iai	
ACE Control #:					Invoice Period:	071410	
					invoice Period.	0//1/2	1 - 07/31/21
					FINAL Invoice		(check if Yes)
ETAIL PERSONI	NEL EXPENDITU	JRES					
RSONNEL	F	TE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
sociate, Syringe Cl		125	\$5,878	THO! ENOD	TODATE	BODGET	\$5,878.0
		-	-+			_	
			-				
				_		-	
		+					
	-	+			-		
		-					
		-					
		-					
		-				-	
		-					
TAL SALARIES	0.1	25	\$5,878	mplete and accurate; the			\$5,878.00

APPENDIX F-5c 07/01/2022 - 06/30/2023 PAGE A

Contractor: San Francisco AIDS Found	fation	-	act ID # 002634						voice Nurr A-5JUL2	
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	100			Cor	ntract Pur	chase C	rder No:			
5411141555, 57 54155					in doc i di	onabe c				
Telephone: 415-487-3000 Fax:		СН	EP				Source:	V	Vork Ord	er
Program Name: HIV Syringe Access and Di	sposal S	ervices -	Syringe			emorial				
ACE Control #:	ľ				Proje	ect ID-Ac	tivity ID:			
- Carry	1					Invoice	Period:	07/1	/22 - 07/	31/22
						FINAL	. Invoice		(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS P		TO D		TOT UOS			NOC
Syringe Disposal Service Weeks	52	N/A	000	1100	1	1100	000	1100	52	N/A
					+		T = id			
			-			-				
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A						1 - 1	+ 61	N/A
EXPENDITURES			EXPE	TOTAL	EXPE	CC2-12-2-	% (1 0-000	INING
Total Salaries (See Page B)		B78	THIS P	ERIOD	TO D	AIE	BUD	351	\$5,87	NCE 8 00
Fringe Benefits	90,	010							\$5,07	0.00
Total Personnel Expenses	\$5,	878							\$5,87	8.00
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities,								-		
Building Maintenance Supplies and Repairs)			-	_		_	-	\rightarrow		_
Materials and Supplies-(e.g., Office,	\$1	54	-			_			\$154	.00
Postage, Printing and Repro., Program Supplies)									-	
General Operating-le.g., Insurance, Staff		-				-				
Training, Equipment Rental/Maintenance)			-	_	-				-	_
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb,					-				-	
Stipends, Facilitators)										
Total Operating Expenses	\$1	54							\$154	.00
Capital Expenditures	m 7: 1	120							#A N×	0.00
Indirect Expenses	\$6,0 \$9			-	-			-	\$6,03 \$905	
TOTAL EXPENSES	\$6,9								\$6,93	
LESS: Initial Payment Recovery			1		NOTES:					
Other Adjustments (Enter as negative, if approp REIMBURSEMENT	riate)			-						
certify that the information provided above is, to the besecordance with the budget approved for the contract cite ecords for those claims are maintained in our office at the Signature: Title:	ed for service ne address i	ces provided								
Send to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments	ing	Ву:	IDPH Aut	horized	Signatory			Date:		

APPENDIX F-5c 07/01/2022 - 06/30/2023 PAGE B

							ce Number
- No. 2017/2017 CO. 2017/2018	San Francisco					A-	5JUL22
	1035 Market S San Francisco			Contract	Purchase Order No:		
Telephone:	415-487-3000				Fund Source:	Wo	rk Order
Fax:							200.23072
Program Name:	HIV Syringe A	ccess an	d Disposal Serv		ent ID-Authority ID: weeps War Memo		
	nit Oyninge A	00000 un	- Diaposti Sti		roject ID-Activity ID:		
ACE Control #:					Invoice Period:	07/1/2	2 - 07/31/22
					FINAL Invoice		(check if Yes)
ETAIL PERSONN	NEL EXPEND	ITURES	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
RSONNEL	- 0	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
sociate, Syringe Cle	ean Up	0.125	\$5,878				\$5,878.00
		1					
		-					
					-		
		-					
- A- A							
TAL SALARIES		0.125	\$5,878		he amount requested for		\$5,878.00

APPENDIX F-5d 07/01/2023 - 06/30/2024 PAGE A

Par Francisco Albo Francisco	cara L		act ID#			T		voice Num	
Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4		10000	02634)_		A-5JUL2	3
San Francisco, CA 94103				Co	ntract Purchase C	rder No:			
Telephone: 415-487-3000			1		Funding	Source:	- 1	Vork Ord	0.0
Fax:		CH	EP	D	epartment ID-Auti			VOIK OIG	eı
Program Name: HIV Syringe Access and DI	sposal S	ervices -	Syringe S		s War Memoria				
ACE Control #:					Project ID-Ad	tivity ID:			
					Invoice	Period:	07/1	/23 - 07/3	31/23
					FINAL	Invoice		(check if	Yes)
NAME OF THE OWNER O	CONTR	TAL	DELIVE THIS PE	RIOD	DELIVERED TO DATE	% OI	L	DELIVE	INING RABLES
DELIVERABLES Syringe Disposal Service Weeks	UOS 52	N/A	UOS	NOC	UOS NOC	uos	NOC	UOS 52	NOC N/A
Syntige Disposal Service Weeks	52	IN/A		_	1 1			52	N/A
		-							
14									
							-		
		77.3			-				77.5
Number of Clients for Appendix		NOC N/A		NOC	NOC		NOC		NOC N/A
tuniber of offenes for Appendix		1 14/10		_			_		INIA
EXPENDITURES	OUID		EXPEN		EXPENSES	% OF		REMA	
Total Salaries (See Page B)		B78	THIS PE	RIOD	TO DATE	BUDG	= 1	\$5,87	
ringe Benefits	40,	0.0						40,01	0.00
Total Personnel Expenses	\$5,8	878						\$5,87	8.00
Operating Expenses:			1						
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)									
Materials and Supplies-e.g., Office,	\$1	54		_			_	\$154	.00
Postage, Printing and Repro., Program Supplies)								7	
0		_	-				_	-	
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					-				
Staff Travel - (e.g., Local & Out of Town)									
Consultant/Subcontractor				-					
Other - (Meals, Audit, Transportation Reimb,				- 11			-		
Stipends, Facilitators									
Total Operating Expenses	\$1	54						\$154	.00
Capital Expenditures	***	100						#A AA	0.00
Indirect Expenses	\$6,0 \$9			_	-	-		\$6,03 \$905	
TOTAL EXPENSES	\$6,9							\$6,93	
LESS: Initial Payment Recovery					NOTES:				
Other Adjustments (Enter as negative, if approp REIMBURSEMENT	riate			_					
certify that the information provided above is, to the best coordance with the budget approved for the contract cit ecords for those claims are maintained in our office at the Signature:	ed for service	ces provided	Action to the second second		the second second second second second				
Title:									
Send to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor, S San Francisco, CA 94103		Ву:			Signatory		Date:		

APPENDIX F-5d 07/01/2023 - 06/30/2024 PAGE B

2012 11 TO 10 TO 1	San Francisco AIDS 1035 Market Street,			I		ce Number 5JUL23
	San Francisco, CA		Contract P	urchase Order No:		
Telephone:	415-487-3000			Fund Source:	Wo	rk Order
Fax:			D			
Program Name:	HIV Syringe Access	and Disposal Sen		ent ID-Authority ID:	al	_
	And Garden Charles			oject ID-Activity ID:		
ACE Control #:				Invoice Period:	07/1/23	3 - 07/31/23
				FINAL Invoice		(check if Yes)
ETAIL PERSONI ERSONNEL	NEL EXPENDITUR	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
ssociate, Syringe Cl			THOTEMOD	TODATE	BODGET	\$5,878.00
						-
	_	-			-	
		-				
		\$5,878				\$5,878.00

APPENDIX F-5e 07/01/2024 - 06/30/2025 PAGE A

Contractor: San Francisco AIDS Found	lation		002634				1		voice Num A-5JUL2	-
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	00			Co	ntract Purch	ase Or	der No:			
Telephone: 415-487-3000 Fax:		CHEP		Funding Source:			- A	Work Order		
Program Name: HIV Syringe Access and Di	sposal S	ervices -	Syringe S			norial				
ACE Control #:					Project					
					- 1	nvolce	Period:	07/1	/24 - 07/:	31/24
						FINAL	Invoice		(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS PE		DELIVER TO DAT UOS		% C TOT UOS			INING RABLES NOC
Syringe Disposal Service Weeks	52	N/A						318.5	52	N/A
		1		_	-	-				
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A		_3		1				N/A
EXPENDITURES	BUD	GET	EXPEN THIS PE		EXPENS TO DAT		% O			INING
otal Salaries (See Page B)	\$5,	878							\$5,87	8.00
ringe Benefits Total Personnel Expenses	\$5,8	878	-	_		-			\$5,87	8.00
Operating Expenses:		-							75,5	
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1	54							\$154	.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)						1				
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb,		_	-		-					_
Stipends, Facilitators										
Total Operating Expenses	\$1.	54				-			\$154	.00
Capital Expenditures	BYO 7	100							60.00	8 88
Indirect Expenses	\$6,0					-		-	\$6,03 \$905	
OTAL EXPENSES	\$6,9								\$6,93	
LESS: Initial Payment Recovery	areas.		_		NOTES:					
Other Adjustments (Enter as negative, if approp REIMBURSEMENT	nate)									
certify that the information provided above is, to the best accordance with the budget approved for the contract cit accords for those claims are maintained in our office at the Signature:	ed for service address i	ces provided								
Title:						_				
SERVICE SERVIC	2 To 10 10 10 10 10 10 10 10 10 10 10 10 10	By:						Date:		

APPENDIX F-5e 07/01/2024 - 06/30/2025 PAGE B

						Invoi	ce Number				
	Contractor: San Francisco AIDS Foundation Address: 1035 Market Street, Suite 400 San Francisco, CA 94103				Contract Purchase Order No:						
	San Francisco	, CA 94	103	Contract P	urchase Order No:	_					
Telephone:	415-487-3000	Wo	rk Order								
Fax:											
2000 1000			12000		nt ID-Authority ID:						
Program Name:	HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial Project ID-Activity ID:										
ACE Control #:		-		110	Ject ID-Activity ID.						
2017-1-101					Invoice Period:	07/1/24	4 - 07/31/24				
					FINAL Invoice		check if Yes)				
ETAIL PERSON	NEI EXPEND	TURES									
	TEL EXI END	TOILE	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING				
ERSONNEL		FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE				
ssociate, Syringe Cle	ean Up	0.125	\$5,878				\$5,878.0				
						-					
		-				-					
		-									
		-									
		-									
OTAL SALARIES		0.125	\$5,878				\$5,878.00				

Appendix F-5e Amendment: 02/01/2020

APPENDIX F-5f 07/01/2025 - 06/30/2026 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4		-	102634		alus et fi]		voice Num A-5JUL2	
San Francisco, CA 94103		Contract Purchase Order								
Telephone: 415-487-3000 Fax:		CHEP Department ID-Aut				g Source: Work Order				
Program Name: HIV Syringe Access and Di	sposal S	ervices -	Syringe		s War M	emorial				
ACE Control #:	Ĺ				Proje	Ct ID-AC	tivity ID:			
						Invoice	Period:	07/1	/25 - 07/3	31/25
						FINAL	. Invoice	++1	(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS P	ERED ERIOD NOC	TO D		% C TOT UOS			INING RABLES NOC
Syringe Disposal Service Weeks	52	N/A	000	1100		HOU		1100	52	N/A
						_		-	14	1-0
	-					-				
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A		_				-		N/A
EXPENDITURES		GET	THIS P		EXPERTO D		% C BUD		REMA BALA	NCE
Total Salaries (See Page B) Fringe Benefits	\$5,	878							\$5,87	8.00
Total Personnel Expenses	\$5,	878			-				\$5,87	8.00
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office,	\$1	54							\$154	.00
Postage, Printing and Repro., Program Supplies)										
General Operating-(e.g., Insurance, Staff					-					_
Training, Equipment Rental/Maintenance)			7							
Staff Travel - (e.g., Local & Out of Town)		- 1								
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Relmb,										
Stipends, Facilitators)										
Total Operating Expenses	\$1	54	_	_		-			\$154	.00
Capital Expenditures										
TOTAL DIRECT EXPENSES Indirect Expenses	\$6,0 \$9					- 1			\$6,033 \$905	
TOTAL EXPENSES	\$6,9								\$6,93	
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments (Enter as negative, if approp REIMBURSEMENT	riate)			_						
certify that the information provided above is, to the bes accordance with the budget approved for the contract cit ecords for those claims are maintained in our office at the Signature:	ed for service	ces provided							kup	
Title:						_				
Send to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor, 5	10700 0000	1.0								
San Francisco, CA 94103 Attn: Contract Payments		Ву:		horized	Signatory			Date:		_

APPENDIX F-5f 07/01/2025 - 06/30/2026 PAGE B

an Francisco AIDS F	oundation		Ī		ce Number 5JUL25					
035 Market Street, Su an Francisco, CA 94		Contract Pu								
	We	rk Order								
13-401-3000	***	in Older								
IV Syringe Access ar	nd Disposal Serv			lal						
Project ID-Activity ID:										
	07/1/25 - 07/31/25									
			FINAL Invoice		(check if Yes)					
			T INVE INTOINE		(checa ii 1 ca)					
L EXPENDITURES		EXPENSES [EXPENSES	% OF	REMAINING					
FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE					
n Up 0.125	\$5,878				\$5,878.00					
	_				_					
0.125	\$5,878				\$5,878.00					
	an Francisco, CA 94 15-487-3000 IV Syringe Access ar	an Francisco, CA 94103 15-487-3000 IV Syringe Access and Disposal Serventer	an Francisco, CA 94103 Contract Put 15-487-3000 Department IV Syringe Access and Disposal Services - Syringe Sw. Pro Pro EL EXPENDITURES BUDGETED EXPENSES FIE SALARY THIS PERIOD	An Francisco, CA 94103 Contract Purchase Order No: 15-487-3000 Fund Source: Department ID-Authority ID: IV Syringe Access and Disposal Services - Syringe Sweeps War Memori Project ID-Activity ID: Invoice Period: FINAL Invoice EL EXPENDITURES BUDGETED EXPENSES EXPENSES FTE SALARY THIS PERIOD TO DATE	An Francisco, CA 94103 Contract Purchase Order No: 15-487-3000 Fund Source: Wo Department ID-Authority ID: IV Syringe Access and Disposal Services - Syringe Sweeps War Memorial Project ID-Activity ID: Invoice Period: 07/1/2: FINAL Invoice BUDGETED EXPENSES EXPENSES % OF FITE SALARY THIS PERIOD TO DATE BUDGET					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/29/2019

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

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

PRODUCER	CONTACT NAME: Kim Strehl						
	PHONE (A/C, No, Ext): 888-427-5224 FAX (A/C, No):						
Suite 280	E-MAIL ADDRESS: kims@cal-insurance.org						
Capitola CA 95010	INSURER(S) AFFORDING COVERAGE	NAIC#					
The second secon	INSURER A: Nonprofits Insurance Alliance of California	10023					
INSURED SANFRAN-44	INSURER B: Berkshire Hathaway Homestate Insurance Company						
San Francisco AIDS Foundation 1035 Market Street, Ste. 400	INSURER C : Lloyds Syndicate						
San Francisco CA 94103	INSURER D:						
	INSURER E:						
	INSURER F;						

COVERAGES CERTIFICATE NUMBER: 453153371

REVISION NUMBER:

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

NSR LTR					ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		Y	2019-00950	4/1/2019	4/1/2020	EACH OCCURRENCE	\$1,000,000			
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000			
							MED EXP (Any one person)	\$ 20,000			
							PERSONAL & ADV INJURY	\$3,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- X LOC						GENERAL AGGREGATE	\$ 3,000,000			
							PRODUCTS - COMP/OP AGG	\$3,000,000			
		OTHER:						\$			
A	AUT	OMOBILE LIABILITY	Y	2019-00950	4/1/2019	4/1/2020	COMBINED SINGLE LIMIT	\$1,000,000			
1	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS		. 11011				BODILY INJURY (Per person)	\$			
							BODILY INJURY (Per accident)	\$			
	Х	THE PROPERTY OF THE PARTY OF TH					PROPERTY DAMAGE (Per accident)	\$			
		ASSES BUSINESS						\$			
A	X	UMBRELLA LIAB X OCCUR		2019-00950-UMB	4/1/2019	4/1/2020	EACH OCCURRENCE	\$ 10,000,000			
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000			
	DED X RETENTION\$ 10,000							\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			SAWC033700	7/1/2019	7/1/2020	X PER OTH-				
			N/A		1177 11		E.L. EACH ACCIDENT	\$ 1,000,000			
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			
	DES	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000			
A	Fine	Arts on loan to display Arts on loan to display er Liability		2019-00950-PROP 2019-00950-PROP EVO-PNP-386-234	4/1/2019 4/1/2019 4/1/2019	4/1/2020 4/1/2020 4/1/2020	Floater - Limit Floater - Deductible Overall Policy Agg.	\$12,000 \$1,000 \$5,000,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Ongoing service contracts with City and County of San Francisco

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

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CERI	ILLICH		UL.	DER

CANCELLATION

City and County of San Francisco, Department of Public Health Attn: Contracts

101 Grove Street, Suite 307 San Francisco CA 94102 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS,

AUTHORIZED REPRESENTATIVE

Kim Stabl

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

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

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

NIAC A1 03 91 Page 1 of 1



NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA (NIAC)

www.insurancefornonprofits.org

BUSINESS AUTO COVERAGE ADDITIONAL INSURED/LOSS PAYEE EXTENSION

POLICY NUMBER: 2019-00950-NPO

Schedule Al

Page 1

NAME OF INSURED: San Francisco AIDS Foundation; Stonewall; Magnet

ADDITIONAL INSUREDS /

LOSS PAYEE

Additional Insured - NIAC A1

City and County of San Francisco - SFMTA

1 South Van Ness Avenue, 7th Floor

San Francisco, CA 94103

As respects vehicle(s): ALL

Additional Insured - NIAC A1

City And County Of San Francisco, SFDPH, its Officers,

Directors, Employees, Agents and Representatives

101 Grove Street

San Francisco, CA 94102

As respects vehicle(s): ALL

Additional Insured - NIAC A1

Golden Gate National Recreation Area Office of Special

Park Uses

Fort Mason Bldg. 204

San Francisco, CA 94103

As respects vehicle(s): ALL

Additional Insured - CA2001

Penske Truck Leasing Co. LP

630 Cesar Chavez St.

San Francisco, CA 94124

As respects vehicle(s): ALL

Additional Insured - NIAC A1

San Francisco Department Of Public Health

25 Van Ness Avenue, Suite 500

San Francisco, CA 94102

As respects vehicle(s): ALL

Loss Payee - CA9944

Subaru of America, Inc. its parent and subsidiaries c/o

Ebix BPO, Inc.

P.O. Box 257, Dept. 14-Z-343849

Portland, MI 48875

As respects vehicle(s): ALL

COUNTERSIGNED: 4/2/2019

BY

(AUTHORIZED REPRESENTATIVE)

Samel C. Q.

POLICY NUMBER: 2019-00950

Named Insured: San Francisco AIDS Foundation*

CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685

Agreement between the City and County of San Francisco and

San Francisco AIDS Foundation

This Agreement is made this 1st day of July, 2016, in the City and County of San Francisco, State of California, by and between San Francisco AIDS Foundation, 1035 Market Street, San Francisco CA 94103 ("Contractor") and City.

Recitals

WHEREAS, the Department of Public Health ("Department") wishes to HIV Syringe Access and Disposal services; and,

WHEREAS, a Request for Proposal ("RFP") was issued on March 3, 2016, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, there is no Local Business Entity ("LBE") subcontracting participation requirement for this Agreement; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the Services required by City as set forth under this Agreement; and

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 2006 07/08 on March 31, 2014;

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions apply to this Agreement:

- 1.1 "Agreement" means this contract document, including all attached appendices, and all applicable City Ordinances and Mandatory City Requirements which are specifically incorporated into this Agreement by reference as provided herein.
- 1.2 "City" or "the City" means the City and County of San Francisco, a municipal corporation, acting by and through both its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing" and Department of Public Health."
 - 1.3 "CMD" means the Contract Monitoring Division of the City.

- 1.4 "Contractor" or "Consultant" means San Francisco AIDS Foundation, 1035 Market Street, San Francisco CA 94103.
- 1.5 "Deliverables" means Contractor's work product resulting from the Services that are provided by Contractor to City during the course of Contractor's performance of the Agreement, including without limitation, the work product described in the "Scope of Services" attached as Appendix A.
- 1.6 "Effective Date" means the date upon which the City's Controller certifies the availability of funds for this Agreement as provided in Section 3.1.
- 1.7 "Mandatory City Requirements" means those City laws set forth in the San Francisco Municipal Code, including the duly authorized rules, regulations, and guidelines implementing such laws, that impose specific duties and obligations upon Contractor.
 - 1.8 "Party" and "Parties" mean the City and Contractor either collectively or individually.
- 1.9 "Services" means the work performed by Contractor under this Agreement as specifically described in the "Scope of Services" attached as Appendix A, including all services, labor, supervision, materials, equipment, actions and other requirements to be performed and furnished by Contractor under this Agreement.

Article 2 Term of the Agreement

- 2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2016; or (ii) the Effective Date and expire on June 30, 2018, unless earlier terminated as otherwise provided herein.
- 2.2 The City has eight options to renew the Agreement for a period of one year each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

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

Article 3 Financial Matters

3.1 Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation. This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has

no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

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

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

3.3 Compensation.

- 3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed Four Million Nine Hundred Seventy-Six Thousand Eight Hundred Thirty DOLLARS (\$4,976,830). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.
- 3.3.2 Payment Limited to Satisfactory Services. Contractor is not entitled to any payments from City until Department of Public Health approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.
- 3.3.3 Withhold Payments. If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.
- 3.3.4 Invoice Format. Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City to Contractor at the address specified in Section 11.1, "Notices to the Parties," or in such alternate manner as the Parties have mutually agreed upon in writing.

3.3.5 Reserved. (LBE Payment and Utilization Tracking System)

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

- (a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through Paymode-X, the City's third party service that provides Automated Clearing House (ACH) payments. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.
- (b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

3.3.7 Grant Funded Contracts.

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

(b) Reserved (Grant Terms)

- 3.4 Audit and Inspection of Records. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.
- 3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: http://www.whitehouse.gov/omb/circulars/a133/a133.html.

If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office.

Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service

components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

- 3.4.2 The Director of Public Health or his / her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.
- 3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.
- 3.5 Submitting False Claims. The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

Article 4 Services and Resources

- 4.1 Services Contractor Agrees to Perform. Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."
- 4.2 Qualified Personnel. Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.
- 4.3 Subcontracting. Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the

work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void. City's execution of this Agreement constitutes its approval of the **subcontractors listed below**.

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

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

4.4.1 Independent Contractor. For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement, Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

4.4.2 Payment of Employment Taxes and Other Expenses. Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of

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

- 4.5 Assignment. The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.
- 4.6 Warranty. Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.

Article 5 Insurance and Indemnity

5.1 Insurance.

- 5.1.1 Required Coverages. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:
- (a) Workers' Compensation, in statutory amounts, with Employers' Liability
 Limits not less than \$1,000,000 each accident, injury, or illness; and
- (b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

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

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

- (a) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- (b) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.
- 5.1.3 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."
- 5.1.4 Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.
- 5.1.5 Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.
- 5.1.6 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.
- 5.1.7 If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.
- 5.2 Indemnification. Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable

under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

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

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

Article 6 Liability of the Parties

- 6.1 Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 3.3.1, "PAYMENT," OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT
- 6.2 Liability for Use of Equipment. City shall not be liable for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City.
- 6.3 Liability for Incidental and Consequential Damages. Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions.

Article 7 Payment of Taxes

7.1 Except for any applicable California sales and use taxes charged by Contractor to City, Contractor shall pay all taxes, including possessory interest taxes levied upon or as a result of this Agreement, or the Services delivered pursuant hereto. Contractor shall remit to the State of California any

sales or use taxes paid by City to Contractor under this Agreement. Contractor agrees to promptly provide information requested by the City to verify Contractor's compliance with any State requirements for reporting sales and use tax paid by City under this Agreement.

- 7.2 Contractor acknowledges that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:
- 7.2.1 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest.
- 7.2.2 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.
- 7.2.3 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.
- 7.2.4 Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

Article 8 Termination and Default

8.1 Termination for Convenience

- 8.1.1 City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.
- 8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:
- (a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.

- (b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.
- (c) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- (d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- (e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.
- (f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.
- 8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:
- (a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for Services. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.
- (b) A reasonable allowance for profit on the cost of the Services described in the immediately preceding subsection (a), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all Services under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.
- (c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.
- (d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the Services or other work.
- 8.1.4 In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under Section 8.1.3.
- 8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or

expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.

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

8.2 Termination for Default; Remedies.

- 8.2.1 Each of the following shall constitute an immediate event of default ("Event of Default") under this Agreement:
- (a) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

3.5	Submitting False Claims.	10.4	Nondisclosure of Private, Proprietary or Confidential Information
4.5	Assignment	10.10	Alcohol and Drug-Free Workplace
Article 5	Insurance and Indemnity	10.13	Working with Minors
Article 7	Payment of Taxes	11.10	Compliance with Laws
10.4.3	Protected Health Information	Item 1 o	f Appendix D attached to this Agreement

- (b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.
- (c) Contractor (i) is generally not paying its debts as they become due; (ii) files, or consents by answer or otherwise to the filing against it of a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction; (iii) makes an assignment for the benefit of its creditors; (iv) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property; or (v) takes action for the purpose of any of the foregoing.
- (d) A court or government authority enters an order (i) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (ii) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Contractor.
- 8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, City shall have

the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

- 8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.
- 8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.
- 8.3 Non-Waiver of Rights. The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

8.4 Rights and Duties upon Termination or Expiration.

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

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	10.4	Nondisclosure of Private, Proprietary or Confidential Information
3.5	Submitting False Claims	11.6	Dispute Resolution Procedure
Article 5	Insurance and Indemnity	11.7	Agreement Made in California; Venue
6.1	Liability of City	11.8	Construction
6.3	Liability for Incidental and Consequential Damages	11.9	Entire Agreement
Article 7	Payment of Taxes	11.1	0 Compliance with Laws
8.1.6	Payment Obligation	11.1	1 Severability
10.4.3	Protected Health Information	Item 1	of Appendix D attached to this Agreement

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment,

and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

Article 9 Rights In Deliverables

- 9.1 Ownership of Results. Any interest of Contractor or its subcontractors, in the Deliverables, including any drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors, shall become the property of and will be transmitted to City. However, unless expressly prohibited elsewhere in this Agreement, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.
- 9.2 Works for Hire. If, in connection with Services, Contractor or its subcontractors creates Deliverables including, without limitation, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes, or any other original works of authorship, whether in digital or any other format, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works shall be the property of the City. If any Deliverables created by Contractor or its subcontractor(s) under this Agreement are ever determined not to be works for hire under U.S. law, Contractor hereby assigns all Contractor's copyrights to such Deliverables to the City, agrees to provide any material and execute any documents necessary to effectuate such assignment, and agrees to include a clause in every subcontract imposing the same duties upon subcontractor(s). With City's prior written approval, Contractor and its subcontractor(s) may retain and use copies of such works for reference and as documentation of their respective experience and capabilities.

Article 10 Additional Requirements Incorporated by Reference

- 10.1 Laws Incorporated by Reference. The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at www.sfgov.org under "Government."
- 10.2 Conflict of Interest. By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 et seq.), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 et seq.), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.
- 10.3 Prohibition on Use of Public Funds for Political Activity. In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.
 - 10.4 Nondisclosure of Private, Proprietary or Confidential Information.

- 10.4.1 If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.
- 10.4.2 In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or confidential information.
- and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

10.5 Nondiscrimination Requirements

- 10.5.1 Non Discrimination in Contracts. Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.
- 10.5.2 Nondiscrimination in the Provision of Employee Benefits. San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section12B.2.
- 10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance.
 Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

- 10.7 Minimum Compensation Ordinance. Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P, Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.
- 10.8 Health Care Accountability Ordinance. Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.
- 10.9 First Source Hiring Program. Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.
- 10.10 Alcohol and Drug-Free Workplace. City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

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

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

person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

10.12 Reserved. (Slavery Era Disclosure)

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

10.14 Consideration of Criminal History in Hiring and Employment Decisions

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

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

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

- 10.16 Food Service Waste Reduction Requirements. Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.
- 10.17 Sugar-Sweetened Beverage Prohibition. Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.
- 10.18 Tropical Hardwood and Virgin Redwood Ban. Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

10.19 Reserved. (Preservative Treated Wood Products)

Article 11 General Provisions

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

To CITY: Office of Contract Management and Compliance

Department of Public Health

101 Grove Street, Room 402 FAX: (415) 554-1100

San Francisco, California 94102 e-mail: Irene.carmona@sfdph.org

And: Tracey Packer

CHEP

25 VAN NESS SUITE 500

SAN FRANCISCO, CA 94102 e-mail: Tracey.packer@sfdph.org

To CONTRACTOR: SAN FRANCISCO AIDS FOUNDATION

1035 MARKET ST. SUITE400

SAN FRANCISCO, CA 94103 e-mail: rhill@sfaf.org

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

- 11.2 Compliance with Americans with Disabilities Act. Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.
 - 11.3 Reserved. (Payment Card Industry ("PCI") Requirements)
- 11.4 Sunshine Ordinance. Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the

California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.

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

11.6 Dispute Resolution Procedure.

- 11.6.1 Negotiation; Alternative Dispute Resolution. The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.35, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this section.
- 11.6.2 Government Code Claim Requirement. No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.
- 11.6.3 Health and Human Service Contract Dispute Resolution Procedure. The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.
- 11.7 Agreement Made in California; Venue. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.
- 11.8 Construction. All paragraph captions are for reference only and shall not be considered in construing this Agreement.
- 11.9 Entire Agreement. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."

- 11.10 Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.
- 11.11 Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.
- 11.12 Cooperative Drafting. This Agreement has been drafted through a cooperative effort of City and Contractor, and both Parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No Party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the Party drafting the clause shall apply to the interpretation or enforcement of this Agreement.
- 11.13 Order of Precedence. Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFP or Sole Source, and Contractor's proposal dated March 3, 2016. The RFP and Contractor's proposal are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal.
- 11.14 Order of Precedence. Contractor agrees that in the event of discrepancy, inconsistency, gap, ambiguity, or conflicting language between the City's terms and Contractor's printed terms attached, the City's terms shall take precedence, followed by the procurement issued by the department, Contractor's proposal, and Contractor's printed terms, respectively.
- 11.15 Additional Terms. Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

Article 12 MacBride And Signature

12.1 MacBride Principles -Northern Ireland. The provisions of San Francisco

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

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

CITY

CONTRACTOR

Recommended by:

San Francisco AIDS Foundation

Joe Hollendømer

CEO

Barbara A. Garcia, MPA

Director of Health

Department of Public Health

City vendor number: 16252

Approved as to Form:

Dennis J. Herrera City Attorney

By:

ugly Date 3/14/16

Deputy City Attorney

Approved:

Jaci Fong

Director of the Office of Contract Administration, and

Purchaser

Appendices

A: Scope of Services

B: Calculation of Charges

C: Reserved

D: Additional Terms

E: HIPAA Business Associate Agreement

F: Invoice

G: Dispute Resolution

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PURCHASING DEPARTMENT

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

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

B. Reports:

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

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

C. Evaluation:

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

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

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F.Admission Policy:

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

G.. Grievance Procedure:

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

H. Infection Control, Health and Safety:

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

- (6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.
- (8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

I. Aerosol Transmissible Disease Program, Health and Safety:

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

J. Acknowledgment of Funding:

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

K. Quality Assurance:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1 HIV Syringe Access and Disposal Services

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

Fiscal Year: 2016-2017

2017-2018

Appendix A

Contract Term: 07.01.16 through 06.30.18 Funding Sources: General Fund and CDC

SUMMARY

Service Provider(s):

Fiscal Agency:

San Francisco AIDS Foundation San Francisco AIDS Foundation

Total Contract Amount:

Funding Source:

\$4,443,598 General Fund, CDC

System of Care:

HIV Prevention Section (HPS)

1035 Market Street, Suite 400, San Francisco, CA 94103

Provider Address: Provider Phone:

415-487-3000

Provider Fax: 415-487-3094

Contact Person:

Richard Hill, Director, Government Contracts

Direct Phone #: 415- 487-8042

email: rhill@sfaf.org

Appendix A-1

YEAR ONE

Program Name:

Syringe Access Services

Amount: Term: \$2,064,945 07.01.16 - 6.30.17

Definition of UOS:

A Unit of Service (UOS) is equivalent to 1 hour of service/activity or 1 month of

Program Coordination.

UOS and UDC/NOC:

Modality# of UOS# of UDC/NOCSyringe Access & Disposal Services3,61444,300Citywide Syringe Sweeps2,028N/ACommunity-Based Sweeps Events264N/AProgram Coordination12N/A

YEAR TWO

Program Name:

Syringe Access Services

Amount:

2,064,945

Appendix B-1c; B-1d; B-1e

Appendix B-1; B-1a; B-1b

Term:

07.01.17 - 6.30.18

Definition of UOS:

A Unit of Service (UOS) is equivalent to 1 hour of service/activity or 1

month of Program Coordination.

UOS and UDC/NOC:

Modality
Syringe Access & Disposal Services
Citywide Syringe Sweeps

Community-Based Sweeps Events
Program Coordination

of UOS 3,614 44,300 2,028 N/A

> N/A N/A

Target Population:

Intravenous drug users (IDUs) throughout San Francisco

Description of Service:

Provides access to sterile syringes and safer injection supplies thus ensuring IDUs have clean syringes, and reducing the likelihood of syringe sharing and

264

12

Appendix A CMS# 7774 5

7/01/2016

Fiscal Year: 2016-2017

Appendix A Contract Term: 07.01.16 through 06.30.18 Funding Sources: General Fund and CDC

2017-2018

the risk of HIV transmission among the target population. SFAF will serve as the lead agency for all syringe access and disposal services in the city, with partners St. James Infirmary, Glide, the Homeless Youth Alliance and the San Francisco Drug Users Union.

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Program Name:

Homeless Youth Alliance

Amount:

\$156,854

Appendix B-2

Term:

07.01.16 - 6.30.17

Definition of UOS:

A Unit of Service (UOS) is equivalent to 1 month of activities associated with

the administration of these funds.

UOS and UDC/NOC:

Modality

HYA Personnel and Operating Exp.

of UOS 12

of UDC/NOC N/A

HYA Disposal Services

12

N/A

YEAR TWO

Program Name:

Homeless Youth Alliance

Amount:

\$156,854

Appendix B-2a

Term:

07.01.17 - 6.30.18

Definition of UOS:

A Unit of Service (UOS) is equivalent to 1 month of activities associated with

the administration of these funds.

UOS and UDC/NO

Modality

of UOS 12

of UDC/NOC

HYA Personnel and Operating Exp. **HYA Disposal Services**

12

N/A N/A

Target Population:

Young adults aged 13-29 living on the stress in the Haight and female

identified IDUs in the Mission.

Description of Service:

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

payable to Tides/Homeless Youth Alliance.

Funds are to be used for various personnel and operating expenses and for

syringe disposal services.

Fiscal Year: 2016-2017 2017-2018 Appendix A-1
Contract Term: 07.01.16 through 06.30.18
Funding Sources: General Fund and CDC

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Program Name: San Francisco AIDS Foundation - Syringe Access Services

Program Address: 1035 Market Street, Suite 400 City, State, Zip Code: San Francisco, CA 94103 Telephone/FAX: (415) 487-3000/(415) 487-3094

Website Address: www.sfaf.org

Contractor Address: same as above

City, State, Zip Code:

Person completing this Narrative: Terry Morris, Manager Syringe Access Services

Telephone: (510) 338-8159 cell/ (415) 487-8043 desk

Email Address: tmorris@sfaf.org

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Appendix Terms:

Appendix #: A-1	Appendix #: A-1
Appendix Term: 07/01/16 - 06/30/17	Appendix Term: 07/01/17 - 06/30/18

3. Goal Statement:

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

4. Target Population:

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

Contractor: San Francisco AIDS Foundation Appendix A-1

Fiscal Year: 2016-2017 Contract Term: 07.01.16 through 06.30.18
2017-2018 Funding Sources: General Fund and CDC

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

Year One: July 1, 2016 - June 30, 2017

Units of Service (UOS) Description	Units of Service (UOS)	# of Contacts (NOC)
Syringe Access and Disposal Service Hours One UOS = one hour of Syringe Access and Disposal Services 69.5 hours of syringe access and disposal services per week * 52 weeks = 3,614 UOS 12.26 clients per hour * 3,614 hours = 44,300 NOC Citywide Syringe Sweeps One UOS = one hour of Citywide Sweeps 39 hours of sweeps per week * 52 weeks = 2,028 UOS Community-Based Sweeps Events One UOS = one Community-Based Sweep Event 264 events = 264 UOS	5,906	44,300
Syringe Access and Disposal Coordination & Bulk Purchasing One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	5,918	44,300

Year Two: July 1, 2017 - June 30, 2018

Units of Service (UOS) Description	Units of Service (UOS)	# of Contacts (NOC)
Syringe Access and Disposal Service Hours One UOS = one hour of Syringe Access and Disposal Services 69.5 hours of syringe access and disposal services per week * 52 weeks = 3,614 UOS 12.26 clients per hour * 3,614 hours = 44,300 NOC Citywide Syringe Sweeps One UOS = one hour of Citywide Sweeps 39 hours of sweeps per week * 52 weeks = 2,028 UOS Community-Based Sweeps Events One UOS = one Community-Based Sweep Event 264 events = 264 UOS	5,906	44,300
Syringe Access and Disposal Coordination & Bulk Purchasing One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	5,918	44,300

Fiscal Year: 2016-2017 2017-2018 Appendix A-1
Contract Term: 07.01.16 through 06.30.18
Funding Sources: General Fund and CDC

6. Methodology:

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

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

- Provision of sterile injection equipment to clients. SAC partners will provide sterile injection
 equipment at mobile van based sites, through street outreach, camp outreach, secondary
 exchange programming, private syringe exchange, fixed site, and multi-service drop in center
 sites.
- 2. Distribution of syringe disposal supplies, (fitpacks, small bio-bins). Every participant will be offered a disposal container when picking up supplies. SAC staff members will provide encouragement and positive reinforcement to participants who bring in returns. Additionally, disposal sweep community outreach workers will make sharps containers available to people they engage during sweeps and to residents and business owners who would like to join the cause.
- 3. Collection of disposed injection equipment, including disposal at sites and sweep programs, and in collaboration with the SFDPH Rapid Response Team as needed. SAC staff members and volunteers will sweep mapped routes (see attachments) in documented hot spot areas. SAC staff members will provide training on safe handling to all volunteers and staff assisting with sweeps. SAC staff members will properly close and lock sharps containers.
- 4. Provision of safer sex supplies, health education on subjects such as safer injection practices, appropriate disposal procedures and overdose prevention as well as health promotion, Safer sex supplies will be made available at all SAC sites, and SAC members will engage participants around overdose prevention and provide DOPE Trainings, safer disposal and proper use of sharps containers, and engage with participants about safer injection, vein care, and self care.
- 5. Referral and linkage to medical care, case management, treatment services and other ancillary services. All SAC staff members will provide referrals (and when feasible) offer warm hand offs to services including medical care, the broad spectrum of substance use treatment services available in San Francisco, food, shelter, mental health counseling, and benefits.
- Linkage to HIV/HCV testing. All SAC members will offer participants linkage to on-site HIV/HCV testing or referrals to HIV/HCV testing.
- B. Syringe Access and Disposal Coordination includes the following non-direct client services:
 - 1. Overall coordination and responsibility for any agencies subcontracted to perform syringe access or disposal services or to reach the target populations. SFAF, the SAC Lead Coordinating agency, will monitor subcontractor performance, supply budget, syringe returns, ensure that work is documented and reported, and in collaboration with SAC membership problem solve, innovate, and deepen our relationships and coordinate our services.
 - 2. Participate in meetings of any subcontractors and SFDPH Rapid Response Clean Team engaged in disposal efforts (including sweeps) to ensure consistency of service delivery and ensure complementary and non-duplicative efforts. SFAF will participate in disposal team

Fiscal Year: 2016-2017 2017-2018 Appendix A-1 Contract Term: 07.01.16 through 06.30.18 Funding Sources: General Fund and CDC

meetings and assess and re-assess sweep mapped routes to avoid duplicating services and adjusting service areas to heavy need areas and to respond to community concerns.

- 3. Provide leadership to and training for any subcontractors. SAC Coordinating agency will arrange for trainings on subjects of interest to subcontractors and invite SAC members to SAS upcoming staff development trainings on boundaries, HCV medical care and linkage, safer injecting/vein care harm reduction counseling, and referral resources.
- 4. In partnership with DPH, act as a "Good Neighbor"/Community Partner and actively establish and maintain positive relationships with neighbors, police, and other stakeholders in the community. In areas around syringe sites, syringe providers must respond collaboratively to residents, and adhere to all city requirements. When requested, attend community and/or police meetings with DPH to present information about the syringe access and disposal program. SAC Coordinating agency SFAF will be a good neighbor, build community ties, alliances, and respectfully engage with people opposed to harm reduction services in their neighborhoods. SAC staff will make every effort dependent on staffing schedules and availability to attend community and/or police meetings with DPH to present information about the syringe access and disposal program.
- C. Bulk Purchasing and Distribution includes the following support services for any subcontractors:
 - Order, purchase, and distribute syringes and safer injection equipment for the lead agency, any subcontracted agencies.
- D. Citywide Syringe Sweeps: A coordinated effort of at least two people whose sole purpose it is to search for, collect, and report on improperly discarded syringes, particularly on the streets and sidewalk within a specific geographic area. Sweeps must be complementary to other disposal efforts provided by the applicant and in collaboration with the SFDPH Rapid Response Clean Team. Requirements include:
 - Development of sweep schedules, focusing on hot spots, i.e., locations where improperly
 discarded syringes historically have appeared frequently. See attached maps and sweep
 schedule.
 - Ability to respond to DPH requests to increase sweeps in specific areas as needed. Sweep schedules may be adjusted to meet the needs of the community.
 - Ability to incorporate other new methods of responding to sweep requests in real-time such as cell phone, text, mobile phone application.
 - 4. Providing education to community about safe disposal options. All SAC members will share in development of safe disposal materials and outreach strategies to build community support for harm reduction and syringe access and safer disposal efforts.
- E. Coordination of Community-Based Sweeps Events: SFAF will coordinate neighborhood-wide sweep events that mobilize residents and staff of agencies working in areas where sweeps are necessary to create visibility, a sense of community and common purpose while providing a service.
- F. Data Collection and Reporting: Documentation of services must include logs of distribution of sterile injection equipment and supplies, collection and disposal of discarded syringes including:
 - 1. Reporting of sterile injection equipment distribution by site,

Fiscal Year: 2016-2017 2017-2018 Appendix A-1
Contract Term: 07.01.16 through 06.30.18
Funding Sources: General Fund and CDC

Syringes in and Syringes out will be collected by all SAC agencies. Data by site will be requested (as opposed to aggregate monthly data).

- Submission of collected needle data on a quarterly basis,
 Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected.
- 3. Reporting of sweep data monthly to DPH, Records of education and outreach efforts to community about safe disposal options.
 Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected. SAC members will track: # of Syringes collected, # of sharps containers distributed, the disposal sweep route, and provide a narrative after each sweep documenting community relationship building, education and outreach efforts, and contacts for follow up.
- 4. Distribution of syringe disposal supplies.(fitpacks, small bio-bins, tongs)
 SAC lead agency will track syringe disposal container and tong purchases and provide data on supplies ordered by each agency.

7. Objectives and Measurements:

A. Individualized Objectives

- By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will provide at least 3,500,000 syringes annually to 44,300 people as documented by syringe access logs.
- By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will provide at least 200,000 condoms annually to 16,500 people as documented by condom cases ordered.
- By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will collect at least 10,500 syringes annually as documented by disposal sweep logs.
- 4) By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will conduct at least 264 community clean-up events annually to 900 people as documented by volunteer sign in sheets and sweep logs.
- Staff Issues: SFAF's SAS Program Manager, in collaboration with the Director or Behavioral
 Health Services and the Senior Director of Programs and Services, will review monthly SAC UOS,
 coordinate client satisfaction survey, ensure that site data and sweep data are recorded and
 submitted.
- Data Collection Tools will include: syringe access site data log, syringe disposal sweep log, volunteer sign in sheets, condom purchase invoices
- 3. Data:

All SAC members will collect the following data by individual site:

- syringes returned
- syringes distributed
- Number of contacts and apparent demographics
- Syringes swept
- Mapped route of sweeps
- Narrative of community encounters/conversations/items for follow up

In addition, SFAF collects more comprehensive data on participants through an annual anonymous survey. These voluntary surveys assess demographic data, health status (such as HIV status, linkage to care, medication adherence, etc.), risk behaviors, and client satisfaction.

Fiscal Year: 2016-2017 2017-2018 Appendix A-1
Contract Term: 07.01.16 through 06.30.18
Funding Sources: General Fund and CDC

4. Frequency: Site data will be collected at every site, entered into an excel spreadsheet, and analyzed on a monthly basis. Sweep data will be collected at every sweep, entered into an excel spreadsheet, and analyzed on a monthly basis.

5. Data Reporting: The SAS Program Manager and the Logistics Coordinator will receive and analyze these data, in coordination with the Government Contracts Director. The evaluation data will be used to measure whether sites have adequate staffing levels, if the site is well utilized or needs outreach to make it successfully reach people, to track our disposal rate and use it to motivate staff and participants to increase returns, and to assess whether our level of service meets the needs of the community.

8. Continuous Quality Improvement (CQI):

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

a) Staff assigned to program evaluation.

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

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

- b) How you will review and assess the extent to which your program is meeting its objectives. Monthly review of contract UOS versus performance, reading client satisfaction surveys, conversations with participants about their experiences at our services, surveys.
- c) What you will do if you learn the program is not meeting its objectives. Meet with the Syringe Access Collaborative and strategize, seek counsel from SFDPH, identify problems and adjust services to solve them.
- d) How you will use data/evaluation findings to change the program. Looking at demographic data, attendance patterns, service utilization, and reading client satisfaction surveys can highlight areas that need adjusting to improve the program.

9. Required Language:

None required.

Fiscal Year: 2016-2017 2017-2018 Appendix A-2 Contract Term: 07.01.16 through 06.30.18 Funding Sources: General Fund and CDC

1. Identifiers:

Program Name: San Francisco AIDS Foundation – Syringe Access Services: Additional Funds for Homeless

Youth Alliance (No client services will be provided at 607-A Haight Street)

Program Address: 1035 Market Street, Suite 400 City, State, Zip Code: San Francisco, CA 94103 Telephone/FAX: (415) 487-3000/(415) 487-3094

Website Address: www.sfaf.org

Contractor Address: same as above

City, State, Zip Code:

Person completing this Narrative: Terry Morris, Manager Syringe Access Services

Telephone: (510) 338-8159 cell/ (415) 487-8043 desk

Email Address: tmorris@sfaf.org

2.	Nature	of	Document:
		_	

New	Renewal	☐ Modification
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Appendix Terms:

Appendix #: A-2	Appendix #: A-2
Appendix Term: 07/01/16 - 06/30/17	Appendix Terms 07/01/17 - 06/30/18

3. Goal Statement:

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

4. Target Population:

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

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

Year One: July 1, 2016 - June 30, 2017

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

Fiscal Year: 2016-2017 2017-2018 Appendix A-2 Contract Term: 07.01.16 through 06.30.18 Funding Sources: General Fund and CDC

Year Two: July 1, 2017 - June 30, 2018

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

6. Methodology

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

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

7. Objectives and Measurements - N/A

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

Appendix B

Calculation of Charges

1. Method of Payment

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

Program Budgets and Final Invoice

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

Appendix B HIV Syringe Access and Disposal Services

B. Contractor understands that, of the maximum dollar obligation listed in Article 3.3.1 of this Agreement, \$533,232 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

	Term	Funding Source	Amount
Original	7/01/2016-6/30/2017	General Fund	\$2,216,799
Agreement			
Original	7/01/2016-12/31/2016	Federal CDC	\$5,000
Agreement			
Original	7/01/2017-6/30/2018	General Fund	\$2,216,799
Agreement			
Original	7/01/2017-12/31/2017	Federal CDC	\$5,000
Agreement			
		Contingency	\$533,232
		(This equals the total	\$4,976,830
		NTE)Total	

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

- D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.
- No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Appendix B - Budget Document

	Α	В		C	D	I	E	F	G	н		J
1	DPH 1: Department of Public Health Contract Budget Summary by Program											
2	CMS # 7774 Appendix # B Page # 3									3		
3	DPH Section											
4	Check one: [X] New [] Renewal	[] Mod	7717				C	Contract Term (7/1/16-6/30/18)		Fiscal Year(s)	16-18
5	Agency/Organization Name Contractor Name (may be same as above)		ancisco AIDS Foundation Funding Notification Date 6/1									6/10/2016
_	Program/Provider Name	San	rran	CISCO AIDS FO			A	d Diseased Co.	-4			
7	Appendix Number	A-1/B-1		A-1/B-1a	A-1/B-b	inge	A-2/B-2	d Disposal Ser A-1/B-1c	A-1/B-1d	A-1/B-1e	A-2/B-2a	TOTALO
9	Appendix Term (mm/dd/yy-mm/dd/yy)	the second secon	_		and the second second second second	147		The state of the s			The first feet from the season of the season	TOTALS
10		7.01.10-0.30	0.17	7.01.10-0.30.17	7.01.16-12.51.	197.	01.10-0.30.17	7.01.17-0.30.10	7.01.17-0.30.10	7.01.17-12.31.1	7.01.17-0.30.10	-
11	Salaries	\$ 254,7	25	¢	\$	- 8		\$ 254,725	e	\$ -	s -	\$ 509,450
12			_	\$ -	\$	- \$		\$ 63,681	\$ -	\$ -	\$ -	\$ 127,362
13					\$	- \$		\$ 318,406	\$ -	\$ -	\$ -	\$ 636,812
14				\$ 178,830	\$ 4,545				\$ 178,830	\$ 4,545	\$ 142,595	\$ 3,402,822
15			-	+,5500	\$	- 8	. 12,000	\$ -	\$ -	\$ -	\$ -	\$
16	The state of the s		47	\$ 178,830			142,595	\$ 1,693,847	\$ 178,830	\$ 4,545	\$ 142,595	\$ 4,039,634
17		-	_	\$ 17,883		_			The second second second	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN	THE RESERVE OF THE PERSON NAMED IN	\$ 403,964
18	Indirect Cost Rate (%)	10.0%		10.0%	10.0%	+	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
19	Total Expenses	\$ 1,863,2	32	\$ 196,713	\$ 5,000	3	156,854	\$ 1,863,232	\$ 196,713	\$ 5,000	\$ 156,854	\$ 4,443,598
20	REVENUES & FUNDING SOURCES		7								de promotion of	
21	DPH Funding Sources (select from drop-down list)		-			_	_					
22	HPS COUNTY HPS GF	1,863,2	32					1,863,232				3,726,464
23	HPS COUNTY GF Children's Fund			196,713					196,713		=	393,426
24	HPS FED CDC - PD90, CFDA #93.940				5,000	0				5,000	1 ====== 2	10,000
25							156,854				156,854	313,708
26			- 1									
27												· · · · · · · ·
28												•
29			_			1						
30			_			+						
31			200	400 740	5.00	+	450 054	4 000 000	400 740		450.054	4 440 500
32		1,863,2	32	196,713	5,000		156,854	1,863,232	196,713	5,000	156,854	4,443,598
33		st)				1		Υ	Y.	1		
34			-		-	+				-		-
35			-			+		-		-		-
36		et.				+						- :
38		St.	_		-	+		-	100		-	
				400 740			450 054	-		5,000	156,854	4,443,598
39	Total Revenues (DPH and Non-DPH)		252	196,713	5,000	0	156,854 Cost	1,883,232 Cost	196,713 Cost	Cost	156,854 Cost	4,443,598
40	Payment Method	Cost Reimbursen (CR)	nent	Cost Reimbursement (CR)	Cost Reimbursemer (CR)	nt F	Cost telmbursement (CR)	Control of the contro	Reimbursement (CR)	Reimbursement (CR)	Reimbursament (CR)	
41			atka					415-487-3055				
42												

-	Α .	В	C	D	E	F	G	Н	
1	Contractor Name: San Francisco AIDS	Foundation	n			. 0	A	ppendix #	B-1
2	Contract Term: 7/1/16-6/30/18 Page 1997								16-17
3	Funding Source: General Fund Fiscal Year(s)								
4					Day of Aug		ing Notifice	tion Date	6/10/2016
5		UOS	COST ALLO	CATION B	Y SERVICE M	ODE			
6	C.					-			
7				SERVICE MO					
8	Personnel Expenses		Syringe Acces	e Candaca	Pgm Coordination/Bulk Purchasing				
•	Personner Expenses		Syraige Acces	S Sel VICES	Pulchas	surg			
9	Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTF	ontract Tota
_	Pgms & Ops Director	0.05		100%	Galatios	0%	Odiai ios	70.1.1.	4,250
	Dir. Behavioral Health Svc	0.05	4,100	82%	900	18%			5,000
	Dir. Gov't Contracts	0.05	4,500	100%	000	0%			4,500
	Evaluation Assoc.	0.05	3,250	100%	1	0%	- V 1	1	3,250
	Budget & Contracts Mgr	0.05	4,250	100%		0%			4,250
	SAS Mgr	0.75	40.737	85%	7,188	15%			47,925
	Logistics Associates	3.00	104,850	75%	34,950	25%			139,800
	SSE/Vol Cordinator	0.75	34,500	100%	-	0%			34,500
_	Comm. Engagement & Kit Packing Assoc	0.25	11,250	100%		0%			11,250
19				0%		0%		- 4	
20	Total FTE & Total Salaries	5.00	211,687	83%	43,038	17%			254,725
21	Fringe Benefits	25.0%	52,922	83%	10,759	17%			63,681
22	Total Personnel Expenses		264,609	83%	53,797	17%			318,406
23									
	Operating Expenses		Expenditure	%	Expenditure	%	xpenditur	9	Contract Total
	Total Occupancy		70,437	100%		0%	1		70,437
	Total Materials and Supplies		305,470	42%	415,599	58%		3.5	721,069
	Total General Operating		64,704	84%	12,500	16%			77,204
	Total Staff Travel			0%	-	- 0%			-
	Consultants/Subcontractor:		506,731	100%	-	0%			506,731
	Other (specify):		3 34	0%	-	0%			
31]				1					
32									
33						-			-
34				-					
35	Total Operating Expenses		947,342	69%	428,099	31%			1,375,441
37	Total Operating Expenses	_	341,344	00 /0	420,000	3176			1,010,001
_	Canifel Evydense		Esman allianos I	e/ 11	Commendation	0/		av I	Contract Tata
	Capital Expenses		Expenditure	%	Expenditure		xpenditure	%	Contract Tota
	Capital Expenditure 1	_	-	0%	-	0%		_	
10 1	Capital Expenditure 2 Fotal Capital Expenses	-	-	0%		0%			- :
12	orn arbitra exhenses			V/0		0 /0		-	-
_	Total Direct Expenses		1,211,951	72%	481,896	28%			1,693,847
10	Indirect Expenses		121,195	72%	48,190	28%			169,385
14	TOTAL EXPENSES		1,333,146	72%	530,086	28%		-	1,863,232
	UIAL EXPENSES		.,,.		223/223		-		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15	OTAL EXPENSES		4	- 11					
15 1		dce Mode	5 906		12 1	1	1	1	5.918
15 T	Units of Service (UOS) per Serv				12				5,918
15 T		ice Mode	225.73		12 44,173.80 N/A		7.		5,918

Contractor Name San Francisco AIDS Foundation Appendix #: B-1
Program Name: Syringe Access & Disposal Services Fiscal Year: 16-17

1a) SALARIES

Staff Position 1: Programs & Op					
Integrated with a	Il activities and the program adaptation	t all required data on and refinement	plan that assures monitoring is reported; works with partn coordinates current and em ig, evaluation and quality ass	er aç ergir	gencles and ig health
Masters in Public Minimum qualifications: equivalent combi			anizing and public health exp	erier	nce or an
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$85,000.00	0.05	12	1	\$	4,25
Staff Position 2: Director, Behav		described to			
delivery continuu Brief description of job duties: needs of gay and Masters degree i	m that is responsi d bisexual men. n psychology, soc supervisory capaci	ve to the current h al sciences, busin ty, especially in Hi	professional oversight to creat ealth and well-being needs, less or related discipline; three V prevention and demonstrate	nclude e ye	ding HIV ars
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$100,000.00	0.05	12	1	\$	5,000
\$100,000.00 Staff Position 3: Dir. Gov't Grant	0.05	12		\$	5,000
Staff Position 3: Dir. Gov't Grant Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se	ts ontracts - Responsional and statistics ulrements, productivice database by and at least two	sible for all data mail reporting mechales routine and ad overseeing databyears demonstrate	anagement and contract relanisms in accordance with contract reporting as needed, an	ted antraced en	activities. If and sures the
Staff Position 3: Dir. Gov't Grant Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se Bachelor's degre	ts ontracts - Responsional and statistics ulrements, productivice database by and at least two, and evaluation; g	sible for all data mail reporting mechales routine and ad overseeing databyears demonstrate	anagement and contract rela nisms in accordance with con hoc reporting as needed, an ase quality assurance activitied experience in health servi-	ted antraced en	activities. If and sures the
Staff Position 3: Dir. Gov't Grant Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se Bachelor's degre planning, design, Minimum qualifications: management and	ts ontracts - Responsional and statistics ulrements, productivice database by e and at least two, and evaluation; got negotiations.	sible for all data mail reporting mechales routine and ad overseeing databyears demonstrate	anagement and contract relands in accordance with a service of experience in health service and writing; government contract and writing; government contract and accordance in the service and writing; government contract and writing; government contract and accordance in the service and writing; government contract and accordance in the service and accordance with a service and accordance accordance and accordance with a service and accordance accordan	ted antraced en	activities. it and sures the program s
Staff Position 3: Dir. Gov't Grant Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se Bachelor's degre planning, design,	ts ontracts - Responsional and statistics ulrements, productivice database by and at least two, and evaluation; g	sible for all data made reporting mechalics routine and ad overseeing datably years demonstrate rant development	anagement and contract rela nisms in accordance with con hoc reporting as needed, an ase quality assurance activitied ed experience in health serving and writing; government con	ted antraced en	activities. t and sures the program s
Staff Position 3: Dir. Gov't Grant Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se Bachelor's degre planning, design, Minimum qualifications: management and Annual Salary: \$90,000.00	ts ontracts - Responsional and statistics purements, produce revice database by and at least two, and evaluation; got negotiations. x FTE: 0.05	sible for all data made reporting mechases routine and ad overseeing databases demonstrate rant development x Months per Year:	anagement and contract relands in accordance with contract relands in accordance with contract relands in accordance with contract reporting as needed, an ase quality assurance activitied experience in health servitand writing; government contract and writing; government contract and accordance in the servitant and writing; government contract and accordance in the servitant and contract relative in the servitant and contract relative in the servitant and accordance with contract relative in the servitant and accordance accordan	ted a ntrac d en es. ces i tract	activities. t and sures the program s
Staff Position 3: Dir. Gov't Grant Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se Bachelor's degre planning, design, Minimum qualifications: management and Annual Salary: \$90,000.00 Staff Position 4: Evaluation Associand summaries to outcomes and pu Brief description of job duties: database entry of	ts contracts - Responsional and statistics purements, product exice database by e and at least two, and evaluation; got negotiations. x FTE: 0.05 ciate censure foundation ensure foundationals	sible for all data made reporting mechanises routine and adverseeing databases demonstrate rant development x Months per Year: 12 for coordinating on programs are right Responsible for from clients as we	anagement and contract relations in accordance with contract relations in accordance with contract reporting as needed, an ase quality assurance activitied experience in health servitand writing; government contract Annualized (if less than 12 months): 1 data collection, quality assurations as a collection, quality assuration from client as data analysis to meet p	ted antraced entraced entracet	activities. It and sures the program s Total 4,50 , reporting nd health cords and ammatic a
Staff Position 3: Dir. Gov't Grant Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se Bachelor's degre planning, design, Minimum qualifications: management and Annual Salary: \$90,000.00 Staff Position 4: Evaluation Associand summaries to outcomes and pu Brief description of job duties: database entry of	ts contracts - Responsional and statistics purements, produce vice database by e and at least two, and evaluation; go negotiations. x FTE: 0.05 ciate censure foundation on the contract of all data collected e and 2 years exponsible on the collected of all data collected e and 2 years exponsible on the collected of all data collected e and 2 years exponsible on the collected of all data collected e and 2 years exponsible on the collected of all data collected e and 2 years exponsible on the collected of all data collected on the collected of the collect	sible for all data made reporting mechanises routine and adverseeing databases demonstrate rant development x Months per Year: 12 for coordinating on programs are right Responsible for from clients as we erience managing	anagement and contract relanisms in accordance with contract relanisms in accordance with contract reporting as needed, an ase quality assurance activitied experience in health serviand writing; government contract (if less than 12 months): 1 data collection, quality assurated gorously evaluated for procedure view, abstraction from clients.	ted antraced entraced entracet	activities. It and sures the program s Total 4,50 , reporting nd health cords and ammatic a
Staff Position 3: Dir. Gov't Grant Director, Gov't Co Maintains operati departmental req Brief description of job duties: integrity of the se Bachelor's degre planning, design, Minimum qualifications: management and Annual Salary: \$90,000.00 Staff Position 4: Evaluation Associated summaries to outcomes and put Brief description of job duties: database entry of Bachelor's degree	ts contracts - Responsional and statistics purements, produce vice database by e and at least two, and evaluation; go negotiations. x FTE: 0.05 ciate censure foundation on the contract of all data collected e and 2 years exponsible on the collected of all data collected e and 2 years exponsible on the collected of all data collected e and 2 years exponsible on the collected of all data collected e and 2 years exponsible on the collected of all data collected e and 2 years exponsible on the collected of all data collected on the collected of the collect	sible for all data made reporting mechanises routine and adverseeing databases demonstrate rant development x Months per Year: 12 for coordinating on programs are right Responsible for from clients as we erience managing	anagement and contract relations in accordance with contract relations in accordance with contract reporting as needed, an ase quality assurance activitied experience in health servitand writing; government contract Annualized (if less than 12 months): 1 data collection, quality assurations as a collection, quality assuration from client as data analysis to meet p	ted antraced entraced entracet	activities. It and sures the program s Total 4,50 , reporting nd health cords and ammatic as

Budget & Contracts Mgr - Prepares monthly contract invoices, records contract accruals into financial management system, prepares budgets for contract proposals, modifications, and

Bachelor's degree in Finance or related field or equivalent experience in accounting, budgeting

Brief description of job duties: revisions. Prepares reports for contract financial information and maintains databases related to

Minimum qualifications: and contract management. Two years demonstrated experience in a finance/contract

7/01/2016

Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$85,000.00	0.05	12	1	\$ 4,250
Staff Position 6: SAS Manager				
			ment of 11 exchange sites. D	

Staff Position 6: SAS Manager

SAS Program Mgr - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites Brief description of job duties: and coordinates removal with waste removal company, prepare reports for compliance and Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor Minimum qualifications: certification or be willing to obtain certification on the job.

Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	\$63,900.00	0.75	12	1	\$ 47,925

Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports Brief description of job duties: supplies to exchanges sites and sets up/tears down sites as needed. Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Minimum qualifications: Must be able to lift maximum 45 pounds.

Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$46,600.00	3.00	12	1	\$ 139,800

Staff Position 7: Logistics Associates

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

Annual Salary:	x FTE:		x Months per Year:	Annualized (if less than 12 months):		Total
	\$46,000.00	0.75	12	1	\$	34,500

Staff Position 9: Community Engagement & Kit Packing Associate The Community Engagement and Kit Packing Associate is responsible for outreach and engagement with people who inject drugs (PWID), organizing harm reduction kit packing events, Brief description of job duties: recruiting and coordinating SAS participant volunteers (PWID) and other volunteers to assist with High school diploma or equivalency; 1 year of experience working with injection drug users and Minimum qualifications; with volunteers. x Months per Annualized (if less than Year: 12 months): x FTE: Annual Salary: Total \$45,000.00 0.25 12 11,250

Total FTE: 5.00 Total Salaries: \$ 254,725

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost	
Social Security	\$	19,486.00
Retirement	\$	4,865.00
Medical	\$	26,313.00
Dental		
Unemployment Insurance	\$	1,325.00
Disability Insurance	\$	10,367.00
Paid Time Off		
Workers comp	\$	1,325.00
	Total Fringe Benefit:	63.681

Fringe Benefit %:

25%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:

318,406

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost	
Rent office	1035 Market St -\$800/FTE/mo x 5.0 FTE x 12 mg	\$800/FTE	48,000	
Rent office	6Th Street- \$1,416.67/mo	\$1,416.67/mo	17,000	
Telephone	Office & Cell \$55.618/FTE x 5.0 FTE x 12 mo.	55.618/FTE	3,337.00	
Bldg Maintenance	Janitorial at \$175/mo	\$175/mo	2,100.00	
		Total Occupancy:	70,437	

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 5.0 x 12m	\$51.16	3,070
Volunteer Spt	Snacks, T-shirts, etc - \$200/mo	\$200.00	2,400
Syringes	Syringes \$.15/each x 3,110,646 syringes	\$0.15	466,597
Bio Buckets	18/19 gallon buckets - 3,148 x \$25.006	\$25.006	78,718
Bio Buckets	2 gallon - 23,986 x \$2.75	\$2.75	65,962
Alcohol Wipes	500 cases x \$28/case	\$28.00	14,000
Cotton balls and pellets	1,040bags x \$17.788/bag	\$17.788	18,500
Sterile Water	431 Cases x \$\$81.205/case	\$81.205	35,000
Bagging Supplies	104 bundles x \$7.90/bundle	\$7.90	822
Condoms	170 cases x \$70.59/case	\$70.59	12,000
Lube	55 cases x \$218.18/case	\$218.18	12,000
Site Supples	Brillo, Vitaimn C tabs, etc \$1,000/mo	\$1,000.00	12,000
	Total Ma	aterials & Supplies:	721,069

General Operating:

Expense Item	Brief Description	Rate	Cost
Insurance	Liability insurance \$45/FTE x 5 x 12 mo	\$45/FTE	2,700
Insurance	Auto insurance \$291.67/mo x 12 mo	\$291.67/mo	3,500
Equip rent & Lease	Office equip lease and maint cost \$86.75/FTE	\$86.75/ FTE	5,205
Offsite storage	Records storage \$4.98/FTE x 5 x 12 mo	\$4.98/FTE	299
Parking	Parking for vans \$1,041.67/mo x 12 mo	\$1041.67/mo	12,500
Travel	Vehicle Fuel	\$166.66/mo	2,000
Travel	Vehicle Repairs	\$83.33/mo	1,000
Bio Waste Disposal	Monthly disposal costs per ton of waste-12 tons	\$4,166.67	50,000
	Tota	I General Operating:	77,204

Total Staff Travel:	
Total Staff Travel:	
Total Staff Travel:	
Rate	Cost
\$94,231/yr	94,23
\$98,077/yr	98,07
\$214,423/yr	214,42
\$100,000/yr nsultants/Subcontractors:	100,00
nadia navouborni actora.	500,70
Rate	Cost
Nate	COST
17 11	
Total Other:	
OPERATING EXPENSES:	1,375,44
	Cost
CAPITAL EXPENDITURES:	j
TOTAL DIRECT COSTS:	1,693,84
e, or other)	Amount
eimbursement at a rate of 10	169,38
eimbursement at a rate of 10	169,38
eimbursement at a rate of 1	100,50
eimbursement at a rate of 10	100,30

Contractor Name: San Francisco AIDS I Contract Term: 7/1/16-6/30/18 Funding Source: General Fund	Foundatio	n					Appendix #	
			7				PR	
Funding Source: General Fund							Page #	1
						Fis	cal Year(s)	16-17
		C V 7 7		T	F	unding Notific	ation Date	6/10/2016
	UOS	COST ALLO	CATION	BY SERVICE	MODE	77.70		
				SERVICE	MODES			
		Progra		1				
Variable and the second second		Coordination		1				
Personnel Expenses		Purcha		1				
Torontal Experience			unig					
			22 15 16 16		. as with the		ar and	1
	FTE	Salaries		Salaries		Salaries		contract Total
								-
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0	-	1	0%		0%	-	0%	
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0	•	-	0%	-	0%	-	0%	-
Total FTE & Total Salaries			0%		0%	-	0%	
Fringe Benefits	0%	- 2	0%	~	0%		0%	
Total Personnel Expenses		-	0%	0	0%	-	0%	
				-		1		
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
		-	0%	-	0%	-		-
		148.830					THE RESERVE TO A PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	148,830
						1 2		30,000
		00,000						50,000
						- 21		
Outer (appeary).								-
								-
Total Operating Evaposes		179 820						178,830
Total Operating Expenses		110,000	10070		0 70		0 /0	170,000
Canital European		Europe diame	0/	Empeditue	0/	Emanditud	0/	Contract Total
		Expenditure		Expenditure		Experienture		Contract Total
		-		-		-		
Capital Expenditure 2								-
I otal Capital Expenses			U76		076	-	U //a	
		470.000	40002		00/		00/	470.000
				-	0%	-	0%	178,830
								17,883
IUIAL EXPENSES		196,713	100%		0%	-	0%	196,713
			J=-					
								12
		16,392.75		-				
Unduplicated Clients (UDC) per Servi	ce Mode	N/A						
								Kev. 07/15
	Total FTE & Total Salaries Fringe Benefits Total Personnel Expenses Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating Total Staff Travel Consultants/Subcontractor: Other (specify): Total Operating Expenses Capital Expenses Capital Expenditure 1 Capital Expenditure 2 Total Capital Expenses Indirect Expenses Indirect Expenses TOTAL EXPENSES Units of Service (UOS) per Service by Service by Service of Service by Service of Service in Service i	Total FTE & Total Salaries Fringe Benefits O% Total Personnel Expenses Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating Total Staff Travel Consultants/Subcontractor: Other (specify): Total Operating Expenses Capital Expenditure 1 Capital Expenditure 2 Total Capital Expenses Indirect Expenses Indirect Expenses Indirect Expenses TOTAL EXPENSES Units of Service (UOS) per Service Mode Cost Per Unit of Service by Service Mode	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	0	0	0	0	0

Contractor Name San Fancisco AIDS Foundation Appendix #: B-1a
Program Name: Syringe Access & Disposal Services Fiscal Year: 16-17

1a) SALARIES

Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Tot
		7	0	\$
Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
			0	\$
Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (if less than	_
Annual Salary:	x FTE:	Year:	12 months):	Tot
		1 177	0	\$
Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Tot
Timed Calary.	8112	10011	0	\$
				-
Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
		T w Months	Americal and Office the I	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Tet
Annual Salary.	XFIC:	rear.	0	Tota \$
				Ψ
Staff Position 6:				
Brief description of job duties:				
Minimum qualifications:	~			
Salar State On In		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Tota
			0	\$

Total FTE:

Total Salaries: \$

	Component			Cost	
			Social Security		
			Retirement		
			Medical Dental		
		Linema	loyment Insurance		
			Disability Insurance		_
			Paid Time Off		
			Other (specify):		
				Total Fringe Benefit:	
				Fringe Benefit %:	09
		TOTAL SAL	ARIES & EMPLOYEE	FRINGE BENEFITS;	
2) OPERATING EXPENSES:					
Occupancy:					
		aled December	dan.	Date	Cont
Expense Item		Brief Descrip	uon	Rate	Cost
				Total Occupancy:	
Materials & Supplies: Expense Item		Brief Descrip	tion	Rate	Cost
Syringes	Syringes \$.15 ea			\$0.15	88,682
Bio Buckets	18/19 gallon bud		\$25.006	\$25.006	25,656
Bio Buckets	2 gallon - 7,995	x \$2.75		\$2.75	21,986
Sterile Water	154 Cases x \$8	1.205/case		\$81.205	12,506
			Total I	Materials & Supplies:	148,830
2 Nov. Territory					
General Operating:					
Expense Item	E	Brief Descript	ion	Rate	Cost
Bio hazzard Disposal			of waste -7.2 tons	\$4,166.67	30,000
pro mazzara proposar	Thermany disposes	, 000to po. 10.	101710000	41,100.01	00,000
			Tota	I General Operating:	30,000
Staff Travel:					
Duniana of Travel		Landlan	Essena Han	Data	Cont
Purpose of Travel		Location	Expense Item	Rate	Cost
				Total Staff Travel:	

Consultants/Subcontractors:			
Consultant/Subcontractor Name	Service Description	Rate	Cost
	Total Co	nsultants/Subcontractors:	.0-1
Other:			
Expense Item	Brief Description	Rate	Cost
		Total Other:	·
	TOTAL	OPERATING EXPENSES:	178,830
	TOTAL	CAPITAL EXPENDITURES:	
		TOTAL DIRECT COSTS:	178,830
4) INDIRECT COSTS Describe method and basis for Indirect Cos			Amount
San Francisco AIDS Foundation has a negotia of total direct costs.	ated rate of 27%. This contract seeks r	elmbursement at a rate of 10%	17,883
or total direct costs.			17,000
		Indirect Rate:	109
		TOTAL INDIRECT COSTS:	17,883
		TOTAL EVENERO	400 740
		TOTAL EXPENSES:	196,713

A		В	C	D	E	F	G	Н	1 1
1 Contractor Name: San Fran		Foundatio	n				,	Appendix #	
2 Contract Term: 7/1/16-6/30/	/18							Page #	
3 Funding Source: CDC								cal Year(s	
4			No. 7 of the			Fu	nding Notific	cation Date	6/10/2016
5		UOS	OST ALLO	CATION	BY SERVICE	MODE			
6									
7					SERVICE	MODES			
	- 5		Prog						
Bearing Francis			Coordinat	A LEGICIA LA CONTRACTOR DE			ř		
8 Personnel Expenses	-		Purcha	asing		_		_	-1
					1				
9 Position Titles		FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
	0	FIE	Salaries		Saidiles		Salalies	0%	Contract Totals
10	0	-1		0%		0%		0%	-
11 12	0	-0	- :	0%		0%	- :	0%	
13	0	-	-	0%		0%		0%	
14	0	7.0	-	0%	-	0%	-	0%	
15	0			0%		0%	-	0%	—
16 Total FTE & Total				0%		0%		0%	
	e Benefits	0%		0%		0%	-	0%	
18 Total Personnel I				0%	-	0%		0%	
19	1.11								
20 Operating Expenses			Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
21 Total Occupancy			-	0%	-	0%	-	0%	-
22 Total Materials and Supplies	S		4,545	100%	-	0%	-	0%	4,545
23 Total General Operating			- 1	0%		0%	-	0%	7,000
24 Total Staff Travel			-	0%	-	0%	-	0%	-
25 Consultants/Subcontractor:				0%	-	0%	-	0%	
26 Other (specify):			-	0%	-	0%		0%	
27				0%		0%		0%	- Je
28				0%		0%		0%	
29				0%		0%		0%	-
30				0%		0%		0%	
31				0%		0%		0%	
32 Total Operating Expenses			4,545	100%	-	0%		0%	4,545
33									
34 Capital Expenses			Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
35 Capital Expenditure 1			-	0%	-	0%		0%	
36 Capital Expenditure 2				0%		0%		0%	
37 Total Capital Expenses				0%	-	0%	-	0%	-
38							-		
39 Total Direct Expenses			4,545	100%	-	0%		0%	4,545
40 Indirect Expenses			455	100%		0%		0%	455
41 TOTAL EXPENSES			5,000	100%	-	0%	•	0%	5,000
42									1
43 Units of Service (UC						100 m			6
44 Cost Per Unit of Serv					-	-	-		4
45 Unduplicated Clients (UD	C) per serv	ice mode	N/A						J
46									Kev. 07/15

Contractor Name San Francisco AIDS Foundalton Appendix #: B-1b Program Name: Syringe Access & Disposal Services Fiscal Year: 16-17 1a) SALARIES Staff Position 1: Brief description of job duties: Minimum qualifications: x Months per Annualized (if less than 12 months): Annual Salary: x FTE: Year: **Total** 0 \$ Staff Position 2: Brief description of job duties: Minimum qualifications: Annualized (if less than x Months per Annual Salary: x FTE: Year: 12 months): **Total** 0 \$ Staff Position 3: Brief description of job duties: Minimum qualifications: x Months per Annualized (if less than Annual Salary: x FTE: Year: 12 months): **Total** 0 \$ Staff Position 4: Brief description of job duties: Minimum qualifications: Annualized (if less than x Months per 12 months): Annual Salary: x FTE: Year: Total Staff Position 5: Brief description of job duties: Minimum qualifications: x Months per Annualized (if less than Annual Salary: x FTE: Year: 12 months): Total 0 Staff Position 6: Brief description of job duties: Minimum qualifications: x Months per Annualized (if less than

x FTE:

Year:

Total FTE:

Annual Salary:

Total Salaries: \$

12 months):

0

Total

General Operating: Expense Item Staff Travel: Purpose of Travel	Brief Description	Rate Rate Rate Rate Rate	Cost Cost
Expense Item	Brief Description	Rate	Cost
	Brief Description	Rate	Cost
	Total N	laterials & Supplies:	4,54
oditadina	00 02303 X 910.1 070230	\$10.10	7,070
Expense Item Condoms	Brief Description 60 cases x \$75.75/case	Rate \$75.75	Cost 4,545
Materials & Supplies:		Total Cooupariog.	
		Total Occupancy:	= .
Expense Item	Brief Description	Rate	Cost
Occupancy:			
-, -, -, -, -, -, -, -, -, -, -, -, -, -			
2) OPERATING EXPENSES:	10 Plat of her Village of hilling and had a	Third Daniel Ho.	
	TOTAL SALARIES & EMPLOYEE		
	· ·	Fringe Benefit %:	09
	Other (specify):	otal Fringe Benefit:	
	Disability Insurance Paid Time Off		
	Unemployment Insurance		
	Medical		
	Social Security Retirement		_

Consultants/Subcontractors:			
Consultant/Subcontractor Name	Service Description	Rate	Cost
	Total	Consultants/Subcontractors:	-,
Other:			
Expense Item	Brief Description	Rate	Cost
		Total Other:	
	1		
	10	TAL OPERATING EXPENSES:	4,54
Capital Expenditure Item	Brief Description	AL CAPITAL EXPENDITURES:	Cost
		TOTAL DIRECT COSTS:	4,54
Describe method and basis for Indirect Co San Francisco AIDS Foundation has a negotion			Amount
f total direct costs.			45
		Indirect Rate:	10
		TOTAL INDIRECT COSTS:	45
		TOTAL EXPENSES:	5.00

ontractor Name: San Francisco AIDS ontract Term: 7/1/16-6/30/18 unding Source: General Fund ersonnel Expenses osition Titles gms & Ops Director ir. Behavioral Health Svc ir. Gov't Contracts valuation Assoc. udget & Contracts Mgr ASS Mgr ogistics Associates SE/Vol Cordinator omm. Engagement & Kit Packing Assoc Total FTE & Total Salaries Fringe Benefits		Syringe Acces Salaries 4,250 4,100 4,500 3,250 4,250	% FTE 100% 82% 100%	SERVICE I Pgm Coordin Purcha Salaries	MODES ation/Bulk		Appendix # Page # scal Year(s) cation Date	1
ersonnel Expenses position Titles gms & Ops Director ir. Behavioral Health Svc ir. Gov't Contracts valuation Assoc. udget & Contracts Mgr AS Mgr pogistics Associates SE/Vol Cordinator pmm. Engagement & Kit Packing Assoc	FTE 0.05 0.05 0.05 0.05 0.05 0.05 0.75 3.00 0.75	Syringe Acces Salaries 4,250 4,100 4,500 3,250 4,250	% FTE 100% 82% 100%	SERVICE I Pgm Coordin Purcha Salarles	MODES ation/Bulk sing % FTE	nding Notifi	scal Year(s) cation Date	17-18 6/10/2016
ersonnel Expenses position Titles gms & Ops Director ir. Behavioral Health Svc ir. Gov't Contracts valuation Assoc. udget & Contracts Mgr AS Mgr ogistics Associates SE/Vol Cordinator omm. Engagement & Kit Packing Assoc Total FTE & Total Salaries	FTE 0.05 0.05 0.05 0.05 0.05 0.05 0.75 3.00 0.75	Syringe Acces Salaries 4,250 4,100 4,500 3,250 4,250	% FTE 100% 82% 100%	SERVICE I Pgm Coordin Purcha Salarles	MODES ation/Bulk sing % FTE	nding Notifi	cation Date	6/10/2016
position Titles gms & Ops Director ir. Behavioral Health Svc ir. Gov't Contracts valuation Assoc. udget & Contracts Mgr AS Mgr ogistics Associates SE/Vol Cordinator omm. Engagement & Kit Packing Assoc Total FTE & Total Salarles	FTE 0.05 0.05 0.05 0.05 0.05 0.05 0.75 3.00 0.75	Syringe Acces Salaries 4,250 4,100 4,500 3,250 4,250	% FTE 100% 82% 100%	SERVICE I Pgm Coordin Purcha Salarles	MODES ation/Bulk sing % FTE			
position Titles gms & Ops Director ir. Behavioral Health Svc ir. Gov't Contracts valuation Assoc. udget & Contracts Mgr AS Mgr ogistics Associates SE/Vol Cordinator omm. Engagement & Kit Packing Assoc Total FTE & Total Salarles	FTE 0.05 0.05 0.05 0.05 0.05 0.05 0.75 3.00 0.75	Syringe Acces Salaries 4,250 4,100 4,500 3,250 4,250	% FTE 100% 82% 100%	SERVICE I Pgm Coordin Purcha Salarles	MODES ation/Bulk sing % FTE	Salaries	WETE	Contract
position Titles gms & Ops Director ir. Behavioral Health Svc ir. Gov't Contracts valuation Assoc. udget & Contracts Mgr AS Mgr ogistics Associates SE/Vol Cordinator omm. Engagement & Kit Packing Assoc Total FTE & Total Salarles	0.05 0.05 0.05 0.05 0.05 0.75 3.00 0.75	\$alaries 4,250 4,100 4,500 3,250 4,250	% FTE 100% 82% 100%	Pgm Coordin Purcha Salaries	ation/Bulk sing % FTE	Salaries	o/ ETE	Contract
position Titles gms & Ops Director ir. Behavioral Health Svc ir. Gov't Contracts valuation Assoc. udget & Contracts Mgr AS Mgr ogistics Associates SE/Vol Cordinator omm. Engagement & Kit Packing Assoc Total FTE & Total Salarles	0.05 0.05 0.05 0.05 0.05 0.75 3.00 0.75	\$alaries 4,250 4,100 4,500 3,250 4,250	% FTE 100% 82% 100%	Pgm Coordin Purcha Salaries	ation/Bulk sing % FTE	Salaries	ov eve	Contract
position Titles gms & Ops Director ir. Behavioral Health Svc ir. Gov't Contracts valuation Assoc. udget & Contracts Mgr AS Mgr ogistics Associates SE/Vol Cordinator omm. Engagement & Kit Packing Assoc Total FTE & Total Salarles	0.05 0.05 0.05 0.05 0.05 0.75 3.00 0.75	\$alaries 4,250 4,100 4,500 3,250 4,250	% FTE 100% 82% 100%	Purcha Salaries	sing % FTE	Salaries	WETE	Contract
position Titles gms & Ops Director ir. Behavioral Health Svc ir. Gov't Contracts valuation Assoc. udget & Contracts Mgr AS Mgr ogistics Associates SE/Vol Cordinator omm. Engagement & Kit Packing Assoc Total FTE & Total Salarles	0.05 0.05 0.05 0.05 0.05 0.75 3.00 0.75	\$alaries 4,250 4,100 4,500 3,250 4,250	% FTE 100% 82% 100%	Salaries	% FTE	Salaries	N FTE	Contract
gms & Ops Director ir. Behavioral Health Svc ir. Gov't Contracts valuation Assoc. udget & Contracts Mgr AS Mgr opistics Associates SE/Vol Cordinator omm. Engagement & Kit Packing Assoc Total FTE & Total Salarles	0.05 0.05 0.05 0.05 0.05 0.75 3.00 0.75	4,250 4,100 4,500 3,250 4,250	100% 82% 100%			Contractor	4 76 P I P P	Totals
ir. Behavioral Health Svc ir. Gov't Contracts valuation Assoc. udget & Contracts Mgr AS Mgr ogistics Associates SE/Vol Cordinator omm. Engagement & Kit Packing Assoc Total FTE & Total Salaries	0.05 0.05 0.05 0.05 0.75 3.00 0.75	4,100 4,500 3,250 4,250	82% 100%	900			70116	4,250
ir. Gov't Contracts valuation Assoc. udget & Contracts Mgr AS Mgr ogistics Associates SE/Vol Cordinator omm. Engagement & Kit Packing Assoc Total FTE & Total Salaries	0.05 0.05 0.05 0.75 3.00 0.75	4,500 3,250 4,250	100%	800	18%			5,000
valuation Assoc. udget & Contracts Mgr AS Mgr ogistics Associates SE/Vol Cordinator omm. Engagement & Kit Packing Assoc Total FTE & Total Salaries	0.05 0.05 0.75 3.00 0.75	3,250 4,250			0%			4,500
udget & Contracts Mgr AS Mgr ogistics Associates SE/Vol Cordinator omm. Engagement & Kit Packing Assoc Total FTE & Total Salaries	0.05 0.75 3.00 0.75	4,250	100%		0%			3,250
AS Mgr ogistics Associates SE/Vol Cordinator omm, Engagement & Kit Packing Assoc Total FTE & Total Salaries	0.75 3.00 0.75		100%		0%			4,250
ogistics Associates SE/Vol Cordinator omm. Engagement & Kit Packing Assoc Total FTE & Total Salaries	3.00 0.75		85%	7,188	15%			47,925
SE/Vol Cordinator omm. Engagement & Kit Packing Assoc Total FTE & Total Salaries	0.75	40,737	75%		25%			139,800
omm. Engagement & Kit Packing Assoc Total FTE & Total Salaries		104,850		34,950			-	
Total FTE & Total Salaries	0.25	34,500	100%	-	0%			34,500 11,250
	-	11,250	100%		0%			11,250
	5.00	211,887	83%		17%			254,725
CITION DETERMS	25.0%	52,922	83%	43,038 10,759	17%			63,681
Total Personnel Expenses	25.076	264,609	83%	53,797	17%			318,406
Total Fersonnel Expenses		204,008	0370	33,737	11 70			310,400
nombles Evenessa		Former diame	6/	C	0/ 1	F		Contract Total
perating Expenses		Expenditure	%	Expenditure		Expenditure		Contract Total
otal Occupancy		70,437	100%		0%		_	70,437
otal Materials and Supplies		305,470	42%	415,599	58%			721,069
otal General Operating		64,704	84%	12,500	16%	-		77,204
otal Staff Travel		-	0%		0%			
onsultants/Subcontractor:		506,731	100%	-	0%		-	506,731
ther (specify):		-	0%		0%			
								-
								-
			200/	100 000	2400			2 200 777
otal Operating Expenses		947,342	69%	428,099	31%			1,375,441
anital Evanages	0	Evnanditura	8/	Evnanditura	9/	Evnanditura	9/	Contract Total
		Expanditure		Experiditure		Experiulture	70	Contract Total
prital Expenditure 2		-						
vial Canital Evnences				7	0%	_		
vai vahuai Exhauses		-	V /0		0 /0			
etal Direct Evnences		1 211 051	720/	494 90e I	200/			1,693,847
	-						-	169,385
								1,863,232
TAI EVDENCES		1,000,140	1670	930,000	2076	2.50		1,003,232
OTAL EXPENSES	des Madal	F 000	-	40		-		E 040
								5,918
Units of Service (UOS) per Ser								
Units of Service (UOS) per Ser Cost Per Unit of Service by Ser		44,300		N/A I				
Units of Service (UOS) per Ser Cost Per Unit of Service by Ser			- 34					
a a	pital Expenses pital Expenditure 1 pital Expenditure 2 tal Capital Expenses tal Direct Expenses idirect Expenses Units of Service (UOS) per Ser	pital Expenses pital Expenditure 1 pital Expenditure 2 tal Capital Expenses tal Direct Expenses idirect Expenses	pital Expenses pital Expenditure 1 pital Expenditure 2 tal Capital Expenses tal Direct Expenses tal Direct Expenses tal Direct Expenses tal Expenses tal Direct Expenses	Expenditure %	Expenditure W	Expenditure % Expenditure %	Expenditure % Expenditur	Expenditure % Expenditur

Contractor Name San Francisco AIDS Foundation Appendix #: Program Name: Syringe Access & Disposal Services Fiscal Year: 17-18 1a) SALARIES Staff Position 1: Programs & Operations Director Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health Brief description of job duties: information collection; coordinates program monitoring, evaluation and quality assurance Masters in Public Health and 3 years community organizing and public health experience or an Minimum qualifications: equivalent combination of education and experience. Annualized (if less than x Months per x FTE: Year: 12 months): Annual Salary: Total \$85,000.00 0.05 12 4,250 Staff Position 2: Director, Behavioral Health Services Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV Brief description of job duties: needs of gay and bisexual men. Masters degree in psychology, social sciences, business or related discipline; three years expereince in a supervisory capacity, especially in HIV prevention and demonstrated program Minimum qualifications: management and program development experience x Months per Annualized (if less than x FTE: Year: 12 months): Annual Salary: Total \$100,000.00 0.05 12 5,000 Staff Position 3: Dir. Gov't Grants Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the Brief description of job duties; integrity of the service database by overseeing database quality assurance activities. Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts Minimum qualifications: management and negotiations. x Months per Annualized (if less than x FTE: 12 months): Annual Salary: Year: Total \$90,000.00 0.05 4,500 Staff Position 4: Evaluation Associate Evaluation Associate - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and Brief description of job duties: database entry of all data collected from clients as well as data analysis to meet programmatic and Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets Minimum qualifications: or 5 years equivalent experience required. x Months per Annualized (if less than Annual Salary: x FTE: Year: 12 months): Total \$65,000.00 0.05 12 3,250 Staff Position 5: Budget & Contracts Mgr Brief description of job duties: Budget & Contracts Mgr - Prepares monthly contract Invoices, records contract accruals into Minimum qualifications: Bachelor's degree in Finance or related field or equivalent experience in accounting, budgeting Annualized (if less than

x Months per

Year:

12 months):

x FTE:

Annual Salary:

Total

\$85,000.00	0.05	12	1	\$	4,250
Staff Position 6: SAS Manager					
			THE PARTY OF THE P	- indla-	an return on ex
Brief description of job duties: SAS Program Mg	r - Provides overs	light and manager	ment of 11 exchange sites. D	evelor	os annual
Brief description of job duties: SAS Program Mg Minimum qualifications; Three years expe					
				s Deg	
		th injection and dr	ug users required. Associate	s Deg	

I Print description of job dution	. Lagistica Assasi	into Cheffo avalan	and alter and alter	deservativeteers at the elter	T	
Brief description of job duties Minimum qualifications				iman service organization. E		
			x Months per	Annualized (if less than		Property Control and
Annual Salary:		x FTE:	Year:	12 months):		Total
	\$46,600.00	3.00	12	1	\$	139,800
Staff Position 8	B: SSE/Voluntee	r Coordinator				
Brief description of job duties			onsible for recruiting	g, training, and supervising	seco	ondary
Minimum qualifications	: High school dip	loma or equivalenc	y; valid California d	river's license and excellent	drivi	ing record. 1
			x Months per	Annualized (if less than		
Annual Salary:		x FTE:	Year:	12 months):		Total
	\$46,000.00	0.75	12	1	\$	34,500
					<u>. </u>	
			Packing Associate			
Brief description of job duties	: The Community	Engagement and	Kit Packing Associa	te is responsible for outread	h ar	nd .
Minimum qualifications	: High school dipl	loma or equivalenc	y; 1 year of experie	nce working with injection dr	ug u	sers and
			u Maniha nas	Approplined (if less than		
Annual Calana	*	x FTE:	x Months per	Annualized (if less than		Total
Annual Salary:	\$45,000.00	0.25	Year:	12 months):	\$	Total
· · · · · · · · · · · · · · · · · · ·	Φ45,000.00	0.25	12	300	D	11,250
	Total FTE:	5.00		Total Salaries:	•	254,725
	IOIAI FIE:	5.00		iotal Salaries.	Ф	234,723
1b) EMPLOYEE FRINGE BENEFITS: (Components provided below are same	oles only. The bu Component	udgeted compone		Cost	cco	
			Social Security			19,486.00
			Retirement			4,865.00
		VII	Medical Dental	\$		26,313.00
		Unomplo		c		4 225 00
			yment Insurance			
			yment Insurance sability Insurance			
			yment Insurance sability Insurance Paid Time Off	\$	· ·	10,367.00
			yment Insurance sability Insurance	\$		1,325.00 10,367.00 1,325.00 63,681
			yment Insurance sability Insurance Paid Time Off	\$ State of the st	2000	10,367.00 1,325.00 63,681
			yment Insurance sability Insurance Paid Time Off	\$		1,325.00 63,681
		Dis	syment Insurance sability Insurance Paid Time Off Workers comp	\$ State of the st		10,367.00 1,325.00 63,681 25%
		Dis	syment Insurance sability Insurance Paid Time Off Workers comp	\$ Total Fringe Benefit: Fringe Benefit %:		10,367.00
2) OPERATING EXPENSES:		Dis	syment Insurance sability Insurance Paid Time Off Workers comp	\$ Total Fringe Benefit: Fringe Benefit %:		10,367.00 1,325.00 63,681 25%
2) OPERATING EXPENSES:		Dis	syment Insurance sability Insurance Paid Time Off Workers comp	\$ Total Fringe Benefit: Fringe Benefit %:		10,367.00 1,325.00 63,681 25%
		Dis	syment Insurance sability Insurance Paid Time Off Workers comp	\$ Total Fringe Benefit: Fringe Benefit %:		10,367.00 1,325.00 63,681 25%
		Dis	syment Insurance sability Insurance Paid Time Off Workers comp	\$ Total Fringe Benefit: Fringe Benefit %:		10,367.00 1,325.00 63,681 25%
Occupancy:		Dis	lyment Insurance sability Insurance Paid Time Off Workers comp	\$ Total Fringe Benefit: Fringe Benefit %: EE FRINGE BENEFITS:		10,367.00 1,325.00 63,681 25% 318,406
Occupancy: Expense Item		TOTAL SALAF	lyment Insurance sability Insurance Paid Time Off Workers comp	\$ Total Fringe Benefit: Fringe Benefit %: EE FRINGE BENEFITS: Rate		10,367.00 1,325.00 63,681 25% 318,406
Occupancy: Expense Item Rent office	1035 Market S	TOTAL SALAR Brief Description: -\$800/FTE/mo	lyment Insurance sability Insurance Paid Time Off Workers comp	\$ Total Fringe Benefit: Fringe Benefit %: EE FRINGE BENEFITS: Rate		10,367.00 1,325.00 63,681 25% 318,406
Occupancy: Expense Item Rent office Rent office Telephone	6Th Street- \$1 Office & Cell \$	Brief Description: 5: -\$800/FTE/mo x ,416.67/mo 55.618/FTE x 5.0	oyment Insurance sability Insurance Paid Time Off Workers comp RIES & EMPLOYI 01 02 03 05 05 05 05 06 05 06 06 07 06 07 07 07 08 08 08 08 08 08 08	\$ Total Fringe Benefit: Fringe Benefit %: EE FRINGE BENEFITS: Rate \$800/FTE		10,367.00 1,325.00 63,681 25% 318,406
Ccupancy: Expense Item Rent office Rent office Telephone	6Th Street- \$1	Brief Description: 5: -\$800/FTE/mo x ,416.67/mo 55.618/FTE x 5.0	oyment Insurance sability Insurance Paid Time Off Workers comp RIES & EMPLOYI 01 02 03 05 05 05 05 06 05 06 06 07 06 07 07 07 08 08 08 08 08 08 08	\$ Total Fringe Benefit: Fringe Benefit %: EE FRINGE BENEFITS: Rate \$800/FTE \$1,416.67/mo		10,367.00 1,325.00 63,681 25% 318,406 Cost 48,000 17,000
Expense Item Rent office Rent office Telephone	6Th Street- \$1 Office & Cell \$	Brief Description: 5: -\$800/FTE/mo x ,416.67/mo 55.618/FTE x 5.0	oyment Insurance sability Insurance Paid Time Off Workers comp RIES & EMPLOYI 01 02 03 05 05 05 05 06 05 06 06 07 06 07 07 07 08 08 08 08 08 08 08	\$ Total Fringe Benefit: Fringe Benefit %: EE FRINGE BENEFITS: Rate \$800/FTE \$1,416.67/mo 55.618/FTE \$175/mo		10,367.00 1,325.00 63,681 25% 318,406 Cost 48,000 17,000 3,337.00 2,100.00
Occupancy: Expense Item Rent office Rent office Telephone	6Th Street- \$1 Office & Cell \$	Brief Description: 5: -\$800/FTE/mo x ,416.67/mo 55.618/FTE x 5.0	oyment Insurance sability Insurance Paid Time Off Workers comp RIES & EMPLOYI 01 02 03 05 05 05 05 06 05 06 06 07 06 07 07 07 08 08 08 08 08 08 08	\$ Total Fringe Benefit: Fringe Benefit %: EE FRINGE BENEFITS: Rate \$800/FTE \$1,416.67/mo 55.618/FTE		10,367.00 1,325.00 63,681 25% 318,406 Cost 48,000 17,000 3,337.00 2,100.00
Occupancy: Expense Item Rent office Rent office Telephone Bldg Maintenance	6Th Street- \$1 Office & Cell \$	Brief Description: 5: -\$800/FTE/mo x ,416.67/mo 55.618/FTE x 5.0	oyment Insurance sability Insurance Paid Time Off Workers comp RIES & EMPLOYI 01 02 03 05 05 05 05 06 05 06 06 07 06 07 07 07 08 08 08 08 08 08 08	\$ Total Fringe Benefit: Fringe Benefit %: EE FRINGE BENEFITS: Rate \$800/FTE \$1,416.67/mo 55.618/FTE \$175/mo		10,367.00 1,325.00 63,681 25% 318,406 Cost 48,000 17,000 3,337.00 2,100.00
Expense Item Rent office Rent office Telephone Bldg Maintenance Materials & Supplies:	6Th Street- \$1 Office & Cell \$	Brief Description of the state	oyment Insurance sability Insurance Paid Time Off Workers comp	\$ Total Fringe Benefit: Fringe Benefit %: EE FRINGE BENEFITS: Rate \$800/FTE \$1,416.67/mo 55.618/FTE \$175/mo		10,367.00 1,325.00 63,681 25% 318,406 Cost 48,000 17,000 3,337.00 2,100.00
Expense Item Rent office Rent office Telephone Bldg Maintenance Materials & Supplies: Expense Item	6Th Street- \$1 Office & Cell \$ Janitorial at \$1	Brief Description (a),416.67/mo (b),416.67/mo (b),55.618/FTE x 5.00 (c),55.618/FTE x 5.0	oyment Insurance sability Insurance Paid Time Off Workers comp RIES & EMPLOYI OFTE x 12 mo.	\$ Total Fringe Benefit: Fringe Benefit %: EE FRINGE BENEFITS: Rate \$800/FTE \$1,416.67/mo 55.618/FTE \$175/mo Total Occupancy:		10,367.00 1,325.00 63,681 25% 318,406 Cost 48,000 17,000 3,337.00 2,100.00 70,437
Expense Item Rent office Rent office Telephone Bldg Maintenance Materials & Supplies: Expense Item Office Supplies & Postage	6Th Street- \$1 Office & Cell \$ Janitorial at \$1	Brief Description 3,416.67/mo 55.618/FTE x 5.0 75/mo Brief Description Postage \$51.16	orment Insurance sability Insurance Paid Time Off Workers comp RIES & EMPLOYI OFTE x 12 mo.	\$ Total Fringe Benefit: Fringe Benefit %: EE FRINGE BENEFITS: Rate \$800/FTE \$1,416.67/mo 55.618/FTE \$175/mo Total Occupancy: Rate \$51.16		10,367.00 1,325.00 63,681 25% 318,406 Cost 48,000 17,000 3,337.00 2,100.00 70,437 Cost 3,070
Rent office Rent office Telephone Bldg Maintenance Materials & Supplies: Expense Item Office Supplies & Postage Volunteer Spt	Office supply & Snacks, T-shir	Brief Description 3,416.67/mo 55.618/FTE x 5.0 75/mo Brief Description Postage \$51.16 ts, etc - \$200/mo	orment Insurance sability Insurance Paid Time Off Workers comp RIES & EMPLOYI OFTE x 12 mo.	\$ Total Fringe Benefit: Fringe Benefit %: EE FRINGE BENEFITS: Rate \$800/FTE \$1,416.67/mo 55.618/FTE \$175/mo Total Occupancy:		10,367.00 1,325.00 63,681 25% 318,406 Cost 48,000 17,000 3,337.00 2,100.00 70,437 Cost 3,070 2,400
Expense Item Rent office Rent office Telephone Bldg Maintenance Materials & Supplies: Expense Item Office Supplies & Postage	Office supply & Snacks, T-shir Syringes \$.15/	Brief Description 3,416.67/mo 55.618/FTE x 5.0 75/mo Brief Description Postage \$51.16	orment Insurance sability Insurance Paid Time Off Workers comp RIES & EMPLOYI OFTE x 12 mo. OFTE x 12 mo.	\$ Total Fringe Benefit: Fringe Benefit %: EE FRINGE BENEFITS: Rate \$800/FTE \$1,416.67/mo 55.618/FTE \$175/mo Total Occupancy: Rate \$51.16 \$200.00		10,367.00 1,325.00 63,681 25% 318,406 Cost 48,000 17,000 3,337.00 2,100.00 70,437 Cost 3,070

Alcohol Wipes	500 cases x \$28/case	\$28.00	14,000
Cotton balls and pellets	1,040bags x \$17.788/bag	\$17.788	18,500
Sterile Water	431 Cases x \$\$81.205/case	\$81.205	35,000
Bagging Supplies	104 bundles x \$7.90/bundle	\$7.90	822
Condoms	170 cases x \$70.59/case	\$70.59	12,000
Lube	55 cases x \$218.18/case	\$218.18	12,000
Site Supples	Brillo, Vitaimn C tabs, etc \$1,000/mo	\$1,000.00	12,000

Total Materials & Supplies: 721,069

General Operating:

Expense Item	Brief Description	Rate	Cost
Insurance	Liability insurance \$45/FTE x 5 x 12 mo	\$45/FTE	2,700
Insurance	Auto insurance \$291.67/mo x 12 mo	\$291.67/mo	3,500
Equip rent & Lease	Office equip lease and maint cost \$86.75/FTE	\$86.75/ FTE	5,205
Offsite storage	Records storage \$4.98/FTE x 5 x 12 mo	\$4.98/FTE	299
Parking	Parking for vans \$1,041.67/mo x 12 mo	\$1041.67/mo	12,500
Travel	Vehicle Fuel	\$166.66/mo	2,000
Travel	Vehicle Repairs	\$83.33/mo	1,000
Bio Waste Disposal	Monthly disposal costs per ton of waste-12 tons	\$4,166.67	50,000
	Total	General Operating	77 204

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
		7		
		4	Total Cast Tours	15

Total Staff Travel:

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost	
Glide	Operational expenses; staffing, office, IT,etc	\$94,231/yr	94,231	
Saint James Infirmary	Operational expenses; staffing, office, IT,etc	\$98,077/yr	98,077	
Homeless youth Alliance	Operational expenses; staffing, office, IT,etc	\$214,423/yr	214,423	
S.F. Drug Users Union	Operational expenses; staffing, office, IT,etc	\$100,000/yr	100,000	
		tants/Subcontractors:	506,731	

	A	В	С	D	E	F	G	Н	
1	Contractor Name: San Francisco AIDS I	oundation	1				A	ppendix#	
2	Contract Term: 7/1/16-6/30/18							Page #	
3	Funding Source: General Fund							al Year(s)	
4						F	unding Notifica	ation Date	6/10/2016
5		UOS	COST ALLO	CATION E	Y SERVICE I	MODE			
6									
7					SERVICE N	ODES			
			Progra	m					
			Coordinatio						
8	Personnel Expenses		Purchas				5		1
_									1
									1
Ш	2000 2000				44.7		40.45	4/	2
	Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries		Contract Total
10	0	1.4		0%		0%		0%	
11	0			0%	-	0%	-	0%	
12	0	-		0%		0%		0%	
13	0	1.74	-	0%	-	0%		0%	
14	0			0%	-	0%	-	0%	
15	0	-	~	0%	-	0%		0%	
16	Total FTE & Total Salaries	- 10"		0%		0%		0%	
17	Fringe Benefits	0%	4	0%	1.0	0%	11.0	0%	1
18	Total Personnel Expenses		-	0%		0%	-	0%	-
19									
20	Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
21			-	0%	1 (2)	0%		0%	1
22	Total Materials and Supplies		148,830	100%		0%		0%	148,830
23	Total General Operating		30,000	100%		0%		0%	30,000
24	Total Staff Travel		50,000	0%	-	0%		0%	
25	Consultants/Subcontractor:		-	0%	-	0%		0%	
26	Other (specify):			0%		0%		0%	
27	Carci (opecity):			0%		0%		0%	
28				0%		0%		0%	
29		_		0%		0%		0%	
30				0%	1	0%	-	0%	-
31				0%		0%		0%	
32	Total Operating Expenses	_	178,830	100%	_	0%		0%	178,830
33	Total Operating Expenses		110,000	10070		. 0,0		0.70	110,000
34	Canital Evanage	1	Expenditure	%	Expenditure	%	Expenditure	%	Contract Tota
_		-	Expenditure		Expenditure		Expenditure		Contract rota
35	the party of the p		-	0%	-	0%		0%	-
36	Capital Expenditure 2			0%		0%		0%	
_	Total Capital Expenses		•	U70		U%	·	U70	
38	E . 151 E		200 000	1000		607		954	
_	Total Direct Expenses		178,830	100%	-	0%		0%	178,830
40	Indirect Expenses		17,883	100%		0%		0%	17,883
_	TOTAL EXPENSES		196,713	100%	-	0%	-	0%	196,713
42									
43	Units of Service (UOS) per Servi		12						12
44	Cost Per Unit of Service by Servi		16,392.75		.2		1000		
45	Unduplicated Clients (UDC) per Servi	ce Mode	N/A						
46 47									Kev. 07/1

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

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

1a) SALARIES

Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Tot
			0	\$
Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (If less than 12 months):	Tot
			0	\$
Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
12011122 (204)		x Months per	Annualized (if less than	_
Annual Salary:	x FTE:	Year:	12 months):	Tot
			0	\$
Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Tot
Alliudi Galaly.	Allies	Todi.	0	\$
			0	*
Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
Titilitain qualifocatorios				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Tot
			0	\$
Tantasa Salary.				-
7 street south				
				====
Staff Position 6:				
Staff Position 6: Brief description of job duties:				
Staff Position 6:			10	
Staff Position 6: Brief description of job duties:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Tot

Total FTE:

Total Salaries: \$

Social Security Retirement Retirement Retirement Medical Dental Unemployment Insurance Disability	1b) EMPLOYEE FRINGE BENEFI (Components provided below are s	samples only. The	budgeted compor	nents should reflect	the contractor's ledger ac	counts.)
Retirement Medical Dental		Component			Cost	
Medical Dental Unemployment Insurance Disability Insurance					^	
Detail Unemployment Insurance Disability Insurance Disabilit						
Unemployment Insurance Disability Insurance Disability Insurance Paid Time Off Other (specify): Total Fringe Benefit: Fringe Benefit Fringe Benefit: Fringe Benefit: Total Fringe Benefit: Fringe Benefit: Fringe Benefit: Total Fringe Benefit: Fringe Benefit: Total Fringe Benefit: Fringe Benefit: Total Fringe Benefit: Total Fringe Benefit: Total Fringe Benefit: Fringe Benefit: Total General Cost Total General Cost Total General Cost Total General Genera						
Disability Insurance			Unomp			
Paid Time Off Other (specify): Total Pringe Benefit: -						
Cither (specify): Total Fringe Benefit: Fringe Benefit:	· · · · · · · · · · · · · · · · · · ·					
Total Fringe Benefit						
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: -				(0,000,000,000,000,000,000,000,000,000,	Total Fringe Benefit:	-
					Fringe Benefit %:	0%
Expense Item Brief Description Rate Cost			TOTAL SALA	RIES & EMPLOYE	EE FRINGE BENEFITS:	-
Expense tem Brief Description Rate Cost	2) OPERATING EXPENSES:			,		
Expense tem Brief Description Rate Cost	Occupancy:					
Total Occupancy:		—				
Expense Item	Expense Item		Brief Descript	ion	Rate	Cost
Expense Item						
Expense Item		_				
Expense Item						
Expense Item						
Expense Item					Total Occupancy:	
Bio Buckets 18/19 gallon buckets - 1,026 x \$25.006 \$25.006 25,65	Expense Item	Swinger \$ 1				
Bio Buckets 2 gallon - 7,995 x \$2.75 \$2.75 21,98 Sterile Water 154 Cases x \$81.205/case \$81.205 12,50 Total Materials & Supplies: 148,83 General Operating: Expense Item Brief Description Rate Cost Bio hazzard Disposal Monthly disposal costs per ton of waste -7.2 tons \$4,166.67 30,00 Total General Operating: 30,00 Staff Travel: Location Expense Item Rate Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost Cost						
Sterile Water 154 Cases x \$81.205/case \$81.205 12,50 Total Materials & Supplies: 148,83 General Operating: Expense item Brief Description Rate Cost Bio hazzard Disposal Monthly disposal costs per ton of waste -7.2 tons \$4,166.67 30,00 Total General Operating: 30,00 Staff Travel: Purpose of Travel Location Expense item Rate Cost Cost				Ψ20.000		
General Operating: Expense Item Brief Description Rate Cost Bio hazzard Disposal Monthly disposal costs per ton of waste -7.2 tons \$4,166.67 30,00 Total General Operating: 30,00 Staff Travel: Purpose of Travel Location Expense Item Rate Cost						
Expense item Brief Description Rate Cost Bio hazzard Disposal Monthly disposal costs per ton of waste -7.2 tons \$4,166.67 30,00 Total General Operating: 30,00 Staff Travel: Purpose of Travel Location Expense item Rate Cost			401120070000		Q011200	12,000
Expense Item Brief Description Rate Cost Bio hazzard Disposal Monthly disposal costs per ton of waste -7.2 tons \$4,166.67 30,00 Total General Operating: 30,00 Staff Travel: Purpose of Travel Location Expense Item Rate Cost				Tota	Materials & Supplies:	148,830
Bio hazzard Disposal Monthly disposal costs per ton of waste -7.2 tons \$4,166.67 30,00 Total General Operating: 30,00 Staff Travel: Purpose of Travel Location Expense Item Rate Cost	General Operating:					
Bio hazzard Disposal Monthly disposal costs per ton of waste -7.2 tons \$4,166.67 30,00 Total General Operating: 30,00 Staff Travel: Purpose of Travel Location Expense Item Rate Cost	Expense Item		Brief Descripti	ion	Rate	Cost
Staff Travel: Purpose of Travel Location Expense Item Rate Cost		Monthly disp				30,000
Staff Travel: Purpose of Travel Location Expense Item Rate Cost					4,7,23.0	
Staff Travel: Purpose of Travel Location Expense Item Rate Cost						
Staff Travel: Purpose of Travel Location Expense Item Rate Cost						
Staff Travel: Purpose of Travel Location Expense Item Rate Cost						
Purpose of Travel Location Expense Item Rate Cost				То	tal General Operating:	30,000
	Staff Travel:					
Total Staff Travel: -	Purpose of Travel	***	Location	Expense Item	Rate	Cost
Total Staff Travel: -					1	
Total Staff Travel: -						
Total Staff Travel: -						
					Total Staff Travel:	-

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
TALES OF STATE OF STA			
	Total Co	ensultants/Subcontractors:	
Other:			
Expense Item	Brief Description	Rate	Cost
		Total Other:	
	TOTAL	L OPERATING EXPENSES:	178,830
			170,000
B) CAPITAL EXPENDITURES: (If needed. A	unit valued at \$5,000 or more)		
Capital Expenditure Item	Brief Donorlation		Cost
Capital Expenditure item	Brief Description		Cost
	TOTAL	CAPITAL EXPENDITURES:	
	TOTAL	CAPITAL EXPENDITURES.	
		TOTAL DIRECT COSTS:	178,830
I) INDIRECT COSTS			
Describe method and basis for Indirect Cos	et Allocation /i.e. ETE square footage	a or other)	Amount
San Francisco AIDS Foundation has a negotia			
of total direct costs.			17,883
		Indirect Rate:	10%
		TOTAL INDIRECT COSTS:	17,883
		TOTAL EXPENSES:	196.713

-	A A A A A A A A A A A A A A A A A A A	В	С	D	E	F	G	H	24-
_	Contractor Name: San Francisco AIDS F	oungatio	n	70			A	pendix #	
	Contract Term: 7/1/16-6/30/18			5.0			Fr.	Page #	
_	Funding Source: CDC					-		l Year(s)	
4			0007 411 00	ATION			inding Notifica	tion Date	6/10/2016
5		005	LOST ALLOC	ATION	BY SERVICE	MODE			
6					050000000	0000			1
7			Present		SERVICE N	IODES			
			Progra Coordinatio						1
8	Personnel Expenses		Purchas				15 -6.0		
			7,500						
	Position Titles	CTE	Delades	9/ 575	Colonian	0/	Caladas	0/ 575	Contract Total
-	Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
10	0			0%		0%		0%	
11	0		-	0%		0%	-	0%	
13	0		-	0%	- 3	0%	-	0%	
14	0	-	-	0%		0%		0%	
15	0			0%		0%	-:	0%	
16	Total FTE & Total Salaries	-		0%	-	1		0%	
17	Fringe Benefits	0%	-	0%		0%		0%	
18	Total Personnel Expenses	0.70		0%		1		0%	
19	Total Total III Experied	_		970		1 070		0 70	
	Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Tota
	Total Occupancy		-	0%	-	0%	-	0%	- SUIL GOL TOU
	Total Materials and Supplies		4,545	100%	-	0%	- 2	0%	4,54
	Total General Operating		1,010	0%		1		0%	1,0 //
	Total Staff Travel			0%	-	0%		0%	
	Consultants/Subcontractor:			0%		0%	1	0%	
	Other (specify):			0%		0%		0%	
27				0%		0%	T	0%	
28			11	0%		0%		0%	
29				0%		0%		0%	
30				0%		0%		0%	
31				0%		0%		0%	
32	Total Operating Expenses		4,545	100%		0%		0%	4,54
33									
	Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Tota
	Capital Expenditure 1			0%		0%		0%	
36 (Capital Expenditure 2			0%	2-1	0%		0%	
	Total Capital Expenses		-	0%		0%	-	0%	
38									
	Total Direct Expenses			100%	-	0%		0%	4,54
	Indirect Expenses			100%		0%		0%	45
_	TOTAL EXPENSES		5,000	100%		0%	*	0%	5,000
42									
43	Units of Service (UOS) per Servi				-		- 4		
44	Cost Per Unit of Service by Servi	ce Mode	833.33		-		-		
	Unduplicated Clients (UDC) per Servi	ce Mode	N/A						
46 47									Kev. 07/1

Contractor Name San Francisco AIDS Foundation
Program Name: Syringe Access & Disposal Services Appendix#: _ Fiscal Year: _ B-1e 17-18

1a) SALARIES

Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Tot
			0	\$
Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Tot
			0	\$
01-419140				
Staff Position 3: Brief description of job duties:				
Minimum qualifications:				_
William qualifications.				
	- 11	x Months per	Annualized (if less than	
Annual Salary:	XFTE:	Year:	12 months):	Tot
			0	\$
Staff Position 4:				
Brief description of job duties: Minimum qualifications:				
Minimum qualincations:				_
		x Months per	Annualized (If less than	
Annual Salary:	x FTE:	Year:	12 months):	Tot
			0	\$
Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				=
		x Months per	Annualized (if less than	
Appual Calana	xFTE:	Year:	12 months):	Tot
Annual Salary:	XFIE:	Teal.	0	\$
				Ф
Staff Position 6:				
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (If less than	T. J.
	WETE.	Year:	12 months):	Tota
Annual Salary:	x FTE:	18di.	0	\$

Total FTE:

Total Salaries: \$

(Components provided below are sam	Component		Cost	
		Social Security		
		Retirement Medical		
		Dental	-	
	L L	Inemployment Insurance		
		Disability Insurance Paid Time Off		
		Other (specify):	rity cal cal	
		outer (oposity)	Total Fringe Benefit:	
			Fringe Benefit %:	0
	TOTAL	L SALARIES & EMPLOYE	E FRINGE BENEFITS:	
2) OPERATING EXPENSES:				
Occupancy:	_			
Expense Item	Brief De	scription	Rate	Cost
Expense Item Condoms	Brief De 60 cases x \$75.75/case	scription		Cost 4,54
		Total	Materials & Supplies:	4,54
General Operating:	_			
Expense Item	Brief De	scription	Rate	Cost
		To	tal General Operating:	-
Staff Travel:				
Purpose of Travel	Locati	ion Expense Item	Rate	Cost
		-	Total Staff Travel:	-
Consultants/Subcontractors:	-		Total Staff Travel:	
Consultants/Subcontractors: Consultant/Subcontractor Name	Service De	escription	Total Staff Travel:	Cost

	Total Cor	sultants/Subcontractors:	- 4
Other:			
Expense Item	Brief Description	Rate	Cost
		Total Other:	
	TOTAL	OPERATING EXPENSES:	4,548
	TOTAL C	APITAL EXPENDITURES:	
Capital Expenditure Item	Brief Description		Cost
	TOTAL	TOTAL DIRECT COSTS:	4,54
4) INDIRECT COSTS Describe method and basis for Indirect Co			Amount
San Francisco AIDS Foundation has a nego of total direct costs.	tiated rate of 27%. This contract seeks reli	mbursement at a rate of 10%	45
			440
		Indirect Rate:	455
		TOTAL EXPENSES:	5,000

		C			F	G	Н	
	Founda	ition					Appendix #	
							Page #	
Funding Source: 7/1/16-6/30/18								
	- 1					Funding Notific	cation Date	6/10/2016
	UOS	COST ALLO	CATION	SY SERVICE	MODE			
				SERVICE	MODES			
		LIVA Mron	Annund 9	1				
Descended Evenness								
Personnei Expenses		Dispo	Sal	-		-		
		7.34						Contract
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
				Carario				1,010.0
		-						
						-		
		1						
	_							
	0%	(-)		-				
Total Personnel Expenses		-	0%		0%		0%	
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Tota
Total Occupancy			0%		0%		0%	
		(4)	0%	-		-	0%	
		121		1 2				
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		142,000						142,00
Other (apoony).	-	-						
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		440 505						440.00
lotal Operating Expenses		142,595	100%	-	U%	-	0%	142,59
	- 1						127	
		Expenditure		Expenditure		Expenditure		Contract Tota
				-		-		
Capital Expenditure 2			0%				0%	
Total Capital Expenses	- 13	-	0%		0%		0%	
Total Direct Expenses		142,595	100%	-	0%	-	0%	142,59
Indirect Expenses		14,259	100%		0%		0%	14,259
						-		156,85
		1						13.5,20
Units of Service (UOS) per Service	Mode	121						12
				-				
nduplicated Clients (UDC) per Service								
HUUDHGaled CHEIRS (UDC) DEL 361VICE	MUQUE	IN/A					200	
	Contract Term: 7/1/16-6/30/18 Funding Source: 7/1/16-6/30/18 Personnel Expenses Position Titles O O Total FTE & Total Salaries Fringe Benefits Total Personnel Expenses Total Occupancy Total Materials and Supplies Total General Operating Total Staff Travel Consultants/Subcontractor: Other (specify): Total Operating Expenses Capital Expenses Capital Expenditure 1 Capital Expenditure 2 Total Capital Expenses Indirect	Contract Term: 7/1/16-6/30/18 Funding Source: 7/1/16-6/30/18 UOS Personnel Expenses Position Titles FTE 0 - 0 - 0 - 0 - 0 - 0 - Total FTE & Total Salaries - Fringe Benefits 0% Total Personnel Expenses Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating Total Staff Travel Consultants/Subcontractor: Other (specify): Total Operating Expenses Capital Expenses Capital Expenditure 1 Capital Expenditure 2 Total Capital Expenses Total Direct Expenses Indirect Expenses Indirect Expenses Units of Service (UOS) per Service Mode Cost Per Unit of Service by Service Mode	Personnel Expenses Dispo Position Titles FTE Salaries O - O - O - O - O - O - O - O - O - O	Contract Term: 7/1/16-6/30/18 Funding Source: 7/1/16-6/30/18 UOS COST ALLOCATION	Contract Term: 7/1/16-6/30/18 Funding Source: 7/1/16-6/30/18 UOS COST ALLOCATION BY SERVICE	Contract Term: 7/1/16-6/30/18	Contract Term: 7/1/16-6/30/18 Fis Funding Source: 7/1/16-6/30/18 Fis Funding Source: 7/1/16-6/30/18 Fis Funding Notific SERVICE MODES	Contract Term: 7/1/16-6/30/18

Contractor Name San Francisco AIDS Foundaiton Appendix #: B-2
Program Name: Syringe Access & Disposal Services Fiscal Year: 16-17

1a) SALARIES

Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Tota
			0	\$
		<u> </u>		
Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Tot
		7	0	\$
Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
W. T. W. C.		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Tot
			0	\$
Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
			1 N 1 PE 1 PE 1	
Y		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Tot
			0	\$
Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (if less than	_
Associal Colonia	WETE:			Tot
Annual Salary:	x FTE:	Year:	12 months):	
		I Comment	0	\$
5. 7. 5. W. S.				
Staff Position 6:				
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (if less than	
				112
Appuel Colors	WETE.	Voces	12 months	T-6
Annual Salary:	x FTE:	Year:	12 months):	Tota \$

Total FTE: Total Salaries: \$

Co	mponent	oudgeted compon	to:	Cost	
			Social Security		
			Retirement		
			Medical Dental		
	-	Linemak	oyment Insurance		
		Olletiibi	sability Insurance		
			Paid Time Off		
		24.70)	Other (specify):		-
				Total Fringe Benefit:	
				Fringe Benefit %:	0
		TOTAL SALA	RIES & EMPLOYE	E FRINGE BENEFITS:	•
2) OPERATING EXPENSES:					
Оссиралсу:					
Expense Item		Brief Descripti	on	Rate	Cost
					
	<u> </u>			Total Occupancy:	eri .
Materials & Supplies:					
Expense Item	· · · · · · · · · · · · · · · · · · ·	Brief Descripti	on	Rate	Cost
100.0					
			I	Materials & Supplies:	
			1000	materiale & cupplice.	
General Operating:					
Expense Item		Brief Descripti	on	Rate	Cost
			To	tal General Operating:	-
Staff Travel:					
Purpose of Travel		Location	Expense Item	Rate	Cost
			-		

Consultants/Subcontractors:

Consultant/Subcontractor Name	e Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services	\$142,595	142,595
	Total C	onsultants/Subcontractors:	142,595
Other:			
Expense Item	Brief Description	Rate	Cost
		Total Others	
		Total Other:	
	TOTA	L OPERATING EXPENSES:	142,595
Capital Expenditure Item	Brief Description TOTAL	CAPITAL EXPENDITURES:	Cost
		TOTAL DIRECT COSTS:	142,595
San Francisco AIDS Foundation has	firect Cost Allocation (i.e., FTE, square footage a negotiated rate of 27%. This contract seeks	ge, or other) reimbursement at a rate of 10%	
of total direct costs.			14,259
		Indirect Rate:	10%
		TOTAL INDIRECT COSTS:	14,259
		TOTAL EVERYOPE	450.05
		TOTAL EXPENSES:	156.85

-	A I	В	С	D	E		G	H	200
1	Contractor Name: San Francisco AIDS I	n				A	ppendix #		
2	Contract Term: 7/1/16-6/30/18		0				Page #		
3	Funding Source: General Fund							al Year(s)	
4			POOL MOST		3. 2		unding Notifica	ation Date	6/10/2016
5		uos (COST ALLOC	ATION	BY SERVICE	MODE			
6									
7	- A				SERVICE	MODES			
8	Personnel Expenses		HYA Wrap A Dispos						V
9	Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
10	0	-		0%		0%		0%	
11	0	8.		0%		0%	F	0%	
12	0	- 60	-	0%		0%		0%	
13	0	4		0%		0%		0%	
14	0		1.	0%		0%		0%	-
15	0		-	0%		0%	-	0%	
16	Total FTE & Total Salaries			0%		0%		0%	1
17	Fringe Benefits	0%		0%		0%		0%	
18	Total Personnel Expenses		7	0%		0%		0%	
19									
20	Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Tota
21			-	0%		0%	-	0%	-
	Total Materials and Supplies		-	0%	-	0%		0%	
			-	0%		0%	- 2	0%	
	Total Staff Travel			0%		0%		0%	
	Consultants/Subcontractor:		142,595	100%	15/	0%	-	0%	142,595
26	Other (specify):			0%		0%		0%	
27				0%		0%		0%	
28				0%		0%		0%	-
29				0%		0%		0%	
30				0%		0%		0%	
31				0%		0%		0%	
32	Total Operating Expenses		142,595	100%		0%		0%	142,595
33			0						
34	Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Tota
	Capital Expenditure 1			0%		0%		0%	/
				0%		0%		0%	
37				0%	-	0%	-	0%	
38									
39	Total Direct Expenses		142,595	100%	5-1	0%	-	0%	142,595
40			14,259	100%		0%		0%	14,259
			156,854	100%	1 2	0%	-	0%	156,854
42									
43	Units of Service (UOS) per Serv	ice Mode	12]		14	15		1	12
44	Cost Per Unit of Service by Serv						-		
45	Unduplicated Clients (UDC) per Serv		N/A						-
46 47				Design of the last		-		-	

Contractor Name San Francisco AIDS Foundaiton Appendix #: B-2a Program Name: Syringe Access & Disposal Services Fiscal Year: 17-18 1a) SALARIES Staff Position 1: Brief description of job duties: Minimum qualifications: x Months per Annualized (If less than Annual Salary: x FTE: Year: 12 months): Total 0 Staff Position 2: Brief description of job duties: Minimum qualifications: x Months per Annualized (if less than 12 months): **Total** x FTE: Year: Annual Salary: 0 \$ Staff Position 3: Brief description of job duties: Minimum qualifications: Annualized (if less than x Months per x FTE: Year: 12 months): Total Annual Salary: 0 Staff Position 4: Brief description of job duties: Minimum qualifications: x Months per Annualized (if less than Annual Salary: x FTE: Year: 12 months): **Total** 0 Staff Position 5: Brief description of job duties: Minimum qualifications: x Months per Annualized (if less than Annual Salary: x FTE: Year: 12 months): Total 0 Staff Position 6: Brief description of job duties: Minimum qualifications: Annualized (If less than x Months per Annual Salary: x FTE: Year: 12 months): Total 0 Total FTE: **Total Salaries: \$** 1b) EMPLOYEE FRINGE BENEFITS: (Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.) Component Cost Social Security Retirement Medical Dental

	Unempl	oyment Insurance		
	D	sability Insurance		
		Paid Time Off Other (specify):		
		Otrier (specify).	Total Fringe Benefit:	
			The same of the sa	
			Fringe Benefit %:	09
	TOTAL SALA	DIES & EMPLOYE	E FRINGE BENEFITS:	-
	TOTAL SALF	MICS & CMP LOTE	L PRINGE BENEFITO.	
2) OPERATING EXPENSES:				
2. 10.11.00				
Occupancy:				
оссирансу.	-			
Expense Item	Brief Descripti	on	Rate	Cost
			Total Occupancy:	
Materials & Supplies:				
materials & supplies.	_			
Expense Item	Brief Descripti	on	Rate	Cost
	L. P. Carlotte			
		Total	Materials & Supplies:	
Expense Item	Brief Description	on	Rate	Cost
		To	tal General Operating:	-
Staff Travel:				
Stam Travel:	_			
Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Staff Travel:	
S				
Consultants/Subcontractors:				
Consultant/Subcontractor Name	Service Descript	ion	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal serv	rices	\$142,595	142,595
		Total Consul	tants/Subcontractors:	142,595
		TOTAL CONSUL	taritoro do o o riti a di oro.	142,000
Other:				
	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Expense Item	Brief Description	on	Rate	Cost

	Total Other:	
	TOTAL OPERATING EXPENSES:	142,595
3) CAPITAL EXPENDITURES: (If needed.	A unit valued at \$5,000 or more)	
Capital Expenditure Item	Brief Description	Cost
	TOTAL CAPITAL EXPENDITURES:	- >1
	TOTAL DIRECT COSTS:	142,595
Describe method and basis for Indirect C	ost Allocation (i.e., FTE, square footage, or other)	Amount
Describe method and basis for Indirect C San Francisco AIDS Foundation has a nego	ost Allocation (i.e., FTE, square footage, or other) diated rate of 27%. This contract seeks reimbursement at a rate of 10%	
	diated rate of 27%. This contract seeks reimbursement at a rate of 10%	14,259
Describe method and basis for Indirect C San Francisco AIDS Foundation has a nego		14,259 109 14,259

Appendix C Insurance Waiver Reserved

Appendix D Additional Terms

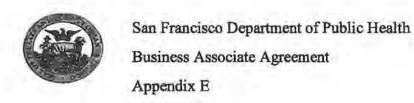
1. PROTECTED HEALTH INFORMATION AND BAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information.

The	parties acknowledge that CONTRACTOR is one of the following:				
\boxtimes	CONTRACTOR will render services under this contract that include possession or knowledge of identifiable Protected Health Information (PHI), such as health status health care history, or payment for health care history obtained from CITY. Specifically, CONTRACTOR will do one or more of the following:				
	 Create PHI Receive PHI Maintain PHI Transmit PHI and/or Access PHI 				
	The Business Associate Agreement (BAA) in Appendix E <u>is required</u> and is incorporated into this Agreement by reference as though fully set forth herein. Please note that BAA requires attachments to be completed.				
	CONTRACTOR will <u>not</u> have knowledge of, create, receive, maintain, transmit, or have access to any Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY.				
	The Business Associate Agreement is not required.				

2. THIRD PARTY BENEFICIARIES

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



This Business Associate Agreement ("Agreement") supplements and is made a part of the contract ("Contract")] by and between the City and County of San Francisco, the Covered Entity ("CE"), and San Francisco AIDS Foundation ("Contractor"), the Business Associate ("BA"), dated July 1, 2016 (CMS #7774). To the extent that the terms of the Contract are inconsistent with the terms of this Agreement, the terms of this Agreement shall control.

RECITALS

- A. CE, by and through the San Francisco Department of Public Health ("SFDPH"), wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. For purposes of the Contract, SFDPH requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this Agreement as a BA of CE.
- C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").
- D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Agreement.
- E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this Agreement to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the HIPAA Regulations.

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

1. Definitions.



Appendix E

- a. Breach means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.
- b. Breach Notification Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- c. Business Associate is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- d. Covered Entity means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- e. Data Aggregation means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. Designated Record Set means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this Agreement, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.
- h. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health



San Francisco Department of Public Health

Business Associate Agreement

Appendix E

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

- i. Health Care Operations shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- j. Privacy Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this Agreement, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.
- Protected Information shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
- m. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- o. Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

a. Attestations. The BA will be required to complete and return to CE (and retain in BA's records for a period of seven years) the following forms, incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1), Data Security (Attachment



Appendix E

- 2) and Compliance (Attachment 3) within ninety (90) calendar days from the execution of the Contract. If CE makes changes to any of these forms during the term of the Contract that CE believes are substantial, the BA will be required to complete and return CE's updated forms to CE within ninety (90) calendar days from the date that CE provides BA with written notice of such changes.
- b. User Agreements. The BA shall maintain proof that it has required all of its employees or agents that will access SFDPH PHI have signed and completed the following forms prior to accessing SFDPH PHI for the first time and annually thereafter during the term of the Contract (and retain in BA's records for a period of seven years): the SFDPH User Agreement for Confidentiality, Data Security and Electronic Signature (Attachment 4) and the SFDPH Code of Conduct (Attachment 5), incorporated by reference as though fully set forth herein.
- c. Permitted Uses. BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. Further, BA shall not use PHI in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.504, 164.504(e)(2). and 164.504(e)(4)(i)].
- d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Agreement and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. k. of the Agreement, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected



Appendix E

Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

- e. Prohibited Uses and Disclosures. BA shall not use or disclose PHI other than as permitted or required by the Contract and Agreement, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Contract or this Agreement, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).
- g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.
- h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited



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to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

- i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.
- j. Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- k. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall



provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

- I. Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.
- m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the Agreement; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]
- o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents. Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this Agreement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this Agreement within five (5) calendar



San Francisco Department of Public Health

Business Associate Agreement

Appendix E

days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. Termination.

- a. Material Breach. A breach by BA of any provision of this Agreement, as determined by CE, shall constitute a material breach of the Contract and this Agreement and shall provide grounds for immediate termination of the Contract and this Agreement, any provision in the CONTRACT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. Judicial or Administrative Proceedings. CE may terminate the Contract and this Agreement, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- c. Effect of Termination. Upon termination of the Contract and this Agreement for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this Agreement to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.
- d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).
- e. Disclaimer. CE makes no warranty or representation that compliance by BA with this Agreement, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Contract or this Agreement may be required to



Appendix E

provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Agreement embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Contract upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Contract or this Agreement when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Contract or this Agreement providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days.

Attachment 1 - SFDPH Privacy Attestation, version 10/29/15

Attachment 2 - SFDPH Data Security Attestation, version 10/29/15

Attachment 3 - SFDPH Compliance Attestation, version 10/29/15

Attachment 4 – SFDPH User Agreement for Confidentiality, Data Security and Electronic Signature, version 4/23/15

Attachment 5 - SFDPH Code of Conduct, version 6/17/15

Office of Compliance and Privacy Affairs San Francisco Department of Public Health 101 Grove Street, Room 330, San Francisco, CA 94102

Email: compliance.privacy@sfdph.org Hotline (Toll-Free): 1-855-729-6040

Organiz	ation Na	me:				Contractor City		1.0
				A think the second		Vendor ID		
					SFDPH PRIVACY ATTESTATION			
e Healt	h Inforn	nation Por	tability and A	accountability Act (HIPAA)	ng Partners that are required to abide by the SFDPH Busin and other patient confidentiality laws and regulations. II	NSTRUCTIONS: File and re	tain completed Att	
Yes	No*		ur organiz		eted Attestations, along with evidence of the following, w	hen and if requested to do) SO.	
103	1				vacy Policies will suffice for "yes")			
		Have a d	esignated Pri	vacy Officer? The Privacy	Officer is your organization's designated person who will d by SFDPH without this person's signature.]	authorize your employee's	"Systems Access F	Request
			Privacy Officer Name	- 100	Phone #	Email:		1
					have access to PHI upon hire and annually thereafter? (U will require document retention for 7 years.)	se of SFDPH Privacy/Data	Security Training W	riff
		The second secon		oyees upon hire, and annu DPH will require docume	ually thereafter, have signed the SFDPH " <u>User Confidentian</u> nt retention for 7 years.]	ality, Security, and Electron	ic Signature Form"	?
		24 hours	for terminat	ions due to cause?	rovision employees who have access to SFDPH PHI within			72.77
		that PHI	is only transf	erred or created on device			thorization to do s	o AND
	_	Have (or	will have if/v	when applicable) BAAs wit	th subcontractors or vendors who create, receive, mainta	in or transmit SFDPH PHI.		
oes you	r organ				DPH? IfYES, answer h-k. IfNO, these questions	are not applicable, please	go directly to ATI	TEST.
		Yes N		OUR ORGANIZATION	aliando abanta a alamanta di abanta ban Dai ana Mada		annual (Paultal	
				아마이 마음을 가장이 먹었다. 아름을 하는 이 1일 이렇게 되었다면 이렇게 되었다.	client's chart or electronic file that the Privacy Notice was , Spanish, Russian forms are available from SFDPH).	provided in the patient's	anguage (English,	
		71			of the Notice of Privacy Practices In all six languages in c	ommon patient areas of yo	our treatment facili	ity?
					re of a patient's/client's health information for purposes of			
					of that signed authorization for disclosure forms (that me a patient's/clients health information?	et the requirements of the	HIPAA Federal Priv	vacy Rule
TTEST:	Under	penalty	of perjury,	I hereby attest that to t	the best of my knowledge the information herein is	true and correct.		
	ATTES	TED by Pri	vacy Officer	Name (print)	Signature		Date	
			CEO / Exec Director	Name (print)	Signature		Date	
			Chair, Board rs / Trustees	Name (print)	Signature		Date	w

729-6040 for a consultation. Any "No" answers will need to be reviewed and approved as exceptions by OCPA.

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

	ganizat		epartment of Public Health (SFDPH) Office of Compliance and Privacy		Contractor City					
Oi	garnzat	OII Nai	me:		endor ID	*				
			SFDPH DATA SECURIT	Y ATTESTATION						
hic	Attest:	ation is	s to be completed by Contractors and Data Trading Partners that are require		ociates Agreement in compliance wi	ith the				
			on Portability and Accountability Act (HIPAA, ADMINISTRATIVE 45 CFR 164.3							
			American Institute of Certified Public Accountants (AICPA) requirements.							
			ed to submit your completed Attestations, along with evidence of the follow		, and a second of the second o					
	,		,,,,,,,,	and, and a sequence to de se						
	YES	NO*	DOES YOUR ORGANIZATION							
Α			Conduct assessments/audits of your data security safeguards to demons	trate and document compliance with yo	our security policies and the require	ements o				
			HIPAA/ HITECH at least every two years? [Beginning in FY1516, DPH will							
В			Use findings from the assessments/audits to identify and mitigate known							
			Date of last Data Security Risk Assessment/Audit							
			Name of firm or person(s) who performed the							
			Assessment/Audit and/or authored the final report							
С			Have a formal Data Security Awareness Program?							
D			Have a designated Security Officer?							
D			If yes: IT Security	Phone #	Email:					
			Officer							
			Require Data Security training for all employees who have access to PHI	upon hire and annually thereafter? (Use	e of SFDPH Privacy/Data Security Tr	raining				
E			will suffice for "yes".) [Beginning in FY1516, DPH will require document							
E			Have policies and procedures to detect, contain, and correct security vio							
E			1 ** * *** *** * * * * * * * * * * * *	ith subcontractors or vendors who crea-	ite, receive, maintain or transmit SF	FDPH PHI.				
E F G			Have (or will have if/when applicable) Business Associate Agreements wi							
_			Have (or will have if/when applicable) Business Associate Agreements will have if/when applicable) a diagram (of how SFDPH data flow named users, access methods, on-premise data hosts, processing system	ws between your organization and this						

ATTESTED by Data Security	Name	Signature	Date	
Officer	(print)			200 and a second a
ATTESTED by CEO / Exec	Name	Signature	Date	
Director	(print)			
ATTESTED by Chair, Board	Name	Signature	Date	
of Directors / Trustees	(print)			(a)

* EXCEPTIONS:	: If you have answered "NO" to any question, please contact OCPA at compliance.privacy@sfdph.org or call 1-855-729-6040 for a consulta	ation.
Any "No" answ	ers will need to be reviewed and approved as exceptions by OCPA.	

EXCEPTION(S) APPROVED Nan	ne	5/9 8	Signature	Date
by OCPA (pri	nt)	-		

Organ	ization N	ame:			Contractor City	
			No. 11		Vendor ID	
			SFDPH CO	OMPLIANCE ATTESTATION		
Viedica	re Medic	aid Condit	ompleted by Contractors and Data Trading Partners tions of Participation, False Claims Act and other et be prepared to submit your completed Attestations	hics/compliance laws and regulations. INSTR	UCTIONS: File and retain co	
YE	S NO*	DOES Y	OUR ORGANIZATION			
	T	Have a f	formal Compliance Program?			
3		Have a	designated Compliance Officer?			
		If yes:	Compliance Officer Name	Phone #	Email:	
			all employees who have access to SFDPH Systems will suffice for "yes".) [Beginning in FY1516, DP			se of SFDPH compliance
			roof that employees upon hire, and annually theread document retention for 7 years.]	after, have signed agreement to the SFDPH "C	code of Conduct"? [Beginning	g in FY1516, DPH will
		to servi	echanisms in place to identify and promptly respondes that were billed by SFDPH or that could jeopard re or Medi-Cal funded programs?	그렇게 하면 아이들이 살아보니 아이들이 얼마나면 아이들이 아니는		
		Publiciz	e and promote the SFDPH Compliance and Privacy blower protections in staff areas where it can be se		's Whistleblower Program in	cluding posting a <u>notice</u> of
5			Code of Conduct or Ethics policy that includes a moict non-retaliation policy (Use of SFDPH Compliance		mously report potential con	npliance concerns as well
1		Health or gove	echanisms in place to review the Office of the Insp Care Services (DHCS) exclusion lists upon initial him eming body member responsible for administering care program? [False Claims Act]	e and monthly thereafter to ensure that no en	mployee, temporary employ	ee, volunteer, consultant,
					this Attestation?	

ATTESTED by Compliance Officer	Name (print)	Signature	Date
ATTESTED by CEO / Exec Director	The state of the s	Signature	Date
ATTESTED by Chair, Board of Directors / Trustees		Signature	Date

* EXCEPT	TIONS: If you have answere	d "NO" to any question	please contact OCPA at complian	ce.privacy@sfdph.or	g or call 1-855-729-6040	for a consultation.
Any "No"	answers will need to be rev	viewed and approved as	exceptions by OCPA.			And the second section of

EXCEPTION(S) APPROVED Name	e	Signature	Date
by OCPA (prin	t)		

APPENDIX F-1 7/01/16-6/30/17 PAGE A

Contractor: San Francisco AIDS Found Address: P. O. Box 426182	lation				CMS # 7774			A-1JUL1	
San Francisco, CA 94142-618	2		_ 14	Cor	tract Purchase O	rder No:			
Telephone: (415) 487-3000 Fax: (415) 487-3009		H	PS			Source:	G	eneral Fu	und
Program Name: Syringe Access Services		_			Grant Cod	le/Detail:	_		
	1				Project Cod	le/Detail:			
ACE Control #:					Involce	Period:	07/1	/16 - 07/	31/16
					EINA	Invoice		(check if	F Van)
	-								
	CONTR	RACTED	THIS PERIO	D	TO DATE	% OF	AL.	DELIVE	RABLES
DELIVERABLES ACCESS	00S	NOC	UOS NO	oc	uos noc	uos	NOC	5,906	NOC
rgm Coordination	12	1000						12	
		1							
		1000							
		NOC	NC	oc	NOC		NOC		NOC
Unduplicated Clients for Appendix			4000			100		100	
EXPENDITURES	BUD	DGET	EXPENSES THIS PERIO	-	EXPENSES TO DATE	% OF BUDG		BAL	AINING ANCE
Total Salaries (See Page B) Fringe Benefits		1,725							725.00 81.00
Total Personnel Expenses		,681							406.00
Operating Expenses:									
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$70,	,437						\$70,4	37.00
		100		7					
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$721	1,069					_	\$721,0	069.00
rostage, rinting and repros, riogiam supplies)									
General Operating-(e.g., Insurance, Staff	\$77.	204						\$77,2	04.00
Training, Equipment Rental/Maintenance)				-		_	_		
Staff Travel - (e.g., Local & Out of Town)									
Consultant/Subcontractor	\$506	731						\$506,7	731 00
ConsultantionDecontractor	2000	401						9300,1	31.00
Other - (Meals, Audit, Transportation Reimb,									
Stipends, Facilitators)									-
Total Operating Expenses	\$1,37	5,441						\$1,375	441.00
Capital Expenditures TOTAL DIRECT EXPENSES	\$1,69	3.847					_	\$1,693,	847 00
Indirect Expenses	\$169							\$169,3	
TOTAL EXPENSES	\$1,86	3,232			NOTES			\$1,863,	232.00
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropriate to the content of the cont	nriste)			\dashv	NOTES:				
REIMBURSEMENT	Midioy								
I certify that the information provided above is, to the best accordance with the budget approved for the contract cli records for those claims are maintained in our office at it Signature:	led for servi he address	ices provider indicated.	d under the prov		the state of the s			ckup	
Title:				_					
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor San Francisco, CA 94103 Attn: Contract Payments	ing	Ву:	(DPH Authoriz	zed	Signatory)	, 1	Date:		

APPENDIX F-1 7/01/16-8/30/17

						PAGE B
					Invol	ce Number
Contractor: San Francis	co AIDS F	oundation			A-	1JUL16
Address: P. O. Box 42	6182					
San Francis	co, CA 941	42-6182	Contract P	urchase Order No):	
Telephone: (415) 487-30				Fund Source	Gen	eral Fund
Fax: (415) 487-30	09					
				Grant Code/Detail	1:	
Program Name: Syringe Acc	ess Servic	es		roject Code/Detail		
ACE Control #:				roject Code/Detail	G	
ACE CONDO #.				Invoice Period	07/1/1	6 - 07/31/16
				mivione i diloc	077171	0-0//51/10
				FINAL Invoic	e	(check if Yes)
DETAIL PERSONNEL EXPEN PERSONNEL		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
rems & Ops Director	FTE 0.05	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
Dir Behavioral Health Svcs	0.05	\$4,250 \$5,000	-		-	\$4,250.00 \$5,000.00
Dir. Govi Contracts	0.05	\$4,500			1	\$4,500.00
Evaluation Assoc	0.05	\$3,250				\$3,250.00
Budget & Contracts Migr	0.05	\$4,250				\$4,250.00
SAS Mgr	0.75	\$47,925				\$47,925.00
ogistics Associates	3.00	\$139,800				\$139,800.00
SSE/Vol Coordiantor	0.75	\$34,500				\$34,500.00
Comm. Engagement & Kit Packing Assoc	0.25	\$11,250			-	\$11,250.00
	+ +				1	
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					1	
	3					
	_					

TOTAL SALARIES 5.00 \$254,725 \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$254.725.00 | \$ accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

TOTAL SALARIES

Certified By:	Date:	_
Title:		

APPENDIX F-1a 7/01/16-6/30/17 PAGE A

Contractor: San Francisco AIDS Found		CMS# 7774						Invoice Number A-1JUL16		
Address: P. O. Box 426182 San Francisco, CA 94142-618	2			Cor	tract Pur	chase O	rder No:			
Telephone: (415) 487-3000	Ī	HPS				Funding	Source:	G	eneral Fi	und
Fax: (415) 487-3009		п	75		G	ant Cod	e/Detail:			
Program Name: Syringe Access Services					Pro	ject Cod	e/Detail:			
ACE Control #:	()					Involce	Period:	07/4	/16 - 07/	21/16
								0171		
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DELIVERABLES	CONTRA		THIS P	ERIOD	TO D		TOT			RABLES
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		-								
		550		107		23.23		5		7.00
Unduplicated Clients for Appendix		NOC	21.	NOC		NOC		NOC		NOC
EXPENDITURES	BUDG	FT	EXPE THIS P		EXPE TO D		% (AINING
Total Salaries (See Page B) Fringe Benefits										
Total Personnel Expenses	-	_				_				
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities, Bullding Maintenance Supplies and Repairs)				-	-			-		
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$148,8	30						-	\$148,8	30.00
General Operating-(e.g., insurance, Staff	\$30,00	00							\$30,0	00.00
Training, Equipment Rental/Maintenance)						_				_
Staff Travel - (e.g., Local & Out of Town)								- "		
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb,										_
Stipends, Facilitators)		-								
Total Operating Expenses	\$178,8	30							\$178,8	330.00
Capital Expenditures FOTAL DIRECT EXPENSES	\$178,8	20							E179 3	330.00
Indirect Expenses	\$17.88								\$17,8	
TOTAL EXPENSES	\$196,7	13			NOTES				\$196,7	713.00
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropriate to the control of the cont	oriate)				NOTES					
REIMBURSEMENT	-									
certify that the information provided above is, to the best	ted for service	s provide								
ecords for those claims are maintained in our office at the Signature:		dicated.				_		Date:	_	
Title:	-									
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor San Francisco, CA 94103	ing	By:						Date:		
Attn: Contract Payments		by.		horized	Signatory)		Date.		

APPENDIX F-1a 7/01/16-6/30/17 PAGE B

						Invoi	ce Number	
	San Francisco Al		dation			A-1JUL16		
Address:	P. O. Box 426182 San Francisco, C		6182	Contract P				
Telephone			7.77	3,4112,491	-	and Early		
	(415) 487-3000 (415) 487-3009				Fund Source:	Gen	eral Fund	
Boson North	S			- 4				
Program Name:	Syringe Access 5	services		P				
ACE Control #:					Invoice Period:		6 - 07/31/16	
					FINAL Invoice		(check if Yes)	
DETAIL PERSON	NEL EXPENDIT		DOGETED	EXPENSES	EXPENSES	% OF	REMAINING	
PERSONNEL	F		SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE	
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							10001	
	100							
					10			
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OTAL SALARIES								
CHAL SALARIES			, benistadan an	mplete and accurate; th	e emount requested to			

APPENDIX F-1b 7/01/16-12/31/16 PAGE A

					CN	WS#	£ /	In	rvoice Num	nber
Contractor: San Francisco AIDS Found	lation				77	774]		A-1JUL1	6
Address: P. O. Box 426182 San Francisco, CA 94142-618	2			Cor	ntract Pu	rchase (Order No:			
				7						
Telephone: (415) 487-3000 Fax: (415) 487-3009		HI	PS				Source:		CDC	7100
Program Name: Syringe Access Services		-		1			de/Detail:		HIVPREV	
ACE Control #:	(Pro	ject Cod	de/Detail:		HCPD90	0
State of the state						Involc	e Period:	07/1	1/16 - 07/	31/16
						FINA	L Invoice		(check if	f Yes)
and the same	CONTE	TAL RACTED	THIS P	VERED	TOI	VERED DATE	TO	OF	DELIVE	AINING ERABLES
DELIVERABLES	UOS	NOC	uos	NOC	UOS	NOC	UOS	NOC	UOS	NOC
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		NOC		NOC	_	NOC		NOC		NOC
Unduplicated Clients for Appendix		1	1	NOO		T	K 2	HOU	A	HOO
EXPENDITURES			EXPE	ENSES	EXPE	ENSES	%	OF	REM	AINING
	BUD	DGET		PERIOD		DATE		DGET		ANCE
Total Salaries (See Page B)										
Fringe Benefits Total Personnel Expenses					-	-			-	
Operating Expenses:					_			-	-	
Occupancy-(e.g., Rental of Property, Utilities,										
Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office,	\$4,	545							\$4,5	45.00
Postage, Printing and Repro., Program Supplies)							1			
General Operating-(e.g., Insurance, Staff			-						_	
Training, Equipment Rental/Maintenance)	- 4					-				
Staff Travel - (e.g., Local & Out of Town)		-			_		\vdash		_	
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb,										
Stipends, Facilitators)										
Total Operating Expenses	\$4,5	545							\$4,5	45.00
Capital Expenditures										
TOTAL DIRECT EXPENSES		545								45.00
Indirect Expenses TOTAL EXPENSES		000	_		_		-			00.00
LESS: Initial Payment Recovery					NOTES	ic .			1	70.00
Other Adjustments (Enter as negative, if appropriate Adjustments) REIMBURSEMENT	oriate)									
I certify that the information provided above is, to the bes accordance with the budget approved for the contract cit records for those claims are maintained in our office at the Signature:	ted for servi he address	ices provide				,			sckup	
Send to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor San Francisco, CA 94103 Attn: Contract Payments	ing	Ву:	(DPH AL	thorized	Signatory	v)		Date:	1	

APPENDIX F-1b 7/01/16-12/31/16 PAGE B

	sco AIDS F	oundation		I		ce Number 1JUL16				
Address: P. O. Box 4	126182 sco, CA 941	142-8182	Contract Purchase Order No:							
		142-0102	Contract							
Telephone: (415) 487-3 Fax: (415) 487-3					CDC					
			- 0	HCHIV	PREVNGR					
Program Name: Syringe Ac	cess servic	æs	Pi	Н	CPD90					
ACE Control #:			Invoice Period: 07/1/16 - 07/31/1							
				FINAL Invoice		(check if Yes)				
DETAIL PERSONNEL EXPE		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING				
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE				
			1000							
						-				
OTAL SALARIES										

APPENDIX F-1c 7/01/17-6/30/18 PAGE A

NOC UOS	ce: Ge tail: od: 07/1/ NICE 0 % OF TOTAL US NOC	neral Fund 17 - 07/31/ (check if Ye REMAINI DELIVERAL UOS 5,906
nt Code/Deta ct Code/Deta nvoice Perio FINAL Invoice TE NOC UOS	dall: od: 07/1/ od: 07/1/ NOC	17 - 07/31/ (check if Ye REMAINI DELIVERAL UOS 5,906 12
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FINAL Involu	% OF TOTAL S NOC	(check if Ye REMAINI DELIVERAL UOS 5,906 12
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TE B	BUDGET	BALANC
		\$254,725
_		\$63,681. \$318,406
		40.0,100
		\$70,437.
		\$721,069
		\$77,204.
		\$506,731
_	-	_
		\$1,375,44
		\$1,693,84
		\$169,385
		\$1,863,23
Same Service		
		requested for reimbursement ract. Full justification and bac

APPENDIX F-1c 7/01/17-6/30/18 PAGE B

			Invoice Number
Contractor:	San Francisco AIDS Foundation		A-1JUL17
Address;	P. O. Box 426182	<u> </u>	
	San Francisco, CA 94142-6182	Contract Purchase Order No:	
Telephone:	(415) 487-3000	Fund Source:	General Fund
Fax:	(415) 487-3009		
		Grant Code/Detail:	
Program Name:	Syringe Access Services		
		Project Code/Detail:	
ACE Control #:			
		Invoice Period:	07/1/17 - 07/31/17
		FINAL Invoice	(check if Yes)
		the same of the sa	

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
is & Ops Director	7 0.05	SEA IN	THIS PERIOD	TODATE	T BUDGET	\$4,250.00
ir Behavioral Health Svcs	0.05	\$5,00			-	\$5,000.00
ir. Govt Contracts	0.05	\$4,500			1	\$4,500.00
valuation Assoc	0.05	\$3,250	-		1	\$3,250.00
udget & Contracts Mor	0.05	\$4,2				\$4,250.00
AS Mgr	0.75	\$47,925				\$47,925.00
ogistics Associates	3.00	\$139,800				\$139,800.00
SE/Vol Coordiantor	0.75	\$34,500				\$34,500.00
omm. Engagement & Kit Packig Assoc	0.25	\$11,250				\$11,250.00
OTAL SALARIES	5.00	\$254,725				\$254.725.0

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

Certified By:	Date:	
Title:		

APPENDIX F-1d 7/01/17-6/30/18 PAGE A

Contractor: San Francisco AIDS Foundation					CMS # 7774					A-1JUL17		
Address: P. O. Box 426182 San Francisco, CA 94142-618	2			Contract Purchase Order No:								
Telephone: (415) 487-3000 Fax: (415) 487-3009		HPS				Funding	G	eneral Fi	und			
Program Name: Syringe Access Services	4			9			le/Detail:					
ACE Control #:					Pio	N. ca.						
							Period:	07/1	/17 - 07/			
						FINAL	Invoice		(check if	024		
	CONTRA	ACTED	THIS P	ERIOD	TO D	ATE	% C TOT	AL	DELIVE	RABLES		
DELIVERABLES	UOS 12	NOC	UOS	NOC	UOS	NOC	UOS	NOC	12	NOC		
Page Appropriately:	14								12			
								7 - 10				
									-			
						J I						
		NOC		NOC		NOC		NOC		NOC		
Unduplicated Clients for Appendix												
EXPENDITURES	BUDG	SET	EXPE THIS P	4-4-4	EXPE TO D	0.000	% C		767.6	ANCE		
Total Salaries (See Page B)		6-014										
Fringe Benefits Total Personnel Expenses	1 3		-		_		_		_	_		
Operating Expenses:		_					_	_				
Occupancy-(e.g., Rental of Property, Utilities,												
Building Maintenance Supplies and Repairs)												
Materials and Supplies-(e.g., Office,		-	_		-	_	-		\$148,8	30.00		
Postage, Printing and Repro., Program Supplies)							,		4110,0	200.00		
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$30,0	000							\$30,0	00.00		
Staff Travel - (e.g., Local & Out of Town)												
Consultant/Subcontractor		-										
Other - (Meals, Audit, Transportation Relmb,		100										
Stipends, Facilitators)					_	_						
Total Operating Expenses	\$178,	830							\$178,8	330.00		
Capital Expenditures TOTAL DIRECT EXPENSES	\$178,	930			_	_			\$178,8	30.00		
Indirect Expenses	\$17.8								\$17,8			
TOTAL EXPENSES	\$196,						-	- 1	\$196,7			
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if approx	- district	-			NOTES:							
REIMBURSEMENT	mate)		-									
I certify that the information provided above is, to the bes												
records for those claims are maintained in our office at the			o dilgor bie	provision	I OI diat CO	inact. Fe	in justinoatic	ii diid ba	CKUP			
Signature:					_			Date:				
Title:												
Send to: SFDPH Fiscal / Invoice Process	ing	-										
1380 Howard Street, 4th Floor San Francisco, CA 94103		By:						Date:				
Attn: Contract Payments			(DPH Au	thorized	Signatory)						

APPENDIX F-1d 7/01/17-6/30/18 PAGE B

				ce Number
	tion		A-	JUL17
ddress: P. O. Box 426182 San Francisco, CA 94142-6182		ract Purchase Order No):	
0000		Fund Source		eral Fund
1009				erai Funo
Condess		Grant Code/Detail	l:	
cess services		Project Code/Detai	1:	
		Investor Boxfor	07/4/4	7 07/94/47
		FINAL Involc	e	(check if Yes)
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		ENDITURES BUDGETED EXPENSE	Project Code/Detai	Project Code/Detail: Invoice Period: 07/1/17 FINAL Invoice 0 ENDITURES BUDGETED EXPENSES EXPENSES % OF

APPENDIX F-1e 7/01/17-12/31/17 PAGE A

					CM				voice Num	
Contractor: San Francisco AIDS Found Address: P. O. Box 426182	ation				77	74	1 1		A-1JUL1	7
San Francisco, CA 94142-618	2			Con	tract Pur	chase C	rder No:			
Telephone: (415) 487-3000 Fax: (415) 487-3009		Н	es		-	Funding	Source:		CDC	
		* * * *	-		Gr	ant Cod	HCH	HIVPREV	NGR	
Program Name: Syringe Access Services					Pro	ect Cod	ie/Detail:		HCPD90	
ACE Control #:								07/4	47 074	04/47
						Invoice	e Period:	07/1	/17 - 07/3	31/1/
						FINAL	Involce		(check if	Yes)
		TAL		ERED	DELIV		%			AINING RABLES
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Unduplicated Clients for Appendix	2 3 10	NOC		NOC	1500	NOC		NOC		NOC
EVER INTEREST			ma control			1000			200	0.000
EXPENDITURES	BUT	OGET		NSES ERIOD	TO D		BUD			ANCE
Total Salaries (See Page B)										
Fringe Benefits Total Personnel Expenses	74	- 1	_	_			_	_	-	
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities,										
Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office,	\$4,	545							\$4,54	5.00
Postage, Printing and Repro., Program Supplies)		-			-			_	-	
General Operating-(e.g., Insurance, Staff										
Training, Equipment Rental/Maintenance)									-	
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Mesis, Audit, Transportation Reimb,		_							-	
Stipends, Facilitators)										
Total Operating Expenses	\$4	545	_	-		_		-	\$4,54	5 00
Capital Expenditures								-		
TOTAL DIRECT EXPENSES	-	545							\$4,54 \$458	
Indirect Expenses TOTAL EXPENSES	-	000							\$5,00	
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments (Enter as negative, if appropriate Adjustments) REIMBURSEMENT	oriate)									
I certify that the information provided above is, to the best accordance with the budget approved for the contract of records for those claims are maintained in our office at the Signature:	ted for serv	ices provide							ckup	
Send to: SFDPH Fiscal / Invoice Process	ino			_	_	_	_	_		
1380 Howard Street, 4th Floor San Francisco, CA 94103	iii g	Ву:			Signatory			Date:		
Attn: Contract Payments			(DPH AU	thorized	Signatory	1				

APPENDIX F-1e 7/01/17-12/31/17 PAGE B

						HIVUI	ce Number	
	San Francisco P. O. Box 4261		oundation				1JUL17	
Address:	San Francisco		142-6182	Contract P	Contract Purchase Order No:			
Telephone:	(415) 487-3000				Fund Source:		CDC	
Fax: (415) 487-3009 Program Name: Syringe Access Services								
			HCHIVPREVNGR					
		253.0		P	HCPD90			
ACE Control #:					Invoice Period:	07/1/1	7 - 07/31/17	
							(-1 - 1 - 1037 - 1)	
					FINAL Invoice		(check if Yes)	
	LIFE PARTIES							
ETAIL PERSON	NEL EXPENDI	TURE	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING	
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			-					
TAL SALARIES				omplete and accurate; th				

APPENDIX F-2 7/01/16-6/30/17 PAGE A

Contractor: San Francisco AIDS Found	lation			CMS# 7774	A-1JUL16		
Address: P. O. Box 426182 San Francisco, CA 94142-618;	2		Cor	ntract Purchase	Order No:		
Telephone: (415) 487-3000 Fax: (415) 487-3009	F	HPS			g Source:	General Fund	
Program Name: Syringe Acess Services				Project Co			
ACE Control #:						THE DRIVATE	
				Invoid	e Period:	07/1/16 - 07/31/16	
				FINA	L Invoice	(check if Yes)	
DELIVERABLES	CONTRACT UOS 1		DELIVERED THIS PERIOD UOS NOC	DELIVERED TO DATE UOS NOC	% OF TOTAL UOS N	REMAINING DELIVERABLES OC UOS NOC	
1-1000							
Unduplicated Clients for Appendix	1	NOC	NOC	NOC	N.	oc Noc	
EXPENDITURES	BUDGET		EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE	
Total Salaries (See Page B)	BULGET		This PERIOD	TOURIE	BOUGLI	BALANGE	
Fringe Benefits							
Total Personnel Expenses Operating Expenses:							
Occupancy-(e.g., Rental of Property, Utilities,							
Bullding Maintenance Supplies and Repairs)							
Materials and Supplies-(e.g., Office,							
Postage, Printing and Repro., Program Supplies)							
General Operating-(e.g., Insurance, Staff					-		
Training, Equipment Rental/Maintenance)							
Staff Travel - (e.g., Local & Out of Town)							
Consultant/Subcontractor	\$142,595	5				\$142,595.00	
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)							
Total Operating Expenses	\$142,595					\$142,595.00	
Capital Expenditures							
TOTAL DIRECT EXPENSES	\$142,595	-		-		\$142,595.00 \$14,259.00	
Indirect Expenses TOTAL EXPENSES	\$14,259 \$156,854					\$156,854.00	
LESS: Initial Payment Recovery				NOTES:			
Other Adjustments (Enter as negative, if appropriate Adjustments) REIMBURSEMENT	oriate)						
I certify that the information provided above is, to the bes accordance with the budget approved for the contract cit records for those claims are maintained in our office at the Signature:	ted for services p he address indica	provided unated.		Charles and the second second second	ull justification as		
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor San Francisco, CA 94103 Attn: Contract Payments	ing	By:	PH Authorized	Signatory)		Date:	

APPENDIX F-2 7/01/16-6/30/17 PAGE B

Contractor	: San Francisco A	UDS Fo	oundation		Î		ce Number		
No. of the second of the second	Address: P. O. Box 426182 San Francisco, CA 94142-6182								
	San Francisco, C	SA 941	42-6182	Contract P	urchase Order No:				
	Telephone: (415) 487-3000 Fax: (415) 487-3009				Fund Source: Grant Code/Detail:				
Program Name: Syringe Acess Services									
				P					
ACE Control #:	ACE Control #:				Project Code/Detail:				
					Involce Period:				
					FINAL Invoice		(check if Yes)		
	INEL EXPENDIT	URES	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING		
ERSONNEL		FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE		
							-		
		37							
		-							
							-		
		-							
		201							
	-	-							
	Section 11				-				

aAPPENDIX F-2 7/01/17-6/30/18 PAGE A

Contractor: San Francisco AIDS Found Address: P. O. Box 426182	ation			CMS# 7774] [Invoice Number A-1JUL17			
San Francisco, CA 94142-618	2		Cor	ntract Purchase	Order No:					
Telephone: (415) 487-3000 Fax: (415) 487-3009	F	HPS			Funding Source:			General Fund		
Program Name: Syringe Acess Services					ode/Detail:					
ACE Control #:						ent.	U= ==	7717		
				Invo	ice Period:	07/1.	/17 - 07/:	31/17		
				FIN	AL Invoice		(check if	Yes)		
	TOTAL CONTRACTED	THIS P	ERIOD	TO DATE	% C	AL	DELIVE	INING RABLES		
DELIVERABLES	UOS NOC	UOS	NOC	UOS NO	uos	NOC	UOS	NOC		
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Unduplicated Clients for Appendix	NOC		NOC	NOC		NOC		NOC		
EXPENDITURES		EXPE	ucec	EXPENSES	%()E	DEMA	ININIC		
EAPENDITURES	BUDGET	THIS P		TO DATE	BUDG		REMA	NCE		
Total Salaries (See Page B)		1								
Fringe Benefits										
Total Personnel Expenses Operating Expenses:			_		-		-			
Occupancy-(e.g., Rental of Property, Utilities,					-	_	-	-		
Building Maintenance Supplies and Repairs)			-			- 1				
		16.00								
Materials and Supplies-(e.g., Office,				2						
Postage, Printing and Repro., Program Supplies)					-					
General Operating-(e.g., Insurance, Staff			-		-		-	_		
Training, Equipment Rental/Maintenance)										
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$142,595						\$142,5	95.00		
Other - (Meals, Audit, Transportation Relmb,					-			-		
Stipends, Facilitators)										
Total Operating Expenses	\$142,595		_		-		\$142,5	95.00		
Capital Expenditures										
TOTAL DIRECT EXPENSES	\$142,595						\$142,5			
Indirect Expenses	\$14,259						\$14,2			
TOTAL EXPENSES LESS: Initial Payment Recovery	\$156,854			NOTES:			\$156,8	04.00		
Other Adjustments (Enter as negative, if approp	riate)									
REIMBURSEMENT										
certify that the information provided above is, to the bes	t of my knowledge,	complete end	accurate	the amount reque	ested for reimb	ursement	t is in			
accordance with the budget approved for the contract cit			provision	n of that contract.	Full justification	n and bar	ckup			
records for those claims are maintained in our office at the		i.				Date:				
Signature: _					_	Date.				
Title:					-					
Send to: SFDPH Fiscal / Invoice Processi	ng		_			-		_		
1380 Howard Street, 4th Floor										
San Francisco, CA 94103	E	By:	hade a	Classical	-	Date:				
Attn: Contract Payments		(DPH Au	norized	Signatory)						

aAPPENDIX F-2 7/01/17-6/30/18 PAGE B

oundation 142-6182 es		urchase Order No: Fund Source: Grant Code/Detail: roject Code/Detail:	Gene	1JUL17 eral Fund		
		Fund Source:		eral Fund		
		Fund Source:		eral Fund		
es		Grant Code/Detail:		eral Fund		
es						
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	Р	roject Code/Detail:				
		07/1/17	7 - 07/31/17			
		FINAL Invoice	(check if Yes)		
S						
BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING		
SALARY	THIS PERIOD	TODATE	BUDGET	BALANCE		
			7 2 3			
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	SALARY t of my knowledge, or	BUDGETED EXPENSES THIS PERIOD tof my knowledge, complete and accurate; the state of the state o	BUDGETED SALARY THIS PERIOD TO DATE EXPENSES TO DATE TO DATE To my knowledge, complete and accurate; the amount requested for	BUDGETED EXPENSES EXPENSES % OF		

Appendix G

Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions for concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may
 forward the dispute to the Executive Director of the Department or their designee. This dispute
 shall be in writing and describe both the nature of the dispute or concern and why the steps taken
 to date are not satisfactory to the contractor. The Department will respond in writing within 10
 working days.

Appendix G

In addition to the above process, contractors have an additional forum available only for <u>disputes that concern</u> <u>implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors.</u> These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

SANFRAN-02

POBAR1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/23/2016

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	he terms and conditions of the polic ertificate holder in lieu of such endor				endorse	ement. A sta	tement on th	is certificate does not c	onfer ı	ights to the		
PRO	DUCER License # 0H81923				CONTACT NAME:							
G2 Insurance Services, LLC						PHONE (A/C, No. Ext): (415) 426-6600 FAX (A/C, No.): (415) 426-6601						
Sar	New Montgomery, 21st Floor Francisco, CA 94105		E-MAIL									
	,				ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #							
					INSURER A : Nonprofits' Insurance Alliance of California (NIAC)							
INS	JRED	-			INSURER B : Berkshire Hathaway Homestate Insurance Company 20044							
	San Francisco AIDS Founda	ntion			INSURER C: North American Elite Insurance Company 29700							
	1035 Market Street, Ste. 400				INSURE				•			
	San Francisco, CA 94103				INSURE	RE:						
					INSURE	RF:						
				NUMBER:	REVISION NUMBER:							
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORM LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAIN THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS		
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	X		201600950NPO		04/01/2016	04/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
	X Social Services Prof	1						MED EXP (Any one person)	\$	20,000		
		1						PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000			
	X POLICY PRO- JECT LOC	1					PRODUCTS - COMP/OP AGG	\$	3,000,000			
	OTHER:	1	_					LIQUOR LIABILIT	\$	1,000,000		
	AUTOMOBILE LIABILITY	x						COMBINED SINGLE LIMIT (Ea accident)	\$			
A	ANY AUTO ALL OWNED SCHEDULED			201600950NPO		04/01/2016	04/01/2017	BODILY INJURY (Per person)	\$	1,000,000		
	AUTOS SCHEDULED	AUTOS AUTOS NON-OWNED	1				ļ	BODILY INJURY (Per accident)	\$			
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$			
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	X UMBRELLA LIAB X OCCUR		204 COOOTOUMPNIDO		0.4/0.4/0.04.0	04/04/2047	EACH OCCURRENCE	\$	10,000,000			
Α	CLAIMS-MADE	4		201600950UMBNPO		04/01/2016	04/01/2017	AGGREGATE	\$	40 000 000		
_	DED X RETENTIONS 10,000 WORKERS COMPENSATION		-					General Aggrega PER OTH- STATUTE ER	\$	10,000,000		
В	AND EMPLOYERS' LIABILITY	PLOYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED? N/A		SAWC712175		07/01/2016	07/01/2017			1,000,000		
В	OFFICERMEMBER EXCLUDED? (Mandatory in NH)			OAWO712175		0770172010	0770172017	E.L. EACH ACCIDENT	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	DESCRIPTION OF OPERATIONS DEIOW		\vdash					E.L. DISEASE - POLICY LIMIT	2	1,000,000		
С	Business Pers Prop			CWB001009205		04/01/2016	04/01/2017			6,195,000		
RE: City	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Ongoing service contracts with city and county of SF City and County of SF, its officers, directors employees agents and representatives are named as additional insureds as respects General Liability and Auto Liability as required by written contract.											
CE	RTIFICATE HOLDER				CANC	ELLATION						
UE	TIFICATE HOLDER				CANU	LLLATION		· · · · · · · · · · · · · · · · · · ·				
	City and County of San Fran 101 Grove Street San Francisco, CA 94102	cisc	o - SF	FDPH .	ACC	EXPIRATION ORDANCE WIT	THE POLICE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL I Y PROVISIONS.				
	•				10.00	RIZED REPRESE	NTATIVE					
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, in consideration of food contributions or client referrals you receive from them.

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.



Policy Number: 201500950NPO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

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

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

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

First Amendment

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

Recitals

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

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

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

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

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

- 1.1 Agreement. The term "Agreement" shall mean the Agreement dated July 1st, 2016 (CID# 1000002634), between Contractor and City, as amended by the:
- 1.2 Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

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

Article 2 Term of the Agreement

- 2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2016; or (ii) the Effective Date and expire on June 30, 2018, unless earlier terminated as otherwise provided herein.
- 2.2 The City has eight options to renew the Agreement for a period of one year each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

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

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

Article 2 Term of the Agreement

- 2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2016; or (ii) the Effective Date and expire on June 30, 2019, unless earlier terminated as otherwise provided herein.
- 2.2 The City has eight options to renew the Agreement for a period of one year each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

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

Amendment: 10/01/2017

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

Article 3 Financial Matters

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

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

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

3.3 Compensation.

- 3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed Four Million Nine Hundred Seventy-Six Thousand Eight Hundred Thirty DOLLARS (\$4,976,830). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.
- 3.3.2 Payment Limited to Satisfactory Services. Contractor is not entitled to any payments from City until Department of Public Health approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including

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

- 3.3.3 Withhold Payments. If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.
- 3.3.4 Invoice Format. Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City to Contractor at the address specified in Section 11.1, "Notices to the Parties," or in such alternate manner as the Parties have mutually agreed upon in writing.

3.3.5 Reserved. (LBE Payment and Utilization Tracking System)

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

- (a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through Paymode-X, the City's third party service that provides Automated Clearing House (ACH) payments. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.
- (b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

3.3.7 Grant Funded Contracts.

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

(b) Reserved (Grant Terms)

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

Amendment: 10/01/2017

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

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

- 3.4.2 The Director of Public Health or his / her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.
- 3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.
- 3.5 Submitting False Claims. The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

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

Article 3 Financial Matters

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

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

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

3.3 Compensation.

- 3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed Nine Million Eight Hundred Thirty-Nine Thousand Four Hundred Eighty-Seven DOLLARS (\$9,839,487). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.
- 3.3.2 Payment Limited to Satisfactory Services. Contractor is not entitled to any payments from City until Department of Public Health approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to

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

- 3.3.3 Withhold Payments. If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.
- 3.3.4 Invoice Format. Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City as specified in Section 3.3.6, or in such alternate manner as the Parties have mutually agreed upon in writing.
 - 3.3.5 Reserved (LBE Payment and Utilization Tracking System).
 - 3.3.6 Getting paid for goods and/or services from the City.
- (a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through, the City's Automated Clearing House (ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.
- (b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

3.3.7 Grant Funded Contracts.

- (a) Disallowance. If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement between Contractor and City.
- (b) Grant Terms. The funding for this Agreement is provided in full or in part by a Federal or State Grant to the City. As part of the terms of receiving the funds, the City is required to incorporate some of the terms into this Agreement. The incorporated terms may be found in Appendix D, "Grant Terms." To the extent that any Grant Term is inconsistent with any other provisions of this Agreement such that Contractor is unable to comply with both the Grant Term and the other provision(s), the Grant Term shall apply.
- (c) Contractor shall insert each Grant Term into each lower tier subcontract. Contractor is responsible for compliance with the Grant Terms by any subcontractor, lower-tier subcontractor or service provider.
- 3.4 Audit and Inspection of Records. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related

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

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

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

- 3.4.2 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.
- 3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.
- 3.5 Submitting False Claims. The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the

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

- 3.6 Reserved (Payment of Prevailing Wages).
- 2.3 Article 4 Services and Resources, is hereby amended in its entirety to read as follows:

Article 4 Services and Resources

- 4.1 Services Contractor Agrees to Perform. Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."
- 4.2 Qualified Personnel. Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

4.3 Subcontracting.

- 4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.
- 4.3.2 City's execution of this Agreement constitutes its approval of the subcontractors listed below.
 - a. Glide
 - b. Saint James Infirmary
 - c. Homeless Youth Alliance
 - d. SF Drug Users Union
 - 4.4 Independent Contractor; Payment of Employment Taxes and Other Expenses.
- 4.4.1 Independent Contractor. For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be

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

- 4.4.2 Payment of Employment Taxes and Other Expenses. Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this section.
- 4.5 Assignment. The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

- 4.6 Warranty. Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.
- 2.4 Article 5 Insurance and Indemnity, is hereby amended in its entirety to read as follows:

Article 5 Insurance and Indemnity

5.1 Insurance.

- 5.1.1 Required Coverages. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:
- (a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- (b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- (c) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- 5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:
- (a) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- (b) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.
- 5.1.3 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."
- 5.1.4 Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.
- 5.1.5 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be

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

- 5.1.6 Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.
- 5.1.7 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.
- 5.1.8 If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.
- 5.2 Indemnification. Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) - (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

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

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

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

Article 8 Termination and Default

8.1 Termination for Convenience

- 8.1.1 City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.
- 8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:
- (a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.
- (b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.
- (c) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- (d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- (e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.
- (f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.
- 8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

- (a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for Services. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.
- (b) A reasonable allowance for profit on the cost of the Services described in the immediately preceding subsection (a), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all Services under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.
- (c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.
- (d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the Services or other work.
- 8.1.4 In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under Section 8.1.3.
- 8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct:
 (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.
- 8.1.6 City's payment obligation under this Section shall survive termination of this Agreement.

8.2 Termination for Default; Remedies.

- 8.2.1 Each of the following shall constitute an immediate event of default ("Event of Default") under this Agreement:
- (a) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

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

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

- (b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.
- (c) Contractor (i) is generally not paying its debts as they become due; (ii) files, or consents by answer or otherwise to the filing against it of a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction; (iii) makes an assignment for the benefit of its creditors; (iv) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property; or (v) takes action for the purpose of any of the foregoing.
- (d) A court or government authority enters an order (i) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (ii) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Contractor.
- 8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.
- 8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.
- 8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.
- 8.3 Non-Waiver of Rights. The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by

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

8.4 Rights and Duties upon Termination or Expiration.

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

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5 Submitting False Claims		11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information	1,50	

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

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

Article 10 Additional Requirements Incorporated by Reference

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

- 10.2 Conflict of Interest. By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 et seq.), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 et seq.), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.
- 10.3 Prohibition on Use of Public Funds for Political Activity. In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

10.4 Reserved.

10.5 Nondiscrimination Requirements

- 10.5.1 Non Discrimination in Contracts. Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.
- 10.5.2 Nondiscrimination in the Provision of Employee Benefits. San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section 12B.2.
- 10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance.
 Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.
- 10.7 Minimum Compensation Ordinance. Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.
- 10.8 Health Care Accountability Ordinance. Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.
- 10.9 First Source Hiring Program. Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.
- 10.10 Alcohol and Drug-Free Workplace. City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has

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

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

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

10.12 Reserved. (Slavery Era Disclosure).

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

10.14 Consideration of Criminal History in Hiring and Employment Decisions

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

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

- 10.15 Public Access to Nonprofit Records and Meetings. If Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.
- 10.16 Food Service Waste Reduction Requirements. Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.
- 10.17 Sugar-Sweetened Beverage Prohibition. Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.
- 10.18 Tropical Hardwood and Virgin Redwood Ban. Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.
 - 10.19 Reserved (Preservative Treated Wood Products).
- 2.7 Article 11 General Provisions, is hereby amended in its entirety to read as follows:

Article 11 General Provisions

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

To CITY: Office of Contract Management and Compliance

Department of Public Health

101 Grove Street, Room 402

San Francisco, California 94102 e-mail: Nora.macias@sfdph.org

And: TOMAS ARAGON, MD, MPH

CHEP

101 GROVE STREET, ROOM 308

SAN FRANCISCO, CA 94102 e-mail: Tomas,aragon@sfdph.org

To CONTRACTOR: SAN FRANCISCO AIDS FOUNDATION

1035 MARKET STREET, SUITE 400

SAN FRANCISCO, CA 94103 e-mail: jhollendoner@sfaf.org

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

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

11.3 Reserved.

- 11.4 Sunshine Ordinance. Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.
- 11.5 Modification of this Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement.

11.6 Dispute Resolution Procedure.

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

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

- 11.6.2 Government Code Claim Requirement. No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.
- 11.6.3 Health and Human Service Contract Dispute Resolution Procedure. The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.
- 11.7 Agreement Made in California; Venue. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.
- 11.8 Construction. All paragraph captions are for reference only and shall not be considered in construing this Agreement.
- 11.9 Entire Agreement. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."
- 11.10 Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.
- 11.11 Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.
- 11.12 Cooperative Drafting. This Agreement has been drafted through a cooperative effort of City and Contractor, and both Parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No Party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the Party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

- 11.13 Order of Precedence. Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFP, and Contractor's proposal dated March 3, 2016. The RFP and Contractor's proposal are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal.
- 2.8 Article 12 Department Specific Terms, is hereby amended in its entirety to read as follows:

Article 12 Department Specific Terms

12.1 Third Party Beneficiaries.

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

12.2 Certification Regarding Lobbying.

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

- A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.
- B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.
- C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.
- D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

12.3 Materials Review.

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

12.4 Emergency Response.

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

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

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

Article 13 Data and Security

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

- 13.1.1 If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.
- 13.1.2 In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, such information must be held by Contractor in

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

- 13.2 Reserved. (Payment Card Industry ("PCI") Requirements.
- 13.3 Business Associate Agreement.

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

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

	And is a Covered Entity ¹ as defined under HIPAA; Complete the following attached documents:
	 Appendix E SFDPH Protected Information Privacy & Security Agreement (PSA) (06-21-2017)
	b. SFDPH Attestation 1 PRIVACY (06-07-2017)
	 SFDPH Attestation 2 DATA SECURITY (06-07-2017)
	d. SFDPH Attestation 3 COMPLIANCE (06-07-2017)
6.	
2.	CONTRACTOR will create, receive, maintain, transmit, or access SFDPH PHI And is NOT a Covered Entity ¹ as defined under HIPAA; Complete the following attached documents:
2.	And is NOT a Covered Entity as defined under HIPAA;

This option requires review and approval from the Office of Compliance and

Amendment: 10/01/2017

PHI;

Privacy Affairs.

Appendix E and attestations are not required.

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

https://privacyruleandresearch.nih.gov/pr 06.asp

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

a. Health Care Providers (doctors, clinics, psychologists, pharmacies, nursing homes)

Health Plans (Health insurance companies, HMOs, company health plans, government programs that pay for health care).

c. Health Care Clearinghouse (Not Applicable to SFDPH contracts)

- 13.4 Protected Health Information. Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.
- 2.10 Add Article 14 MacBride And Signature, to this Agreement as Amended to reads as follows:

Article 14 MacBride And Signature

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

The Appendices listed below are Amended as follows:

- 2.11 Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated:10/01/2017.
- 2.12 Delete Appendix A-1, and replace in its entirety with Appendix A-1 to Agreement as amended. Dated: 10/01/2017.
- 2.13 Delete Appendix A-2, and replace in its entirety with Appendix A-2 to Agreement as amended, Dated: 10/01/2017.

- 2.14 Delete Appendix A-3, and replace in its entirety with Appendix A-3 to Agreement as amended. Dated: 10/01/2017.
- 2.15 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: 10/01/2017.
- 2.16 Delete Appendix B-1c, and replace in its entirety with Appendix B-1c to Agreement as amended. Dated: 10/01/2017.
- 2.17 Delete Appendix B-1d, and replace in its entirety with Appendix B-1d to Agreement as amended. Dated: 10/01/2017.
- 2.18 Delete Appendix B-1e, and replace in its entirety with Appendix B-1e to Agreement as amended. Dated: 10/01/2017.
 - 2.19 Add Appendix B-1f to Agreement as amended. Dated: 10/01/2017.
 - 2.20 Add Appendix B-1g to Agreement as amended. Dated: 10/01/2017.
 - 2.21 Add Appendix B-1h to Agreement as amended. Dated: 10/01/2017.
- 2.22 Delete Appendix B-2a, and replace in its entirety with Appendix B-2a to Agreement as amended. Dated:10/01/2017.
 - 2.23 Add Appendix B-2b to Agreement as amended. Dated: 10/01/2017.
 - 2.24 Add Appendix B-3a to Agreement as amended. Dated: 10/01/2017.
 - 2.25 Add Appendix B-3b to Agreement as amended. Dated: 10/01/2017.
- 2.26 Delete Appendix D, and replace in its entirety with Appendix D to Agreement as amended. Dated: 10/01/2017.

- 2.27 Delete Appendix E, and replace in its entirety with Appendix E to Agreement as amended. Dated: OCPA & CAT v6.21.2017 and Attestation forms 06-07-2017.
- 2.28 Delete Appendix F-1c, and replace in its entirety with Appendix F-1c to Agreement as amended. Dated: 10/01/2017.
- 2.29 Delete Appendix F-1d, and replace in its entirety with Appendix F-1d to Agreement as amended. Dated: 10/01/2017.
- 2.30 Delete Appendix F-1e, and replace in its entirety with Appendix F-1e to Agreement as amended. Dated: 10/01/2017.
 - 2.31 Add Appendix F-1f to Agreement as amended. Dated: 10/01/2017.
 - 2.32 Add Appendix F-1g to Agreement as amended. Dated: 10/01/2017.
 - 2.33 Add Appendix F-1h to Agreement as amended. Dated: 10/01/2017.
- 2.34 Delete Appendix F-2a, and replace in its entirety with Appendix F-2a to Agreement as amended. Dated:10/01/2017.
 - 2.35 Add Appendix F-2b to Agreement as amended. Dated: 10/01/2017.
 - 2.36 Add Appendix F-3a to Agreement as amended. Dated: 10/01/2017.
 - 2.37 Add Appendix F-3b to Agreement as amended. Dated: 10/01/2017.

Article 3 Effective Date

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

Article 4 Legal Effect

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

[SIGNATURES ON FOLLOWING PAGE]

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

CITY
Recommended by:
Barbara A. Garcia, MPA
Director of Health
Department of Public Health
Approved as to Form:
Dennis J. Herrera
City Attorney
By: Deputy City Attorney
Approved:
But Jones L
Jaci Fong
Director of the Office of Contract
Administration, and

CONTRACTOR SAN FRANCISCO AIDS FOUNDATION

Joe Hollendoner

Chief Executive Officer

1035 Market Street, Suite 400

San Francisco, CA 94103

Supplier ID number: 0000011638

Amendment: 10/01/2017

Purchaser

		*

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

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

B. Reports:

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

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

C. Evaluation:

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

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

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. Grievance Procedure:

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

H. Infection Control, Health and Safety:

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

- (7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.
- (8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

I. Aerosol Transmissible Disease Program, Health and Safety:

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

J. Acknowledgment of Funding:

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

K. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

L. Under-Utilization Reports:

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

M. Quality Assurance:

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

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

N. Compliance With Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1 – HIV Syringe Access and Disposal Services

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

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

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

Contractor: San Francisco AIDS Foundation Program:Syringe Access and Disposal Services Fiscal Year: 2016-2017 to 2018-2019

Contract ID# 1000002634 (CMS# 7774)

CONTRACT SUMMARY

Annually A 4

Service Provider(s): Fiscal Agency:

San Francisco AIDS Foundation San Francisco AIDS Foundation

Total Contract

\$9,060,163 Amount:

Funding Source:

HPS General Fund/CDC

Program Name:

Syringe Access and Disposal Services

System of Care:

Population Health - HIV Prevention Services (HPS)

Program Code:

N/A

Provider Address:

1035 Market Street, Suite 400 - SF CA 94103

Provider Phone:

415-487-3000

Contact Person:

Richard Hill, Director of Government Contracts Direct Phone Number: 415-487-8042

GF

\$1,956,679

7.1.18-6.30.19

UOS

3,614

12

2,028

264

GF

\$206,672

7.1.18-6.30.19

UOS

NA

12

NA

NA

Email: rhill@sfaf.org

Provider Fax: 415-487-3094

RFP#:

3-2016

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

Syringe Access & Disposal Services Hrs. Number of UOS:

Disposal Coordination & Bulk Purchasing

Citywide Syringe Sweeps

Community-Based Sweeps Events

Number of UDC/NOC:

> Syringe Access & Disposal Services Hrs. Disposal Coordination & Bulk Purchasing

Citywide Syringe Sweeps

Community-Based Sweeps Events

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

Number of UOS: Syringe Access & Disposal Services Hrs. Disposal Coordination & Bulk Purchasing

Citywide Syringe Sweeps

Community-Based Sweeps Events

	Appena	IX A-1 S	yringe Access S	iervices	
B-1	B-1a	B-1b	B-1c	B-1d	B-1e
GF	GF	CDC	GF	GF	CDC
\$1,863,232	\$196,713	\$5,000	\$1,909,813	\$201,631	\$5,000
7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-12.31.16	7.1.17-6.30.18	7.1.17-6.30.18	1.1.17-12.31.17
uos	uos	UOS	uos	UOS	uos
3,614	N/A	N/A	3,614	N/A	N/A
12	12	12	12	12	12
2,028	N/A	N/A	2,028	N/A	N/A
264	N/A	N/A	264	NA	N/A
NOC	NOC	NOC	NOC	NOC	NOC
44,300	N/A	N/A	44,300	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	NA	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
B-1f	B-1g	B-1h			

CDC

\$5,000

1.1.18-12.31.18

UOS

N/A

12

N/A

N/A

Contractor: San Francisco AIDS Foundation Program:Syringe Access and Disposal Services Fiscal Year: 2016-2017 to 2018-2019

Fiscal Year: 2016-2017 to 2018-2019 Contract ID# 1000002634 (CMS# 7774)

Number of UDC/NOC:		NOC	NOC	NOC	
555,1100.	Syringe Access & Disposal Services Hrs.	44,300	N/A	N/A	
	Disposal Coordination & Bulk Purchasing	N/A	N/A	N/A	
	Citywide Syringe Sweeps	N/A	N/A	N/A	
B. B. 101	Community-Based Sweeps Events	N/A	N/A	N/A	
Definition and # of UOS:	A Unit of Service (UOS) is equivalent to 1 hour	of service/activity	or 1 month of Prog	ram Coordination.	
Target Population:	Intravenous drug users (IDUs) throughout San	Francisco.			
Description of	Provides access to sterile syringes and safer in	niection supplies th	us ensurina IDUs h	ave clean syringe	s, and reducing the likelihood of syringe sharing and the risk of HIV transmission among the target
Services:					with partners St. James Infirmary, Gilde, the Homeless Youth Alliance and the San Francisco Drug
Appendix A:	A	Appendix A-2	Homeless Youth	Alliance	
Appendix B:		B-2	B-2a	B-2b	
Funding Source		GF	GF	GF	
Funding Amount:		\$156,854	\$160,775	\$164,794	
Funding Term:		7.1.16-6.30.17	7.1.17-6.30.18	7.1.18-6.30.19	
Number of UOS:	HYA Wrap Around & Disposal	12	UOS 12	UOS 12	
Number of	HTA Wrap Around & Disposar				
UDC/NOC:		NOC	NOC	NOC	
	HYA Wrap Around & Disposal	N/A	N/A	N/A	
Definition and # of	A Unit of Service (UOS) is equivalent to 1 mor	th of activities asso	clated with the adr	ministration of the	e funds.
UOS:					
Target Population:	Young adults aged 13-29 living on the stress in	n the Haight and fe	male identified IDU	s in the Mission	
					of San Francisco to the Homeless Youth Alliance. Tides Foundation serves as the
Target Population:	fiscal agent for HYA. SFAF's agreement with Funds are to be used for various personnel an				and the checks are made payable to Tides/Homeless Youth Alliance,

Contractor: San Francisco AIDS Foundation Program:Syringe Access and Disposal Services Fiscal Year: 2016-2017 to 2018-2019 Contract ID# 1000002634 (CMS# 7774)

Appendix A:		Appendix A-3	6th Street Harm	Reduction Ct.
Appendix B:		B-3	B-3a	B-3b
unding Source		GF	GF	GF
unding Amount:		\$344,000	\$884,000	\$1,000,000
unding Term:		11.1.16-6.30.17 UOS	7.1.17-6.30.18 UOS	7.1.18-6.30.19 UOS
lumber of UOS:	Harm Reduction Center Services Hrs.	8	12	12
lumber of IDC/NOC:	That is the second of the seco	NOC	NOC	NOC
	Harm Reduction Center Services Hrs.	18,400	35,343	36,960
Commercial design in land	A Unit of Service (UOS) is equivalent to 1 Mor	nth of Harm Reduction	on Center Services	3,
Definition and # of JOS:	A Unit of Service (UOS) is equivalent to 1 Mo		on Center Services	

Contractor: San Francisco AIDS Foundation

Fiscal Year: 2016 - 2017

2017 - 2018 2018 - 2019 Appendix A-1

Contract Term: 07.01.16 through 6.30.19 Funding Sources: General Fund and CDC

1. Identifiers:

Program Name: San Francisco AIDS Foundation - Syringe Access Services

Program Address: 1035 Market Street, Suite 400 City, State, Zip Code: San Francisco, CA 94103 Telephone/FAX: (415) 487-3000/(415) 487-3094

Website Address: www.sfaf.org

Contractor Address: same as above

City, State, Zip Code:

Person completing this Narrative: Terry Morris, Manager Syringe Access Services

Telephone: (510) 338-8159 cell/ (415) 487-8043 desk

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Email Address: tmorris@sfaf.org

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Appendix Terms:		

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

3. Goal Statement:

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

4. Target Population:

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

1 of 8

Contractor: San Francisco AIDS Foundation Appendix A-1

Fiscal Year: 2016 - 2017

2017 - 2018 2018 - 2019 Contract Term: 07.01.16 through 6.30.19 Funding Sources: General Fund and CDC

Amendment: 10/01/2017

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

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

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

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

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

Contractor: San Francisco AIDS Foundation

Appendix A-1 Contract Term: 07.01.16 through 6.30.19

Funding Sources: General Fund and CDC

Amendment: 10/01/2017

Fiscal Year: 2016 - 2017 2017 - 2018

2017 - 2018 2018 - 2019

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

Syringe Access and Disposal Coordination & Bulk Purchasing One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing	12	N/A
12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS		14/2
Total Services Delivered	12	N/A

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

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

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

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

Fiscal Year: 2016 - 2017

2017 - 2018 2018 - 2019 Appendix A-1 Contract Term: 07.01.16 through 6.30.19

Funding Sources: General Fund and CDC

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

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

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

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

Methodology:

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

- A. Syringe Access and Disposal Services includes the following direct client services:
 - Provision of sterile injection equipment to clients. SAC partners will provide sterile injection
 equipment at mobile van based sites, through street outreach, camp outreach, secondary
 exchange programming, private syringe exchange, fixed site, and multi-service drop in center
 sites.
 - 2. Distribution of syringe disposal supplies, (fitpacks, small bio-bins). Every participant will be offered a disposal container when picking up supplies. SAC staff members will provide encouragement and positive reinforcement to participants who bring in returns. Additionally, disposal sweep community outreach workers will make sharps containers available to people they engage during sweeps and to residents and business owners who would like to join the cause.
 - 3. Collection of disposed injection equipment, including disposal at sites and sweep programs, and in collaboration with the SFDPH Rapid Response Team as needed. SAC staff members and volunteers will sweep mapped routes (see attachments) in documented hot spot areas. SAC staff members will provide training on safe handling to all volunteers and staff assisting with sweeps. SAC staff members will properly close and lock sharps containers.

Contractor: San Francisco AIDS Foundation Appendix A-1

Contract Term: 07.01.16 through 6.30.19

Funding Sources: General Fund and CDC

Amendment: 10/01/2017

Fiscal Year: 2016 - 2017 2017 - 2018

2017 - 2018

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

- 5. Referral and linkage to medical care, case management, treatment services and other ancillary services. All SAC staff members will provide referrals (and when feasible) offer warm hand offs to services including medical care, the broad spectrum of substance use treatment services available in San Francisco, food, shelter, mental health counseling, and benefits.
- Linkage to HIV/HCV testing. All SAC members will offer participants linkage to on-site HIV/HCV testing or referrals to HIV/HCV testing.
- B. Syringe Access and Disposal Coordination includes the following non-direct client services:
 - 1. Overall coordination and responsibility for any agencies subcontracted to perform syringe access or disposal services or to reach the target populations. SFAF, the SAC Lead Coordinating agency, will monitor subcontractor performance, supply budget, syringe returns, ensure that work is documented and reported, and in collaboration with SAC membership problem solve, innovate, and deepen our relationships and coordinate our services.
 - 2. Participate in meetings of any subcontractors and SFDPH Rapid Response Clean Team engaged in disposal efforts (including sweeps) to ensure consistency of service delivery and ensure complementary and non-duplicative efforts. SFAF will participate in disposal team meetings and assess and re-assess sweep mapped routes to avoid duplicating services and adjusting service areas to heavy need areas and to respond to community concerns.
 - 3. Provide leadership to and training for any subcontractors. SAC Coordinating agency will arrange for trainings on subjects of interest to subcontractors and invite SAC members to SAS upcoming staff development trainings on boundaries, HCV medical care and linkage, safer injecting/vein care harm reduction counseling, and referral resources.
 - 4. In partnership with DPH, act as a "Good Neighbor"/Community Partner and actively establish and maintain positive relationships with neighbors, police, and other stakeholders in the community. In areas around syringe sites, syringe providers must respond collaboratively to residents, and adhere to all city requirements. When requested, attend community and/or police meetings with DPH to present information about the syringe access and disposal program. SAC Coordinating agency SFAF will be a good neighbor, build community ties, alliances, and respectfully engage with people opposed to harm reduction services in their neighborhoods. SAC staff will make every effort dependent on staffing schedules and availability to attend community and/or police meetings with DPH to present information about the syringe access and disposal program.

Fiscal Year: 2016 - 2017

2017 - 2018 2018 - 2019 Appendix A-1 Contract Term: 07.01.16 through 6.30.19 Funding Sources: General Fund and CDC

- C. Bulk Purchasing and Distribution includes the following support services for any subcontractors:
 - Order, purchase, and distribute syringes and safer injection equipment for the lead agency, any subcontracted agencies.
- D. Citywide Syringe Sweeps: A coordinated effort of at least two people whose sole purpose it is to search for, collect, and report on improperly discarded syringes, particularly on the streets and sidewalk within a specific geographic area. Sweeps must be complementary to other disposal efforts provided by the applicant and in collaboration with the SFDPH Rapid Response Clean Team. Requirements include:
 - Development of sweep schedules, focusing on hot spots, i.e., locations where improperly discarded syringes historically have appeared frequently. See attached maps and sweep schedule.
 - Ability to respond to DPH requests to increase sweeps in specific areas as needed. Sweep schedules may be adjusted to meet the needs of the community.
 - Ability to incorporate other new methods of responding to sweep requests in real-time such as cell phone, text, mobile phone application.
 - 4. Providing education to community about safe disposal options. All SAC members will share in development of safe disposal materials and outreach strategies to build community support for harm reduction and syringe access and safer disposal efforts.
- E. Coordination of Community-Based Sweeps Events: SFAF will coordinate neighborhood-wide sweep events that mobilize residents and staff of agencies working in areas where sweeps are necessary to create visibility, a sense of community and common purpose while providing a service.
- F. Data Collection and Reporting: Documentation of services must include logs of distribution of sterile injection equipment and supplies, collection and disposal of discarded syringes including:
 - Reporting of sterile injection equipment distribution by site,
 Syringes in and Syringes out will be collected by all SAC agencies. Data by site will be requested (as opposed to aggregate monthly data).
 - Submission of collected needle data on a quarterly basis,
 Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected.
 - 3. Reporting of sweep data monthly to DPH, Records of education and outreach efforts to community about safe disposal options.
 Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected. SAC members will track: # of Syringes collected, # of sharps containers distributed, the disposal sweep route, and provide a narrative after each sweep documenting community relationship building, education and outreach efforts, and contacts for follow up.
 - 4. Distribution of syringe disposal supplies.(fitpacks, small bio-bins, tongs)

Contractor: San Francisco AIDS Foundation Appendix A-1.

Fiscal Year: 2016 - 2017 Contract Term: 07.01.16 through 6.30.19
2017 - 2018 Funding Sources: General Fund and CDC

2017 - 2018 2018 - 2019

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

7. Objectives and Measurements:

A. Individualized Objectives

- By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will provide at least 3,500,000 syringes annually to 44,300 people as documented by syringe access logs.
- By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will provide at least 200,000 condoms annually to 16,500 people as documented by condom cases ordered.
- By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will collect at least 10,500 syringes annually as documented by disposal sweep logs.
- 4) By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will conduct at least 264 community clean-up events annually to 900 people as documented by volunteer sign in sheets and sweep logs.
- Staff Issues: SFAF's SAS Program Manager, in collaboration with the Director or Behavioral Health Services and the Senior Director of Programs and Services, will review monthly SAC UOS, coordinate client satisfaction survey, ensure that site data and sweep data are recorded and submitted.
- Data Collection Tools will include: syringe access site data log, syringe disposal sweep log, volunteer sign in sheets, condom purchase invoices

3. Data:

All SAC members will collect the following data by individual site:

- syringes returned
- syringes distributed
- Number of contacts and apparent demographics
- Syringes swept
- Mapped route of sweeps
- Narrative of community encounters/conversations/items for follow up

In addition, SFAF collects more comprehensive data on participants through an annual anonymous survey. These voluntary surveys assess demographic data, health status (such as HIV status, linkage to care, medication adherence, etc.), risk behaviors, and client satisfaction.

- 4. Frequency: Site data will be collected at every site, entered into an excel spreadsheet, and analyzed on a monthly basis. Sweep data will be collected at every sweep, entered into an excel spreadsheet, and analyzed on a monthly basis.
- 5. Data Reporting: The SAS Program Manager and the Logistics Coordinator will receive and analyze these data, in coordination with the Government Contracts Director. The evaluation data will be used to measure whether sites have adequate staffing levels, if the site is well utilized or needs outreach to make it successfully reach people, to track our disposal rate and use it to motivate staff and participants to increase returns, and to assess whether our level of service meets the needs of the community.

Amendment: 10/01/2017

Fiscal Year: 2016 - 2017

2017 - 2018 2018 - 2019 Appendix A-1 Contract Term: 07.01.16 through 6.30.19 Funding Sources: General Fund and CDC

8. Continuous Quality Improvement (CQI):

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

a) Staff assigned to program evaluation.

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

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

- b) How you will review and assess the extent to which your program is meeting its objectives. Monthly review of contract UOS versus performance, reading client satisfaction surveys, conversations with participants about their experiences at our services, surveys.
- c) What you will do if you learn the program is not meeting its objectives.
 Meet with the Syringe Access Collaborative and strategize, seek counsel from SFDPH, identify problems and adjust services to solve them.
- d) How you will use data/evaluation findings to change the program. Looking at demographic data, attendance patterns, service utilization, and reading client satisfaction surveys can highlight areas that need adjusting to improve the program.

Required Language:

None required.

8 of 8

Fiscal Year: 2016 - 2017

2017 - 2018 2018 - 2019 Appendix A-2 Contract Term: 07.01.16 through 06.30.19 Funding Sources: General Fund and CDC

Amendment: 10/01/2017

1. Identifiers:

Program Name: San Francisco AIDS Foundation - Syringe Access Services: Additional Funds for

Homeless Youth Alliance (No client services will be provided at 607-A Haight Street)

Program Address: 1035 Market Street, Suite 400 City, State, Zip Code: San Francisco, CA 94103 Telephone/FAX: (415) 487-3000/(415) 487-3094

Website Address: www.sfaf.org

Contractor Address: same as above

City, State, Zip Code:

Person completing this Narrative: Terry Morris, Manager Syringe Access Services

Telephone: (510) 338-8159 cell/ (415) 487-8043 desk

Email Address: tmorris@sfaf.org

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

3. Goal Statement:

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

4. Target Population:

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

Modality(s) / Intervention(s):

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

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

Fiscal Year: 2016 - 2017

2017 - 2018 2018 - 2019 Appendix A-2 Contract Term: 07.01.16 through 06.30.19

Amendment: 10/01/2017

Funding Sources: General Fund and CDC

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

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

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

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

6. Methodology

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

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

7. Objectives and Measurements - N/A

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

Fiscal Year: 2016-2017

2017-2018 2018-2019 Appendix A-3 Contract Term: 11.01.16 through 06.30.19

Funding Sources: General Fund

Amendment: 10/01/2017

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Program Name: San Francisco AIDS Foundation - 6th Street Harm Reduction Center

Program Address: 1035 Market Street, Suite 400 City, State, Zip Code: San Francisco, CA 94103 Telephone/FAX: (415) 487-3000/(415) 487-3094

Website Address: www.sfaf.org

Contractor Address: same as above

City, State, Zlp Code:

Person completing this Narrative: Richard Hill, Director of Government Contracts

Telephone: (415) 487-8042 Email Address: rhill@sfaf.org

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Appendix Terms:

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

3. Goal Statement:

See Appendix A-1.

4. Target Population:

See Appendix A-1.

Modality(s) / Intervention(s):

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

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

Contractor: San Francisco AIDS Foundation Appendix A-3

Fiscal Year: 2016-2017

2017-2018 2018-2019 Contract Term: 11.01.16 through 06.30.19 Funding Sources: General Fund

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

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

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

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

6. Methodology:

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

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

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

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

2 of 3

Contractor: San Francisco AIDS Foundation Appendix A-3

Fiscal Year: 2016-2017 2017-2018 2018-2019

Contract Term: 11.01.16 through 06.30.19 Funding Sources: General Fund

 a "Breakfast Club" adherence program, i.e. a daily drop-in to engage homeless and marginally housed people who inject or PWIDs who are housed and have challenges taking their HIV/HCV, PrEP, or antibiotics as prescribed;

 secure lockers for clients to store medications and pick them up during the HRC's 44 hours of service; this program will be piloted with HCV medications because they require a limited duration and will be expanded as success and capacity indicate.

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

7. Objectives and Measurements:

- a) By 06/30/2017 San Francisco AIDS Foundation will increase the hours of the Harm Reduction Center by 30 hours to 44 hours.
 - (The actual current hours of operation of the HRC are 44 hours per week; however, 14 of these weekly hours are already included in the services provided in Appendix A-1 of this contract.)
- b) By 06/30/2017 San Francisco AIDS Foundation will increase the number of contacts by clients seen at the Harm Reduction Center by 2,300 to 3,400.
 (The HRC will provide 3,400 client contacts per month. This number has been pro-rated between

Appendices A-1 and A-3 based on the percentage of hours (UOS) allocated to each Appendix.)

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

8. Continuous Quality Improvement (CQI):

See Appendix A-1.

9. Required Language:

None required.

3 of 3 Amendment: 10/01/2017

Appendix B Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

Program Budgets are listed below and are attached hereto.

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

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

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

Amendment: 10/01/2017

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

- C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.
- D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.
- No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Amendment: 10/01/2017

CMS # DPH Section	7774						Appendix #	В	Page #	3
	X 1 Modificati	on			Co	ntract Term (7/	1/16-6/30/19)		iscal Year(s)	16-19
Agency/Organization Name			tion				11.15 2.15 2.15 1		ification Date	6/27/2017
Contractor Name (may be same as above)	San Francisco	AIDS Founda	tion							
Program/Provider Name				Syringe Acc	cess & Dispos	al Services				TOTAL -
Appendix Number	A-1/B-1	A-1/B-1a	A-1/B-1b	A-2/B-2	A-3/B-3	A·相印度	A SECTION	A-1/B-16	Carlo E	Page 3
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-8.30.17	7.1.16-6.30.17	11.1.16-6.30,17	7.1.17-6.30-18	7.1.17-6.30-18	7.1.17-6.30-18	7.1.17-6.30-18	
DOMESTS.						A 18 18 18 18 18 18 18 18 18 18 18 18 18				
Salaries		\$ -	5 -	\$ -	\$ 174,282		\$ -	\$ -	\$ -	\$ 860,470
Employee Benefits	\$ 67,760	\$ -	\$ -	\$ -	\$ 43,569		\$ -	\$ -		\$ 215,117
Total Personnel Expenses			\$ -	\$ -	\$ 217,851		\$ -	\$ -	-	\$ 1,075,587
		\$ 178,830	\$ 4,545		\$ 94,876	\$ 1,217,256	\$ 183,301	\$ 4,545		\$ 3,327,157
Capital Expense (\$5,000 and over)			\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$
Subtotal Direct Costs						\$ 1,736,194	THE RESERVE THE PERSON NAMED IN		The second second	\$ 4,402,744
Indirect Cost Amount									\$ 14,615	\$ 440,274
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Total Expenses				-	\$ 344,000	\$ 1,909,813			\$ 160,775	\$ 4,843,018
为于《其中的9·4·4 时间时间,1000年间			1		S		disk.	1 1 1 2 1 2		
DPH Funding Sources (select from drop-down list)	4 000 000					4 000 040				0.770.04
HPS COUNTY HPS GF HPS COUNTY GF Children's Fund	1,863,232	196,713		-		1,909,813	201,631			3,773,045 398,344
HPS FED CDC - PD90, CFDA #93,940		190,713	5,000				201,031	5,000		10,000
HPS COUNTY HPS GF			3,000	156,854				5,000	160,775	317,629
HHS COUNTY GF	-	-		100,004	344,000				100,710	344,000
This Scott I Cl					011,000					
		3								
										1.5
This row left blank for funding sources not in drop-down IIs								/- I	1	-
Total DPH Revenues	1,863,232	196,713	5,000	156,854	344,000	1,909,813	201,631	5,000	160,775	4,843,018
Non-DPH Funding Sources (select from drop-down list	9									
										10
									-	•
This 1841 16 6 6 6 10 10 10 10 10 10 10 10 10 10 10 10 10							-			-
This row left blank for funding sources not in drop-down lis Total Non-DPH Revenues			-				-			-
	1244	100000		222.222		- 3.855 2.2	*	2 2 2 2		123.7
Total Revenues (DPH and Non-DPH)	1,863,232	196,713	5,000	156,854	344,000	1,909,813	201,631	5,000	160,775	4,843,018
	Cost	Cost	Cost	Cost	Cost Reimbursement	Cost Reimbursement	Cost Reimbursement	Cost Relmbursement	Cost	
Payment Method	Reimbursement (CR)	Reimbursement (CR)	Reimbursement (CR)	Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	Reimbursement (CR)	

	DPH 1:	Department of P	ublic Health Co	ontract Budget	Summary by	Program			
CMS #	7774						Appendix # B	Page #	4
DPH Section									
Check one: [] New	[X] Modificat					Contract Term (7/		Fiscal Year(s)	16-19
Agency/Organization Name							Fu	nding Notification Date	6/27/2017
Contractor Name (may be same as above)	San Francisco	AIDS Foundation							
Program/Provider Name				ge Access & Di	sposal Service	s		Total - Page	TOTAL -
Appendix Number		A-1/8-11			E	A-3/B-3b		3	Page 3 & 4
Appendix Term (mm/dd/yy-mm/dd/yy)		7.1.18-6.30.19	7.1.18-6.30.19	7.1.18-6.30.19	7.1.18-6.30.19	7.1.18-6.30.19			
EXPENSES .				***					
Salaries	\$ 588,550	\$ 435,950	\$ -	\$ -	\$ -	\$ 671,050		\$ 860,470	\$ 2,556,020
Employee Benefits		\$ 108,988	\$ -	\$ -	\$ -	\$ 167,763		\$ 215,117	\$ 639,006
Total Personnel Expenses		\$ 544,938		\$ -	\$ -	\$ 838,813		\$ 1,075,587	\$ 3,195,026
Operating Expense		\$ 1,233,861	\$ 187,884	\$ 4,545	\$ 149,814	\$ 70,278		\$ 3,327,157	\$ 5,041,487
Capital Expense (\$5,000 and over)			\$ -	\$ -				\$ -	\$
Subtotal Direct Costs	, , , , , , , , , , , , , , , , , , , ,			\$ 4,545	\$ 149,814	\$ 909,091		\$ 4,402,744	\$ 8,236,513
Indirect Cost Amount								\$ 440,274	\$ 823,650
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%			
Total Expenses REVENUES & FUNDING SOURCES		\$ 1,956,679		\$ 5,000		\$ 1,000,000		\$ 4,843,018	\$ 9,060,163
DPH Funding Sources (select from drop-down list) HPS COUNTY HPS GF HPS COUNTY GF Children's Fund		1,956,679	206,672					\$3,773,045 \$398,344	5,729,72 605,010
HPS FED CDC - PD90, CFDA #93.940				5,000				\$10,000	15,000
HPS COUNTY HPS GF					164,794			\$317,629	482,423
HHS COUNTY GF	884,000					1,000,000		\$344,000	2,228,000
									-
				· ·					
						-			-
This row left blank for funding sources not in drop-down lis	st								
Total DPH Revenues	884,000	1,956,679	206,672	5,000	164,794	1,000,000	-	- \$4,843,018	9,060,163
Non-DPH Funding Sources (select from drop-down lis	t)				•				
									-
									-
									-
This row left blank for funding sources not in drop-down list	st								-
Total Non-DPH Revenues	* =		-	-	-	•	-		-
Total Revenues (DPH and Non-DPH)	884,000	1,956,679	206,672	5,000	164,794	1,000,000	-	- 4,843,018	9,060,163
Payment Method	Cost Reimbursement	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)			
	Larry Zapatka	1-1.4	1-19	Phone #		415-487-3055			

Appendix # Page # B-1c 1

Fiscal Year(s) **Funding Notification Date**

17-18 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE	MODES			
Personnel Expenses ,		Syringe Acces	ss Services	Prgm Coordin Purchas			5	
Position Titles	FTE	Salaries	% FTE	Salaries	%FTE	Salaries	% FTE	
Prgms & Ops Director	0.05	5,250	100%	Salaties	0%	Salaties	70 FIE	Contract Totals
Dir. Behavioral Health Svc	0.05	5,100	85%	900	15%			5,250
Dir. Gov't Contracts	0.05	4,900	100%	900	0%			6,000
Data Manager	0.05	3,750	100%		0%			4,900
SAS Director	0.75	60,075	89%	7,425	11%			3,750
	1.00	15,500	25%		75%			67,500
Logistice Inventory Mgr			25%	46,500			_	62,000
Logistics Associates	2.00	27,500		82,500	75%			110,000
SSE/Vol Coordinator	0.75	46,500	100%		0%			46,500
Health Educator	1.75	96,250	40004	-	0%	-		96,250
Comm. Engagement & Kit Packing Assoc	0.25	13,000	100%		0%		_	13,000
Total FTE & Total Salaries	270		66.922%	497 905	33.078%			445 450
	6.70		66.922%					415,150
Fringe Benefits Total Personnel Expenses	25%		66.922%		33.078%			103,788
Total Personnel Expenses		341,202	00.92276	1/1,030	33.01076			518,938
Operating Expenses		Expenditure	%	Expenditure	1 %	Expenditure		Contract Total
Total Occupancy		70,792	100%	- N	0%			70,792
Total Materials and Supplies		195,199	36%	340,990	64%		THE .	536,189
Total General Operating		3,518	42%	4,857	58%			8,375
Total Staff Travel			0%	-	0%		_	-
Consultants/Subcontractor:		601,900	100%		0%		-24	601,900
Other (specify):		-	0%	-	0%			-
			7	Licens Ton				
Total Operating Expenses		871,409	71.588%	345,847	28.412%			1,217,256
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		-	0%	-	0%			Dentitude Fotos
Capital Expenditure 2			0%		0%			
Total Capital Expenses			0%		0%			
Total Direct Expenses		1,218,691	70.193%	517,503	29.807%			1,736,194
Indirect Expenses	10%	121.869	70.193%	51,750	29.807%			173,619
		1,340,560			29.807%			1,909,813
TOTAL EXPENSES								
	ice Mode	5,906	(= ==================================	12		-		5.918
TOTAL EXPENSES Units of Service (UOS) per Service (Service by Service by Ser			SE 531.	12 47,437.78				5,918

BUDGET JUSTIFICATION

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

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

1a) SALARIES

with all a program	es creation activities a adaptatio	nd that all require n and refinement	e of an evaluation plan ed data is reported; work	that assures monitoring tools is with partner agencies and id emerging health information surance procedures.	program staff o
			rs community organizing n and experience.	and public health experienc	e or an
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$105,0	00.00	0.05	12		\$ 5,25
Staff Position 2: Director	-				
Brief description of job duties: bisexual Masters	men. degree in	psychology, soci	ial sciences, business o	being needs, including HIV n related discipline; three yea monstrated program manage	rs expereince i
		nent experience			550.0.25
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
6400.0	100.001	OAF			
\$120,0	00.00	0.05	12		\$ 6,00
Staff Position 3: Dir. Gov	v't Grants				
Staff Position 3: Dir. Gov Director, Maintain departm of the se Brief description of job duties: Bachelor design, a	v't Grants , Gov't Con ns operation nental requervice data r's degree and evalua	intracts - Responsi nal and statistica irements, product base by oversee and at least two	sible for all data manage il reporting mechanisms es routine and ad hoc re ing database quality ass years demonstrated exp	ment and contract related ac in accordance with contract eporting as needed, and ensu	ctivities. and ures the integrit
Staff Position 3: Dir. Gov Director, Maintain departm of the se Brief description of job duties:	v't Grants , Gov't Con ns operation nental requervice data r's degree and evalua	intracts - Responsi nal and statistica irements, product base by oversee and at least two	sible for all data manage il reporting mechanisms es routine and ad hoc re ing database quality ass years demonstrated exp	ement and contract related actin accordance with contract aporting as needed, and ensurance activities.	ctivities. and ures the integrity ogram planning
Staff Position 3: Dir. Gov Director, Maintain departm of the se Brief description of job duties: Bachelo design, a Minimum qualifications: negotiati	v't Grants , Gov't Con ns operatio nental requiervice data or's degree and evalua- tions.	ntracts - Responsi nal and statistica irements, product base by oversee and at least two ation; grant devel	sible for all data manage of reporting mechanisms es routine and ad hoc reing database quality assured expopment and writing; government and writing;	ement and contract related actin accordance with contract aporting as needed, and ensurance activities. Derience in health services premment contracts management	ctivities. and ores the integrit ogram planning ent and
Staff Position 3: Dir. Gov Director, Maintain departm of the se Brief description of job duties: Bachelo design, a Minimum qualifications: negotiati	v't Grants , Gov't Con ns operation nental requervice data r's degree and evalua	ntracts - Responsi nal and statistica irements, product base by oversee and at least two ation; grant devel	sible for all data manage if reporting mechanisms es routine and ad hoc re ing database quality ass years demonstrated exp opment and writing; gov	ement and contract related actin accordance with contract aporting as needed, and ensurance activities. Derience in health services premment contracts management annualized (if less than	ctivities. and ores the integrit ogram planning ent and
Staff Position 3: Dir. Gov Director, Maintain departm of the se Brief description of job duties: Bachelo design, a Minimum qualifications: negotiati	v't Grants , Gov't Cons operations operations desired at a constant of the con	ntracts - Responsi nal and statistica irements, product base by oversee and at least two ation; grant devel	sible for all data manage of reporting mechanisms es routine and ad hoc reing database quality assured expopment and writing; government and writing;	ement and contract related actin accordance with contract apporting as needed, and ensurance activities. Derience in health services premment contracts management annualized (if less than 12 months):	ctivities. and ures the integri ogram plannin ent and

Appendix B-1c	
Contract ID# 1000002634	4

Brief description of job duties:

Minimum qualifications:

Annual Salary:

Total

3,750

\$

0.05

years equivalent experience required.

\$75,000.00

x FTE:

all data collected from clients as well as data analysis to meet programmatic and contract requirments.

Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5

x Months per Year:

12

Annualized (if less than

12 months):

Stall Fosition 5.	SAS Director					
	SAS Director - Pr departmental stra partnerships with training full-time a exchange supplie	ategic goals in alig other HIV/AIDS a and temporary sta as. Organizes ren	nment with agency and and Harm Reduction age if in appropriate exchang noval of blohazard waste	exchange sites. Develops an city objectives. Builds and m ncies. Responsible for sched ge protocol. Responsible for from sites and coordinates and maintain safety protocols.	aintai duling purch remo	and asing
Brief description of job duties:				ers required, Associates Deg HIV test counselor certificati		
Minimum qualifications:	to obtain certifica		no preferrous made from		0,10,	SC Willing
		-		Annualized (if less than		
Annual Salary:	\$90,000.00	x FTE: 0.75	x Months per Year:	12 months):	s	Total 67,50
	450,000.00	0.70	12		*	01,00
Staff Position 6:				exchange sites. Develops an		
	exchange supplie waste removal co	es. Organizes rem empany, prepare r	noval of blohazard waste eports for compliance ar	ge protocol. Responsible for from sites and coordinates and maintain safety protocols. ers required. Associates Deg	remo	val with
		pervision experien		HIV test counselor certificati		
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
Ailitidal Salary.	\$62,000.00	1.00	· 12	1	\$	62,00
Staff Position 7:						-
Brief description of job duties:	to exchanges site	s and sets up/tea	rs down sites as needed	volunteers at the sites. Tran service organization. Bilingu		s supplies
		desired. Ability to		od communications skills nec		ry. Must b
		I fair 1	Darway Links	Annualized (if less than		
Annual Salary:	ACC 000 00	x FTE:	x Months per Year:	12 months):		Total
	\$55,000.00	2.00	12	1	\$	110,00
St-# Davities 8:	SSE/Volunteer	Coordinator			-	
Stan Position B:	Secondary Excha	inge coord - Resp		ining, and supervising secon these trainings and helps de	velop	training
		ng specific materia	als relevant to MSM-IDU nange sites.	speed users. Schedules and	mar	
Brief description of job duties:	materials, includir site volunteers an High school diploi	ng specific materia d supervises exc ma or equivalency	nange sites.	license and excellent driving unteers.		
Brief description of job duties: Minimum qualifications:	materials, includir site volunteers an High school diploi	ng specific materia d supervises exc ma or equivalency king with injection	nange sites. 7; valid California driver's 1 drug users and with vo	license and excellent driving unteers. Annualized (if less than		ord. 1 yea
Brief description of job duties:	materials, includir site volunteers an High school diplo of experience wor	ng specific materia d supervises exc ma or equivalency	nange sites. r; valid California driver's	license and excellent driving unteers.	g reco	ord. 1 yea
Brief description of job duties: Minimum qualifications:	materials, includir site volunteers an High school diploi	ng specific materia d supervises exc ma or equivalency king with injection x FTE:	nange sites. r; valid California driver's r drug users and with vol x Months per Year:	license and excellent driving unteers. Annualized (if less than 12 months):		ord. 1 yea
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 9:	materials, includir site volunteers an High school diplor of experience wor \$62,000.00	ng specific materia d supervises exc ma or equivalency king with injection x FTE: 0.75	nange sites. r; valid California driver's r drug users and with vol x Months per Year: 12	license and excellent driving unteers. Annualized (if less than 12 months):	g reco	Total 46,50

		y; valid California driver's n drug users and with vo	s license and excellent driving lunteers.	g record.	1 year
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	To	al
\$55,000.00	1.75	12	1	\$ 1	6,250

with people who	Engagement and I inject drugs (PWII	Kit Packing Associate is b), organizing harm redu	responsible for outreach and ction kit packing events, rec volunteers to assist with kit p	ruiting and
High school diplo volunteers. Minimum qualifications:	oma or equivalenc	y; 1 year of experience w	vorking with injection drug us	ers and with
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$52,000.00	0.25	12	1	\$ 13,000

Total FTE:

6.70

Total Salaries: \$

415,150

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	\$ 31,759.00
Retirement	\$ 7,929.00
Medical	\$ 42,885.00
Dental	
Unemployment Insurance	\$ 2,159.00
Disability Insurance	\$ 16,897.00
Paid Time Off	
Workers comp	\$ 2,159.00

Total Fringe Benefit: 103,788

Fringe Benefit %:

25%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:

518,938

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

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

	-			
Expense Item	Brief Descrip		Rate	Cost
	Office equip lease and maint co	st \$86.75/FTE x		
Equip rent & Lease	6.7FTE x 12 mo.		\$86.75	6,975
Offsite storage	Records storage \$4.98/FTE x 6	.7 x 12 mo.	\$4.98	400
Travel	Vehicle Fuel.		\$41.66/mo	500
Travel	Vehicle Repairs.		\$41.66/mo	500
		To	tal General Operating:	8,375
Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Staff Travel:	7,4,1
Consultants/Subcontractors:				
Consultant/Subcontractor Nam	e Service Descri	ption	Rate	Cost
Glide Glide	Operational expenses; staffing,		Rate \$144,087/yr	Cost 144,087
		office, IT,etc.		
Glide	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing,	office, IT,etc. office, IT,etc. office, IT,etc.	\$144,087/yr	144,087
Glide Saint James Infirmary	Operational expenses; staffing, Operational expenses; staffing,	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc.	\$144,087/yr \$106,279/yr \$230,284/yr \$121,250/yr	144,087 106,279 230,284 121,250
Glide Saint James Infirmary Homeless Youth Alliance	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing,	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc.	\$144,087/yr \$106,279/yr \$230,284/yr	144,087 106,279 230,284
Glide Saint James Infirmary Homeless Youth Alliance S.F. Drug Users Union	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing,	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc.	\$144,087/yr \$106,279/yr \$230,284/yr \$121,250/yr	144,087 106,279 230,284 121,250
Glide Saint James Infirmary Homeless Youth Alliance S.F. Drug Users Union	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing,	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc.	\$144,087/yr \$106,279/yr \$230,284/yr \$121,250/yr	144,087 106,279 230,284 121,250
Glide Saint James Infirmary Homeless Youth Alliance S.F. Drug Users Union Other:	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing,	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc. Total Consul	\$144,087/yr \$106,279/yr \$230,284/yr \$121,250/yr tants/Subcontractors:	144,087 106,279 230,284 121,250 601,900
Glide Saint James Infirmary Homeless Youth Alliance S.F. Drug Users Union	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing,	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc. Total Consul	\$144,087/yr \$106,279/yr \$230,284/yr \$121,250/yr	144,087 106,279 230,284 121,250
Glide Saint James Infirmary Homeless Youth Alliance S.F. Drug Users Union Other:	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing,	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc. Total Consul	\$144,087/yr \$106,279/yr \$230,284/yr \$121,250/yr tants/Subcontractors:	144,087 106,279 230,284 121,250 601,900
Glide Saint James Infirmary Homeless Youth Alliance S.F. Drug Users Union Other:	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing,	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc. Total Consul	\$144,087/yr \$106,279/yr \$230,284/yr \$121,250/yr tants/Subcontractors:	144,087 106,279 230,284 121,250 601,900
Glide Saint James Infirmary Homeless Youth Alliance S.F. Drug Users Union Other:	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing,	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc. Total Consul	\$144,087/yr \$106,279/yr \$230,284/yr \$121,250/yr Itants/Subcontractors:	144,087 106,279 230,284 121,250 601,900
Glide Saint James Infirmary Homeless Youth Alliance S.F. Drug Users Union Other: Expense Item	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Brief Descrip	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc. Total Consul	\$144,087/yr \$106,279/yr \$230,284/yr \$121,250/yr tants/Subcontractors:	144,087 106,279 230,284 121,250 601,900
Glide Saint James Infirmary Homeless Youth Alliance S.F. Drug Users Union Other: Expense Item	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing,	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc. Total Consul	\$144,087/yr \$106,279/yr \$230,284/yr \$121,250/yr tants/Subcontractors:	144,087 106,279 230,284 121,250 601,900
Glide Saint James Infirmary Homeless Youth Alliance S.F. Drug Users Union Other: Expense Item 3) CAPITAL EXPENDITURES: (If recognitions)	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Brief Descrip	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc. Total Consul	\$144,087/yr \$106,279/yr \$230,284/yr \$121,250/yr tants/Subcontractors:	144,087 106,279 230,284 121,250 601,900 Cost
Glide Saint James Infirmary Homeless Youth Alliance S.F. Drug Users Union Other: Expense Item	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Brief Descrip	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc. Total Consul	\$144,087/yr \$106,279/yr \$230,284/yr \$121,250/yr tants/Subcontractors:	144,087 106,279 230,284 121,250 601,900
Glide Saint James Infirmary Homeless Youth Alliance S.F. Drug Users Union Other: Expense Item 3) CAPITAL EXPENDITURES: (If recognitions)	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Brief Descrip	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc. Total Consul	\$144,087/yr \$106,279/yr \$230,284/yr \$121,250/yr tants/Subcontractors:	144,087 106,279 230,284 121,250 601,900 Cost
Glide Saint James Infirmary Homeless Youth Alliance S.F. Drug Users Union Other: Expense Item 3) CAPITAL EXPENDITURES: (If recognitions)	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Brief Descrip	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc. Total Consul tion TOTAL OP	\$144,087/yr \$106,279/yr \$230,284/yr \$121,250/yr tants/Subcontractors: Rate Total Other: ERATING EXPENSES:	144,087 106,279 230,284 121,250 601,900 Cost
Glide Saint James Infirmary Homeless Youth Alliance S.F. Drug Users Union Other: Expense Item 3) CAPITAL EXPENDITURES: (If recognitions)	Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Operational expenses; staffing, Brief Descrip	office, IT,etc. office, IT,etc. office, IT,etc. office, IT,etc. Total Consul tion TOTAL OP	\$144,087/yr \$106,279/yr \$230,284/yr \$121,250/yr tants/Subcontractors:	144,087 106,279 230,284 121,250 601,900 Cost

4) INDIRECT COSTS

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

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

TOTAL EXPENSES: 1,909,813

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

Appendix# Page # Fiscal Year(s) B-1d

Funding Notification Date

17-18 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE	MODES			
Personnel Expenses		Progra Coordinatio Purchas	n/Bulk					
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
I SULION TRUS		Galarios	0%	Guidino	0%	Guiarios	0%	Contract rotals
			0%		0%		0%	
			0%		0%		0%	
			0%		0%		0%	
			0%		0%		0%	
			0%		0%		0%	
Total FTE & Total Salaries	-	-	0%	-	0%		0%	-
Fringe Benefits	0%	-	0%	-	0%		0%	
Total Personnel Expenses		*	0%	•	0%	•	0%	
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		61,801	100%	-	0%	-	0%	61,801
Total Materials and Supplies		93,300	100%	1 2	0%	-	0%	93,300
Total General Operating		28,200	100%		0%		0%	28,200
Total Staff Travel			0%	-	0%	-	0%	
Consultants/Subcontractor:			0%	-	0%	1	0%	-
Other (specify):		-	0%	-	0%		0%	
			0%		0%		0%	
			0%		0%		0%	
			0%		0%	0	0%	
			0%		0%		0%	
			0%		0%		0%	
Total Operating Expenses		183,301	100%		0%	•	0%	183,301
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		- 4	0%	-	0%		0%	
Capital Expenditure 2			0%	CV.	0%	1200	0%	
Total Capital Expenses		۲	0%		0%		0%	
Total Direct Expenses		183,301	100%		0%		0%	183,301
Indirect Expenses	10%	18,330	100%		0%		0%	18,330
TOTAL EXPENSES		201,631	100%		0%		0%	201,631
Units of Service (UOS) per Serv	rice Mode	12.		-		-		12
Cost Per Unit of Service by Serv	rice Mode	16,802.59		-		-		
Number of Contacts (NOC) per Serv	Jan Brada	N/A						

BUDGET JUSTIFICATION

Contractor Name San Frogram Name: Syring			Appendix #: Fiscal Year:	B-17-
LARIES			-	
Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	To
			0	\$
Staff Position 2:				_
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	To
			0	\$
Staff Position 3: Brief description of job duties:			12-	_
Minimum qualifications:				
		1 17 1	I A 10 1001 11 1	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	То
			0	\$
Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
	7	x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	To
		1	0	\$
Staff Position 5:				_
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	To
rumuu balaiyi	77.76		0	\$
Stoff Parities St				
Staff Position 6: Brief description of job duties:				
Minimum qualifications:				
4.				
Annual Salang	v ETE:	x Months per	Annualized (if less than	To

Total FTE:

Total Salaries: \$

0

	Component	Cost	
	Social Security		
	Retirement		
	Medical		
	Dental		
	Unemployment Insurance		
	Disability Insurance		
	Paid Time Off		
	Other (specify):		
		Total Fringe Benefit:	
			2
		Fringe Benefit %:	0
	TOTAL SALARIES & EMPLOYEE	FRINGE BENEFITS:	
2) OPERATING EXPENSES:			
Occupancy:			
Expense Item	Brief Description	Rate	Cost
Rent	Rent for 6th street location, partial allocation.	46,201	46,20
Bldg Maint	Allocated amount of bldg maint for 6 th street.	\$466.67/mo	5,600
Utilities	Phone, water, PG&E, allocated for 6th street.	833.34/mo	10,000
- Children	Tribite Hatel Troub, director for all execut	COSIO IIIIIO	10,00
		Total Occupancy:	61,801
Materials & Supplies: Expense Item	Brief Description	Total Occupancy:	61,80°
Expense Item	Brief Description [18/19 gallon buckets - 1,026 x \$24.367.		Cost
Expense Item Bio Buckets		Rate	Cost 25,000
Expense Item Blo Buckets Blo Buckets	18/19 gallon buckets - 1,026 x \$24.367.	Rate \$24.367 \$2.7502 \$81.321	Cost 25,000 15,000
Expense Item Blo Buckets Blo Buckets Sterile Water	18/19 gallon buckets - 1,026 x \$24.367. 2 gallon - 5,454 x \$2.7502.	Rate \$24.367 \$2.7502	Cost 25,000 15,000 28,300
Expense Item Blo Buckets Blo Buckets Sterile Water	18/19 gallon buckets - 1,026 x \$24.367. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case.	Rate \$24.367 \$2.7502 \$81.321	Cost 25,000 15,000 28,300
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube	18/19 gallon buckets - 1,026 x \$24.367. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks.	Rate \$24.367 \$2.7502 \$81.321	Cost 25,000 15,000 28,300 2,500
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks	18/19 gallon buckets - 1,026 x \$24.367. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x	Rate \$24.367 \$2.7502 \$81.321 \$0.100	25,000 15,000 28,300 2,500
Materials & Supplies: Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives	18/19 gallon buckets - 1,026 x \$24.367. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each.	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307	25,000 15,000 28,300 2,500 10,000 12,500
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks	18/19 gallon buckets - 1,026 x \$24.367. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each.	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.000	25,000 15,000 28,300 2,500 10,000 12,500
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives General Operating:	18/19 gallon buckets - 1,026 x \$24.367. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 Incentives @ \$10 each. Total I	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.000 Materials & Supplies:	25,000 15,000 28,300 2,500 10,000 12,500 93,300
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives	18/19 gallon buckets - 1,026 x \$24.367. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each. Total I	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.000	25,000 15,000 28,300 2,500 10,000 12,500
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives General Operating: Expense Item	18/19 gallon buckets - 1,026 x \$24.367. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 Incentives @ \$10 each. Total I	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.000 Materials & Supplies:	25,000 15,000 28,300 2,500 10,000 12,500 93,300
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives General Operating: Expense Item Repairs and maintenance	18/19 gallon buckets - 1,026 x \$24.367. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each. Total I	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.000 Materials & Supplies: Rate	Cost 25,000 15,000 28,300 2,500 10,000 12,500 93,300 Cost
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives General Operating: Expense Item Repairs and maintenance Insurance	18/19 gallon buckets - 1,026 x \$24.367. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each. Total I Brief Description Auto fuel, repairs, maintenance for delivery vehicles.	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.000 Materials & Supplies: Rate 366.67/mo 333.34/mo	Cost 25,000 15,000 28,300 2,500 10,000 12,500 93,300 Cost
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives General Operating: Expense Item Repairs and maintenance Insurance	18/19 gallon buckets - 1,026 x \$24.367. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each. Total I Brief Description Auto fuel, repairs, maintenance for delivery vehicles. Allocated amount of liability/umbrella insurance.	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.000 Materials & Supplies: Rate	Cost 25,000 15,000 28,300 2,500 10,000 12,500 93,300 Cost
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives General Operating: Expense Item Repairs and maintenance Insurance	18/19 gallon buckets - 1,026 x \$24.367. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each. Total I Brief Description Auto fuel, repairs, maintenance for delivery vehicles. Allocated amount of liability/umbrella insurance. Prorated janitoroialservices for 6th street location.	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.000 Materials & Supplies: Rate 366.67/mo 333.34/mo	Cost 25,000 15,000 28,300 2,500 10,000 12,500 93,300 Cost 4,400 4,000 19,800
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives General Operating: Expense Item Repairs and maintenance Insurance Janitorial	18/19 gallon buckets - 1,026 x \$24.367. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each. Total I Brief Description Auto fuel, repairs, maintenance for delivery vehicles. Allocated amount of liability/umbrella insurance. Prorated janitoroialservices for 6th street location.	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.000 Materials & Supplies: Rate 366.67/mo 333.34/mo \$1,650/mo	Cost 25,000 15,000 28,300 2,500 10,000 12,500 93,300 Cost 4,400 4,000 19,800
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives General Operating: Expense Item Repairs and maintenance Insurance	18/19 gallon buckets - 1,026 x \$24.367. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each. Total I Brief Description Auto fuel, repairs, maintenance for delivery vehicles. Allocated amount of liability/umbrella insurance. Prorated janitoroialservices for 6th street location.	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.000 Materials & Supplies: Rate 366.67/mo 333.34/mo \$1,650/mo	25,000 15,000 28,300 2,500 10,000 12,500 93,300

Appendix B-1d Contract ID# 1000002634 Total Staff Travel:

Service Description	Rate	Cost
Total Co	nsultants/Subcontractors:	
Brief Description	Rate	Cost
	Total Other:	-
TOTAL	OPERATING EXPENSES:	183,301
		Cost
TOTAL	CAPITAL EXPENDITURES:	
	TOTAL DIRECT COSTS:	183,301
st Allocation (i.e., FTE, square footage,	or other)	Amount
		18,330
	Indirect Rate:	109
	TOTAL INDIRECT COSTS:	18,330
	Brief Description TOTAL unit valued at \$5,000 or more) Brief Description TOTAL (at Allocation (i.e., FTE, square footage, at allocation at a contract seeks reinted rate of 27%. This contract seeks reinted rate of 27%.	Total Consultants/Subcontractors: Brief Description Rate Total Other: TOTAL OPERATING EXPENSES: unit valued at \$5,000 or more) Brief Description TOTAL CAPITAL EXPENDITURES: TOTAL DIRECT COSTS: at Allocation (i.e., FTE, square footage, or other) ated rate of 27%. This contract seeks reimbursement at a rate of 10%

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

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE I	MODES			
Personnel Expenses		Progra Coordinatio Purchas	n/Bulk					
F 10 - TH		0.1.1.	0/ 575			200	N 555	
Position Titles	FTE	Salaries	% FTE 0%	Salaries	% FTE	Salaries	% FTE 0%	Contract Totals
			0%	-	0%		0%	
	-	-	0%		0%		0%	
			0%		0%		0%	
			0%		0%		0%	
			0%		0%	-	0%	
Total FTE & Total Salaries		-	0%		0%	-	0%	
Fringe Benefits	0%	-	0%		0%	-	0%	·
Total Personnel Expenses		-	0%		0%		0%	
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy			0%	-	0%	-	0%	-
Total Materials and Supplies			0%		0%	-	0%	
Total General Operating		4,545	100%	4	0%		0%	4,545
Total Staff Travel		-	0%	-	0%	-	0%	
Consultants/Subcontractor:			0%	-	0%	8	0%	
			0%		0%	-	0%	1
			0%	11-	0%	F = 4	0%	-
			0%		0%		0%	-
			0%		0%		0%	
			0%		0%		0%	-
			0%		0%	J	0%	
Total Operating Expenses		4,545	100%	•	0%	•	0%	4,545
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1	- Carrier T	-	0%	1	0%		0%	
Capital Expenditure 2		1	0%	7 7 7	0%		0%	1-
Total Capital Expenses			0%	•	0%	-	0%	
Total Direct Expenses		4,545	100%		0%		0%	4,545
Indirect Expenses	10%	455	100%		0%		0%	455
TOTAL EXPENSES		5,000	100%		0%	•	0%	5,000
Units of Service (UOS) per Service	vice Mode	12		-	1000	-1		12
Cost Per Unit of Service by Service	vice Mode	416.67			1	7.500	1	
Number of Contacts (NOC) per Sen	1	N/A					-	

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton Appendix #: B-1e
Program Name: Syringe Access & Disposal Services Fiscal Year: 17-18

1a) SALARIES

Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year.	12 months):	Tota
			0	\$
0. M.D. W. O.				
Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (If less than	
Annual Salary:	x FTE:	Year:	12 months):	Tota
			0	\$
	-			
Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
	1000	x Months per	Annualized (if less than	0.0
Annual Salary:	x FTE:	Year:	12 months):	Tota
			0	\$
Staff Position 4:				
Brief description of job duties:				
Brief description of job duties:		I y Months ner	Annualized (if less than	
Brief description of job duties: Minimum qualifications:	x FTF:	x Months per	Annualized (if less than	Tota
Brief description of job duties:	x FTE:	x Months per Year:	12 months):	
Brief description of job duties: Minimum qualifications:	x FTE:			Tota
Brief description of job duties: Minimum qualifications: Annual Salary:	x FTE:		12 months):	
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5:	x FTE:		12 months):	
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties:	x FTE:		12 months):	
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5:	x FTE:		12 months):	
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties:	x FTE:		12 months):	
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications:	x FTE:	Year:	12 months): 0	\$
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties:		Year:	12 months): 0 Annualized (if less than	\$
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications:		Year:	12 months): 0 Annualized (if less than 12 months):	\$ Tota
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications:		Year:	12 months): 0 Annualized (if less than 12 months):	\$ Tota
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary:		Year:	12 months): 0 Annualized (if less than 12 months):	\$ Tota
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6:		Year:	12 months): 0 Annualized (if less than 12 months):	\$ Tota
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6: Brief description of job duties:		Year: x Months per Year:	12 months): 0 Annualized (if less than 12 months): 0	\$ Tota
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6: Brief description of job duties: Minimum qualifications:	x FTE:	x Months per Year:	12 months): 0 Annualized (if less than 12 months): 0 Annualized (if less than	Tota
Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6: Brief description of job duties:		Year: x Months per Year:	12 months): 0 Annualized (if less than 12 months): 0	\$ Tota

Total FTE:

Total Salaries: \$

(Components provided below are same	oles only. The budgeted components Component	s should reflect th	e contractor's ledger account	nts.)
		Social Security		
		Retirement Medical		
		Dental		
	Unemploy	ment Insurance		
	Disa	ability Insurance		
		Paid Time Off		
		Other (specify):	Total Fringe Benefit:	-
			Total Fringe Denetit.	
			Fringe Benefit %:	09
	TOTAL SALA	RIES & EMPLOY	EE FRINGE BENEFITS:	
2) OPERATING EXPENSES:				
Occupancy:	<u>.</u>			
Expense Item	Brief Description	i	Rate	Cost
			Total Occupancy:	
		-	Total Occupancy.	•
Materials & Supplies: Expense Item	Brief Description		Rate	Cost
EXPONOU NOM	I Diloi Doompto.		1100	0001
		Tota	al Materials & Supplies:	-
General Operating:				
Expense Item	Brief Description		Rate	Cost
	Maintenance on program vehicles	s. \$378.75/mo x	4070.75	732.4
Auto repairs,maintenance & Fuel	12 mo.		\$378.75	4,545
		0.00		
		T	otal General Operating:	4,545
Staff Travel:	-			
Purpose of Travel	Location	Expense Item	Rate	Cost
r dipose oi itavei	Location	Expense item	Nato	0031
			Total Staff Travel	

Consultant/Subcontractor Name	Service Description	Rate	Cost
	Total Co	nsultants/Subcontractors:	
Other:			
Expense Item	Brief Description	Rate	Cost
		Total Other:	
	TOTAL	OPERATING EXPENSES:	4,54
			-,-
B) CAPITAL EXPENDITURES: (If needed. A u	init valued at \$5,000 or more)		
Capital Expenditure Item	nit valued at \$5,000 or more) Brief Description		Cost
			Cost
	Brief Description	CAPITAL EXPENDITURES:	Cost
	Brief Description	CAPITAL EXPENDITURES: TOTAL DIRECT COSTS:	
Capital Expenditure Item	Brief Description		
Capital Expenditure Item	Brief Description TOTAL O	TOTAL DIRECT COSTS:	4,54
Capital Expenditure Item i) INDIRECT COSTS Describe method and basis for Indirect Cos	Brief Description TOTAL C	TOTAL DIRECT COSTS:	4,54
Capital Expenditure Item i) INDIRECT COSTS Describe method and basis for Indirect Costs San Francisco AIDS Foundation has a negotiar	Brief Description TOTAL C	TOTAL DIRECT COSTS:	4,54
Capital Expenditure Item i) INDIRECT COSTS Describe method and basis for Indirect Costs San Francisco AIDS Foundation has a negotiar	Brief Description TOTAL C	TOTAL DIRECT COSTS:	4,54
Capital Expenditure Item Capital Expenditure Item I) INDIRECT COSTS Describe method and basis for Indirect Costs San Francisco AIDS Foundation has a negotiar of total direct costs.	TOTAL C	TOTAL DIRECT COSTS:	4,54

TOTAL EXPENSES:

5,000

Contractor Name San Francisco AIDS Foundation Contract Term (mm/dd/yyyy) Funding Source General Fund

UOS COST ALLOCATION BY SERVICE MODE

C				SERVICE	MODES			
	-	1 A		Pgm Coordina	ation/Bulk			
Personnel Expenses		Syringe Acces	ss Services	Purchas	sing			1
Position Titles	FTE	Salarles	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Prgms & Ops Director	0.05	5,250	100%		0%			-5,250
Dir. Behavioral Health Svc	0.05	5,100	85%	900	15%			6,000
Dir. Gov't Contracts	0.05	4,900	100%		0%			4,900
Data Manager	0.05	3,750	100%		0%			3,750
SAS Director	0.75	60,075	89%	7,425	11%			67,500
Logistice Inventory Mgr	1.00	15,500	25%	46,500	75%			62,000
Logistics Associates	2.00	27,500	25%	82,500	75%			110,000
SSE/Vol Cordinator	0.75	46,500	100%		0%			46,500
Health Educator	1.75	96,250	100.0		0%			96,250
Comm. Engagement & Kit Packing Assoc	0.65	33,800	100%	-	0%			33,800
Committee and a second of the control of the contro	0.00	- 50,000	0%		0%			00,000
Total FTE & Total Salaries	7.10		68.500%	137.325	31.500%			435,950
Fringe Benefits	25%	74,657			31.500%			108,988
Total Personnel Expenses	2070		68.500%		31.500%			544,938
Total Forcestion targettee		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00,000,00	11.110.00	10.00070			014,000
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure		Contract Tota
Total Occupancy		74,899	100%	- Apartantario	0%	Exponential C		74.899
Total Materials and Supplies		191,834	36%	341,038	64%			532,872
Total General Operating		5,303	58%	3,840	42%			9,143
Total Staff Travel		0,000	0%	0,040	0%			3,143
Consultants/Subcontractor:		616,947	100%		0%			616,947
Other (specify):	_	010,047	0%		0%			010,841
Other (specify).			070		070	-		
						-		
					+			
Total Operating Expenses		888,983	72.049%	344,878	27.951%			1,233,861
		le 114		- "			-	
Capital Expenses		Expenditure		Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		•	0%		0%			
Capital Expenditure 2			0%		0%			
Total Capital Expenses		•	0%		0%		_	
Total Direct Expenses	1	1,262,265	70.962%	516,534	29.038%			1,778,799
Indirect Expenses	10%		70.962%		29.038%			177,880
TOTAL EXPENSES		1,388,492	70.962%	568,187	29.038%			1,956,679
Units of Service (UOS) per Serv	ice Mode	5,906		12	MIR STATE OF	-		5,918
				47,348.95				5,510
Cost Per Unit of Service by Serv	ICE MODE							

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation Appendix #: B-1f
Program Name: Syringe Access & Disposal Services Fiscal Year: 18-19

1a) SALARIES

Staff Position 1: P	rograms & Op	erations Directo	r			
or W	ith all activities a n program adap	and that all require tation and refiner	ed data is reported; wor	that assures monitoring too its with partner agencies and it and emerging health inform surance procedures.	d prog	ram staff
M			ars community organizing and experience.	ng and public health experien	ice or	an
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
	105,000.00	0.05	12	CONTRACTOR OF	\$	5,25
Staff Position 2: D	irector. Behavi	oral Health Ser	vices			
Brief description of Job duties: an	nd bisexual men asters degree in a supervisory o	n psychology, soc apacity, especial	cial sciences, business	l-being needs, including HIV or related discipline; three ye I demonstrated program man	ars ex	pereince
VC 2.20.000	ogram develop	x FTE:	x Months per Year:	Annualized (if less than		Total
Annual Salary:	120,000.00	, 0.05		12 months):	_	
	ir. Gov't Grants	s ontracts - Respon		ement and contract related a		
Di Mi de In Brief description of job duties:	ir. Gov't Grants irector, Gov't Co aintains operation opertmental requirements of the series	s entracts - Respon onal and statistic uirements, produ rvice database by	sible for all data manag al reporting mechanisms ces routine and ad hoc y overseeing database o	ement and contract related as in accordance with contract reporting as needed, and enquality assurance activities.	ictivitie t and sures t	the
Di Mi de In Brief description of job duties: Ba pli	ir. Gov't Grants irector, Gov't Co aintains operatio spartmental requitegrity of the sel achelor's degree anning, design,	ontracts - Respondental and statisticulirements, productivice database by and at least two	sible for all data manag al reporting mechanisms ces routine and ad hoc y overseeing database of y ears demonstrated ex	ement and contract related a s in accordance with contract reporting as needed, and en	ctivitie t and sures t	ess. the
Di Mi de Int Brief description of job duties: Be	ir. Gov't Grants irector, Gov't Co aintains operatio spartmental requitegrity of the sel achelor's degree anning, design,	ontracts - Respondental and statisticulirements, productivice database by and at least two	sible for all data manag al reporting mechanisms ces routine and ad hoc y overseeing database of y ears demonstrated ex	ement and contract related as in accordance with contract reporting as needed, and enquality assurance activities.	activitie t and sures t programs mana	ss. the
Di Mi de Int Brief description of job duties: Ba pla Minimum qualifications: an Annual Salary:	ir. Gov't Grants irector, Gov't Co aintains operatio spartmental requitegrity of the sel achelor's degree anning, design,	ontracts - Respondental and statisticulirements, productivice database by and at least two and evaluation; g	sible for all data manag al reporting mechanisms ces routine and ad hoc y overseeing database of y years demonstrated ex grant development and y	ement and contract related as in accordance with contract reporting as needed, and enquality assurance activities. Experience in health services partiting; government contracts Annualized (if less than	activitie t and sures t program	m agement
Di Minde Inf Brief description of job duties: Bapla Minimum qualifications: an Annual Salary: Staff Position 4: Da	ir. Gov't Grants irector, Gov't Co aintains operatic epartmental requiremental requiremental requiremental requiremental registry of the selection of the selec	s entracts - Respondental and statisticulirements, productivice database by and at least two and evaluation; governments.	sible for all data manag al reporting mechanisms ces routine and ad hoc of overseeing database of years demonstrated ex grant development and v	ement and contract related as in accordance with contract reporting as needed, and enquality assurance activities. sperience in health services pritting; government contracts Annualized (if less than 12 months):	activitie t and sures t program s mana	m agement Total 4,90
Brief description of job duties: Brief description of job duties: Brief description of job duties: Annual Salary: Staff Position 4: Day su an of Brief description of job duties; rec	ir. Gov't Grants irector, Gov't Co aintains operative spartmental requitegrity of the sel achelor's degree anning, design, ad negotiations. \$98,000.00 ata Manager ata Manager - Rummarles to ens ad public health fall data collecte quirments.	entracts - Respondental and statisticulirements, productivice database by and at least two and evaluation; governments and evaluation; governments for course foundation products and evaluation products and evaluation and from clients as and 2 years expensed and 2 years expensed from clients as a contract of the contrac	sible for all data managal reporting mechanisms ces routine and ad hoc of overseeing database of years demonstrated exprant development and violations are rigorously estible for review, abstracts well as data analysis to regrence managing and development and violations.	ement and contract related as in accordance with contract reporting as needed, and enquality assurance activities. Experience in health services porting; government contracts Annualized (if less than 12 months):	sctivities t and sures to program s mana	m agement Total 4,90 d utcomes
Brief description of job duties: Brief description of job duties: Brief description of job duties: Annual Salary: Staff Position 4: Day su an of Brief description of job duties; rec	ir. Gov't Grants irector, Gov't Co aintains operative spartmental requitegrity of the sel achelor's degree anning, design, ad negotiations. \$98,000.00 ata Manager ata Manager - Rummarles to ens ad public health fall data collecte quirments.	s intracts - Respondental and statisticulirements, productivice database by and at least two and evaluation; governments and evaluation; governments are sure foundation products. Responded from clients as	sible for all data managal reporting mechanisms ces routine and ad hoc of overseeing database of years demonstrated exprant development and violations are rigorously estible for review, abstracts well as data analysis to regrence managing and development and violations.	ement and contract related as in accordance with contract reporting as needed, and enquality assurance activities. Imperience in health services portiting; government contracts and in the services of the s	scrivities t and sures to program and a sman	m agement Total 4,90 d utcomes

Staff Position 5: SAS Director					
departmental stra effective partners and training full-ti exchange supplie	ategic goals in aliquiting with other Hime and temporaries. Organizes ren	gnment with agency and IV/AIDS and Harm Red y staff in appropriate ex noval of biohazard wast	exchange sites. Develops and I city objectives. Builds and no uction agencies. Responsible change protocol. Responsible from sites and coordinates and maintain safety protocols	naint e for e for rem	ains scheduling purchasin
	ment, supervision	experience preferred.	ers required. Associates Deg Must hold HIV test counselor		
		no de la companya della companya della companya de la companya della companya del	Annualized (if less than		Total
Annual Salary:	x FTE:	x Months per Year:	12 months):		Total

departmental effective partn and training fu exchange sup	trategic goals in ali erships with other H I-time and tempora blies. Organizes rei	gnment with agency and IIV/AIDS and Harm Red ry staff in appropriate ex moval of biohazard wast	exchange sites. Develops a d city objectives. Builds and r uction agencies. Responsible schange protocol. Responsible te from sites and coordinates and maintain safety protocols	maintains e for schedulin le for purchasii removal with
Waste lettlog				
Brief description of job duties:				
Brief description of job duties: Three years e program mans	perience working w	of the injection and drug us nexperience preferred.	sers required. Associates De Must hold HIV test counselor	
Brief description of job duties: Three years e program mans	perience working w gement, supervisio	of the injection and drug us nexperience preferred.	Must hold HIV test counselor Annualized (if less than	

	ite - Staffs exchar	nge sites and supervises ars down sites as neede	s volunteers at the sites. Tra d.	nsports supplies
Experience worki	desired. Ability to	follow directions and go	n service organization. Biling and communications skills ne	
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$55,000.00	2.00	12	1	\$ 110,000

Staff Position 8: SSE/Volunteer				
exchangers willing develop training r	g to become pee naterials, includir	r educators. Develops of	raining, and supervising seco curriculum for these trainings evant to MSM-IDU speed use e sites.	and helps
of experience wo		ey; valid California driver in drug users and with ve	's license and excellent drivin olunteers.	ng record. 1 ye
				Total

	0.75	12		\$ 40,0
Staff Position 9: Health Edu	ucator			
testing and	linkage to care; harm	reduction counseling) th	revention; vein care; referral rough mobile and encampmi riding crisis intervention supp	ent outreach;
	diploma or equivalen	cv: valid California driver	's license and excellent drivi	no cocord 4 s
	ce working with injection	on drug users and with v		ng record. Ty
of experience	ce working with injection		Annualized (if less than	Total

with people who	Engagement and inject drugs (PWI	Kit Packing Associate is D), organizing harm red	s responsible for outreach ar uction kit packing events, re volunteers to assist with kit	cruiting and
	ma or equivalence	y; 1 year of experience	working with injection drug a	sers and with
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$52,000.00	0.65	12	1	\$ 33,80

Total FTE:

7.10

Total Salaries: \$

435,950

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	\$ 33,350.00
Retirement	\$ 8,327.00
Medical	\$ 45,034.00
Dental	
Unemployment Insurance	\$ 2,267.00
Disability Insurance	\$ 17,743.00
Paid Time Off	
Workers comp	\$ 2,267.00

Total Fringe Benefit:

108,988

Fringe Benefit %:

25%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:

544,938

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 7.1 FTE x 12 mo.	\$800	68,160
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66	2,000
Utilities	Phone, PG&E & trash-\$55.62x7.1FTEx12mo.	55.62	4,739
			ļ .
		Total Occupance	74 900

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 7.1 x 12mc	5. \$51.16	4,359
Volunteer Spt	Snacks, T-shirts, etc - \$166.66/mo.	\$166.66	2,000
Syringes	Syringes \$.15/each x 2,468,373 syringes.	\$0.15	370,256
Bio Buckets	18/19 gallon buckets - 1,026 x \$24.367.	\$24.367	25,000
Bio Buckets	2 gallon - 9,090 x \$2.75.	\$2.7502	25,000
Alcohol Wipes	178 cases x \$28/case.	\$28.00	4,984
Cotton balls and pellets	1,040bags x \$16.827bag.	\$16.827	17,500
Sterile Water	431 Cases x \$\$81.205/case.	\$81.205	35,000
Bagging Supplies	104 bundles x \$7.433/bundle.	\$7.433	773
Condoms	170 cases x \$70.59/case.	\$70.59	12,000
Lube	55 cases x \$218.18/case.	\$218.18	12,000
Site Supplies	Brillo, Vitaimn C tabs, etc \$1,000/mo.	\$1,000.00	12,000
Sweep Incentives	\$1000/mo for sweeps x 12 months.	\$1,000.00	12,000
		Total Materials & Supplies:	532,872

General Operating:				
Expense Item	Brief Descrip		Rate	Cost
	Office equip lease and maint co			
Equip rent & Lease	7.1FTE x 12mo.	\$86.75	7,391	
Offsite storage	Records storage \$4.98/FTE x 7	\$4.98	424	
Travel	Vehicle Fuel.	\$69/ma	828	
Travel	Vehicle Repairs.		\$41.66/mo	500
			Total General Operating:	9,143
Staff Travel:	- 1			
Purpose of Travel	Location	Expense Item	Rate	Cost
			Total Coeff Towns	
			Total Staff Travel:	•
Glide Saint James Infirmary Homeless youth Alliance	Operational expenses; staffing, office, IT,etc. Operational expenses; staffing, office, IT,etc. Operational expenses; staffing, office, IT,etc.		\$147,689/yr \$108,936/yr \$236,041/yr	147,689 108,936 236,041
S.F. Drug Users Union	Operational expenses; staffing,		\$124,281/yr	124,281
		Total Co	nsultants/Subcontractors:	616,947
Other:				
Expense Item	Brief Descrip	rtion	Rate	Cost
	To be a few and the second		1	
	14 ==		Total Other:	
			Total Other,	
		TOTAL	OPERATING EXPENSES:	1,233,861
3) CAPITAL EXPENDITURES: (If nee	eded. A unit valued at \$5,000 or m	nore)		
Capital Expenditure Item	Brief Descrip	tion		Cost
		TOTAL	CAPITAL EXPENDITURES:	
			TOTAL DIRECT COSTS:	1,778,799
4) INDIRECT COSTS				
			albert.	Tables.
Describe method and basis for Indi				Amount
San Francisco AIDS Foundation has a	a negotiated rate of 27%. This co	muract seeks reimb	ursement at a rate of 10%	177,880
of total direct costs.				

TOTAL EXPENSES: 1,956,679

Indirect Rate: TOTAL INDIRECT COSTS:

10% 177,880 Contractor Name San Francisco AIDS Foundation
Contract Term (mm/dd/yyyy) 7/1/16-6/30/19
Funding Source General Fund

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE	MODES			1
Personnel Expenses		Coordination Purchas						
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salarles	% FTE	Contract Totals
			0%		0%		0%	
		+	0%		0%	-	0%	
			0%	-	0%	-	0%	
		-	0%	-	0%		0%	
			0%	-	0%	- 2	0%	
		-	0%	-	0%	-	0%	-
Total FTE & Total Salaries			0%	-	0%		0%	
Fringe Benefits	0%		0%	-	0%	-	0%	-
Total Personnel Expenses		-	0%	-	0%	-	0%	_
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		63,801	100%	-	0%		0%	63,801
Total Materials and Supplies		93,300	100%		0%		0%	93,300
Total General Operating		30,783	100%		0%		0%	30,783
Total Staff Travel		-	0%	-	0%		0%	
Consultants/Subcontractor:		1	0%		0%	-	0%	
Other (specify):			0%	- ×	0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	
			0%		0%		0%	
			0%		0%		0%	
			0%		0%		0%	
Total Operating Expenses		187,884	100%		0%		0%	187,884
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1			0%	-	0%	-	0%	
Capital Expenditure 2			0%		0%		0%	-
Total Capital Expenses			0%		0%	-	0%	
Total Direct Expenses		187,884	100%	-	0%	-	0%	187,884
Indirect Expenses 10%		18,788	100%		0%		0%	18,788
TOTAL EXPENSES		206,672	100%		0%		0%	206,672
Units of Service (UOS) per Service	e Mode	12		-	-	-1		12
Cost Per Unit of Service by Service				14			1	12
Number of Contacts (NOC) per Service Mode		N/A	1		-		-	

BUDGET JUSTIFICATION

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

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

1a) SALARIES

Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:			7	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Tota
•			0	\$
Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
		I w Mantha and	I American de la continue de la cont	
Assert Outside	A FTF	x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Tota
			0	\$
Ctoff Doubles 2:				
Staff Position 3: Brief description of job duties:				
Minimum qualifications:				
Williamoni qualifications.				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Tot
2 Hilliam Section 3.			0	\$
Staff Position 4:				
Brief description of job duties:				
prier description of job duties.				
Minimum qualifications:		100000		
Minimum qualifications:		x Months per	Annualized (if less than	
	x FTE:	x Months per Year:	Annualized (if less than 12 months):	
Minimum qualifications:	x FTE:			Tota
Minimum qualifications: Annual Salary:	x FTE:		12 months):	
Minimum qualifications: Annual Salary: Staff Position 5:	x FTE:		12 months):	
Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties:	x FTE:		12 months):	
Minimum qualifications: Annual Salary: Staff Position 5:	x FTE:		12 months):	
Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties:	x FTE:	Year:	12 months): 0	
Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications:		Year:	12 months): 0 Annualized (if less than	\$
Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties:	x FTE:	Year:	12 months): 0 Annualized (if less than 12 months):	\$ Total
Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications:		Year:	12 months): 0 Annualized (if less than	\$
Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary:		Year:	12 months): 0 Annualized (if less than 12 months):	\$ Total
Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6:		Year:	12 months): 0 Annualized (if less than 12 months):	\$ Total
Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6: Brief description of job duties:		Year:	12 months): 0 Annualized (if less than 12 months):	\$ Tot
Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6:		Year:	12 months): 0 Annualized (if less than 12 months):	\$ Tot
Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6: Brief description of job duties:		x Months per Year:	12 months): 0 Annualized (if less than 12 months): 0	\$ Total
Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6: Brief description of job duties: Minimum qualifications:	x FTE:	x Months per Year:	Annualized (if less than 12 months): 0 Annualized (if less than 12 months):	Tota
Minimum qualifications: Annual Salary: Staff Position 5: Brief description of job duties: Minimum qualifications: Annual Salary: Staff Position 6: Brief description of job duties:		x Months per Year:	12 months): 0 Annualized (if less than 12 months): 0	Tota

Total FTE:

Total Salaries: \$

	Component	Cost	
	Social Security	COST	
	Retirement		
	Medical		
	Dental		
	Unemployment Insurance		
	Disability Insurance		
	Paid Time Off		
	Other (specify):		
	*	Total Fringe Benefit:	
		Fringe Benefit %:	09
	TOTAL SALARIES & EMPLOY	EE FRINGE BENEFITS:	-
2) OPERATING EXPENSES:			
Оссиралсу:			
Expense Item	Brief Description	Rate	Cost
Rent	Rent for 6th street location, partial allocation.	46,201	46,201
Bldg Maint	Allocated amount of bldg maint for 6 th street.	\$550/mo	6,600
Utilities	Phone, water, PG&E, allocated for 6th street.	916.67/ma	11,000
		Total Occupancy:	63,801
	_	Total Goodparioy.	05,001
Materials & Supplies:		Total Goodpanoy.	05,001
Materials & Supplies:	Brief Description	Rate	Cost
	18/19 gallon buckets - 1,026 x \$24.367.	Rate \$24.367	
Expense Item Bio Buckets Bio Buckets	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502.	Rate \$24.367 \$2.7502	Cost 25,000 15,000
Expense Item Bio Buckets Bio Buckets Sterile Water	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case.	Rate \$24.367 \$2.7502 \$81.321	Cost 25,000 15,000 28,300
Expense Item Bio Buckets	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each.	Rate \$24.367 \$2.7502	Cost 25,000 15,000
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x	Rate \$24.367 \$2.7502 \$81.321 \$0.100	Cost 25,000 15,000 28,300 2,500
Expense Item Bio Buckets Bio Buckets Sterile Water	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each.	Rate \$24.367 \$2.7502 \$81.321	Cost 25,000 15,000 28,300
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks.	\$24.367 \$2.7502 \$81.321 \$0.100 \$192.307	Cost 25,000 15,000 28,300 2,500
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each.	\$24.367 \$2.7502 \$81.321 \$0.100 \$192.307	Cost 25,000 15,000 28,300 2,500 10,000
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each.	\$24.367 \$2.7502 \$81.321 \$0.100 \$192.307	Cost 25,000 15,000 28,300 2,500
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each.	\$24.367 \$2.7502 \$81.321 \$0.100 \$192.307	25,000 15,000 28,300 2,500 10,000
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each.	\$24.367 \$2.7502 \$81.321 \$0.100 \$192.307	Cost 25,000 15,000 28,300 2,500 10,000
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives General Operating:	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each. Tota	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.00 al Materials & Supplies:	25,000 15,000 28,300 2,500 10,000 12,500 93,300
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each. Tota	\$24.367 \$2.7502 \$81.321 \$0.100 \$192.307	Cost 25,000 15,000 28,300 2,500 10,000
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives General Operating: Expense Item	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each. Tota Brief Description Auto fuel, repairs, maintenance for delivery	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.00 al Materials & Supplies:	Cost 25,000 15,000 28,300 2,500 10,000 12,500 93,300
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives General Operating: Expense Item Repairs and maintenance	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each. Tota Brief Description Auto fuel, repairs, maintenance for delivery vehicles.	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.00 al Materials & Supplies:	Cost 25,000 15,000 28,300 2,500 10,000 12,500 93,300 Cost
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives Expense Item Repairs and maintenance Insurance	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each. Tota Brief Description Auto fuel, repairs, maintenance for delivery	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.00 al Materials & Supplies:	Cost 25,000 15,000 28,300 2,500 10,000 12,500 93,300 Cost 5,983 4,000
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives General Operating:	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each. Tota Brief Description Auto fuel, repairs, maintenance for delivery vehicles. Allocated amount of liability/umbrella insurance.	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.00 al Materials & Supplies: Rate 498.59/mo 333.34/mo	Cost 25,000 15,000 28,300 2,500 10,000 12,500 93,300 Cost
Expense Item Bio Buckets Bio Buckets Sterile Water Condons & Lube Group food/snacks Incentives General Operating: Expense Item Repairs and maintenance Insurance	18/19 gallon buckets - 1,026 x \$24.387. 2 gallon - 5,454 x \$2.7502. 348 Cases x \$81.321/case. 25,000 condoms @ \$.10 each. \$192.307/week for location snack/group food x 52 weeks. 1250 incentives @ \$10 each. Tota Brief Description Auto fuel, repairs, maintenance for delivery vehicles. Allocated amount of liability/umbrella insurance. Prorated janitoroialservices for 6th street location.	Rate \$24.367 \$2.7502 \$81.321 \$0.100 \$192.307 \$10.00 al Materials & Supplies: Rate 498.59/mo 333.34/mo	Cost 25,000 15,000 28,300 2,500 10,000 12,500 93,300 Cost 5,983 4,000

Purpose of Travel Location Expense Item Rate Cost

Total Staff Travel: -

Service Description	Rate	Cost
)
Total Co	nsultants/Subcontractors:	
Brief Description	Rate	Cost
	Total Other:	
TOTAL	OPERATING EXPENSES:	187,88
TOTAL	APITAL EXPENDITURES:	
	TOTAL DIRECT COSTS:	187,88
ocation /i.e. ETE square footage o	r other)	Amount
		18,78
	Indirect Peter	10
		18,78
	ralued at \$5,000 or more) Brief Description TOTAL Contract seeks reim	Total Other: TOTAL OPERATING EXPENSES: valued at \$5,000 or more) Brief Description TOTAL CAPITAL EXPENDITURES:

206,672

TOTAL EXPENSES:

Contractor Name	San Francisco AIDS Foundation	Appendix#	B-1h
Contract Term (mm/dd/yyyy)	7/1/16-6/30/18	Page#	1
Funding Source		Fiscal Year(s)	18-19
		Funding Notification Date	6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE	MODES			
		Coordinatio						
Personnel Expenses	_	Purchas	sing				_	
DW 700	_ .	alasta	% FTE	Paladas	e ere	Ontorios	0/ 575	Control Total
Position Titles F	TE S	alaries	0%	Salaries	% FTE	Salaries		Contract Totals
	_	-	0%		0%		0%	
	_	-	0%	-	0%		0%	
		- 5	0%		0%	-	0%	
			0%		0%		0%	
		-	0%		0%		0%	
Total FTE & Total Salaries	-	-	0%		0%		0%	
	0%	-	0%		0%	-	0%	
Total Personnel Expenses	-	-	0%		0%	-	0%	1
Operating Expenses	Exp	enditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		- 2	0%	-	0%	-	0%	-
Total Materials and Supplies			0%		0%		0%	-
Total General Operating		4,545	100%		0%		0%	4,545
Total Staff Travel		- 4	0%	-	0%		0%	-
Consultants/Subcontractor:		-	0%		0%	-	0%	
		-	0%		0%	-	0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	-
			0%		0%		0%	
Total Operating Expenses		4,545	100%		0%	-	0%	4,545
Capital Expenses	Exp	enditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		-	0%	_	0%	-	0%	-
Capital Expenditure 2			0%		0%		0%	
Total Capital Expenses			0%		0%		0%	
E - 181 - 18		Artel	40004		001		001	
Total Direct Expenses	0%	4,545 455	100%	-	0%	-	0%	4,545 455
Indirect Expenses 1 TOTAL EXPENSES	U76	5,000	100%		0%		0%	
IO IAL EXPENSES		5,000	10076	-	076		0%	5,000
Units of Service (UOS) per Service	Mode	12		-		-1		12
Cost Per Unit of Service by Service	Mode	416.67						
Number of Contacts (NOC) per Service	Model	N/A			1			

1

BUDGET JUSTIFICATION

		Appendix #: Fiscal Year:	B-1h 18-19	
Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:		50		
		1 Contralients	1 1 1 1 1 1 1 1	
Appual Salana	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Tota
Annual Salary:	XFIE.	rear.	0	\$
		-		-
Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
	THE RESERVE	x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Tota
			0	\$
Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
	eire.	x Months per	Annualized (if less than	12.7
Annual Salary:	x FTE:	Year:	12 months):	Tota \$
		1	0	*
Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Tota
ranical colory.	A7.12		0	\$
Staff Position 5:				
Brief description of job duties:				
Minimum qualifications:				
	7	x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Tota
			0	\$
Staff Position 6:				
Brief description of job duties: Minimum qualifications:				
Milinium quaincations.				
17402:	all later to	x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Tota
			0	\$
MPLOYEE FRINGE BENEFITS:	IFTE:		Total Salaries:	
conents provided below are samples only.		nents should reflect		ounts.)
Compon	ent	Social Security	Cost	
		Retirement		

		Medical Dental		
	Unemploy	ment Insurance		
		bility Insurance		
		Paid Time Off		
		Other (specify):	Total Fringe Benefit:	
			Total Fringe Benefit:	
			Fringe Benefit %:	09
	TOTAL SALA	RIES & EMPLOY	EE FRINGE BENEFITS:	
2) OPERATING EXPENSES:				
Occupancy:				
Expense Item	Brief Description	n .	Rate	Cost
		_//		
		-	Total Occupancy:	
Materials & Supplies:	<u> </u>			
Expense Item	Brief Description	Rate	Cost	
		Tot	al Materials & Supplies:	-
General Operating:	_			
1	_			
Expense Item	Brief Description Maintenance on program vehicles	\$378.75/mo	Rate	Cost
Auto repairs,maintenance & Fuel	x 12 mo.	s. 4070.70mlo	\$378.75	4,545
1		- A		
		T	otal General Operating:	4,545
Staff Travel:			2	
Purpose of Travel	Location	Expense Item	Rate	Cost
		-	Total Staff Travel:	
Consultants/Subcontractors:	-			
Consultant/Subcontractor Name	Service Description	n	Rate	Cost
		Total Cons	ultants/Subcontractors:	

Other:			
Expense Item	Brief Description	Rate	Cost
		Total Other:	
	TOTA	L OPERATING EXPENSES:	4,545
3) CAPITAL EXPENDITURES: (If needed. A	A unit valued at \$5,000 or more)		
Capital Expenditure Item	Brief Description		Cost
	*		
	TOTAL	CAPITAL EXPENDITURES:	-
		TOTAL DIRECT COSTS:	4,545
4) INDIRECT COSTS Describe method and basis for indirect C	ost Allocation (i.e., FTE, square footage,	or other)	Amount
	tiated rate of 27%. This contract seeks rein		455
		Indicate Date	400
		Indirect Rate: TOTAL INDIRECT COSTS:	10% 455
		TOTAL EXPENSES.	5 000

Contractor Name San Francisco AIDS Foundation Contract Term (mm/dd/yyyy) Funding Source General Fund

Appendix# Page #

B-2a 1 17-18

6/27/2017

Fiscal Year(s) **Funding Notification Date**

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE	MODES			
Personnel Expenses		HYA Wrap A Dispos					1	
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Position Tibes	FIE	Salaries	0%	Salaries	0%	Salaries	0%	Contract Totals
			0%		0%	1-	0%	
	_		0%	1	0%		0%	
	_		0%	1	0%		0%	-
			0%	1	0%	-	0%	
		- :	0%		0%		0%	
Total FTE & Total Salaries	7.0		0%		0%	-	0%	
Fringe Benefits	0%	- 1	0%		0%		0%	
Total Personnel Expenses	U /0		0%	-	0%		0%	1
Total Forsonial Expenses			070		970	1	0.70	
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%.	Contract Total
Total Occupancy		-	0%		0%	-	0%	
Total Materials and Supplies			0%	-	0%	-	0%	
Total General Operating		-	0%		0%	14	0%	
Total Staff Travel		-	0%		0%	-	0%	-
Consultants/Subcontractor:		146,160	100%	-	0%	12	0%	146,160
Other (specify):			0%		0%	-	0%	
			0%		0%		0%	
			0%		0%		0%	
		,	0%		0%		0%	
			0%		0%		0%	
		C	0%		0%		0%	The second
Total Operating Expenses		146,160	100%	•	0%	-	0%	146,160
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		Experience	0%	Expenditure	0%	Experience	0%	Contract Total
Capital Expenditure 2			0%		0%		0%	
Total Capital Expenses			0%		0%	-	0%	
Total Direct Expenses		146,160	100%		0%		0%	146,160
Indirect Expenses	10%	14,615	100%	-	0%	-	0%	14,615
TOTAL EXPENSES	10 /0	160,775	100%		0%		0%	160,775
Units of Service (UOS) per Servi	co Mada	12			v =			12
Cost Per Unit of Service by Servi			-			-		12
COST LAI CHILL OF COLAICE DA COLAI	ce Mode	N/A				-	-	-

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton Appendix #: B-2a
Program Name: Syringe Access & Disposal Services Fiscal Year: 17-18

1a) SALARIES

Staff Position 1:				
Brief description of job duties:				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	To
			0	\$
Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
		1 11 0	1	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	To
			0	\$
0. # B W B				
Staff Position 3:				
Brief description of job duties: Minimum qualifications:				_
Minimum qualifications.				_
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year	12 months):	To
Attributionally.		10011	0	\$
Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:				
		T	TA	
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	To
			0	\$
Staff Position 5: Brief description of job duties:				
Minimum qualifications:				
1 Willimani qualifications.				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months);	To
	~ ~ ~ ~	1	0	\$
				*
				_
Staff Position 6:				
Staff Position 6: Brief description of job duties:				
Staff Position 6:				
Staff Position 6: Brief description of job duties:		x Months per	Annualized (if less than	
Staff Position 6: Brief description of job duties:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Tot

Total FTE:

Total Salaries: \$

Go	mponent		ost
		al Security	
	F	Retirement	
		Medical	
		Dental	
	Unemployment	Insurance	
	Disability	Insurance	
		Time Off	
	Other	(specify):	
		Total Fringe Bene	efit: -
		Fringe Benefi	it %:
	TOTAL SALARIES &	EMPLOYEE FRINGE BENEF	ITS: -
) OPERATING EXPENSES:			
Decupancy:			
Expense Item	Brief Description	Rate	Cost
4			
-		Total Occupa	ncy:
Expense Item	Brief Description	Rate	Cost
		Total Materials & Supp	lies: -
Seneral Operating:			
Expense Item	Brief Description	Rate	Cost
	-	Total General Operat	ing:
itaff Travel:			
Purpose of Travel	Location Exper	nse Item Rate	Cost
		18.07	
		Total Staff Tra	vel: -

Consultants/Subcontractors:			
Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$146,160	146,160
	Total Co	nsultants/Subcontractors:	146,160
Other:	_		
Expense Item	Brief Description	Rate	Cost
		Total Other:	
	TOTAL	OPERATING EXPENSES:	146,160
Capital Expenditure Item	Brief Description TOTAL	CAPITAL EXPENDITURES:	Cost
		TOTAL DIRECT COSTS:	146,160
	ect Cost Allocation (i.e., FTE, square footage, negotiated rate of 27%. This contract seeks rei		Amount 14,615
		Indirect Rate:	10%
		TOTAL INDIRECT COSTS:	14,615
		TOTAL EXPENSES:	160,775

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

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

UOS COST ALLOCATION BY SERVICE MODE

				MODES			1
	HYA Wrap A Dispos						
FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
		0%		0%		0%	
	-	0%	-		-		
	-		-		-		
	-		-				
	-		-		-		
	-		-		-		-
	-		-		-		
0%							-
	•	0%		0%	•	0%	
	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
		0%	-	0%		0%	
	-	0%	-	0%	-	0%	-
		0%		0%	- 4	0%	
	-	0%	-			0%	1
	149,814	100%	-			0%	149,814
	-	0%				0%	-
		0%					
		0%					
			h at				
	149,814	100%		0%	•	0%	149,814
	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
		0%	-	0%		0%	F-10-0-1
		0%		0%		0%	
		0%	1.	0%	-	0%	. •
	149.814	100%		0%		0%	149,814
10%	14,980	100%		0%		0%	14,980
	164,794	100%		0%		0%	164,794
ica Mode	12			-	_ V	-	12
ice Mode	13 732 84						12
ice Mode	N/A						
						-	Rev. 07/15
	10%	FTE Salaries	FTE Salarles % FTE 0% - 0% - 0% - 0% - 0% - 0% - 0% - 0%	FTE Salaries % FTE 0%	FTE Salaries % FTE 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%	FTE Salaries % FTE Salaries % FTE Salaries 0% 0% 0% 0% 0 0 0 0 0 0 0 0 0 0 0 0 0	FTE Salaries % FTE Salaries % FTE Salaries % FTE 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0

BUDGET JUSTIFICATION

Appendix #:

B-2b

Contractor Name San Francisco AIDS Foundaiton

DI-MB W 4				
Staff Position 1:				
Brief description of job duties: Minimum qualifications:				_
William Qualification.		F - 2 - 3	7	
Activities to the second second		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	To
			0	\$
Staff Position 2:				
Brief description of job duties:				
Minimum qualifications:				
		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	To
		1	U	\$
Staff Position 3:				
Brief description of job duties:				
Minimum qualifications:				
	1.2.	x Months per	Annualized (if less than	1.1.2
Annual Salary:	x FTE:	Year:	12 months):	To
			0	\$
Staff Position 4:				
Brief description of job duties:				
Minimum qualifications:			Annual Control of the	
	- 2.3.5.	x Months per	Annualized (if less than	7.50
Annual Salary:	x FTE:	Year:	12 months):	To
			0	\$
0. # D . W . 5				_
Staff Position 5:				
Brief description of job duties: Minimum qualifications:				
William Gualineasons.		x Months per	Annualized (if less than	-
Annual Salary:	x FTE:	Year:	12 months):	To
			0	\$
Staff Position 6:				
Brief description of job duties: Minimum qualifications:				_
Minimuni qualifications.		x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	To
			0	\$
Total FTE:			Total Salaries:	\$
MPLOYEE FRINGE BENEFITS:				
Component			Cost	
		Social Security		
		Retirement		
		Medical		
	Unamal	Dental oyment Insurance		_
	Unemp	isability Insurance		
		Paid Time Off		
		Other (specify):		
			Total Fringe Benefit:	

2) OPERATING EXPENSES:				
Occupancy:				
Expense Item	Brief Descripti	on	Rate	Cost
			Total Occupancy:	
Materials & Supplies:				
Expense Item	Brief Descripti	on	Rate	Cost
		10	tal Materials & Supplies:	-
General Operating:	_ 0			
Expense Item	Brief Descripti	on	Rate	Cost
			Total General Operating:	
Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate	Cost
		-	Total Staff Travel:	
Consultants/Subcontractors: Consultant/Subcontractor Name Homeless Youth Alliance	Service Descrip Wrap around and disposal service		Rate \$149,814	Cost 149,814
Homeless Youth Alliance	vvrap around and disposal serv			
		Total Cons	ultants/Subcontractors:	149,814
Other:	_			
Expense Item	Brief Descripti	on	Rate	Cost
			Total Other:	
				- 1
		TOTAL	PERATING EXPENSES:	149,814
3) CAPITAL EXPENDITURES: (If ne	eded. A unit valued at \$5,000 or mo	ore)		
Capital Expenditure Item	Brief Descripti	on		Cost
		TOTAL CA	PITAL EXPENDITURES:	
			TOTAL DIRECT COSTS:	149,814
4) INDIRECT COSTS				
4) INDIRECT COSTS				
Describe method and basis for Ind San Francisco AIDS Foundation has				Amount 14,980
of total direct costs.	a negotiated rate of 27%. This col	ntract seeks reimt	oursement at a rate of 10%	14,980
ACRES OF STREET			Indirect Rate:	10%
		TO	OTAL INDIRECT COSTS:	14,980
			TOTAL EXPENSES:	184 79A

Contractor Name San Francisco AIDS Foundation Contract Term (mm/dd/yyyy) Funding Source General Fund

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE	MODES			
Personnel Expenses		Harm Red Cente						
Position Titles F	TE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
V.P Programs & Services	0.10	20,300	100%		0%	,	0%	20,300
Dir. Behavorial Health Services	0.05	6,000	100%		0%		0%	6,000
Director, SAS	0.20	18,000	100%	-	0%	-	0%	18,000
Associate Director, 6th Street HRC	1.00	63,000	100%	-	0%		0%	63,000
Health Educator	6.25	343,750	100%	-	0%	-	0%	343,750
Mobile Health Educator	0.50	27,500	100%	-	0%	-/-	0%	27,500
Health Educator/Inventory Team Lead	1.00	55,000	100%		0%		0%	55,000
Inventory Associate/Health Educator	1.00	55,000	100%	-	0%		0%	55,000
Total FTE & Total Salaries	10.10	588,550	100%		0%		0%	588,550
	5%	147,138	100%	*	0%		0%	147,138
Total Personnel Expenses		735,688	100%	-	0%		0%	735,688
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		32,214	100%	Expenditure	0%	Experiditure	0%	32,214
Total Materials and Supplies	-	24,234	100%	-	0%		0%	24,234
Total General Operating		11,500	100%	- 1	0%	â	0%	11,500
Total Staff Travel		11,000	0%	-	0%		0%	11,000
Consultants/Subcontractor.	_	- 3	0%		0%		0%	
Other (specify):			0%		0%		0%	
Other (specity).			0%	-	0%		0%	
	-		0%		0%		0%	
			0%		0%		0%	
	$\overline{}$		0%		0%		0%	
	_		0%		0%		0%	-
Total Operating Expenses		67,948	100%	-	0%		0%	67,948
	T.							
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1	_	-	0%	•	0%	-	0%	-
Capital Expenditure 2	_		0%		0%		0%	-
Total Capital Expenses		-	0%	4	U-76	-	0%	-
Total Direct Expenses		803,636	100%		0%		0%	803,636
	0%	80,364	100%		0%		0%	80,364
TOTAL EXPENSES		884,000	100%	-	0%	-	0%	884,000
Units of Service (UOS) per Service	Model	12 [-	-			12
					= -			12
Cost Per Unit of Service by Service	Mode	73,666.67				-		

BUDGET JUSTIFICATION

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

Staff Position 1	: V.P Programs &	& Services				
Brief description of job duties	Responsible for a structure and pro- responsive to the	ensuring the imple	onal oversight to c	pement and evaluation of the reate a service delivery cont s, including HIV needs of ga	inuui	m that Is
brief description of job duties	Master's degree	in psychology, so	cial services, busin	ness or related disciplines. F	Requ	irements
Lu are secondo a co	also include three demonstrated pro	e years' experience	e in supervisory c	apacity, especially in HIV pre evelopment experience.		
Minimum qualifications			100	La company of the com	-	
		FTF.	x Months per	Annualized (if less than	- 0	~
Annual Salary:	\$203,000.00	x FTE: 0.10	Year:	12 months):	\$	Total
	\$203,000.00]	0.10	12		Þ	20,30
Staff Position 2	Dir. Behavorial	Health Services	_		-	
Brief description of job duties	structure and pro- responsive to the	vision of professi	onal oversight to co	rement and avaluation of the reate a service delivery cont s, including HIV needs of ga	Inuui	m that is
Minimum qualifications	Masters degree in expereince in a s	upervisory capac	ity, especially in HI	ness or related discipline; thr IV prevention and demonstra		
Annual Salary:	(x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
	\$120,000.00	0.05	12	1	\$	6,0
Ctoff Danisian 2	: Director, SAS				_	
Brief description of job duties	strategic goals in partnerships with training full-time a purchasing excha coordinates remo	alignment with ag other HIV/AIDS a and temporary sta ange supplies. Of	gency and city obje and Harm Reduction off in appropriate or ganizas removal o	e sites. Develops annual depectives. Builds and maintains on agencies. Responsible for schange protocol. Responsible for biohazard waste from sites repare reports for compliance.	effe schoole fo and	ctive eduling a or
Minimum qualifications	Three years expe program manage certification or be	ment, supervision		ug users required, Associate med. Must hold HIV test cour job.		
			x Months per	Annualized (if less than		
Annual Salary:		x FTE:	Year:	12 months):	-	Total
	\$90,000.00	0.20	12	1	\$	18,00
Staff Position 4	: Associate Direc	tor 6th Street H	RC ·		-	
Otan i Ostabil 4	Responsibilities i Harm Reduction	nclude site operat Center; supervisit verdose preventio	ions (schedules, long health educator on, vain care) and i	ogistics, QA, programming) c s, volunteers, and interns; co referrals; program design, fa disposal, and lounge space;	ondu	cting hea tion, and
Brief description of lob duties:	curriculum develo			and providing crisis intervent		
Brief description of job duties	curriculum develor participants to HI Five years' exper required. Associa understanding of Understanding of	V/HCV testing an fence working with tes Degree prefer harm reduction por HIV/HCV disease	d linkage to care; a h drug users, hight med, experience us ractices and princi	and providing crisis intervent y marginalized, or homeless sing motivational interviewing ples, experience doing health reatment. Supervisory experi	pope g and	ulations d strong ucation.
Brief description of job duties . Minimum qualifications	curriculum develor participants to HI Five years' exper required. Associa understanding of Understanding of	V/HCV testing an fence working with tes Degree prefer harm reduction por HIV/HCV disease	d linkage to care; and drug users, high med, experience usersctices and princi- e prevention and tragement experience.	and providing crisis intervent y marginalized, or homeless sing motivational interviewing ples, experience doing health reatment. Supervisory experi	pope g and	ulations d strong ucation.

Annual Salary:

x FTE:

1.00

\$63,000.00

Year:

12

12 months):

Total

63,000

referrals; p disposal, a	ilities include conducting rogram design, facilitation	on, and curriculum participants to H	(e.g. overdose prevention, v development; supports syrii IV/HCV testing and linkage to	nge a	ccess,
			users. Associates Degree pre edge of HIV/HCV prevention.		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$55,000	0.00 6.25	12	1	\$	343,750

Staff Position 6: Mob				
. HIV/I	HCV testing and linkage to c	are; harm reduction	ose prevention; vein care; re counseling) through mobile outreach volunteers; and pro-	and
	num, 1-3 years experiencing ction, motivational Interviewi	working with drug on skills, and knowle	users. Associates Degree pre edge of HIV/HCV prevention/	eferred. Harm /bx preferred.
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$5	5,000.00 0.50	12	1 - 1	\$ 27,50

referrals; support	include conducting s syringe access, ge to care; and pro-	g health education disposal, and lour oviding crisis inter-	(e.g. overdose prevention, nge space; linking participant vention support. Supports mo supply inventory.	ts to HIV/HCV
	ars experiencing v	working with drug u	isers. Associates Degree pre	eferred. Harm bx preferred.
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$55,000.00	1.00	12	1	\$ 55,000

referrals; support testing and linkar Street sites; supe maintenance and	include conducting as syringe access, ge to care; and pro- arvises volunteers I transport.	g health education disposal, and lour oviding crisis inten- ; and assists invel	i (e.g. overdose prevention, inge space; linking participant vention support. Supports montory Team Lead with supply	ts to HIV/HCV obile and 6th Inventory
Minimum, 1-3 year Minimum qualifications; reduction, motiva			users. Associates Degree pre edge of HIV/HCV prevention	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$55,000.00	1.00	12	1	\$ 55,00

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

1b) EMPLOYEE FRINGE BENEFITS:

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

Fringe Benefit %: 25%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 735,688

2) OPERATING EXPENSES:

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$1,000/mo x 12 mo.	1000	12,00
Rent-6th Street	Prorated rent @ \$351.17/mo x 12 mo.	351.17	4,21
Parking	Monthly parking for vans, \$1,000/mo x 8		8,00
Utilities	\$1,000/mo x 8 mo.	1000	8,00
		7.416	00.01
Materials & Supplies:		Total Occupancy:	32,21
		12.5	4.
Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies\$518 exhange incentives, 1,200 incentives @	\$5each	6,23
Incentives	=\$6,000.	5	6,00
Volunteer support	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,00
		Total Materials & Supplies:	24,23
Séneral Operating:			
Expense Item	Brief Description	Rate	Cost
Janitorial	Monthly janitorioal svc \$750/mo.	750	9,00
Insurance	Prorated gen liability, hazzard and auto in	nsurance 208.34	2,50
	1	Total General Operating:	11,50
Purpose of Travel	Location Expens	sa Item Rate	Cost
		Total Staff Travel:	- 1
Consultants/Subcontractors:	_		
Consultant/Subcontractor Name	Service Description	Rate	Cost
	Tota	al Consultants/Subcontractors:	- A
Other:			
Expense Item	Brief Description	Rate	Cost
		Total Other:	
	тс	OTAL OPERATING EXPENSES:	67,94
3) CAPITAL EXPENDITURES: (If need	led. A unit valued at \$5,000 or more)		
Capital Expenditure Item	Brief Description		Cost
	100	AL CADITAL EVECUDITIES	
	101	TOTAL DIRECT COSTS:	803,63

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	80,36
of total direct costs.		

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

TOTAL EXPENSES: 884,000

5

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

Appendix # Page # Fiscal Year(s) B-3b 1 18-19

Funding Notification Date

18-19 6/27/2017

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE	MODES			
Personnel Expenses		Harm Red Cente						
Position Tities	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
V.P Programs & Services	0.10	20,300	100%		0%		0%	20,300
Dir. Behavorlal Health Services	0.05	6,000	100%		0%		0%	6,000
Director, SAS	0.20	18,000	100%		0%		0%	18,000
Associate Director, 6th Street HRC	1.00	63,000	100%	~	0%	-	0%	63,000
Health Educator	7.75	426,250	100%	~	0%	-	0%	426,250
Mobile Health Educator	0.50	27,500	100%	-	0%		0%	27,500
Health Educator/Inventory Team Lead	1.00	55,000	100%	-	0%	-2	0%	55,000
Inventory Associate/Health Educator	1.00	55,000	100%	-	0%		0%	55,000
Total FTE & Total Salaries	11.60	671,050	100%		0%	-	0%	671,050
	25%	167,763	100%	-	0%	-	0%	167,763
Total Personnel Expenses		838,813	100%	-	0%	-	0%	838,813
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy	_	33,214	100%	Experience	0%	Experiment	0%	33,214
Total Materials and Supplies		24,564	100%	-	0%		0%	24,564
Total General Operating		12,500	100%		0%		0%	12,500
Total Staff Travel		12,000	0%	-	0%		0%	12,500
Consultants/Subcontractor:			0%		0%		0%	
Other (specify):	_		0%	-	0%		0%	
Other (specify):	_	-	0%	_	0%	-	0%	-
	_		0%		0%			-
	_		0%		0%		0%	
			0%		0%		0%	-
	_		0%		0%			-
Total Operating Expenses		70,278	100%	-	0%	-	0%	70,278
Team operating Experiess		10,210						
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		A	0%	-	0%	-	0%	
Capital Expenditure 2			0%		0%		0%	
Total Capital Expenses			0%	-	0%	•	0%	
Total Direct Expenses		909,091	100%	-	0%		0%	909,091
	10%	90,909	100%		0%		0%	90,909
TOTAL EXPENSES		1,000,000	100%		0%		0%	1,000,000
Units of Service (UOS) per Service	a Moda	12		- 1		-	-	12
Cost Per Unit of Service by Service						-		12
Cost Day Unit of Sancias by Sancia	es an LIUR	1 00.000.04		- 1		-		

BUDGET JUSTIFICATION

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

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

1a) SALARIES

Staff Position 1: V.P Pro					
structure	e and pro	vision of profession	nal oversight to c	ement and evaluation of the reate a service delivery cont s, including HIV needs of ga	inuum that is
Master's	lude three	e years' experienc	e in supervisory c	ness or related disciplines. F apacity, especially in HIV pre evelopment experience.	
Minimum qualifications:					
Annual Salary:	4.	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$203,0	00.00	0.10	12	1	\$ 20,300
structum respons Brief description of job duties: men.	sible for e e and pro ive to the	ensuring the imple ovision of profession ocurrent health an	nal oversight to o d well-being need	ement and evaluation of the reate a service delivery cont s, including HIV needs of ga ness or related discipline; thr	inuum that is y and bisexual
	nce in a s	supervisory capaci	ly, especially in HI	V prevention and demonstra Annualized (if less than	
Annual Salary:		x FTE:	Year:	12 months):	Total
\$120,0	00.00	0.05	12	1	\$ 6,000
partners	goals in ships with	alignment with ag other HIV/AIDS a	ency and city obje nd Harm Reduction	sites. Develops annual dep actives. Builds and maintains on agencies. Responsible for	effective scheduling and
partners training purchas coordina Brief description of job duties: safety p	goals in ships with full-time a ing excha ates remo rotocols.	alignment with ag other HIV/AIDS a and temporary sta ange supplies. Or oval with waste ren	ency and city obje nd Harm Reduction of in appropriate ex ganizes removal of noval company, pr	ectives. Builds and maintains on agencies, Responsible for schange protocol. Responsible of biohazard waste from sites repare reports for complianc	effective scheduling and ole for and e and maintain
partners training purchas coording Brief description of job duties: safety p Three y program	c goals in ships with full-time a sing excha ates remo rotocols. ears expe manage	alignment with ag other HIV/AIDS a and temporary sta ange supplies. Or oval with waste re- erience working wi	ency and city obje nd Harm Reduction of in appropriate ex- ganizes removal of noval company, pro- th injection and dra experience prefer	ectives. Builds and maintains on agencies, Responsible for echange protocol. Responsible of biohazard waste from sites repare reports for complianc ag users required. Associate ared. Must hold HIV test cour	effective scheduling and ole for and e and maintain as Degree with
partners training purchas coordina Brief description of job duties: safety p Three yo program	c goals in ships with full-time a sing excha ates remo rotocols. ears expe manage	alignment with ag other HIV/AIDS a and temporary sta ange supplies. Or oval with waste re- erience working with ement, supervision	ency and city obje nd Harm Reduction of in appropriate ex- ganizes removal of noval company, pro- th injection and dra experience prefer	ectives. Builds and maintains on agencies, Responsible for echange protocol. Responsible of biohazard waste from sites repare reports for complianc ag users required. Associate ared. Must hold HIV test cour	effective scheduling and ole for and e and maintain as Degree with
partners training purchas coordins Brief description of job duties: safety p Three y program certificat Minimum qualifications: Annual Salary:	c goals in ships with full-time a sing excha ates remo rotocols. ears expe manage	alignment with ag tother HIV/AIDS a and temporary sta ange supplies. Or oval with waste ren erience working with ement, supervision a willing to obtain of	ency and city objet of Harm Reduction of the properties of the pro	ectives. Builds and maintains on agencies. Responsible for schange protocol. Responsible for schange protocol. Responsible for stream stream stream reports for compliancing users required. Associate red. Must hold HIV test couriob. Annualized (if less than	effective scheduling and ole for and e and maintain as Degree with nselor
partners training purchas coordins Brief description of job duties: safety p Three ye program certificat Minimum qualifications: Annual Salary: \$90,0	c goals in ships with full-time a sing exchange scheme cotocols. ears expension or be	alignment with ago to ther HIV/AIDS a and temporary sta ange supplies. Or oval with waste remember of the willing to obtain a willing to obtain a x FTE:	ency and city obje nd Harm Reductio ff in appropriate ex ganizes removal o noval company, pi th injection and dn experience prefer ertification on the x Months per Year: 12	ectives. Builds and maintains on agencies. Responsible for schange protocol. Responsible for schange protocol. Responsible for stream stream stream reports for compliancing users required. Associate red. Must hold HIV test couriob. Annualized (if less than	effective scheduling and ole for and e and maintain as Degree with nselor
partners training purchas coording safety p Three ye program certificat Minimum qualifications: Annual Salary: \$90,0	c goals in ships with full-time a sing exchange states remonotocols. ears expended in manage tion or be	alignment with ago to ther HIV/AIDS a and temporary sta ange supplies. Or oval with waste remember, supervision a willing to obtain control of the temporary states of the temporary supervision as willing to obtain control of the temporary supervision as willing to obtain control of the temporary supervision as willing to obtain control of the temporary supervision of the temporary supervisi	ency and city obje nd Harm Reductio ff in appropriate ex ganizes removal o noval company, pi th injection and dr experience prefer ertification on the x Months per Year: 12	ectives. Builds and maintains on agencies. Responsible for schange protocol. Responsible for schange protocol. Responsible for schange protocol. Responsible for biohazard waste from sites repare reports for compliancing users required. Associate red. Must hold HIV test cour job. Annualized (if less than 12 months):	effective scheduling and le for and e and maintain s Degree with nselor Total \$ 18,006
partners training purchas coording safety program certifications: Annual Salary: Staff Position 4: Associations Response Harm Reducations.	c goals in ships with full-time a sing exchange	alignment with ago to ther HIV/AIDS a and temporary sta ange supplies. Or oval with waste rement, supervision willing to obtain out of the start of	ency and city obje nd Harm Reductio ff in appropriate et ganizes removal o noval company, p th injection and dr experience prefer ertification on the x Months per Year: 12 RC ons (schedules, lo g health educaton n, vein care) and i syringe access, o	ectives. Builds and maintains on agencies. Responsible for schange protocol. Responsible for schange protocol. Responsible for stream stream stream reports for compliancing users required. Associate red. Must hold HIV test couriob. Annualized (if less than	effective scheduling an ole for and e and maintain as Degree with selor Total \$ 18,00 of 6th Street conducting healt cilitation, and linking
Brief description of job duties: safety p Three ye program certificat Minimum qualifications: Annual Salary: \$90,0 Staff Position 4: Associate Response Harm Reducation curriculum participate Five year required understate training purchase coordinates.	c goals in ships with full-time a sing exchange	alignment with again the HIV/AIDS a and temporary state ange supplies. Or oval with waste remement, supervision a willing to obtain of the total contents are supervision of the total contents are supervision of the total contents. Supervision oppment; managing V/HCV testing and the total contents are supervision oppment; managing the total contents are supervision oppment of the total contents are supervision oppment.	ency and city obje nd Harm Reductio ff in appropriate ex ganizes removal on noval company, pi th injection and dr experience prefer ertification on the x Months per Year: 12 RC ons (schedules, log g health education n, vein care) and in syringe access, of l linkage to care; a drug users, highl red, experience us actices and princi prevention and tr	ectives. Builds and maintains on agencies. Responsible for schange protocol. Responsible for schange reports for compliancing users required. Associate and Must hold HIV test couries. Annualized (if less than 12 months): 1 agistics, QA, programming) of schools, and interns; conferrals; program design, fallisposal, and lounge space; and providing crisis intervent by marginalized, or homeless sing motivational interviewing ples, experience doing healther required.	effective scheduling and le for and e and maintain s Degree with nselor Total \$ 18,000 of 6th Street enducting healt cilitation, and linking ion support. populations g and strong heducation.
partners training purchas coordins Brief description of job duties: safety p Three y program certificat Minimum qualifications: Annual Salary: \$90,0 Staff Position 4: Associa Respons Harm Re educatio curriculu particips Five yes required understs Understs Understs Understs	c goals in ships with full-time a sing exchange	alignment with again temporary state ange supplies. Or oval with waste remement, supervision willing to obtain of willing to obtain of the content of the co	ency and city obje nd Harm Reductio ff in appropriate ex ganizes removal on noval company, pi th injection and dr experience prefer ertification on the x Months per Year: 12 RC ons (schedules, log g health educator n, vein care) and in syringe access, of linkage to care; a drug users, highl red, experience us actices and princi prevention and tr gement experience x Months per	ectives. Builds and maintains on agencies. Responsible for schange protocol. Responsible for schange reports for compliancing users required. Associate and Must hold HIV test couries. Annualized (if less than 12 months): 1 agistics, QA, programming) of sections, program design, fallisposal, and lounge space; and providing crisis intervent by marginalized, or homeless sing motivational interviewing ples, experience doing healther required. Annualized (if less than 12 months) and providing crisis intervent by marginalized, or homeless sing motivational interviewing ples, experience doing healther required. Annualized (if less than 13 months)	effective scheduling and le for and e and maintain s Degree with nselor Total \$ 18,000 of 6th Street boducting health cilitation, and linking lon support. populations g and strong h education, lence, program
partners training purchas coordins safety p Three ye program certificat Minimum qualifications: Annual Salary: Staff Position 4: Associa Respons Harm Re educatio curricula particips Five yes required understs Understs Minimum qualifications: develop Annual Salary:	c goals in ships with full-time a sing exchange	alignment with again the HIV/AIDS a and temporary state ange supplies. Or oval with waste remement, supervision a willing to obtain of the total contents are supervision of the total contents are supervision of the total contents. Supervision oppment; managing V/HCV testing and the total contents are supervision oppment; managing the total contents are supervision oppment of the total contents are supervision oppment.	ency and city obje nd Harm Reductio ff in appropriate ex ganizes removal on noval company, pi th injection and dr experience prefer ertification on the x Months per Year: 12 RC ons (schedules, log g health education n, vein care) and in syringe access, of il linkage to care; a indrug users, highl red, experience us actices and princi prevention and tr agement experience	ectives. Builds and maintains on agencies. Responsible for schange protocol. Responsible for schange reports for compliancing users required. Associate and Must hold HIV test couries. Annualized (if less than 12 months): 1 agistics, QA, programming) of schools, and interns; conferrals; program design, fallisposal, and lounge space; and providing crisis intervent by marginalized, or homeless sing motivational interviewing ples, experience doing healther required.	effective scheduling and ole for and e and maintain s Degree with nselor Total \$ 18,000 of 6th Street onducting healti cilitation, and linking ion support. populations g and strong h education.

referrals; disposal,	sibilities include conducting program design, facilitation	on, and curriculum participants to Hi	(e.g. overdose prevention, v development; supports syrin V/HCV testing and linkage to	nge access,
Minimum			users. Associates Degree pre edge of HIV/HCV prevention	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$55,00	00.00 7.75	12	1	\$ 426,250

Staff Position 6; Mobile H							
HIV/HCV encampm Brief description of job duties: intervention	Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support						
Minimum qualifications: reduction	 , 1-3 years experiencing in the control of the contro	working with drug of skills, and knowledge	users. Associates Degree pre edge of HIV/HCV prevention.	ferred. Harm fx preferred.			
Annual Salary:	x FTE:		Annualized (if less than 12 months):	Total			
\$55,00	0.50	12	1	\$ 27,500			

referrals; support	Include conducting s syringe access, ge to care; and pro-	g health education disposal, and lou oviding crisis inter	n (e.g. overdose prevention, nge space; linking participan vention support. Supports m supply inventory.	ts to HIV/HCV
Minimum, 1-3 yea Minimum qualifications: reduction, motiva	ars experiencing vitional interviewing	vorking with drug of skills, and knowle	users. Associates Degree pro edge of HIV/HCV prevention.	eferred. Harm /tx preferred.
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$55,000.00	1.00	12	1	\$ 55,000

referrals; suppor testing and links	include conducting its syringe access, ge to care; and pro ervises volunteers	health education disposal, and lou oviding crisis inter	(e.g. overdose prevention, v nge space; linking participant vention support. Supports me ntory Team Lead with supply	ts to HIV/HCV
Minimum, 1-3 ye Minimum qualifications: reduction, motive			users. Associates Degree pre edge of HIV/HCV prevention	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$55,000.00	1.00	12	1 ====	\$ 55,000

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

16) EMPLOYEE FRINGE BENEFITS:

Component	Co	st
Social Security	\$	51,335.00
Retirement	\$	12,817.00
Medical	\$	89,321.00
Dental		
Unemployment Insurance	\$	3,489.00
Disability Insurance	\$	27,312.00
Paid Time Off		
Other (Workers Comp):	\$	3,489.00

Total Fringe Benefit: 167,763

Fringe Benefit %: 25%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 838,813

2) OPERATING EXPENSES:

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$1,000/mo x 12 mo.	1000	12,00
Rent-6th Street	Prorated rent @ \$434.50/mo x 12 mo.	434.5	5,21
Parking	Monthly parking for vans, \$1,000/mo x 8 mc.	1000	8,00
Utilities	\$1,000/mo x 8 mo.	1000	8,00

		Total Occupancy:	33,21
Materials & Supplies:			
Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies\$547/mo.	547	6,56
	exhange incentives, 1,200 incentives @ \$5each	B 1 5 A A	
Incentives	=\$6,000.	5	6,00
Volunteer support	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,00
	Total	Materials & Supplies:	24,56
Seneral Operating:	-		
Expense Item	Brief Description	Rate	Cost
Janitorial	Monthly janitorioal svc \$750/mo.	750	9,00
Insurance	Prorated gen liability, hazzard and auto insurance	291.67	3,50
	1		
	Tot	al General Operating:	12,50
Staff Travel:			
	·		
Purpose of Travel	Location Expense Item	Rate	Cost
		Total Staff Travel:	
Consultants/Subcontractors:			
Consultants/Subcontractors.			
Consultant/Subcontractor Name	Service Description	Rate	Cost
	Total Consult	tants/Subcontractors:	-
Other:			
Mier.	-		
Expense Item	Brief Description	Rate	Cost
	1	Total Other:	
	TOTAL ODE	RATING EXPENSES:	70,27
	TOTAL OF		10,21
) CAPITAL EXPENDITURES: (If need			10,27
	ded. A unit valued at \$5,000 or more)		
) CAPITAL EXPENDITURES: (If need			Cost
	ded. A unit valued at \$5,000 or more) Brief Description	I	
	ded. A unit valued at \$5,000 or more) Brief Description	TAL EXPENDITURES:	
B) CAPITAL EXPENDITURES: (If need Capital Expenditure Item	Brief Description TOTAL CAPE	I	

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	90,909
of total direct costs.	
Indirect Rate:	10%
TOTAL INDIRECT COSTS:	90,900

TOTAL EXPENSES: 1,000,000

Appendix D Reserved

Amendment: 10/01/2017



San Francisco Department of Public Health Protected Information Privacy and Security Agreement

PROTECTED INFORMATION Privacy and Security Agreement

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

- a. Compliance with Federal and State Laws. CONTRACTOR shall protect the privacy and provide for the security of SFDPH's medical information or protected health information ("PHI") (collectively, "Protected Information") in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").
- b. Attestations. Except when SFDPH's data privacy officer exempts CONTRACTOR in writing, the CONTRACTOR shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1), Data Security (Attachment 2), and Compliance (Attachment 3) within sixty (60) calendar days from the execution of the Agreement. If SFDPH makes substantial changes to any of these forms during the term of the Agreement, the CONTRACTOR will be required to complete SFDPH's updated forms within sixty (60) calendar days from the date that SFDPH provides CONTRACTOR with written notice of such changes. CONTRACTOR shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to SFDPH within 15 calendar days of a written request by SFDPH.
- c. Appropriate Safeguards. CONTRACTOR shall take the appropriate security measures to protect the confidentiality, integrity and availability of Protected Information that it accesses, creates, receives, maintains, or transmits.
- d. Notification of Breach, Security Threats, and Unpermitted Uses or Disclosures. CONTRACTOR shall notify SFDPH in writing within 5 calendar days of any breach of Protected Information; any reasonable suspicion or detection of security incidents related to Protected Information and any use or disclosure of data in violation of any applicable federal or state laws by CONTRACTOR or its agents or subcontractors. SFDPH will notify CONTRACTOR of any reasonable suspicion or detection of security incidents that could compromise SFDPH systems and confidentiality. In such security incidents, both parties will work collaboratively to mitigate the situation and to identify a solution.

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San Francisco Department of Public Health Protected Information Privacy and Security Agreement

- e. Notification of Breach to Regulatory Agencies. CONTRACTOR acknowledges and agrees that, as a Covered Entity and health care provider, it has an obligation independent of SFDPH to notify regulatory agencies and patients of privacy breaches caused by the acts or omissions of its employees or agents or related to the security of its electronic systems.
- f. Corrective Action. CONTRACTOR shall take prompt corrective action to remedy any breach of Protected Information, mitigate to the extent practicable any harmful effect of a use or disclosure of Protected Information, and take any other action required by applicable federal and state laws and regulations pertaining to such breach.
- g. Protection Against Threats. CONTRACTOR shall protect against any reasonably anticipated threats or hazards to the security or integrity of the Protected Information.
- h. Protection Against Unpermitted Uses or Disclosures. CONTRACTOR shall protect against any reasonably anticipated access, uses or disclosures of the Protected Information that are not permitted or required under federal or state law.
- i. Security Violations. CONTRACTOR shall maintain written policies and procedures to prevent, detect, contain, and correct security violations, including risk analysis, risk management, sanctions, and information system activity review.
- j. Privacy and Security Officers. CONTRACTOR shall maintain qualified Privacy and Security Officers.
- k. Appropriate Access. CONTRACTOR shall ensure that all CONTRACTOR employees and agents have appropriate access to electronic Protected Information and shall prevent those employees and agents who do not need access from obtaining it. This includes procedures for authorizing and supervising access, workforce clearance, and personnel termination procedures.
- I. Training. CONTRACTOR shall provide privacy and security awareness and training for all employees and agents, including management. This shall include initial training and periodic reminders and updates, including requirements and obligations under federal and state law. Training shall cover protecting against viruses and malicious software and password management.
- m. Security Incidents. CONTRACTOR shall maintain policies and procedures to report, mitigate and document Security Incidents.
- n. Periodic Evaluations. CONTRACTOR shall conduct periodic evaluations of the security implementation against the Security Standards and environmental or operational changes affecting the security of electronic Protected Information.

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APPENDIX E

San Francisco Department of Public Health

Protected Information Privacy and Security Agreement

- o. Facility Access Controls. CONTRACTOR shall maintain facility access controls, which limit physical access to the provider's electronic information systems and the facilities in which they are housed, while ensuring that authorized access is allowed. These controls include a facility security plan, access control procedures, and facility maintenance.
- p. Workstation Use. CONTRACTOR shall maintain security policies and procedures on workstation use, including the physical surroundings of workstations that permit access to electronic Protected Information.
- q. Access Controls. CONTRACTOR shall maintain access controls to restrict access to persons or processes that have been granted access rights. These include unique user identification, emergency access procedures, and automatic log off of systems after no more than a ten minute period of inactivity.
- r. Audit Control Mechanisms. CONTRACTOR shall comply with SFDPH requests to audit appropriateness of usage of SFDPH electronic records systems. Quarterly, SFDPH shall provide CONTRACTOR with a list representing a random 1% of patient records that were accessed by CONTRACTOR staff during the fiscal year. CONTRACTOR shall develop an audit tool to ensure that the SFDPH electronic records systems are accessed only for treatment reasons, shall conduct quarterly audits, and shall provide the results of these audits to the SFDPH Chief Integrity Officer within 14 calendar days of receipt.
- s. Civil and Criminal Penalties. CONTRACTOR understands and agrees that it may be subject to civil or criminal penalties for the unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c) and other state and federal laws.
- t. Deprovision of Access. Within 24 hours of expiration or earlier termination of the Agreement, CONTRACTOR shall provide SFDPH with a list of all employees and other individuals or entities that have access to SFDPH's electronic records systems. Within 48 hours of expiration or earlier termination of the Agreement, SFDPH shall ensure that all access to SFDPH's electronic records systems is deprovisioned with respect to all individuals and entities on CONTRACTOR's user list.
- u. Data Destruction. When no longer needed, CONTRACTOR must destroy all Protected Information received from SFDPH or obtained on SFDPH's behalf that CONTRACTOR has in its possession using the Gutmann or U.S. Department of Defense (DoD) 5220.22-M (7 Pass) standard, or by degaussing. Media may also be physically destroyed in accordance with NIST Special Publication 800-88.
- v. Survival. The obligations of CONTRACTOR under this Appendix shall survive the expiration or termination of this Agreement.

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APPENDIX E



San Francisco Department of Public Health Protected Information Privacy and Security Agreement

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

Attachment 1 – SFDPH Privacy Attestation, version (06-07-2017)

Attachment 2 - SFDPH Data Security Attestation, version (06-07-2017)

Attachment 3 – SFDPH Compliance Attestation, version (06-07-2017)

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San Francisco Department of Public Health (SFDPH)	Office of Compliance and Privacy Affairs (OCPA))
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OES YOUR	ORGANIZA	TION							Yes	No*
				ealth Insurance Portability						
		er or other individ	lual designat	as the person in charge o		tigating privacy bread		elated incidents?		
yes:	Name & Title:				ne#		Email:			
				뭐야 하는 그림, 가게 되어 그렇게 되었는데 해를 가게 되었다.				to health information? [Retain t OCPA at 1-855-729-6040.]		
				n hire and annually thereaf entation of acknowledgeme				cknowledging that they have received rs.]	8	
	r will have it information	and the second s	Business As	clate Agreements with sub	contra	actors who create, rec	eive, m	alntain , transmit, or access SFDPH's		
				rmation (via laptop, USB/th created on encrypted devi			-	upervisorial authorization to do so n Security staff?		
Contractor	rs who serve	patients/clients	and have acc	ss to SFDPH PHI, must also	comp	olete this section.				
f Applicable	e: DOES YO	UR ORGANIZATIO	N						Yes	No*
								ion employees who have access to terminations due to cause?		
								s was provided in the patient's / nd are available from SFDPH.)		
Visibly	post the Sun	nmary of the Notic	e of Privacy	actices in all six languages	In corr	nmon patient areas of	your tr	eatment facility?		
Docum	ent each dis	closure of a patier	t's/client's h	alth information for purpos	es oth	er than treatment, pa	yment,	or operations?		
K When r	equired by I		at signed aut	orization for disclosure for				he HIPAA Privacy Rule) are obtained		
	Under penal	The state of the s	reby attest t	at to the best of my knowl	edge t	he information herei	n is true	and correct and that I have authority	to sign o	n behalf
	ATTESTED	by Privacy Officer esignated person	Name: (print)			Signature			Date	
. *EXCEPT						on is Not Applicable,	please	contact OCPA at 1-855-729-6040 o ewed and approved by OCPA below	r	**
		ON(S) APPROVED by OCPA	Name			Signature			Date	

San Francisco	Department	of Public Health	(SEDPH	Office of Compliance and P	rivacy Af	fairs (OCPA)
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Cont	ractor N	Name:	· 1						Contractor City Vendor ID		
					DATA	A SECURI	TY ATTESTATION	ON	1 ()		
rm.	Retain so by SF	completed in FDPH.	Attestations in you	files for a period	of 7 years. Be p	repared to s	ubmit completed att	estations	olth record systems maintained by SFD along with evidence related to the fo now to request clarification or obtain a	llowing it	ems, if re
	Contrac	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1								1	1
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							a period of 7 years]	with you	r security policies and the		
							locumented remedia	tion plan	57		1
			t Data Security Risk								
Ť			rm or person(s) wh t/Audit and/or aut		port:						
c	Have a f		Security Awarenes		port.	***					
0 1	Have fo	rmal Data Se	ecurity Policies and	Procedures to de			curity violations that and Clinical Health		vith the Health Insurance Portability CH)?		
	Have a l	Data Securit	y Officer or other in	ndividual designat	ted as the persor	n in charge o	f ensuring the securi	ty of conf	idential information?		
- 100		Name & Title:				Phone #		Email:			
							who have access to he e for use; contact OC		rmation? [Retain documentation of 55-729-6040.]		
							thereafter, with thei f trainings for a perio		nd the date, acknowledging that they ars.]		
- 1 -		r will have if nformation?		Business Associat	e Agreements w	ith subcontr	actors who create, re	eceive, m	aintain , transmit, or access SFDPH's		
			/when applicable) ds, on-premise dat				your organization an	d subcont	tractors or vendors (including named		
		tor listed ab	ove.		the best of my	knowledge	the information here	eln is true	and correct and that I have authority	to sign	on behalf
			D by Data Security designated person	Name: (print)			Signatur	e		Date	
. *E	XCEPT						on is Not Applicable	e, please	contact OCPA at 1-855-729-6040 ewed and approved by OCPA below		
		4-2-3	I(S) APPROVED by OCPA	Name (print)			Signatur			Date	

San Francisco Departmen	t of Public Health (SFDPH	Office of Compliance and Privace	y Affairs (OCPA)
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an Fr	ancisc	to Department of Public Health (SFI	OPH) Office of Compliance and Pi	rivacy Affairs	(OCPA)	ATTACHMEN	113
Contr	actor	Name:			Contractor City Vendor ID		
ttesta	tions	partners of SFDPH that are HIPAA Cove in your files for a period of 7 years. Be If you believe that a requirement is No	prepared to submit completed attes	pliance progra stations, along	A COVERED ENTITIES m and demonstrate integrity in their business practices. I with evidence related to the following items, if requested elow on how to request clarification or obtain an exception	d to do so by S on.	SFDPH
		UR ORGANIZATION				Yes	No
-	_	formal Compliance Program that meet					-
BH		Compliance Officer or other individual	THE RESERVE A COUNTY OF BACK OF A R. P. CO.	2 - 180 At 1. 10 - 1, -26. 1 1	mpliance matters?		1
If		Name & Title:	Phone	#	Email:		
1	es:						
R	equire	Compliance Training upon hire and a	nually thereafter for all employees	? [Retain traini	ng materials for 7 years.]		
_	ave pr	oof that employees have completed c	ompliance training? [Retain proof fo	r 7 years.]			
-		Code of Conduct or Ethics policy that i ance concerns. [Retain versions for 7 y		a mechanism	for staff to confidentially and anonymously report potent	ial	
Н	lave p	oof that employees upon hire, and an	nually thereafter, have signed agree	ment to your o	organization's Code of Conduct? [Retain proof for 7 years		
		echanisms in place to identify and pro ganization's continued participation in			ng reporting any deficiencies to SFDPH) that could jeopard care or Medi-Cal funded programs?	lize	
		tand and comply with state and federa ported by the required medical record		care and Medi-	Cal programs and assure that bills submitted to such prog	grams	
		e the SFDPH Compliance and Privacy I ions in staff areas where it can be seen		the City's Whi	stleblower Program including posting a notice of whistleb	lower	
t	he Cali	fornia Department of Health Care Serv	rices (DHCS) to ensure that any emp ring or delivering state or federally-f	loyee, tempora	ector General (OIG), General Services Administration (GSA ary employee, volunteer, consultant, or governing body who is on any of these lists is excluded from (may not we		
		ire and re-enrollment of clinical provid illed in the name of a deceased provid		istration's Dea	th Master File to ensure that Medicaid or Medicare is not	t	
R	equire	(or will require if/when applicable) su	bcontractors that are HIPAA Covere	d Entities to co	omply with all applicable requirements in this Attestation	?	
Und	er per	ealty of perjury, I attest that I have au	thority to sign on behalf of my orga	nization and ti	hat, to the best of my knowledge, the Information herei	n is true and	correc
Attes by:		Name: (print)	Title:		Signature:	Date:	
		ONS: If you answered "NO" to any que privacy@sfdph.org. All "No" or "N/A"			se contact OCPA for a consultation at 1-855-729-6040 or		
		Name: (print)	Title:	noved by OCP	Signature:	Date:	_
Appro							

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

Contractor: San Francisco AIDS Found					Contract 1000002	-	lin	A-1JUL1	
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	100			Co	ntract Purch	ase Order	r No:		
Telephone: 415-487-3000 Fax: 415-487-3009		CHEP			Fu	arce: G	General Fund		
Program Name: Syringe Access Services						t Code/D			
ACE Control #:					Projec	t Code/De	etail:		
					Ir	voice Pe	riod: 07/1	/17 - 07/	31/17
					- 1	FINAL Inv	roice	(check i	f Yes)
DELIVERABLES		TAL RACTED NOC	THIS P	ERED ERIOD NOC	TO DAT	E	% OF TOTAL OS NOC		AINING RABLES NOC
Syringe Access Services	5,906	44,300						5,906	44,300
Program Coordination	12	N/A				-	N/A	12	N/A
Number of Clients for Appendix		NOC 44300		NOC	1	NOC	NOC	1	NOC 44,300
EXPENDITURES	4/4		EXPE		EXPENS		% OF		AINING
Total Salaries (See Page B)	\$415	GET 150	THIS P	ERIOD	TO DAT	-	BUDGET		150.00
Fringe Benefits	\$103	,788			-			\$103,	788.00
Total Personnel Expenses	\$518	,938						\$518,	938.00
Operating Expenses: Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$70,	792						\$70,7	92.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$536	,189						\$536,	189.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$8,3	375						\$8,3	75.00
Staff Travel - (e.g., Local & Out of Town)									
Consultant/Subcontractor	\$601	,900						\$601,	900.00
Other - (Meals, Audil, Transportation Relmb,									
Stipends, Facilitators)						_ :			
Total Operating Expenses	\$1,21	7,256						\$1,217	256.00
Capital Expenditures TOTAL DIRECT EXPENSES	\$1,73	R 104 1			-	_		S4 728	194.00
Indirect Expenses	\$173							\$173,	
TOTAL EXPENSES	\$1,90	9,813						\$1,909	,813,00
LESS: Initial Payment Recovery	California.	-0-	-		NOTES:				
Other Adjustments (Enter as negative, if appropriate Adjustments) REIMBURSEMENT	pnate)								
certify that the information provided above is, to the bea accordance with the budget approved for the contract of records for those claims are maintained in our office at it Signature:	ted for servi	ces provide	A Property of the second of the		Selection of the sound of the selection.	the same		ckup	
Title:						_			
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, San Francisco, CA 94103	-	By:					Date:		

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

						PAGE
					Invo	Ice Number
Contractor: San Francisco	- 344				A-	-1JUL17
Address: 1035 Market St San Francisco,	The same of the same of		Contract P	urchase Order No:		
out i initiado,		100		and made of ear 110.		
Telephone: 415-487-3000 Fax: 415-487-3009				Fund Source:	Ger	ieral Fund
rax: 410-407-3009				Grant Code/Detail:		
Program Name: Syringe Access	s Service	es				
ACE Control #:			,	roject Code/Detail:		
				Invoice Period:	07/1/1	7 - 07/31/17
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPENDI	TURES					
PERSONNEL	FIE	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Prgms & Ops Director	0.05	\$5,250				\$5,250.00
Dir. Behavioral Health Svc	0.05	\$6,000				\$6,000.00
Dir. Gov't Contracts	0.05	\$4,900				\$4,900.00
Data Manager	0.05	\$3,750	-			\$3,750.00
SAS Director	1.00	\$67,500				\$67,500.00
Logistics Inventory Mgr Logistics Associates	2.00	\$62,000 \$110,000				\$62,000.00 \$110,000.00
SSE/Vol Coordinator	0.75	\$46,500				\$46,500.00
Health Educator	1.75	\$96,250				\$96,250.00
Comm. Engagement & Kit Packing A	0.25	\$13,000				\$13,000.00
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APPENDIX F-1d 07/01/17 - 06/30/18 PAGE A

See See Albe Seed	lation				Contra 100000				voice Num	_
Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4					10000	02034			A-1JUL1	-
San Francisco, CA 94103				Cor	ntract Pun	chase O	rder No:			
Telephone: 415-487-3000 Fax: 415-487-3009		CHEP		Funding Source:				G	eneral Fu	md
Program Name: Syringe Access Services		-			Gr	ant Cod	e/Detail:			
ACE Control #:	ľ				Proj	ect Cod	e/Detail:			
ACE CORTOL #:	-					Invoice	Period:	07/1	/17 - 07/3	31/17
						FINAL	Invoice		(check if	Yes)
	-		Page 17 (19)						DEM	INING
		RACTED	THIS PE		TO D			TAL	DELIVE	
DELIVERABLES	UOS	NOC	uos	NOC	UOS	NOC	UOS	NOC	uos	NOC
Program Coordination	12	N/A		_			-		12	N/A
										-
				_						
						11-71				
		NOC	,	NOC	,	NOC		NOC		NOC
Number of Clients for Appendix		N/A	-	_				N/A		N/A
EXPENDITURES	BUD	GET	EXPEN	need (etc.)	TO D		% BUD		REMA	INING
Total Salaries (See Page B)										
ringe Benefits				_						
Total Personnel Expenses					_	_		-		_
Operating Expenses:	\$61,	904	-	_	-	_	$\overline{}$	_	\$61,8	04.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	901	001							\$01,0	01.00
Materials and Consiling to 100	600	200	_	_	-	_		_	602.2	20.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$93,	300							\$93,3	00.00
	400	200							200.0	20.00
General Operating-(e.g., Insurance, Staff	\$28,	200	-		_		_		\$28,2	00.00
Training, Equipment Rental/Maintenance)	-	_		_	-	_	-	-	-	
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor					-			-		_

Other - (Meels, Audit, Transportation Reimb,										
Stipends, Facilitators)										
Total Operating Expenses	\$183	,301		_					\$183,3	01.00
Capital Expenditures	#103	,001							\$100,0	01.00
OTAL DIRECT EXPENSES	\$183	,301							\$183,3	01.00
Indirect Expenses	\$18,	330							\$18,3	30.00
TOTAL EXPENSES	\$201	,631							\$201,6	31.00
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments (Enter as negative, if approp	priate)			~	4					
CERTIFY THE INFORMATION PROVIDED ABOVE IS, to the best occordance with the budget approved for the contract of ecords for those claims are maintained in our office at the Signature:	ted for servi he address	ces provide								
Title:										
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor,	The second second							_		
San Francisco, CA 94103 Attn: Contract Payments		By:		norized	Signatory)		Date:		_

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

						Invo	ice Number
Contractor:	San Francisco	AIDS I	Foundation			A	-1JUL17
Address:	1035 Market St	reet, S	ulte 400				
	San Francisco	CA 9	4103	Contract F	urchase Order No:		
	415-487-3000				Fund Source:	Ger	neral Fund
Fax:	415-487-3009						
					Grant Code/Detail:		
Program Name:	Syringe Acces	s Servi	ces				
				P	Project Code/Detail:		
ACE Control #:							
					Invoice Period:	07/1/1	7 - 07/31/17
					FINAL Invoice		L. 1 1077 S
					FINAL INVOICE		(check if Yes)
		17,					
			_				
DETAIL PERSON	NEL EXPEND	TURE					
PERSONNEL		FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
PERSONNEL		FIL	SALAKI	THIS PERIOD	TODATE	BUDGET	BALANCE
					·		
						,	
					i		
							·
				. ,			
TATAL GALABIES		-					
TOTAL SALARIES Certify that the information	provided above le	o the hou	at of my knowledge o	omplete and equipment t	he amount requested for	r solmburnom	ant le la
accordance with the budge							
records for those claims an							
Certified Bv:				Date:			
Title:							

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

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4					Contract ID # 1000002634			voice Num A-1JAN1	
San Francisco, CA 94103				Con	tract Purchase	Order No:		_	-
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP			g Source:		CDC	
Program Name: Syringe Access Services					Grant Co	de/Detail:		HCPD90)
ACE Control #:					200				
						ce Period:	01/1	/17 - 01/3	. 700 a
		TAL ACTED	DELIVI THIS PI		DELIVERED TO DATE	% C		REMA	INING RABLES
DELIVERABLES	UOS	NOC	UOS	NOC	UOS NOC		NOC	uos	NOC
Program Coordination	12	N/A						12	N/A
		NOC		NOC	NOC		NOC		NOC
Number of Clients for Appendix		N/A					N/A		N/A
EXPENDITURES	BUD	GET	EXPENTHIS PI		EXPENSES TO DATE	% C			INING
Total Salaries (See Page B)									
Fringe Benefits Total Personnel Expenses	_	_	_	-		-	_	-	_
Operating Expenses:							_		-
Occupancy-(e.g., Rental of Property, Utilities,									
Building Maintenance Supplies and Repairs)									
Materials and Compiles (c. Or.					_				
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)		-		-				-	_
r coluge, i mang and respect, i region coppies)									
General Operating-(e.g., Insurance, Staff	\$4,5	545						\$4,54	5.00
Training, Equipment Rental/Maintenance)						-			
Staff Travel - (e.g., Local & Out of Town)									
Consultant/Subcontractor									
Other - (Meals, Audit, Transportation Relmb, Stipends, Facilitators)									
Total Operating Expenses	\$4,5	145				-		\$4,54	5.00
Capital Expenditures TOTAL DIRECT EXPENSES	\$4,5	45				1		\$4,54	5.00
Indirect Expenses	\$4							\$455	5.00
TOTAL EXPENSES	\$5,0	000			NISTES.			\$5,00	0.00
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropriate to the control of the cont	2464		-		NOTES:				
REIMBURSEMENT	mate)								
certify that the Information provided above is, to the bese accordance with the budget approved for the contract of records for those claims are maintained in our office at the Signature:	ed for servi ne address i	ces provide	Annual Property					ckup	
Title:				_		_			
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments		Ву:	/DDU A	hodd	Signatory)		Date:		

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

		to the second		1 - 1		ce Number
Contractor: San Franc Address: 1035 Mark					A	IJAN17
	isco, CA 94		Contract P	urchase Order No:		
Telephone: 415-487-30	000			Fund Source:		CDC
Fax: 415-487-30	009			Grant Code/Detail:		
Program Name: Syringe A	ccess Servi	ces				
ACE Control #:	911111		P	roject Code/Detail:	H	CPD90
ACE CONITO #:				Invoice Period:	01/1/17	7 - 01/31/17
				FINAL Invoice		check if Yes)
					,	oncon il 100)
DETAIL PERSONNEL EXPE	MOTUBE	D.				
		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FIE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
	-					
			-			
TOTAL SALARIES	ve is, to the bes	of my knowledge, c	omplete and accurate: th	e amount requested for	reimbursemer	nt le in
certify that the information provided above accordance with the budget approved for	the contract cite	ed for services provide				
ecords for those claims are maintained in	n our office at th	e address indicated.				
Certified By:			Date:			
Title:						
nue:						

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

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4 San Francisco, CA 94103				Cor	_	02634 chase 0	rder No:		voice Num A-1JUL1	
Telephone: 415-487-3000 Fax: 415-487-3009		СН	CHEP				Source: [e/Detail: [G	General Fund	
Program Name: Syringe Access Services				1						
ACE Control #:					Pro	ject Cod	e/Detail:		-	_
						Invoice	Period:	07/1	/18 - 07/	31/18
						FINAL	. Invoice		(check it	Yes)
PT 100 PT	CONTR	TAL	THIS P	ERED	DELIV TO D	ATE	% (TOT	AL	DELIVE	AINING RABLES
DELIVERABLES Syringe Access Services	5,906	NOC 44,300	UOS	NOC	UOS	NOC	UOS	NOC	5,906	NOC 44,300
Program Coordination	12	N/A				/		N/A	12	N/A
		-						111		-
	_								-	
							27			
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		44300		1100	1			NOO		44,300
EXPENDITURES	BUD	GET		NSES	EXPE TO D	NSES	% C			AINING
Total Salaries (See Page B)	\$435		1						\$435,	950.00
Fringe Benefits	\$108									988.00
Total Personnel Expenses Operating Expenses:	\$544	938	_	-	-	-	_	-	3544,	938.00
Occupancy-(e.g., Rental of Property, Utilities,	\$74,	899							\$74,8	99.00
Building Maintenance Supplies and Repairs)			P-24							
Materials and Supplies-(e.g., Office,	\$532	872	-					-	\$532	872.00
Postage, Printing and Repro., Program Supplies)									4500	
Conord Operating (60	142							80.4	42.00
General Operating-(e.g., Insurence, Steff Training, Equipment Rental/Maintenance)	\$9,	143	-		-				\$9,1	43.00
Training Equipment rearrantmentation)										
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$616	.947							\$616.	947.00
Other - (Meals, Audit, Transportation Relmb.					-					
Stipends, Facilitators)				_				_		
Total Operating Expenses	\$1,23	3,861							\$1,233	,861.00
Capital Expenditures TOTAL DIRECT EXPENSES	\$1,77	2 700		_	_	_			\$1,778	700 00
Indirect Expenses	\$177	,880		_					\$177,8	
TOTAL EXPENSES	\$1,95								\$1,956	679.00
LESS: Initial Payment Recovery	-t-t-V	_		_	NOTES					
Other Adjustments (Enter as negative, if appropriate Adjustments) REIMBURSEMENT	riate)			_						
I certify that the information provided above is, to the bes accordance with the budget approved for the contract cit records for those claims are maintained in our office at the Signature:	ed for servi	ces provide							ckup	
Title:						_				
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, S San Francisco, CA 94103	ing	Ву:						Date:		

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

Contractor See Francisco	AIDS E-	undation		T		Ice Number
Contractor: San Francisco Address: 1035 Market S					. A	1JUL18
San Francisco			Contract P	urchase Order No:		
Telephone: 415-487-3000				Fund Source:	Ger	eral Fund
Fax: 415-487-3009				Grant Code/Detail:		
Program Name: Syringe Acces	s Service	es				
ACE Control #:			P	roject Code/Detail:		
ACE CONTION #:				Invoice Period:	07/1/1	8 - 07/31/18
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEND	TURES	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
Prgms & Ops Director	0.05	\$5,250				\$5,250.00
Dir. Behavloral Health Svc	0.05	\$6,000				\$6,000.00
Dir. Gov't Contracts	0.05	\$4,900 \$3,750				\$4,900.00
Data Manager SAS Director	0.05	\$67,500				\$3,750.00 \$67,500.00
Logistics Inventory Mgr	1.00	\$62,000				\$62,000.00
Logistics Associates	2.00	\$110,000				\$110,000.00
SSE/Vol Coordinator	0.75	\$46,500				\$46,500.00
Health Educator	1.75	\$96,250				\$96,250.00
Comm. Engagement & Kit Packing A		\$33,800				\$33,800.00
						-
	-					
	-					
	-					
						-
	-					
	Harried His					
	-					
TOTAL SALARIES	7.10	\$435,950				\$435,950.00

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

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4 San Francisco, CA 94103				Cor	100000	2634	rder No:		voice Num A-1JUL1	-
Telephone: 415-487-3000 Fax: 415-487-3009		CH	EP				Source:	G	eneral Fu	ınd
		CIT	EF		Gra	nt Cod	e/Detall:			
Program Name: Syringe Access Services					Proje	ct Cod	e/Detail:			
ACE Control #:						Involce	Period:	07/1	/18 - 07/3	31/18
								0771		
							Invoice		(check if	
	CONTR	TAL	THIS PE	RIOD	TO DA	TE	TOT	AL	DELIVE	RABLES
DELIVERABLES Program Coordination	12	NOC N/A	uos	NOC	UOS	NOC	uos	NOC	12	NOC N/A
Togram Coordination	12	19/75							12	INA
		-		-		-		-	-	-
	1									
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix	-	N/A						N/A		N/A
EXPENDITURES	BUD	GET	EXPEN THIS PE		EXPEN TO DA		% C			ANCE
Total Salaries (See Page B)										
Fringe Benefits Total Personnel Expenses		-	-	-		_			_	-
Operating Expenses:					i					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$63,	801							\$63,8	01.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$93,	300							\$93,3	00.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$30,	783							\$30,7	83.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Relmb,										
Stipends, Facilitators)										
Total Operating Expenses	\$187	884	_	_	_	_		_	\$187.8	84.00
Capital Expenditures	V101	1001							ψ107 ₁ 0	01.00
OTAL DIRECT EXPENSES	\$187								\$187,8	
Indirect Expenses	\$18, \$206				-			-	\$18,78 \$206,6	
LESS: Initial Payment Recovery	9200	UIZ			NOTES:				10200,0	72.00
Other Adjustments (Enter as negative, if approp	priate)				7					
	st of my kno ted for servi he address	ices provide indicated.		provisio	; the amount n of that cont				okup	
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, 5 San Francisco, CA 94103 Attn: Contract Payments	100	Ву:	(DPH Auff	orized	Signatory)			Date:		

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

	Local Control of the Control		100				ce Number
	San Francisco Ali					A-	1JUL18
Address:	1035 Market Street San Francisco, C.	200		Contract F	Purchase Order No:		
40.000			V				
	415-487-3000 415-487-3009				Fund Source:	Gen	eral Fund
					Grant Code/Detail:		
Program Name:	Syringe Access S	iervic	85		roject Code/Detail:	_	
ACE Control #:	11			1			
					Invoice Period:	07/1/1	8 - 07/31/18
					FINAL Invoice	25 1	(check if Yes)
DETAIL PERSON	NEL EXPENDITE	IRES					
			BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	-	TE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
		-					
		+					
		-					
		+					
				T			
		+					
		+				22	
			,				
-		-					
		+					
TOTAL SALARIES							
Certify that the Information accordance with the budge records for those claims an	t approved for the contri	act cited	for services provi	ded under the provision			
Certified By:				Date:			
Title:		_		9			

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

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Sulte 4 San Francisco, CA 94103				Cor	1000002	634		A-1JAN1	
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP			nding So		CDC	
Program Name: Syringe Access Services						t Code/D		HCPD90	
ACE Control #:	Di .				100.5		A		
					lr	volce Pe	riod: 01/1	1/18 - 01/	31/18
					1	FINAL Inv	/oice	(check if	Yes)
DELIVERABLES		TAL PACTED NOC	THIS PE		TO DAT	E	% OF TOTAL IOS NOC		NOC
Program Coordination	12	N/A						12	N/A
		1 -							
	-				-				
						-			
		NOC		NOC		NOC	NOC		NOC
Number of Clients for Appendix		N/A					I N/A		N/A
EXPENDITURES	BUD	GET	EXPEN THIS PE	7.7	EXPENS TO DAT		% OF BUDGET		ANCE
Total Salaries (See Page B)									
ringe Benefits					_	_			_
Total Personnel Expenses Operating Expenses:	_				-	_			-
Occupancy-(e.g., Rental of Property, Utilities,									
Building Maintenance Supplies and Repairs)									
Materials and Supplies-(e.g., Office,		_	-		-	_		-	
Postage, Printing and Repro., Program Supplies)									
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$4,	545		_	-	-		\$4,54	5.00
Training, Equipment Kental/Maintenance)	-					·			_
Staff Travel - (e.g., Local & Out of Town)									
Consultant/Subcontractor	_		-		-	_		-	_
Consultantiadocontractor									
Other - (Meals, Audit, Transportation Reimb,									
Stipends, Facilitators)	-		-	_	-	_	£		_
Total Operating Expenses	\$4,5	545						\$4,54	5.00
Capital Expenditures									
TOTAL DIRECT EXPENSES	\$4,5 \$4				-			\$4,54	
Indirect Expenses TOTAL EXPENSES	\$5,0							\$5,00	
LESS: Initial Payment Recovery					NOTES:				
Other Adjustments (Enter as negative, if appro REIMBURSEMENT	priste)								
certify that the information provided above is, to the be accordance with the budget approved for the contract of ecords for those claims are maintained in our office at Signature:	led for servi he address	ces provide	d under the	provisio				ackup	
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, San Francisco, CA 94103 Attn: Contract Payments	sing	By:			Signatory)		Date:		

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

Andrew Commencer					1114.00	ice Number
	San Francisco AIDS				A-	1JAN18
Address:	1035 Market Street, San Francisco, CA		Contract P	urchase Order No:		
Talashana		****	1,000			CDC
	415-487-3000 415-487-3009			Fund Source:		CDC
Description Management	Portone Assess Pa		76	Grant Code/Detail:		7
Program Name:	Syringe Access Ser	rvices	Pi	oject Code/Detail:	Н	CPD90
ACE Control #:]	Invoice Period:	04/4/4	0 04/24/40
						8 - 01/31/18
				FINAL Involce		(check if Yes)
DETAIL PERSON	NEL EXPENDITUR		runguage I	Fimelopa		
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	TO DATE	% OF BUDGET	REMAINING BALANCE
		+				
	9,19					
0						
	3.					
	V					
OTAL SALARIES						

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

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4					10000	02634] [voice Num A-2JUL1	
San Francisco, CA 94103				Cor	tract Pu	chase U	rder No:			_
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	G	eneral Fu	und
Program Name: Syringe Access Services -	HYA						e/Detail:			
ACE Control #:					Pro	ject Cod	e/Detail:			
						Invoice	Period:	07/1	/17 - 07/	31/17
						FINAL	. Invoice		(check if	Yes)
DELIVERABLES		ACTED NOC	THIS P		-	ERED NOC	TOT UOS			AINING RABLES NOC
HYA Wrap Around & Dosposal	12	N/A							12	N/A
		1			-					
		-	-		-					-
										-
11										11
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A	1					N/A		N/A
EXPENDITURES	BUD	GET	EXPERT			NSES DATE	% (7.		AINING
Total Salaries (See Page B)						-				
Fringe Benefits Total Personnel Expenses	_	_	_		-	_	_		-	_
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office,					1		-	_		
Postage, Printing and Repro., Program Supplies)										
General Operating-(e.g., Insurance, Staff		_	_	_	-	_		_	-	
Training, Equipment Rental/Maintenance)										
Staff Travel - (e.g., Local & Out of Town)				_	-					-
Consultant/Subcontractor	\$146	160							\$146,	60.00
Other - (Meals, Audit, Transportation Relmb,	-			_	-				-	
Stipends, Facilitators)	11300				-					
Total Operating Expenses	\$146	160	-		-				\$146,	60.00
Capital Expenditures	W170	100					7		Φ.140,	100.00
TOTAL DIRECT EXPENSES	\$146								\$146,	
Indirect Expenses TOTAL EXPENSES	\$14, \$160		-	_	-		-		\$14,6 \$160,7	
LESS: Initial Payment Recovery	9100	,110	_		NOTES	:		_	ψ100,1	10.00
Other Adjustments (Enter as negative, if appro-	orlate)				1					
REIMBURSEMENT certify that the information provided above is, to the best accordance with the budget approved for the contract of ecords for those claims are maintained in our office at the Signature:	led for servi he address	ces provide							ckup	
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, San Francisco, CA 94103 Attn: Contract Payments		Ву:	(DPH Au	hadrad	Planatan	À		Date:		

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

Contractor: San Francisco AIDS Foundation Address: 1035 Market Street, Suite 400 San Francisco, CA 94103 Contract Purchase Order No: Telephone: 415-487-3009 Francisco, CA 94103 Contract Purchase Order No: Telephone: 415-487-3009 Frogram Name: Syringe Access Services - HYA ACE Control #: Project Code/Detail: Invoice Period: O7/1/17 - 07/31/17 FINAL Invoice (check if Yes) DETAIL PERSONNEL EXPENDITURES PERSONNEL FIE SALARY THIS PERIOD TO DATE BUGGET BALANCE A-2JUL17 A-							Invo	ce Number	
San Francisco, CA 94103 Contract Purchame Order No: Telephone: 415-487-3000 Fax: 415-487-3009 Grant Code/Detail: Program Name: Syringe Access Services - HYA ACE Control #: Invoice Period: 07/1/17 - 07/31/17 FINAL Invoice (check if Yes) DETAIL PERSONNEL EXPENDITURES BUDGETED EXPENSES EXPENSES % OF REMAINING						140	A-	2JUL17	
Telephone: 415-487-3000 Fax: 415-487-3009 Grant Code/Detail: Program Name: Syringe Access Services - HYA ACE Control #: Invoice Period: 07/1/17 - 07/31/17 FINAL Invoice (check if Yes) DETAIL PERSONNEL EXPENDITURES BUDGETED EXPENSES EXPENSES % OF REMAINING	Address:				Contract P	urchase Order No:			
Fax: 415-487-3009 Grant Code/Detail: Program Name: Syringe Access Services - HYA ACE Control #: Invoice Period: 07/1/17 - 07/31/17 FINAL Invoice (check if Yes) DETAIL PERSONNEL EXPENDITURES BUDGETED EXPENSES EXPENSES % OF REMAINING				7				15.7	
Program Name: Syringe Access Services - HYA ACE Control #: Invoice Period: 07/1/17 - 07/31/17 FINAL Invoice (check if Yes) DETAIL PERSONNEL EXPENDITURES BUDGETED EXPENSES EXPENSES % OF REMAINING						Fund Source:	Gen	eral Fund	
ACE Control #: Invoice Period: 07/1/17 - 07/31/17 FINAL Invoice (check if Yes) DETAIL PERSONNEL EXPENDITURES BUDGETED EXPENSES EXPENSES % OF REMAINING				1814		Grant Code/Detail:			
ACE Control #: Invoice Period: 07/1/17 - 07/31/17 FINAL Invoice (check if Yes) DETAIL PERSONNEL EXPENDITURES BUDGETED EXPENSES EXPENSES % OF REMAINING	Program Name:	Syringe Access	Services	s - HYA	P	roject Code/Detail:			-
PINAL Invoice (check if Yes) DETAIL PERSONNEL EXPENDITURES BUDGETED EXPENSES EXPENSES % OF REMAINING	ACE Control #:								
DETAIL PERSONNEL EXPENDITURES BUDGETED EXPENSES EXPENSES % OF REMAINING						Invoice Period:	07/1/1	7 - 07/31/17	_
BUDGETED EXPENSES EXPENSES % OF REMAINING						FINAL Invoice		(check if Yes)	
BUDGETED EXPENSES EXPENSES % OF REMAINING									
	DETAIL PERSON	NEL EXPENDIT	URES						
	PERSONNEL								
					11107 = 1000		BOBOLI	DATE	7
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			-						-
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									1
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			+			-			
									7
			-						1
			-						1
									1
									1
TOTAL SALARIES	TOTAL SALARIES		-						7
		n provided above is, to t	he best of	my knowledge, c	omplete and accurate; to	he amount requested for	r reimburseme	nt la in	_
I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in					ed under the provision	of that contract. Full jus	tification and b	eckup	
	accordance with the budge	et approved for the contr	ract cited f	for services provide					
TOTAL SALARIES		n provided above is, to i	he best of	my knowledge, c	omplete and accurate; t	he amount requested for	r reimburseme	nt la in	
	I certify that the information								_
I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in							anicament said a	outuap .	
I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup									
I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup									
I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup									
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I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.	Certified By:				Date:		-		
I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup	Title								
I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Certified By:	ine.								
I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.									

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

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	1			Cor	10000	02634	rder No:		A-2JUL1	
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	G	eneral Fu	ınd
Program Name: Syringe Access Services -	HYA						e/Detail:			
ACE Control #:					Pro		e/Detail:			
						Invoice	Period:	07/1	/18 - 07/3	31/18
						FINAL	Invoice		(check if	Yes)
DELIVERABLES		TAL ACTED NOC		ERED ERIOD NOC	TO D		TOT UOS		DELIVE UOS	INING RABLES NOC
HYA Wrap Around & Dosposal	12	N/A				-			12	N/A
		17. 1						10.11	p =	
			-		-	-				
		NOC		NOC	-	NOC		NOC		NO
lumber of Clients for Appendix		NOC N/A		NUC	1	NOC		NOC N/A		NOC N/A
EXPENDITURES	BUD	GET		NSES ERIOD	EXPE TO D	1 3 - 5	% (OF		INING
Total Salaries (See Page B)	ВОО	GEI	Inst	ENIOD	101	AIL	BUD	GEI	DAU	NUE
ringe Benefits										
Total Personnel Expenses										
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)										
General Operating-(e.g., Insurance, Staff Treining, Equipment Rental/Maintenance)										
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$149	,814							\$149,8	14.00
Other - (Meals, Audit, Transportation Reimb,			-	_	-	_	_	-	_	_
Stipends, Facilitators)										
Total Operating Expenses	\$149	,814							\$149,8	14.00
Capital Expenditures OTAL DIRECT EXPENSES	\$149	814	_	_	-				\$149,8	14 00
Indirect Expenses	\$14,			_	1	_	_		\$14.9	
TOTAL EXPENSES	\$164		E			-			\$164,7	
LESS: Initial Payment Recovery					NOTES					
Other Adjustments (Enter as negative, if appropriate and appro	oriate)		-		1					
certify that the information provided above is, to the best coordance with the budget approved for the contract cli accords for those claims are maintained in our office at the Signature:	led for servi	ces provide indicated.	d under the						ckup	
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, San Francisco, CA 94103	ing	By:			Signatory			Date:		

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

					Invol	ce Number
	Francisco AIDS F				A-	2JUL18
	5 Market Street, Su		Garage and			
Sar	Francisco, CA 94	103	Contract P	urchase Order No:		
Telephone: 415				Fund Source:	Gen	eral Fund
Fax: 415	-487-3009			Grant Code/Detail:		
Program Name: Syr	inge Access Service	es - HYA				
144.5			Pi	roject Code/Detail:		
ACE Control #:				Invoice Period:	07/1/18	8 - 07/31/18
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL	EXPENDITURES					
		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
		1				
TOTAL SALARIES						
I certify that the information prov accordance with the budget app records for those claims are ma	roved for the contract cite	d for services provide				
Certified By:			Date:			
Title:						

APPENDIX F-3a 07/01/17 - 06/30/18 PAGE A

Contractor: San Francisco AIDS Found	dation				Contra 10000	02634	i d		voice Nurr A-3JUL1	
Address: 1035 Market Street, Suite 4 Sen Francisco, CA 94103	100			Col	ntract Pur	chase O	rder No:			
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP			10.0	Source:	G	eneral F	und
Program Name: Syringe Access - Harm Re	duction C	enter			G	ant Cod	e/Detail:			
ACE Control #:	I				Pro	ject Cod	e/Detail:			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Invoice	Period:	07/1	/17 - 07/	31/17
						FINAL	Invoice		(check if	Yes)
DELIVERABLES	CONTR		THIS P		TO D		% o TOT UOS			AINING RABLES NOC
Harm Reduction Center	12	35,343	000	Med				1100	12	35,343
				-						
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		35343				D = 4				35,343
EXPENDITURES	BUD	GET	EXPERTHIS PI		EXPE TO D		% (AINING
Total Salaries (See Page B)	\$588,	550	Triot	LINIOD	102	712	500	OLI		550.00
ringe Benefits	\$147	- Contract C							\$147,	
Total Personnel Expenses Operating Expenses:	\$735,	000		_			-		\$735,6	00.00
Occupancy-(e.g., Rental of Property, Utilities,	\$32,	214							\$32,2	14.00
Building Maintenance Supplies and Repairs)					-	-				
Materials and Supplies-(e.g., Office,	\$24,2	234							\$24,2	34.00
Postage, Printing and Repro., Program Supplies)				W-2					-	
General Operating-(e.g., Insurance, Staff	\$11,	500	-						\$11.5	00.00
Training, Equipment Rental/Maintenance)		7								1-0-1-1
Staff Travel - (e.g., Local & Out of Town)			-							_
Consultant/Subcontractor										
Onistituita Gabbona decoi										
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)							-			
Total Operating Expenses	\$67,9	948	-						\$67,9	48.00
Capital Expenditures										
Indirect Expenses	\$803, \$80,3				-				\$803,6	
TOTAL EXPENSES	\$884,								\$884,0	
LESS: Initial Payment Recovery	-teres				NOTES					
Other Adjustments (Enter as negative, if appro REIMBURSEMENT	priate)									
certify that the information provided above is, to the be coordance with the budget approved for the contract ci scords for those claims are maintained in our office at t Signature:	ted for service he address in	ces provided ndicated.	d under the			Julian Charles of Pro-				
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, San Francisco, CA 94103 Attn: Contract Payments	sing	Ву:			Signatory			Date:		

APPENDIX F-3a 07/01/17 - 06/30/18 PAGE B

isco AIDS Fo et Street, Su isco, CA 94					ce Number
				A-	3JUL17
isco, ca sa		Contract	Purchase Order No:		
	103	OOIMAG	ruiches older ito.		
000			Fund Source:	Gen	eral Fund
009					
			Grant Code/Detail:	,	
ccess - Harm	Reduction Cen	ter			
			Project Code/Detail:		
			Involce Periods	07/4/4	7 - 07/31/17
			invoice relica.	0//1/1	7 - 07/31/17
			FINAL Invoice	10.00	(check if Yes)
NDITURES					
ETE					REMAINING BALANCE
	100.00	THIS PERIOD	TODATE	BODGET	\$20,300.00
0.05	\$6,000				\$6,000.00
0.20	\$18,000				\$18,000.00
C 1.00	\$63,000				\$63,000.00
					\$343,750.00
					\$27,500.00
			-		\$55,000.00
ator 1.00	\$55,000		1		\$55,000.00
			1		
			-		
			1		
		-			
			-		
-					
10.10	\$588,550				\$588,550,00
					nt is in
	d for services provide address indicated.	d under the provisio	n of that contract. Full just	iffication and b	ackup
	FTE 0.10 0.05 0.20 0.50 Lea 1.00 ator 1.00 10.10 // le is, to the best	BUDGETED SALARY 0.10 \$20,300 0.05 \$6,000 0.20 \$18,000 0.20 \$18,000 0.25 \$343,750 0.50 \$27,500 Lea 1.00 \$55,000 ator 1.00 \$55,000 1.00 \$55,000	### BUDGETED SALARY THIS PERIOD 0.10 \$20,300 0.05 \$6,000 0.20 \$18,000 6.25 \$343,750 0.50 \$27,500 Lea 1.00 \$55,000 ator 1.00 \$55,000 10.10 \$588,550 10.10 \$588	Project Code/Detail: Invoice Period: Invoi	Invoice Period:

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

Contractor: San Francisco AIDS Found	lation				-	02634	1 1		voice Nun A-3JUL1	
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	00			Cor	itract Pui	rchase C	order No:			
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP			Funding	Source:	G	eneral F	und
		1 2 4 3	LF		G	rant Cod	le/Detail:			
Program Name: Syringe Access - Harm Rec	duction (Jenter			Pro	Ject Cod	e/Detail:			
ACE Control #:						Invoice	Period:	07/1	/18 - 07/	31/18
						FINAL	Invoice		(check if	(Vec)
	TO	TAL	DEL N	ERED	OECN	ERED	% (NE.		AINING
DELIVERABLES		RACTED	THIS P			NOC	TOT			RABLES
Harm Reduction Center	12	36,960							12	36,960
- 41		175	1 - 1	1 1						-
		1		-	II.					_
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		36960								36,960
EXPENDITURES	BUD	GET	EXPE THIS P			NSES	% C	7.		AINING
Total Salaries (See Page B)		,050								050.00
Fringe Benefits Total Personnel Expenses		,763 3,813	-						- Company	763.00
Operating Expenses:	\$030	0,013	_			-	-		\$030,0	013.00
Occupancy-(e.g., Rental of Property, Utilities,	\$33	214							\$33,2	14.00
Building Maintenance Supplies and Repairs)			-		-				-	
Materials and Supplies-(e.g., Office,	\$24	564				-			\$24.5	64.00
Postage, Printing and Repro., Program Supplies)				p. 1						
General Operating-(e.g., Insurance, Staff	\$12,	500							£42 5	00.00
Training, Equipment Rental/Maintenance)	Ψ12,	,000	11:0						912,0	00.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb,	*****	-		_	-				-	
Stipends, Facilitators)										
Total Operating Expenses	\$70.	279	-			-			6.30.0	70 00
Capital Expenditures				-					\$70,2	78.00
TOTAL DIRECT EXPENSES	\$909				H					191.00
Indirect Expenses	\$90,				_					00.00
LESS: Initial Payment Recovery	φ1,00	0,000	-	_	NOTES		<u> </u>		\$1,000	000.00
Other Adjustments (Enter as negative, if appropriate Adjustments)	oriate)									
certify that the information provided above is, to the best accordance with the budget approved for the contract of ecords for those claims are maintained in our office at the Signature:	ed for servi	ices provided		a make the second	DATE OF THE PARTY	- 11 L			ckup	
Title:										
Send to: SFDPH Fiscal / Invoice Process	200 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									_
1380 Howard Street, 4th Floor, 5 San Francisco, CA 94103	Suite 423	Ву:	(DDI 1 -		Signatory			Date:		

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

						ice Number
Contractor: San Francisco					A-	3JUL18
Address: 1035 Market 8	The state of the s		Contract	Purchase Order No:		
San Francisc), CA 94	103	Contract	ruichase Older No.		
Telephone: 415-487-3000				Fund Source:	Gen	eral Fund
Fax: 415-487-3009						
				Grant Code/Detail:		
Program Name: Syringe Acce	ss - Harn	Reduction Cen				
				Project Code/Detail:	L	
ACE Control #:				Invoice Period:	07/1/1	8 - 07/31/18
				my old of dridal	0/////	0 - 07/31/10
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEND	ITURES		EVENIEN	EVERNORO	N 05	DELIANDIO
PERSONNEL	FTE	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
/.P. Programs & Services	0.10	\$20,300				\$20,300.00
Dir. Behavorial Health Services	0.05	\$6,000				\$6,000.00
Director, SAS	0.20	\$18,000				\$18,000.00
Associate Director, 6th Street HRC	1.00	\$63,000				\$63,000.00
lealth Educator	7.75	\$426,250				\$426,250.00
Mobile Health Educator	0.50	\$27,500				\$27,500.00
lealth Educator/Inventory Team Lea	1.00	\$55,000				\$55,000.00
nventory Associate/Health Educator	1.00	\$55,000				\$55,000.00
	-					
	+			-		
	+					-
					i	
	_					
				U .		
· · · · · · · · · · · · · · · · · · ·						

TOTAL SALARIES	11.60	\$671,050				\$671,050,00

ACORD

CERTIFICATE OF LIABILITY INSURANCE

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

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

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in fleu of such endorsement(s). PRODUCER License # 0H81923 CONTACT NAME: G2 Insurance Services, LLC PHONE (A/C, No, Ext): (415) 426-6600 (A/C, No): (415) 426-6601 140 New Montgomery, 21st Floor San Francisco, CA 94105 E-MAIL ADDRESS: **INSURER(S) AFFORDING COVERAGE** NAIC# INSURER A : Nonprofits' Insurance Alliance of California (NIAC) INSURER B : Berkshire Hathaway Homestate Insurance Company INSURED San Francisco AIDS Foundation INSURER C: 1035 Market Street, Ste. 400 INSURER D: San Francisco, CA 94103 INSURER E: INSURER F CERTIFICATE NUMBER: COVERAGES REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE X OCCUR 2017-00950 04/01/2018 X 20,000 MED EXP (Any one person) 3 1.000,000 PERSONAL & ADV INJURY 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 3,000,000 JECT X LOC POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) 1.000,000 AUTOMOBILE LIABILITY Х 04/01/2017 04/01/2018 ANY AUTO 2017-00950 х BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED ONLY NON-OWNED \$ 10,000,000 Х UMBRELLA LIAB X OCCUR EACH OCCURRENCE 04/01/2017 04/01/2018 10,000,000 EXCESS LIAB 2017-00950-UMB CLAIMS-MADE AGGREGATE 10,000 DED X RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTH-X PER STATUTE SAWC819099 07/01/2017 07/01/2018 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) X E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Ongoing service contracts with City and County of San Francisco City and County of San Francisco, its officers, directors, employees, agents, and representatives are named as additional insureds as respects General Liability and Auto Liability as required by written contract. Waiver of subrogation applies in faver of the City and County of San Francisco with respects to Workers Compensation as permitted by law.

CERTIFICATE HOL	DER
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City and County of San Francisco, Department of Public Health Attn: Contracts 101 Grove Street, Suite 307

San Francisco, CA 94102

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

al

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

City And County Of San Francisco, SFDPH, its Officers, Directors, Employees, Agents and Representatives 101 Grove Street
San Francisco, CA 94102
As respects vehicle(s): ALL

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

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

NIAC A1 03 91 Page 1 of 1

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

Second Amendment

THIS AMENDMENT (this "Amendment") is made as of February 1st, 2019, in San Francisco, California, by and between the SAN FRANCISCO AIDS FOUNDATION ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

Recitals

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

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

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

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

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2016, (CID# 1000002634 / BPHC17000019), between Contractor and City, as amended by the:

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

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

Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

2.1 Article 2 Term of the Agreement of the First Amendment currently reads as follows:

Article 2 Term of the Agreement

- 2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2016; or (ii) the Effective Date and expire on June 30, 2019, unless earlier terminated as otherwise provided herein.
- 2.2 The City has eight options to renew the Agreement for a period of one year each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

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

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

Article 2 Term of the Agreement

- 2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2016; or (ii) the Effective Date and expire on June 30, 2026, unless earlier terminated as otherwise provided herein.
- 2.2 The City has eight options to renew the Agreement for a period of one year each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

07/01/2018 - 06/30/2019	Exercised
	Exercised
07/01/2020 - 06/30/2021	Exercised
07/01/2021 - 06/30/2022	Exercised
07/01/2022 - 06/30/2023	Exercised
07/01/2023 - 06/30/2024	Exercised
07/01/2024 - 06/30/2025	Exercised
07/01/2025 - 06/30/2026	Exercised
	07/01/2021 - 06/30/2022 07/01/2022 - 06/30/2023 07/01/2023 - 06/30/2024 07/01/2024 - 06/30/2025

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

Article 3 Financial Matters

3.3 Compensation.

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

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

Article 3 Financial Matters

3.3 Compensation.

- 3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed Thirty-Five Million Six Hundred Eight Thousand One Hundred Fifty-Nine DOLLARS (\$35,608,159). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.
- 2.3 Article 3.4 Audit and Inspection Records, is hereby amended in its entirety to read as follows:

Article 3 Financial Matters

- 3.4 Audit and Inspection of Records. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.
- 3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200 main 02.tpl.

If Contractor expends less than \$750,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

- 3.4.2 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.
- 3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.
- 2.4 Add Article 12.2 Exclusion Lists and Employee Verification, to this Agreement as Amended to reads as follows:

Article 12 Department Specific Terms

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

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

Article 13 Data and Security

13.3 Business Associate Agreement.

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

The parties acknowledge that CONTRACTOR will:

1. Do at least one or more of the following:

A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or

B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or

C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

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

- a. Appendix E SFDPH Business Associate Agreement (BAA) (04-12-2018)
 - 1. SFDPH Attestation 1 PRIVACY (06-07-2017)
 - SFDPH Attestation 2 DATA SECURITY (06-07-2017)
- NOT do any of the activities listed above in subsection 1;
 Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

The Appendices listed below are Amended as follows:

- 2.6 Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended, Dated: 02/01/2019.
- 2.7 Delete Appendix A-1, and replace in its entirety with Appendix A-1 to Agreement as amended, Dated: 02/01/2019.
- 2.8 Delete Appendix A-2, and replace in its entirety with Appendix A-2 to Agreement as amended. Dated: 02/01/2019.
- 2.9 Delete Appendix A-3, and replace in its entirety with Appendix A-3 to Agreement as amended. Dated: 02/01/2019.
- 2.10 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: 02/01/2019.
- 2.11 Delete Appendix B-1f, and replace in its entirety with Appendix B-1f to Agreement as amended, Dated: 02/01/2019.
 - 2.12 Add Appendix B-1i to Agreement as amended. Dated: 02/01/2019.
 - 2.13 Add Appendix B-1j to Agreement as amended. Dated: 02/01/2019.
 - 2.14 Add Appendix B-1k to Agreement as amended. Dated: 02/01/2019.
 - 2.15 Add Appendix B-11 to Agreement as amended. Dated: 02/01/2019.
 - 2.16 Add Appendix B-1m to Agreement as amended. Dated: 02/01/2019.
 - 2.17 Add Appendix B-1n to Agreement as amended. Dated: 02/01/2019.

- 2.18 Add Appendix B-10 to Agreement as amended. Dated: 02/01/2019.
- 2.19 Add Appendix B-1p to Agreement as amended. Dated: 02/01/2019.
- 2.20 Add Appendix B-1q to Agreement as amended. Dated: 02/01/2019.
- 2.21 Add Appendix B-1r to Agreement as amended. Dated: 02/01/2019.
- 2.22 Add Appendix B-1s to Agreement as amended. Dated: 02/01/2019.
- 2.23 Add Appendix B-1t to Agreement as amended. Dated: 02/01/2019.
- 2.24 Add Appendix B-1u to Agreement as amended. Dated: 02/01/2019.
- 2.25 Add Appendix B-1v to Agreement as amended. Dated: 02/01/2019.
- 2.26 Add Appendix B-2c to Agreement as amended, Dated: 02/01/2019.
- 2.27 Add Appendix B-2d to Agreement as amended. Dated: 02/01/2019.
- 2.28 Add Appendix B-2e to Agreement as amended. Dated: 02/01/2019.
- 2.29 Add Appendix B-2f to Agreement as amended. Dated: 02/01/2019.
- 2.30 Add Appendix B-2g to Agreement as amended. Dated: 02/01/2019.
- 2.31 Add Appendix B-2h to Agreement as amended. Dated: 02/01/2019.
- 2.32 Add Appendix B-2i to Agreement as amended. Dated: 02/01/2019.

- 2.33 Delete Appendix B-3b, and replace in its entirety with Appendix B-3b to Agreement as amended. Dated: 02/01/2019.
- 2.34 Add Appendix B-3c to Agreement as amended. Dated: 02/01/2019.
- 2.35 Add Appendix B-3d to Agreement as amended. Dated: 02/01/2019.
- 2.36 Add Appendix B-3e to Agreement as amended. Dated: 02/01/2019.
- 2.37 Add Appendix B-3f to Agreement as amended. Dated: 02/01/2019.
- 2.38 Add Appendix B-3g to Agreement as amended. Dated: 02/01/2019.
- 2.39 Add Appendix B-3h to Agreement as amended. Dated: 02/01/2019.
- 2.40 Add Appendix B-3i to Agreement as amended. Dated: 02/01/2019.
- 2.41 Delete Appendix E, and replace in its entirety with Appendix E to Agreement as amended. Dated: OCPA & CAT v4-12-18 and Attestation forms 06-07-2017.
- 2.42 Delete Appendix F-1f, and replace in its entirety with Appendix F-1f to Agreement as amended. Dated: 02/01/2019.
 - 2.43 Add Appendix F-1i to Agreement as amended. Dated: 02/01/2019.
 - 2.44 Add Appendix F-1j to Agreement as amended. Dated: 02/01/2019.
 - 2.45 Add Appendix F-1k to Agreement as amended. Dated: 02/01/2019.

- 2.46 Add Appendix F-11 to Agreement as amended. Dated: 02/01/2019.
- 2.47 Add Appendix F-1m to Agreement as amended. Dated: 02/01/2019.
- 2.48 Add Appendix F-1n to Agreement as amended. Dated: 02/01/2019.
- 2.49 Add Appendix F-10 to Agreement as amended. Dated: 02/01/2019.
- 2.50 Add Appendix F-1p to Agreement as amended. Dated: 02/01/2019.
- 2.51 Add Appendix F-1q to Agreement as amended, Dated: 02/01/2019.
- 2.52 Add Appendix F-1r to Agreement as amended. Dated: 02/01/2019.
- 2.53 Add Appendix F-1s to Agreement as amended. Dated: 02/01/2019.
- 2.54 Add Appendix F-1t to Agreement as amended. Dated: 02/01/2019.
- 2.55 Add Appendix F-1u to Agreement as amended. Dated: 02/01/2019.
- 2.56 Add Appendix F-1v to Agreement as amended. Dated: 02/01/2019.
- 2.57 Add Appendix F-2c to Agreement as amended. Dated: 02/01/2019.
- 2.58 Add Appendix F-2d to Agreement as amended. Dated: 02/01/2019.
- 2.59 Add Appendix F-2e to Agreement as amended. Dated: 02/01/2019.
- 2.60 Add Appendix F-2f to Agreement as amended. Dated: 02/01/2019.

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

Article 3 Effective Date

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

Article 4 Legal Effect

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

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

CITY

Recommended by:

Grant Colfax, MD

Director of Health

Department of Public Health

Approved as to Form:

Dennis J. Herrera City Attorney

By:

Deputy City Attorney

Approved:

Alaric Degrafinried

City Purchaser and Director of the Office of

Contract Administration

CONTRACTOR

SAN FRANCISCO AIDS FOUNDATION

JOÉ HOLLENDONER

Chief Executive Officer

1035 Market Street, Suite 400

San Francisco, CA 94103

Supplier ID number: 0000011638

Received By: APR 29 139 FM11:45 Purchasing Department

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

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

B. Reports:

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

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

C. Evaluation:

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

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

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. Grievance Procedure:

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

H. Infection Control, Health and Safety:

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

- (7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.
- (8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

I. Aerosol Transmissible Disease Program, Health and Safety:

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

J. Acknowledgment of Funding:

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

K. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

L. Under-Utilization Reports:

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

M. Quality Assurance:

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

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

N. Compliance With Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1	HIV Syringe Access and Disposal Services
Appendix A-2	HIV Syringe Access and Disposal Services – Homeless Youth Alliance
Appendix A-3	HIV Syringe Access and Disposal Services – Harm Reduction Center

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

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

Fiscal Year: 2016-2017 to 2025-2026 Contract ID# 1000002634 (CMS# 7774)

CONTRACT SUMMARY

Service Provider(s): Fiscal Agency:

San Francisco AIDS Foundation San Francisco AIDS Foundation

Total Contract

\$32,762,870 Amount:

HPS General Fund/CDC **Funding Source:**

Syringe Access and Disposal Services Program Name: HIV Prevention Services (HPS) System of Care:

Program Code:

N/A

1035 Market Street, Suite 400 - SF CA 94103 Provider Address:

Provider Phone:

415-487-3000

3-2016

Contact Person:

Richard Hill, Director of Government Contracts Direct Phone Number: 415-487-8042

Email: rhill@sfaf.org

Annandiy A 4

Provider Fax: 415-487-3094

RFP#:

Appendix A: Appendix B:

Funding Source Funding Amount: Unspent Amount:

Funding Term:

Number of UOS:

Syringe Access & Disposal Services Hrs. Syringe Access, Disposal Coordination & Bull

Purchasing

Citywide Syringe Sweeps

Community-Based Sweeps Events

Number of NOC:

Syringe Access & Disposal Services Hrs. Syringe Access, Disposal Coordination & Bul

Purchasing

Citywide Syringe Sweeps

Community-Based Sweeps Events

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

Number of UOS:

Syringe Access & Disposal Services Hrs. Syringe Access, Disposal Coordination & Bul

Purchasing

Citywide Syringe Sweeps

Community-Based Sweeps Events

		Appendix A-1 Syringe Access Services								
- 1	B-1	B-1a	B-1b	B-1c	B-1d	B-1e	B-1f	B-1g	B-1h	
Ī	GF	GF	CDC	GF	GF	CDC	GF	GF	CDC	
Ī	\$1,863,232	\$196,713	\$5,000	\$1,909,813	\$201,631	\$5,000	\$1,956,679	\$206,672	\$5,000	
[-\$3,036			-\$5,000	
	7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-12.31.16	7.1.17-6.30.18	7.1.17-6.30.18	1.1.17-12.31.17	7.1.18-6.30.19	7.1.18-6.30.19	1.1.18-12.31.18	
Ī	uos	uos	uos	UOS	uos	UOS	UOS	uos	uos	
	3,614	N/A	N/A	3,944	N/A	N/A	4,302	N/A	N/A	
k	12	12	12	12	12	12	12	12	12	
1	2,028	N/A	N/A	2,861	N/A	N/A	3,710	N/A	N/A	
1	264	N/A	N/A	40	N/A	N/A	67	N/A	N/A	
- 1	NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC	
1	44,300	N/A	N/A	56,635	N/A	N/A	54,300	N/A	N/A	
lk	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
- 1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A .	
H	B-1i	B-1j	B-1k	B-11	B-1m	B-1n	B-10	B-1p	B-1q	
П	GF	GF	GF	GF	GF	GF	GF	GF	GF	
	\$2,006,497	\$211,838	\$2,006,497	\$211,838	\$2,006,497	\$211,838	\$2,006,497	\$211,838	\$2,006,497	
ш	7.1.19 - 6.30.20	7.1.19 - 6.30.20	7.1.20 - 6.30.21	7.1.20 - 6.30.21	7.1.21 - 6.30.22	7.1.21 - 6.30.22	7.1.22 - 6.30.23	7.1.22 - 6.30.23	7.1.23 - 6.30.24	
- 13	UOS	UOS	uos	UOS	UOS	UOS	UOS	UOS	UOS	
	4,302	N/A	4,302	N/A	4,302	N/A	4,302	N/A	4,302	
lk	12	12	12	12	12	12	12	12	12	

3,710

67

NA

N/A

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N/A

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Suringo Accous Convices

N/A

N/A

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3,710

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N/A

N/A

3,710

67

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

Fiscal Year: 2016-2017 to 2025-2026 Contract ID# 1000002634 (CMS# 7774)

Number of NOC:		NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC
	Syringe Access & Disposal Services Hrs.	54,300	N/A	54,300	N/A	54,300	N/A	54,300	N/A	54,300
	Syringe Access, Disposal Coordination & Bulk Purchasing	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Citywide Syringe Sweeps	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Community-Based Sweeps Events	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ppendix B:		B-1r	B-1s	B-1t	B-1u	B-1v	_			
unding Source		GF	GF	GF	GF	GF				
unding Amount:		\$211,838	\$2,006,497	\$211,838	\$2,006,497	\$211,838				
Funding Term:		7.1.23 - 6.30.24	7.1.24 - 6.30.25	7.1.24 - 6.30.25	7.1.25 - 6.30.26	7.1.25 - 6.30.26			1	
	The second second second second	UOS	UOS	UOS	uos	UOS				
umber of UOS:	Syringe Access & Disposal Services Hrs.	N/A	4,302	N/A	4,302	N/A				
	Syringe Access, Disposal Coordination & Bulk Purchasing	12	12	12	12	12				
	Citywide Syringe Sweeps	N/A	3,710	N/A	3,710	N/A				
	Community-Based Sweeps Events	N/A	67	N/A	67	N/A				
umber of NOC:		NOC	NOC	NOC	NOC	NOC				
	Syringe Access & Disposal Services Hrs.	N/A	54,300	N/A	54,300	N/A				
	Syringe Access, Disposal Coordination & Bulk Purchasing	N/A	N/A	N/A	N/A	N/A				
	Citywide Syringe Sweeps	N/A	N/A	N/A	N/A	N/A		4		
	Community-Based Sweeps Events	N/A	N/A	N/A	N/A	N/A		-		
efinition and # of	A Unit of Service (UOS) is equivalent to 1 hour of s	and an American Section 2	Secretary of December	n Consideration						-

Definition and # UOS:

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

Target Population:

Intravenous drug users (IDUs) throughout San Francisco.

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

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

HYA Wrap Around & Disposal Services

UDC/NOC:
HYA Wrap Around & Disposal Services

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

Number of

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

Fiscal Year: 2016-2017 to 2025-2026 Contract ID# 1000002634 (CMS# 7774)

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

Number of

HYA Wrap Around & Disposal Services

UDC/NOC:
HYA Wrap Around & Disposal Services

B-2i				
GF				
\$168,914				
\$168,914 7.1.25 - 6.30.26				1:
UOS				
12				
NOC				
N/A				
		1	1000	

Definition and # of UOS:

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

Target Population:

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

Target Population:

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

Appendix A:

Appendix B: Funding Source Funding Amount: Funding Term:

Number of UOS:

Harm Reduction Center Services Hrs. Syringe Access Services

Lounge Services

Number of NOC:

Harm Reduction Center Services Hrs. Syringe Access Services Lounge Services

			Appendix A-3	6th Street Harm	Reduction Ct.			
B-3	B-3a	B-3b	B-3c	B-3d	B-3e	B-3f	B-3g	B-3h
GF	GF	GF	GF	GF	GF	GF	GF	GF
\$344,000	\$884,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
11.1.16-6.30.17	7.1.17-6.30.18	7.1.18-6.30.19	7.1.19 - 6.30.20	7.1.20 - 6.30.21	7.1.21 - 6.30.22	7.1.22 - 6.30.23	7.1.23 - 6.30.24	7.1.24 - 6.30.25
UOS	UOS	UOS	UOS	UOS	uos	uos	UOS	UOS
8	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	1,724	1,888	1,888	1,888	1,888	1,888	1,888	1,888
N/A	1,275	1,924	2,550	2,550	2,550	2,550	2,550	2,550
NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC	NOC
18,400	N/A	N/A	N/A	N/A	N/A	. N/A	N/A	N/A
N/A	28,628	31,341	31,341	31,341	31,341	31,341	31,341	31,341
N/A	7,650	11,475	15,300	15,300	15,300	15,300	15,300	15,300
		Vi -	1		F	16 60 10		

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

Fiscal Year: 2016-2017 to 2025-2026 Contract ID# 1000002634 (CMS# 7774)

Append	ix B: Source
	Amount:
Funding	

Harm Reduction Center Services Hrs.

Syringe Access Services

Lounge Services

Number of NOC:

Number of UOS:

Harm Reduction Center Services Hrs. Syringe Access Services

Lounge Services

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

Definition and # of UOS:

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

Target Population:

Intravenous drug users (IDUs) throughout San Francisco.

Description of Services:

Services available at the Harm Reduction Center include:

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

Appendix A-1 Appendix Term: 7/1/16 - 6/30/26

Amendment: 02/01/2019

Funding Source: General Fund and CDC

1. Identifiers:

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

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

2.	Nature of Document:			
	Check one New	RPB	Contract Amendmen	ıt

3. Goal Statement:

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

4. Target Population:

While the SFAF strives to serve all, this program's primary focus is to serve San Francisco residents who are PWIDs, homeless, active drug users, formerly incarcerated, and/or struggling with mental health challenges, ensuring that services reach and meet the specific needs of the following subpopulations: males who have sex with males, youth, females, transgender persons, and males who have sex with females.

Modality(s) / Intervention(s):

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

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

Appendix A-1 Appendix Term: 7/1/16 – 6/30/26 Funding Source: General Fund and CDC

12

N/A

Community-Based Sweeps Events (B-1) One UOS = one Community-Based Sweep Event 264 events = 264 UOS	264	N/A
Total Services Delivered	5,918	44,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1a) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A
Syringe Access, Disposal Coordination & Bulk Purchasing (B-1b) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing	12	N/A

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

12 months of Syringe Access and Disposal Coordination & Bulk Purchasing =

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

12 UOS

Total Services Delivered

Appendix A-1 Appendix Term: 7/1/16 - 6/30/26 Funding Source: General Fund and CDC

Amendment: 02/01/2019

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

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

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

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

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

Appendix A-1 Appendix Term: 7/1/16 - 6/30/26 Funding Source: General Fund and CDC

Amendment: 02/01/2019

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

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

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

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

Appendix A-1 Appendix Term: 7/1/16 – 6/30/26 Funding Source: General Fund and CDC

Year Five: B-1k and B-11 July 1, 2020 - June 30, 2021

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

Syringe Access, Disposal Coordination & Bulk Purchasing (B-11) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Total Services Delivered	12	N/A

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

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

Appendix A-1 Appendix Term: 7/1/16 – 6/30/26 Funding Source: General Fund and CDC

Amendment: 02/01/2019

67 events = 67 UOS Total Services Delivered	8,091	54,300
Community-Based Sweeps Events (B-1m) One UOS = one Community-Based Sweep Event	67	N/A
One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Citywide Syringe Sweeps (B-1m)	2 710	

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

Year Seven: B-10 and B-1p July 1, 2022 - June 30, 2023

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access and Disposal Service Hours (B-1o) One UOS = one hour of Syringe Access and Disposal Services 82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS ~12.63 clients per hour * 4,302 hours = 54,300 NOC	4,302	54,300
Syringe Access, Disposal Coordination & Bulk Purchasing (B-10) One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing 12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS	12	N/A
Citywide Syringe Sweeps (B-1o) One UOS = one hour of Citywide Sweeps 71.35 hours of sweeps per week * 52 weeks = 3,710 UOS	3,710	N/A
Community-Based Sweeps Events (B-10) One UOS = one Community-Based Sweep Event 67 events = 67 UOS	67	N/A
Total Services Delivered	8,091	54,300

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

Appendix A-1 Appendix Term: 7/1/16 - 6/30/26 Funding Source: General Fund and CDC

Amendment: 02/01/2019

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

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

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

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

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

Amendment: 02/01/2019

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

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

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

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

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

Appendix A-1 Appendix Term: 7/1/16 – 6/30/26 Funding Source: General Fund and CDC

6. Methodology:

- A. Syringe Access and Disposal Services includes the following direct client services:
 - Provision of sterile injection equipment to clients. SAC partners will provide sterile
 injection equipment at mobile van based sites, through street outreach, camp outreach,
 secondary exchange programming, private syringe exchange, fixed site, and multi-service
 drop in center sites.
 - 2. Distribution of syringe disposal supplies, (fitpacks, small bio-bins). Every participant will be offered a disposal container when picking up supplies. SAC staff members will provide encouragement and positive reinforcement to participants who bring in returns. Additionally, disposal sweep community outreach workers will make sharps containers available to people they engage during sweeps and to residents and business owners who would like to join the cause.
 - 3. Collection of disposed injection equipment, including disposal at sites and sweep programs, and in collaboration with the SFDPH Rapid Response Team as needed. SAC staff members and volunteers will sweep mapped routes (see attachments) in documented hot spot areas. SAC staff members will provide training on safe handling to all volunteers and staff assisting with sweeps. SAC staff members will properly close and lock sharps containers.
 - 4. Provision of safer sex supplies, health education on subjects such as safer injection practices, appropriate disposal procedures and overdose prevention as well as health promotion,
 Safer sex supplies will be made available at all SAC sites, and SAC members will engage participants around overdose prevention and provide DOPE Trainings, safer disposal and proper use of sharps containers, and engage with participants about safer injection, vein care, and self-care.
 - 5. Referral and linkage to medical care, case management, treatment services and other ancillary services. All SAC staff members will provide referrals (and when feasible) offer warm hand offs to services including medical care, the broad spectrum of substance use treatment services available in San Francisco, food, shelter, mental health counseling, and benefits.
 - Linkage to HIV/HCV testing. All SAC members will offer participants linkage to on-site HIV/HCV testing or referrals to HIV/HCV testing.
- B. Syringe Access and Disposal Coordination includes the following non-direct client services:
 - Overall coordination and responsibility for any agencies subcontracted to perform
 syringe access or disposal services or to reach the target populations. SFAF, the SAC
 Lead Coordinating agency, will monitor subcontractor performance, supply budget, syringe
 returns, ensure that work is documented and reported, and in collaboration with SAC
 membership problem solve, innovate, and deepen our relationships and coordinate our
 services.

Appendix A-1 Appendix Term: 7/1/16 - 6/30/26 Funding Source: General Fund and CDC

- 2. Participate in meetings of any subcontractors and SFDPH Rapid Response Clean Team engaged in disposal efforts (including sweeps) to ensure consistency of service delivery and ensure complementary and non-duplicative efforts. SFAF will participate in disposal team meetings and assess and re-assess sweep mapped routes to avoid duplicating services and adjusting service areas to heavy need areas and to respond to community concerns.
- 3. Provide leadership to and training for any subcontractors. SAC Coordinating agency will arrange for trainings on subjects of interest to subcontractors and invite SAC members to SAS upcoming staff development trainings on boundaries, HCV medical care and linkage, safer injecting/vein care harm reduction counseling, and referral resources.
- 4. In partnership with DPH, act as a "Good Neighbor"/Community Partner and actively establish and maintain positive relationships with neighbors, police, and other stakeholders in the community. In areas around syringe sites, syringe providers must respond collaboratively to residents, and adhere to all city requirements. When requested, attend community and/or police meetings with DPH to present information about the syringe access and disposal program. SAC Coordinating agency SFAF will be a good neighbor, build community ties, alliances, and respectfully engage with people opposed to harm reduction services in their neighborhoods. SAC staff will make every effort dependent on staffing schedules and availability to attend community and/or police meetings with DPH to present information about the syringe access and disposal program.
- C. Bulk Purchasing and Distribution includes the following support services for any subcontractors:
 - Order, purchase, and distribute syringes and safer injection equipment for the lead agency, any subcontracted agencies.
- D. Citywide Syringe Sweeps: A coordinated effort of at least two people whose sole purpose it is to search for, collect, and report on improperly discarded syringes, particularly on the streets and sidewalk within a specific geographic area. Sweeps must be complementary to other disposal efforts provided by the applicant and in collaboration with the SFDPH Rapid Response Clean Team. Requirements include:
 - Development of sweep schedules, focusing on hot spots, i.e., locations where improperly discarded syringes historically have appeared frequently. See attached maps and sweep schedule.
 - Ability to respond to DPH requests to increase sweeps in specific areas as needed. Sweep schedules may be adjusted to meet the needs of the community.
 - 3. Ability to incorporate other new methods of responding to sweep requests in real-time such as cell phone, text, mobile phone application.

Appendix A-1 Appendix Term: 7/1/16 – 6/30/26 Funding Source: General Fund and CDC

- 4. Providing education to community about safe disposal options. All SAC members will share in development of safe disposal materials and outreach strategies to build community support for harm reduction and syringe access and safer disposal efforts.
- E. Coordination of Community-Based Sweeps Events: SFAF will coordinate neighborhood-wide sweep events that mobilize residents and staff of agencies working in areas where sweeps are necessary to create visibility, a sense of community and common purpose while providing a service.
- F. Data Collection and Reporting: Documentation of services must include logs of distribution of sterile injection equipment and supplies, collection and disposal of discarded syringes including:
 - Reporting of sterile injection equipment distribution by site,
 Syringes in and Syringes out will be collected by all SAC agencies. Data by site will be requested (as opposed to aggregate monthly data).
 - Submission of collected needle data on a quarterly basis, Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected.
 - 3. Reporting of sweep data monthly to DPH, Records of education and outreach efforts to community about safe disposal options.
 Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected. SAC members will track: # of Syringes collected, # of sharps containers distributed, the disposal sweep route, and provide a narrative after each sweep documenting community relationship building, education and outreach efforts, and contacts for follow up.
 - 4. Distribution of syringe disposal supplies.(fitpacks, small bio-bins, tongs)
 SAC lead agency will track syringe disposal container and tong purchases and provide data on supplies ordered by each agency.

7. Objectives and Measurements:

A. Individualized Objectives

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

Appendix A-1 Appendix Term: 7/1/16 - 6/30/26 Funding Source: General Fund and CDC

8. Continuous Quality Improvement (CQI):

- Staff Issues: SFAF's SAS Program Manager, in collaboration with the Director or Behavioral Health Services and the Senior Director of Programs and Services, will review monthly SAC UOS, coordinate client satisfaction survey, ensure that site data and sweep data are recorded and submitted.
- 2. Data Collection Tools will include: syringe access site data log, syringe disposal sweep log, volunteer sign in sheets, condom purchase invoices
- 3. Data:

All SAC members will collect the following data by individual site:

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

a) Staff assigned to program evaluation.

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

Appendix A-1 Appendix Term: 7/1/16 – 6/30/26 Funding Source: General Fund and CDC

Amendment: 02/01/2019

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

- b) How you will review and assess the extent to which your program is meeting its objectives. Monthly review of contract UOS versus performance, reading client satisfaction surveys, conversations with participants about their experiences at our services, surveys.
- c) What you will do if you learn the program is not meeting its objectives. Meet with the Syringe Access Collaborative and strategize, seek counsel from SFDPH, identify problems and adjust services to solve them.
- d) How you will use data/evaluation findings to change the program. Looking at demographic data, attendance patterns, service utilization, and reading client satisfaction surveys can highlight areas that need adjusting to improve the program.
- 9. Required Language: None required.

San Francisco AIDS Foundation HIV Syringe Access and Disposal Services Homeless Youth Alliance

Appendix A-2 Appendix Term: 7/1/16 – 6/30/26 Funding Sources: General Fund

1. Identifiers:

Program Name: San Francisco AIDS Foundation: HIV Syringe Access Services - Homeless Youth Alliance

(No client services will be provided at 607-A Haight Street)

Program Address: 1035 Market Street, Suite 400

City, State, Zip Code: San Francisco, CA 94103

Telephone/FAX: (415) 487-3000/(415) 487-3094

Website Address: www.sfaf.org

Contractor Address: same as above

City, State, Zip Code:

Person completing this Narrative: Richard Hill, Director of Government Contracts

Telephone: (415) 487-8042 Email Address: rhill@sfaf.org

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3. Goal Statement:

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

4. Target Population:

While the SFAF strives to serve all, this program's primary focus is to serve San Francisco residents who are PWIDs, homeless, active drug users, formerly incarcerated, and/or struggling with mental health challenges, ensuring that services reach and meet the specific needs of the following subpopulations: males who have sex with males, youth, females, transgender persons, and males who have sex with females. The Homeless Youth Alliance (HYA) offers services for young adults aged 13-29 living on the street in the Haight and female-identified IDUs in the Mission.

Modality(s) / Intervention(s):

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

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

1 of 4

Amendment: 02/01/2019

Amendment: 02/01/2019

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

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

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

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

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

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

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

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

Appendix A-2 Appendix Term: 7/1/16 – 6/30/26 Funding Sources: General Fund

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

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

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

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

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

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

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

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

3 of 4

Amendment: 02/01/2019

Appendix A-2 Appendix Term: 7/1/16 – 6/30/26 Funding Sources: General Fund

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

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

6. Methodology

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

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

7. Objectives and Measurements:

N/A

8. Continuous Quality Improvement:

Please see Appendix A-1

Contractor: San Francisco AIDS Foundation HIV Syringe Access and Disposal Services 6th Street Harm Reduction Appendix A-3 Appendix Term: 11/01/16 through 06/30/26 Funding Sources: General Fund

Amendment: 02/01/2019

1. Identifiers:

Program Name: San Francisco AIDS Foundation: HIV Syringe Access and Disposal Services - 6th Street

Harm Reduction Center

Program Address: 1035 Market Street, Suite 400 City, State, Zip Code: San Francisco, CA 94103 Telephone/FAX: (415) 487-3000/(415) 487-3094

Website Address: www.sfaf.org

Contractor Address: same as above

City, State, Zip Code:

Person completing this Narrative: Richard Hill, Director of Government Contracts

Telephone: (415) 487-8042 Email Address: rhill@sfaf.org

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3. Goal Statement:

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

4. Target Population:

While the SFAF strives to serve all, this program's primary focus is to serve San Francisco residents who are PWIDs, homeless, active drug users, formerly incarcerated, and/or struggling with mental health challenges, ensuring that services reach and meet the specific needs of the following subpopulations: males who have sex with males, youth, females, transgender persons, and males who have sex with females.

Modality(s) / Intervention(s):

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

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

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

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

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contact s (NOC)
Syringe Access Services		
One UOS = one hour of Syringe Access services	1 000	31,341
36.3 hrs/wk * 52 wks = 1,888 UOS	1,888	
16.6 contacts per hour * 1,888 hours = 31,341 NOC		
Lounge Services		
One UOS = one hour of Lounge services	rices 1 004	
37 hrs/wk * 52 weeks = 1,924 UOS	1,924	11,475
~6 contacts per hour * 1,924 hours = 11,475 NOC		
Total Services Delivered	3,812	42,816

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services		
One UOS = one hour of Syringe Access services	1,888	31,341
36.3 hrs/wk * 52 wks = 1,888 UOS	1,000	
16.6 contacts per hour * 1,888 hours = 31,341 NOC		
Lounge Services		
One UOS = one hour of Lounge services	2,550	15,300
49.03 hrs/wk * 52 weeks = 2,550 UOS	2,550	13,300
6 contacts per hour * 2,550 hours = 15,300 NOC		
Total Services Delivered	4,438	46,641

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services		772
One UOS = one hour of Syringe Access services	1,888	31,341
36.3 hrs/wk * 52 wks = 1,888 UOS	1,000	31,341
16.6 contacts per hour * 1,888 hours = 31,341 NOC		
Lounge Services		
One UOS = one hour of Lounge services	2.550	15 200
49.03 hrs/wk * 52 weeks = 2,550 UOS	2,550	15,300
6 contacts per hour * 2,550 hours = 15,300 NOC		
Total Services Delivered	4,438	46,641

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services		
One UOS = one hour of Syringe Access services	1 000	21 241
36.3 hrs/wk * 52 wks = 1,888 UOS	1,888	31,341
16.6 contacts per hour * 1,888 hours = 31,341 NOC		
Lounge Services		
One UOS = one hour of Lounge services	2.550	15 200
49.03 hrs/wk * 52 weeks = 2,550 UOS	2,550	15,300
6 contacts per hour * 2,550 hours = 15,300 NOC		
Total Services Delivered	4,438	46,641

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

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

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

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

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services		
One UOS = one hour of Syringe Access services	1 000	21 241
36.3 hrs/wk * 52 wks = 1,888 UOS	1,888	31,341
16.6 contacts per hour * 1,888 hours = 31,341 NOC		
Lounge Services		
One UOS = one hour of Lounge services	2.550	15 200
49.03 hrs/wk * 52 weeks = 2,550 UOS	2,550	15,300
6 contacts per hour * 2,550 hours = 15,300 NOC		
Total Services Delivered	4,438	46,641

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Syringe Access Services		
One UOS = one hour of Syringe Access services	1 000	21 241
36.3 hrs/wk * 52 wks = 1,888 UOS	1,888	31,341
16.6 contacts per hour * 1,888 hours = 31,341 NOC		
Lounge Services		
One UOS = one hour of Lounge services	2.550	16 200
49.03 hrs/wk * 52 weeks = 2,550 UOS	2,550	15,300
6 contacts per hour * 2,550 hours = 15,300 NOC		
Total Services Delivered	4,438	46,641

Contractor: San Francisco AIDS Foundation HIV Syringe Access and Disposal Services 6th Street Harm Reduction Appendix A-3 Appendix Term: 11/01/16 through 06/30/26 Funding Sources: General Fund

*The Harm Reduction Center serves an estimated 4,000 clients per month. This number has been pro-rated between Appendices A-1 and A-3 based on the percentage of hours (UOS) allocated to each Appendix.

6. Methodology:

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

Services available at the Harm Reduction Center include a new lounge area which provides space for clients to drop in and hang out, with opportunities to access a range of low-threshold engagement activities; engagement in and linkage to HIV and HCV testing and care; peer-based activities and education on topics such as overdose prevention, vein care, harm reduction counseling; crisis intervention; syringe access services, including access to syringes and supplies as well as disposal for used syringes; food; a breakfast club adherence program; and secure lockers for clients to store HIV and HCV medications.

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

7. Objectives and Measurements:

A. Individualized Objectives

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

8. Continuous Quality Improvement (CQI):

See Appendix A-1.

9. Required Language:

None required.

Appendix B Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

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

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

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

	Term	Funding Source	Amount
Original Agreement	07/01/16 - 06/30/17	General Fund	\$2,216,799
Original Agreement	07/01/16 - 12/31/16	CDC	\$5,000
Original Agreement	07/01/17 - 06/30/18	General Fund	\$2,216,799
Original Agreement	07/01/17 - 12/31/17	CDC	\$5,000

Amendment: 02/01/2019

	11/01/17 07/20/17	Garant Free 4	6244 000	
Internal Contract Revision #1	11/01/16 - 06/30/17	General Fund	\$344,000	
Amendment #1	07/01/17 – 12/31/17	CDC	-\$5,000	
Amendment #1	01/01/17 - 12/31/17	CDC	\$5,000	
Amendment #1	07/01/17 – 06/30/18	General Fund	\$939,420	
Amendment #1	01/01/18 - 12/31/18	CDC	\$5,000	
Amendment #1	07/01/18 – 06/30/19	General Fund	\$3,328,145	
Internal Contract Revision #2	07/01/17 – 06/30/18	General Fund	\$0	
Internal Contract Revision #2	07/01/18 – 06/30/19	General Fund	\$0	
Amendment #2	01/01/17 - 12/31/17	CDC - Unspent Funds	-\$3,036	
Amendment #2	01/01/18 - 12/31/18	CDC – Unspent Funds	-\$5,000	
Amendment #2	07/01/19 - 06/30/20	General Fund	\$2,006,497	
Amendment #2	07/01/19 - 06/30/20	General Fund	\$211,838	
Amendment #2	07/01/19 - 06/30/20	General Fund	\$168,914	
Amendment #2	07/01/19 - 06/30/20	General Fund	\$1,000,000	
Amendment #2	07/01/20 - 06/30/21	General Fund	\$2,006,497	
Amendment #2	07/01/20 - 06/30/21	General Fund	\$211,838	
Amendment #2	07/01/20 - 06/30/21	General Fund	\$168,914	
Amendment #2	07/01/20 - 06/30/21	General Fund	\$1,000,000	
Amendment #2	07/01/21 - 06/30/22	General Fund	\$2,006,497	
Amendment #2	07/01/21 - 06/30/22	General Fund	\$211,838	
Amendment #2	07/01/21 - 06/30/22	General Fund	\$168,914	
Amendment #2	07/01/21 - 06/30/22	General Fund	\$1,000,000	
Amendment #2	07/01/22 - 06/30/23	General Fund	\$2,006,497	
Amendment #2	07/01/22 - 06/30/23	General Fund	\$211,838	
Amendment #2	07/01/22 - 06/30/23	General Fund	\$168,914	
Amendment #2	07/01/22 - 06/30/23	General Fund	\$1,000,000	
Amendment #2	07/01/23 - 06/30/24	General Fund	\$2,006,497	
Amendment #2	07/01/23 - 06/30/24	General Fund	\$211,838	
Amendment #2	07/01/23 - 06/30/24	General Fund	\$168,914	
Amendment #2	07/01/23 - 06/30/24	General Fund	\$1,000,000	
Amendment #2	07/01/24 - 06/30/25	General Fund	\$2,006,497	
Amendment #2	07/01/24 - 06/30/25	General Fund	\$211,838	
Amendment #2	07/01/24 - 06/30/25	General Fund	\$168,914	
Amendment #2	07/01/24 - 06/30/25	General Fund	\$1,000,000	
Amendment #2	07/01/25 - 06/30/26	General Fund	\$2,006,497	
Amendment #2	07/01/25 - 06/30/26	General Fund	\$211,838	
Amendment #2	07/01/25 - 06/30/26	General Fund	\$168,914	
Amendment #2	07/01/25 - 06/30/26	General Fund	\$1,000,000	
Contraction age	Transfer of a grant of the	Total Award		
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Contingency (FY19/20 thru FY25/26) \$2,845,289

(This equals the total NTE) Total \$35,608,159

- C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.
- D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.
- 3. No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

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Agency/Organization Name	San Francisc	o AIDS Found	dation					Funding No	tification Date	12/21/2018
Contractor Name (may be same as above)	San Francisc	o AIDS Found	dation							FN#5 & #6
Program/Provider Name				HIV Syringe	Access & Disp	sal Services				TOTALS -
Appendix Number	A-1/B-1							Page 4		
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-6.30.17	7.1.16-6.30.17	11.1.16-6.30,17	7.1.17-6.30-18	7.1.17-6.30-18	1.1.17-12.30-17	7.1.17-6.30-18	
EXPENSES				L						
Salaries	\$ 271,038	\$ -	\$ -	\$ -	\$ 174,282	\$ 464,500	\$ -	\$ -	\$ -	\$ 909,820
Employee Benefits	\$ 67,760	\$ -	\$ -	\$ -	\$ 43,569	\$ 116,125	\$ -	\$ -	\$ -	\$ 227,454
Total Personnel Expenses	\$ 338,798	5 -	\$ -	\$ -	\$ 217,851	\$ 580,625	\$ -	\$ -	\$ -	\$ 1,137,274
Operating Expense	\$ 1,355,049	\$ 178,830	\$ 4,545	\$ 142,595	\$ 94,876	\$ 1,155,569	\$ 183,301	\$ 4,545	\$ 146,160	\$ 3,265,470
Subtotal Direct Costs	\$ 1,693,847	\$ 178,830	\$ 4,545	\$ 142,595	\$ 312,727	\$ 1,736,194	\$ 183,301	\$ 4,545	\$ 146,160	\$ 4,402,744
Indirect Cost Amount	\$ 169,385	\$ 17,883	\$ 455	\$ 14,259	\$ 31,273	\$ 173,619	\$ 18,330	\$ 455	\$ 14.615	\$ 440,274
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
Total Expenses	\$ 1,863,232	\$ 196,713	\$ 5,000	\$ 156,854	\$ 344,000	\$ 1,909,813	\$ 201,631	\$ 5,000	\$ 160,775	\$ 4,843,018
REVENUES & FUNDING SOURCES	-				7 4 1					The second
DPH Funding Sources (select from drop-down list)										1.5 1
HPS COUNTY HPS GF	1,863,232					1,909,813				3,773,045
HPS COUNTY GF Children's Fund		196,713					201,631			398,344
HPS FED CDC - PD90, CFDA #93.940			5,000					5,000		10,000
HPS COUNTY HPS GF	-			156,854					160,775	317,629
HHS COUNTY GF					344,000					344,000
Unspent Funds		5.24-1	4	15-1				(3,036		(3,036
Total DPH Revenues	1,863,232	196,713	5,000	156,854	344,000	1,909,813	201,631	1,964	160,775	4,839,982
Total Revenues (DPH and Non-DPH)	1,863,232	196,713	5,000	156,854	344,000	1,909,813	201,631	1,964	160,775	4,839,982
Payment Method		Cost Reimbursemen (CR)	Cost Reimbursement (CR)	Cost Reimbursemen (CR)	Cost Reimbursemen (CR)	Cost Reimbursement (CR)	Cost Reimbursemen (CR)	Cost Reimbursemen (CR)	Cost Reimbursement (CR)	
	Larry Zapatk		1 1	Phone #	15.3	415-487-3055	1 10.0	1 1000	1 19.9	

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DPH Section	HPS							
Check one: [] Original [X] AMD [] RPB			C	ontract Term (7		Fiscal Year(s)	16-26
Agency/Organization Name	San Francisco	AIDS Foundation	on			Fu	nding Notification Date	12/21/2018
Contractor Name (may be same as above)	San Francisco	AIDS Foundation	on					FN#5 & #6
Program/Provider Name		HIVS	Syringe Access	& Disposal Sen	vices		TOTALS -	TOTALS -
Appendix Number	A-3/B-3a	A-1/B-1f	A-1/B-1g	A-1/B-1h	A-2/B-2b	A-3/B-3b	Page 5	Pages 4 & 5
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1.17-6.30.18	7.1.18-6.30.19	7.1.18-6.30.19	1.1.18 - 12.31.18	7.1.18-6.30.19	7.1.18-6.30.19		
EXPENSES					- N			
Salaries	\$ 588,550	\$ 488,174		\$ -	\$ -	\$ 671,050	\$ 1,747,774	\$ 2,657,594
Employee Benefits	\$ 147,138	\$ 122,044	\$ -	\$ -	\$ -	\$ 167,763	\$ 436,945	
Total Personnel Expenses	\$ 735,688	\$ 610,218	\$ -	\$ -	\$ -	\$ 838,813	\$ 2,184,719	
Operating Expense	\$ 67,948	\$ 1,168,581	\$ 187,884	\$ 4,545	\$ 149,814		\$ 1,649,050	
Subtotal Direct Costs	\$ 803,636	\$ 1,778,799	\$ 187,884	\$ 4,545	\$ 149,814	\$ 909,091	\$ 3,833,769	\$ 8,236,513
Indirect Cost Amount	\$ 80,364	\$ 177,880	\$ 18,788	\$ 455	\$ 14,980	\$ 90,909	\$ 383,376	\$ 823,650
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		
Total Expenses	\$ 884,000	\$ 1,956,679	\$ 206,672	\$ 5,000	\$ 164,794	\$ 1,000,000	\$ 4,217,145	\$ 9,060,163
REVENUES & FUNDING SOURCES		I to payed						
DPH Funding Sources (select from drop-down list)								
HPS COUNTY HPS GF		1,956,679	-				1,956,679	5,729,724
HPS COUNTY GF Children's Fund			206,672				206,672	605,016
HPS FED CDC - PD90, CFDA #93.940	-			5,000			5,000	15,000
HPS COUNTY HPS GF	Carry on				164,794		164,794	482,423
HHS COUNTY GF	884,000					1,000,000	1,884,000	2,228,000
Unspent Funds				(5,000)			(5,000)	(8,030
Total DPH Revenues	884,000	1,956,679	206,672	14 1 7 25	164,794	1,000,000	- 4,212,145	9,052,12
Total Revenues (DPH and Non-DPH)	884,000	1,956,679	206,672	0	164,794	1,000,000	- 4,212,145	9,052,12
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
Prepared By	Larry Zapatka			Phone #		415-487-3055		

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DPH Section					_		1110 01001001		W 111 11	72.25
Check one: [] Original [X] AMD	[]RPB	AIDO F I	41		Cor	ntract Term (7/	1/16-6/30/26)	F # \$1	Fiscal Year(s)	16-26
Agency/Organization Name								Funding No	otification Date	12/21/2018
Contractor Name (may be same as above)	San Francisco	AIDS Founda								FN#5 & #6
Program/Provider Name					& Disposal Se				TOTALS -	TOTALS -
Appendix Number	A-1/B-11	A-1/B-1]	A-2/B-2c	A-3/B-3c	A-1/B-1k	A-1/B-11	A-2/B-2d	A-3/B-3d	Page 6	Pages 4 - 6
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1,19-6.30,20	7.1,19-6.30.20	7.1.19-6.30.20	7.1.19-6.30.20	7.1.20-6.30.21	7.1.20-6.30.21	7.1.20-6.30.21	7.1.20-6.30.21		
EXPENSES					T				100000000000000000000000000000000000000	
Salaries	\$ 496,916	\$ -	\$ -	\$ 680,792	\$ 496,916	\$ -	5 -	\$ 680,792	\$ 2,355,416	\$ 5,013,010
Employee Benefits	\$ 124,229	\$ -	\$ -	\$ 170,198	\$ 124,229	\$ -	\$ -	\$ 170,198	\$ 588,854	\$ 1,253,253
Total Personnel Expenses	\$ 621,145	S -	\$ -	\$ 850,990	\$ 621,145	\$ -	S -	\$ 850,990	\$ 2,944,270	\$ 6,266,263
Operating Expense	\$ 1,202,943	\$ 192,580	\$ 153,559	\$ 58,101	\$ 1,202,943	\$ 192,580	\$ 153,559	\$ 58,101	\$ 3,214,366	\$ 8,128,886
Subtotal Direct Costs			\$ 153,559	\$ 909,091	\$ 1,824,088	\$ 192,580	\$ 153,559			\$ 14,395,149
Indirect Cost Amount	\$ 182,409	\$ 19,258	\$ 15,355	\$ 90,909	\$ 182,409	\$ 19,258	\$ 15,355	\$ 90,909	\$ 615,862	\$ 1,439,512
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		
Total Expenses	\$ 2,006,497	\$ 211,838	\$ 168,914	\$1,000,000	\$ 2,006,497	\$ 211,838	\$ 168,914	\$ 1,000,000	\$ 6,774,498	\$ 15,834,661
REVENUES & FUNDING SOURCES										
DPH Funding Sources (select from drop-down list)										
HPS COUNTY HPS GF	2,006,497				2,006,497				4,012,994	9,742,718
HPS COUNTY GF Children's Fund		211,838				211,838			423,676	1,028,692
HPS FED CDC - PD90, CFDA #93.940		/							- + ·	15,000
HPS COUNTY HPS GF			168,914				168,914		337,828	820,251
HHS COUNTY GF				1,000,000				1,000,000	2,000,000	4,228,000
Unspent Funds							12-2-			(8,036
Total DPH Revenues	2,006,497	211,838	168,914	1,000,000	2,006,497	211,838	168,914	1,000,000	6,774,498	15,826,625
Total Revenues (DPH and Non-DPH)	2,006,497	211,838	168,914	1,000,000	2,006,497	211,838	168,914	1,000,000	6,774,498	15,826,625
Payment Method	Cost Reimbursement (CR)	Cost Relmbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Relmbursement (CR)		
Prepared By	Larry Zapatka			Phone #		415-487-3055				THE WORLS

CID#	1000002634				get Summary	,	Appendix #	В	Page #	7
DPH Section	HPS									
Check one: [] Original [X] AMD	[] RPB				Cor	ntract Term (7/	1/16-6/30/26)		Fiscal Year(s)	16-26
Agency/Organization Name	San Francisco	AIDS Foundat	tion			100000000000000000000000000000000000000		Funding No	tification Date	12/21/2018
Contractor Name (may be same as above)	San Francisco	AIDS Foundat	tion							FN#5 & #6
Program/Provider Name			HIVS	yringe Access	& Disposal Se	rvices			TOTALS -	TOTALS -
Appendix Number	A-1/B-1m	A-1/B-1n	A-2/B-2e	A-3/B-3e	A-1/B-10	A-1/B-1p	A-2/8-2f	1. A-3/B-3f	Pages 4 - 7	
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1.21-6.30.22	7.1.21-6.30.22	7.1.21-6.30.22	7.1.21-6.30.22	7.1.22-6.30.23	7.1.22-6.30.23	7.1.22-6.30.23	7.1.22-6.30.23	Page 7	
EXPENSES	1-1200					THE R. LEWIS CO., LANSING	0			
Salaries	\$ 496,916	\$ -	\$ -	\$ 680,792	\$ 496,916	\$ -	\$ -	\$ 680,792	\$ 2,355,416	\$ 7,368,426
Employee Benefits	\$ 124,229	\$ -	\$ -	\$ 170,198	\$ 124,229	\$ -	\$ -	\$ 170,198	\$ 588,854	\$ 1,842,107
Total Personnel Expenses	\$ 621,145	\$ -	\$ -	\$ 850,990	\$ 621,145	\$ -	\$ -	\$ 850,990	\$ 2,944,270	\$ 9,210,533
Operating Expense	\$ 1,202,943	\$ 192,580	\$ 153,559	\$ 58,101	\$ 1,202,943	\$ 192,580	\$ 153,559	\$ 58,101	\$ 3,214,366	\$ 11,343,252
Subtotal Direct Costs	\$ 1,824,088	\$ 192,580	\$ 153,559	\$ 909,091	\$ 1,824,088	\$ 192,580	\$ 153,559	\$ 909,091	\$ 6,158,636	\$ 20,553,785
Indirect Cost Amount	\$ 182,409	\$ 19,258	\$ 15,355	\$ 90,909	\$ 182,409	\$ 19,258	\$ 15,355	\$ 90,909	\$ 615,862	\$ 2,055,374
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		
Total Expenses	\$ 2,006,497	\$ 211,838	\$ 168,914	\$1,000,000	\$ 2,006,497	\$ 211,838	\$ 168,914	\$ 1,000,000	\$ 6,774,498	\$ 22,609,159
REVENUES & FUNDING SOURCES		Grand Control			CALL TRACKS					
DPH Funding Sources (select from drop-down list)										
HPS COUNTY HPS GF	2,006,497				2,006,497				4,012,994	13,755,712
HPS COUNTY GF Children's Fund		211,838			7	211,838			423,676	1,452,368
HPS FED CDC - PD90, CFDA #93.940										15,000
HPS COUNTY HPS GF			168,914				168,914		337,828	1,158,079
HHS COUNTY GF				1,000,000				1,000,000	2,000,000	6,228,000
Unspent Funds										(8,036
Total DPH Revenues	2,006,497	211,838	168,914	1,000,000	2,006,497	211,838	168,914	1,000,000	6,774,498	22,601,123
Total Revenues (DPH and Non-DPH)	2,006,497	211,838	168,914	1,000,000	2,006,497	211,838	168,914	1,000,000	6,774,498	22,601,123
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Relmbursement (CR)	Cost Relmbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
Prepared By	Larry Zapatka	1.0	3 3 5 5 6	Phone #		415-487-3055				

CID#	1000002634						Appendix #	В	Page #	8
DPH Section	HPS									
Check one: [] Original [X] AMD	[] RPB				Cor	ntract Term (7/	1/16-6/30/26)		Fiscal Year(s)	16-26
Agency/Organization Name	San Francisco	AIDS Founda	tion				A - 1,1 - 10	Funding No	tification Date	12/21/2018
Contractor Name (may be same as above)	San Francisco	AIDS Founda	ition							FN#5 & #6
Program/Provider Name			HIV'S	yringe Access	& Disposal Se	ervices			TOTALS -	TOTALS -
Appendix Number	A-1/B-10	A-1/B-1r	A-2/B-2g	A-3/B-3g	A-1/B-1s	A-1/B-11	A-2/B-2h	A-3/B-3h	Page 8	Pages 4 - 8
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1.23-6.30.24	7.1.23-6.30.24	7.1.23-6.30.24	7.1.23-6.30.24	7.1.24-6.30,25	7.1.24-6.30.25	7.1.24-6.30.25	7.1.24-6.30.25		
EXPENSES	Part of the		1	Part of the last			1000			Part of Street
Salaries	\$ 496,916	\$ -	\$ -	\$ 680,792	\$ 496,916	\$ -	\$ -	\$ 680,792	\$ 2,355,416	\$ 9,723,842
Employee Benefits	\$ 124,229	\$ -	\$ -	\$ 170,198	\$ 124,229	\$ -	\$ -	\$ 170,198	\$ 588,854	\$ 2,430,961
Total Personnel Expenses	\$ 621,145	\$ -	\$ -	\$ 850,990	\$ 621,145	\$ -	\$ -	\$ 850,990	\$ 2,944,270	\$ 12,154,803
Operating Expense	\$ 1,202,943	\$ 192,580	\$ 153,559	\$ 58,101	\$ 1,202,943	\$ 192,580	\$ 153,559	\$ 58,101	\$ 3,214,366	\$ 14,557,618
Subtotal Direct Costs	\$ 1,824,088	\$ 192,580	\$ 153,559	\$ 909,091	\$ 1,824,088	\$ 192,580	\$ 153,559	\$ 909,091	\$ 6,158,636	\$ 26,712,421
Indirect Cost Amount	\$ 182,409	\$ 19,258	\$ 15,355	\$ 90,909	\$ 182,409	\$ 19,258	\$ 15,355	\$ 90,909	\$ 615,862	\$ 2,671,236
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		
Total Expenses	\$ 2,006,497	\$ 211,838	\$ 168,914	\$1,000,000	\$ 2,006,497	\$ 211,838	\$ 168,914	\$1,000,000	\$ 6,774,498	\$ 29,383,657
REVENUES & FUNDING SOURCES										
DPH Funding Sources (select from drop-down list)										I.T
HPS COUNTY HPS GF	2,006,497				2,006,497				4,012,994	17,768,706
HPS COUNTY GF Children's Fund		211,838				211,838			423,676	1,876,044
HPS FED CDC - PD90, CFDA #93.940										15,000
HPS COUNTY HPS GF			168,914				168,914		337,828	1,495,907
HHS COUNTY GF				1,000,000				1,000,000	2,000,000	10,228,000
Unspent Funds										(8,036
Total DPH Revenues	2,006,497	211,838	168,914	1,000,000	2,006,497	211,838	168,914	1,000,000	6,774,498	29,375,621
Total Revenues (DPH and Non-DPH)	2,006,497	211,838	168,914	1,000,000	2,006,497	211,838	168,914	1,000,000	6,774,498	29,375,621
Payment Method	Cost Reimbursement (CR)									
Prepared By	Larry Zapatka			Phone #		415-487-3055				

CID#	1000002634			3			pendix#	В	Page #	9
DPH Section										
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Agency/Organization Name							Fi	unding No	otification Date	12/21/2018
Contractor Name (may be same as above)	San Francisco	AIDS Founda	tion							FN#5 & #6
Program/Provider Name		HIV	Syringe Acce	ess & Disposal	Service	s			TOTALS -	TOTALS -
Appendix Number	A-1/B-10	A-1/B-1v	A-2/B-21	A-3/B-3i				-	Page 9	Page 4 - 9
Appendix Term (mm/dd/yy-mm/dd/yy)	7.1.25-6.30.26	7.1.25-6.30.26	7.1.25-6.30.26	7.1.25-6.30.26			7-7-1			
EXPENSES							1000		D	THE R. P. LEWIS CO., LANSING
Salaries	\$ 496,916	\$ -	\$ -	\$ 680,792					\$ 1,177,708	\$ 10,901,550
Employee Benefits	\$ 124,229	\$ -	\$ -	\$ 170,198					\$ 294,427	\$ 2,725,388
Total Personnel Expenses	\$ 621,145	\$ -	\$ -	\$ 850,990	\$ -	\$ -	\$ -	\$ -	\$ 1,472,135	\$ 13,626,938
Operating Expense	\$ 1,202,943	\$ 192,580	\$ 153,559	\$ 58,101				10.00	\$ 1,607,183	\$ 16,164,801
Subtotal Direct Costs	\$ 1,824,088	\$ 192,580	\$ 153,559	\$ 909,091	\$ -	\$ -	\$ -	\$ -	\$ 3,079,318	\$ 29,791,739
Indirect Cost Amount	\$ 182,409	\$ 19,258	\$ 15,355	\$ 90,909					\$ 307,931	\$ 2,979,167
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	0.0%	0.0%	0.0%	0.0%		V 7 10
Total Expenses	\$ 2,006,497	\$ 211,838	\$ 168,914	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -	\$ 3,387,249	\$ 32,770,906
REVENUES & FUNDING SOURCES	St. Williams				-				SCHOOL SECTION	
DPH Funding Sources (select from drop-down list)										C (1. *
HPS COUNTY HPS GF	2,006,497								2,006,497	19,775,203
HPS COUNTY GF Children's Fund		211,838			11 2 1				211,838	2,087,882
HPS FED CDC - PD90, CFDA #93.940		1								15,000
HPS COUNTY HPS GF	1 1		168,914						168,914	1,664,821
HHS COUNTY GF		1		1,000,000				-	1,000,000	11,228,000
Unspent Funds				13.22					146	(8,036
Total DPH Revenues	2,006,497	211,838	168,914	1,000,000	1.4	•	100	0.00	3,387,249	32,762,870
Total Revenues (DPH and Non-DPH)	2,006,497	211,838	168,914	1,000,000			1.	100	3,387,249	32,762,870
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)						
Prepared By	Larry Zapatka	i .		Phone #		415-487-	3055			

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

Appendix#

B-1f 1

Page # Fiscal Year(s) Funding Notification Date

18-19 12/21/2018

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE MO	DES			
Personnel Expenses		Syringe Acces (Hrs., City- Community Sweeps E	wide & -Based	Syringe Access Coordination Purchas	& Bulk			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,709	100%		0%	100	7 0	5,709
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,190	100%		0%			5,190
Data Manager	0.05	4,412	100%		0%			4,412
SAS Director	0.75	36,267	89%	4,483	11%	1		40,750
Logistics Inventory Mgr	1.00	16,089	25%	48,267	75%			64,356
Logistics Associates	2.00	28,545	25%	85,635	75%	11 = 3	1	114,180
SSE/Vol Cordinator	0.75	54,495	100%		0%			54,495
Health Educator	2.75	156,998		7 -	0%			156,998
Comm. Engagement & Kit Packing Assoc	0.65	35,084	100%	-	0%			35,084
		-	0%	X/	0%			1
Total FTE & Total Salaries	8.10	348,889	71%	139,285	29%		4	488,174
Fringe Benefits	25.00%	87,222	71%	34,822	29%			122,044
Total Personnel Expenses		436,111	71%	174,107	29%			610,218
Operating Expenses	- 11	Expenditure	%	Expenditure	%	xpenditure	9	Contract Total
Total Occupancy		85,166	89%	10,500	11%			95,666
Total Materials and Supplies		160,385	30%	369,728	70%			530,113
Total General Operating		6,354	61%	4,062	39%			10,416
		200.000	100%		0%			532,386
Consultants/Subcontractor:		532,386	10076	-	0 /0			
		784,291	67%	384,290	33%			1,168,581
Consultants/Subcontractor: Total Operating Expenses				384,290 558,397				1,778,799
Consultants/Subcontractor: Total Operating Expenses	10.00%	784,291	67%		33%			
Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses	10.00%	784,291 1,220,402	67%	558,397	33% 31%			1,778,799
Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses Indirect Expenses		784,291 1,220,402 122,040	67% 69% 69%	558,397 55,840 614,237	33% 31% 31%			1,778,799 177,880
Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES	vice Mode	784,291 1,220,402 122,040 1,342,442	67% 69% 69%	558,397 55,840 614,237	33% 31% 31%			1,778,799 177,880 1,956,679

BUDGET JUSTIFICATION

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

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

1a) SALARIES

		erations Directo				
				that assures monitoring to		
				rks with partner agencies ar		
Acres Table Services	on program adap	otation and refine	ment; coordinates currer	nt and emerging health infor	matio	n collect
Brief description of job dutie						
Water Control of the Control				g and public health experie	nce of	ran
Minimum qualification	s: equivalent comb	ination of educati	on and experience.			
			mitter a min to say to a	Annualized (if less than		
Annual Salary:		x FTE:	x Months per Year:	12 months):		Total
	\$114,180.00	0.05	12	1	\$	5,7
Staff Position 2	2: Director, Behav					
				the implementation, manage		
				ssional oversight to create a		
-			e current nealth and well	l-being needs, including HIV	need	is of gay
Brief description of job duties			dal antonion bundance a		000 6	
				r related discipline; three ye		
Minimum qualifications			in niv prevenuon and de	emonstrated program mana	geme	nt and
Williman qualifications	s. program develop	mem expenence.		Annualized (if less than		
Annual Salary:		x FTE:	x Months per Year:	12 months):	- 7	Total
Amiliai Salary:	\$140,000.00	0.05	12	12 11011(18).	_	
	\$140,000.00	0.05	12		\$	7,0
	DI 0 # 0					
Staff Position 3	3: Dir. Gov't Grants					
	Director, Gov't Co	ontracts - Respon	sible for all data manage	ement and contract related a	ctiviti	es.
				in accordance with contrac		
	A SOUTH AND ASSOCIATION OF THE PROPERTY OF THE			eporting as needed, and en	2000	the
Brief description of job duties					00,00	uic
blief description of job duties						and I
				perience in health services partiting; government contract		
Minimum qualifications		and evaluation; g	rant development and w	vitting, government contract	s man	agemer
Minimum qualifications	. and negotiations.			Annualized (if less than	_	
Annual Salary:		x FTE:	x Months per Year:	12 months):		Total
Almuai Galary.	\$103,800.00	0.05	12	1	\$	5,19
	Ψ100,000.00	0.00	12		4	3,1
Stoff Position 4	- Data Manager					
Staff Position 4	: Data Manager	opponsible for an	ordinating data callection	n quality appurance conocti		d
Staff Position 4	Data Manager - R			n, quality assurance, reporti		
Staff Position 4	Data Manager - R summaries to ens	ure foundation pr	ograms are rigorously e	valuated for process and he	alth o	utcome
Staff Position 4	Data Manager - R summaries to ens and public health	ure foundation pri impact. Respons	ograms are rigorously e sible for review, abstracti	valuated for process and he on from client records and o	alth o	utcome ise entr
	Data Manager - R summaries to ens and public health of all data collecte	ure foundation pri impact. Respons	ograms are rigorously e sible for review, abstracti	valuated for process and he	alth o	utcome ise entr
Staff Position 4 Brief description of job duties	Data Manager - R summaries to ens and public health of all data collecte	ure foundation pri impact. Respons	ograms are rigorously e sible for review, abstracti	valuated for process and he on from client records and o	alth o	utcome ise entr
	Data Manager - R summaries to ens and public health of all data collecte requirments.	ure foundation pr impact. Respons d from clients as	ograms are rigorously e sible for review, abstracti well as data analysis to	valuated for process and he on from client records and o meet programmatic and cor	alth o lataba tract	utcome ise entr
Brief description of job duties	Data Manager - R summaries to ens and public health of all data collecte requirments. Bachelor's degree	ure foundation primpact. Responsed from clients as	ograms are rigorously e sible for review, abstracti well as data analysis to erience managing and e	valuated for process and he on from client records and o	alth o lataba tract	utcome ise entr
	Data Manager - R summaries to ens and public health of all data collecte requirments. Bachelor's degree	ure foundation primpact. Responsed from clients as	ograms are rigorously e sible for review, abstracti well as data analysis to erience managing and e	valuated for process and he on from client records and o meet programmatic and cor nsuring quality for large clie	alth o lataba tract	utcome: ise entry
Brief description of job duties Minimum qualifications	Data Manager - R summaries to ens and public health of all data collecte requirments. Bachelor's degree	ure foundation primpact. Responsed from clients as and 2 years experience require	ograms are rigorously e sible for review, abstracti well as data analysis to erience managing and e ed.	valuated for process and he on from client records and of meet programmatic and cor nsuring quality for large clie Annualized (if less than	alth o lataba itract	utcome: ase entry a sets o
Brief description of job duties	Data Manager - R summaries to ens and public health of all data collecte requirments. Bachelor's degree years equivalent e	ure foundation primpact. Responsed from clients as	ograms are rigorously e sible for review, abstracti well as data analysis to erience managing and e	valuated for process and he on from client records and o meet programmatic and cor nsuring quality for large clie	alth o lataba stract	utcomes ase entry a sets o
Brief description of job duties Minimum qualifications	Data Manager - R summaries to ens and public health of all data collecte requirments. Bachelor's degree	ure foundation primpact. Responsed from clients as and 2 years experience require x FTE:	ograms are rigorously e sible for review, abstracti well as data analysis to erience managing and e ed. x Months per Year:	valuated for process and he on from client records and on meet programmatic and cornsuring quality for large client Annualized (if less than 12 months):	alth o lataba itract	utcomes ase entry a sets o
Brief description of job duties Minimum qualifications Annual Salary:	Data Manager - R summaries to ens and public health of all data collecte requirments. Bachelor's degree years equivalent e	ure foundation primpact. Responsed from clients as and 2 years experience require x FTE:	ograms are rigorously e sible for review, abstracti well as data analysis to erience managing and e ed. x Months per Year:	valuated for process and he on from client records and on meet programmatic and cornsuring quality for large client Annualized (if less than 12 months):	alth o lataba stract	utcome: ase entry a sets o
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Brief description of job duties Minimum qualifications Annual Salary: Staff Position 5	Data Manager - R summaries to ens and public health of all data collecte requirments. Bachelor's degree vears equivalent e \$88,230.00 SAS Director SAS Director SAS Director - Pro departmental strat effective partnersh and training full-tin exchange supplies	ure foundation primpact. Responsed from clients as and 2 years experience require x FTE: 0.05 ovides oversight a legic goals in alignips with other HI'ne and temporary corganizes rem	ograms are rigorously estible for review, abstractivel as data analysis to erience managing and est. x Months per Year: 12 and management of 11 enment with agency and exterior and the reductive staff in appropriate excluded oval of biohazard waste	valuated for process and he on from client records and or meet programmatic and cornsuring quality for large clie Annualized (if less than 12 months): 1 exchange sites. Develops and city objectives. Builds and motion agencies. Responsible thange protocol. Responsible from sites and coordinates	alth o lataba otract nt data three sintal for so	utcome ase entr a sets o Fotal 4,4* ins chedulin
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Respons	sible for scheduling and tra sible for purchasing excha ates removal with waste re	nge supplies. Organize	porary staff in appropriate ex s removal of biohazard wast re reports for compliance and	e from sites ar
Minimum	n one to three years' expe	rience working with peo	ple who use drugs, highly m	arginalized, or
homeles interview health ea	es populations required. A ving and strong understan ducation preferred. Exper	associates degree prefer ding of harm reduction prefered using a pallet jack	red, experience using motive practices and principles, expert, hand truck, and carts and	ational erience doing
homeles	es populations required. A ving and strong understan ducation preferred. Exper	associates degree prefer ding of harm reduction prefered using a pallet jack	red, experience using motive practices and principles, experience	ational erience doing

	te - Staffs exchar	nge sites and supervises	s volunteers at the sites. Traid.	nsports supplies
Brief description of job duties:			73),	
Experience worki English/Spanish (Minimum qualifications: be able to lift ma)	desired. Ability to	follow directions and go	n service organization. Biling ood communications skills ne	ual in cessary. Must
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$57,090.00	2.00	12	1	\$ 114,180

Staff Position 8: SSE/Volunteer 0					
exchangers willing develop training r	g to become pee materials, including	r educators. Develops	raining, and supervising seco curriculum for these trainings evant to MSM-IDU speed use e sites.	and h	elps
	ma or equivalenc	v: valid California driver	's license and excellent drivi	no reco	ard 1 va
of experience wo		n drug users and with v		ing room	olu. 1 ye
					Total

Staff Position 9: Health Educator	C			
testing and linkag	ge to care; harm re	eduction counseling) the	revention; vein care; referral rough mobile and encampmo iding crisis intervention supp	ent outreach;
	ma or equivalenc rking with injectio	y; valid California driver n drug users and with v	's license and excellent drivi olunteers.	ng record. 1 year
TELEVISION SELECTION SELEC			Annualized (if less than	
Annual Salary:	x FTE:	x Months per Year:	12 months):	Total

with people who i	ngagement and nject drugs (PWI	Kit Packing Associate is D), organizing harm red	s responsible for outreach ar uction kit packing events, re volunteers to assist with kit	cruiting and
	ma or equivalenc	y; 1 year of experience	working with injection drug u	sers and with
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$53,976.00	0.65	12	1	\$ 35,08

Total FTE:

8.10

Total Salaries: \$ 488,174

1b) EMPLOYEE FRINGE BENEFITS:

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

Component		Cost
Social Security	S	37,345.00
Retirement	\$	9,324.00
Medical	\$	50,428.00
Dental		
Unemployment Insurance	\$	2,539.00
Disability Insurance	\$	19,869.00
Paid Time Off		
Workers comp	\$	2,539.00

Total Fringe Benefit: 122,044

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 610,218

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo.	\$800/FTE*12	77,760
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66/mo*12	2,000
Utilities	Phone, PG&E & trash.	55.620/FTE*12	5,406
Rent office	Additional space for 6th Street.	875/mo*12	10,500
		Total Occupancy:	05 666

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4,973
Volunteer Spt	Snacks, T-shirts, etc - \$166.66/mo.	\$166.66	2,000
Syringes	Syringes \$.15/each x 1,793,333 syringes.	\$0.15	269,000
Bio Buckets	18/19 gallon buckets - 2,175 x \$24.368.	\$24.368	53,000
Bio Buckets	2 gallon - 18,182 x \$2.75.	\$2.75	50,000
Alcohol Wipes	268 cases x \$27.985/case.	\$27.985	7,500
Cotton balls and pellets	1,040bags x \$16.827bag.	\$16.827	17,500
Condoms & Lube	Condoms and lube.	\$833.33/mo	10,000
Sterile Water	492 Cases x \$81.301/case.	\$81.301	40,000
Bagging Supplies	100 bundles x \$7.10/bundle.	\$7.100	710
Misc Exhanges Supplies	Incl, turniquets, ensure, bandaids, etc.	\$1,000/mo	12.000
Group Food	Additional food for increased groups \$718.14/wk x 50 wks.	718.14/wk	35,907
Outreach and Program materials	Additional expense for increase outreach.	\$529.289/wk	27,523
	Total	Materials & Supplies:	530,113

General Operating:

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

Consultants/Subcontractors:

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

TOTAL OPERATING EXPENSES:	1,168,581
	1,778,799

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e. San Francisco AIDS Foundation has a negotiated rate of 27%.	177,880
of total direct costs	
2 + 0, 0 10 10 2	

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

TOTAL EXPENSES: 1,956,679

Appendix #

B-1i

Page # Fiscal Year(s) Funding Notification Date

19-20 12/21/2018

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

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

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

1a) SALARIES

Staff Position 1: Programs & Op-			the standard and a second	
with all activities	and that all require tation and refiner	red data is reported; wor ment; coordinates currer	that assures monitoring too its with partner agencies and at and emerging health informations surance procedures.	d program st
	Health and 3 year	ars community organizin	g and public health experien	ce or an
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$113,025.00	0.05	12		\$ 5,0
	Lance Control of the	그렇게 하다 아이들이 얼마나 아이들이 아이는 아이는 아이를 다 나를 다 다 했다.	ssional oversight to create a l-being needs, including HIV	when the short of the beautiful
Brief description of job duties; and bisexual men	1.			111111111111111111111111111111111111111
Brief description of job duties: and bisexual men Masters degree in a supervisory cap	n. n psychology, soc pacity, especially	cial sciences, business o	or related discipline; three yes emonstrated program manage	ars experein
Brief description of job duties: and bisexual men Masters degree in	n. n psychology, soc pacity, especially	cial sciences, business o	or related discipline; three yes	ars experein
Brief description of job duties: and bisexual men Masters degree ir a supervisory cap Minimum qualifications: program develops	n. n psychology, soo pacity, especially ment experience.	cial sciences, business of in HIV prevention and de	or related discipline; three yes emonstrated program manag	ars expereing gement and
Brief description of job duties: and bisexual men Masters degree ir a supervisory cap Minimum qualifications: program develope Annual Salary:	n. n psychology, soc pacity, especially ment experience. x FTE: 0.05	cial sciences, business of in HIV prevention and de x Months per Year:	or related discipline; three yes emonstrated program manag	ars expereing gement and Total
Brief description of job duties: and bisexual men Masters degree in a supervisory cap Minimum qualifications: program develope Annual Salary: \$140,000.00 Staff Position 3: Dir. Gov't Grants Director, Gov't Co Maintains operation departmental required Brief description of job duties: integrity of the serior	n. n psychology, sociacity, especially ment experience. x FTE: 0.05 s ontracts - Respononal and statisticuirements, produrvice database by	cial sciences, business of in HIV prevention and do in HIV prevention and at a manageral reporting mechanisms ces routine and ad hoc my overseeing database of	or related discipline; three yes emonstrated program managemonstrated program managemonstrated (if less than 12 months): 1	Total \$ 7,0 ctivities. and sures the
Brief description of job duties: and bisexual men Masters degree in a supervisory cap Minimum qualifications: program develope Annual Salary: \$140,000.00 Staff Position 3: Dir. Gov't Grants Director, Gov't Co Maintains operation departmental requiremental requirement	n. n psychology, sociacity, especially ment experience. x FTE: 0.05 s ontracts - Respononal and statisticulirements, produrvice database by a and at least two	cial sciences, business of in HIV prevention and do in HIV prevention and at a manager at reporting mechanisms ces routine and ad hoc manager at a voverseeing database of the prevention in HIV prevention in HIV prevention and ad hoc manager at a prevention and ad hoc manager at a prevention and ad hoc manager at a prevention and do in HIV prevention and a prev	or related discipline; three yes emonstrated program manage Annualized (if less than 12 months): 1 ement and contract related as in accordance with contract reporting as needed, and ens	Total \$ 7,0 ctivities. and sures the

Staff Position 4: Data Manager					
summaries to ens	sure foundation p impact. Respon	rograms are rigorously of sible for review, abstract	on, quality assurance, report evaluated for process and he tion from client records and o meet programmatic and co	ealth outo	
On the state of th	O	Augusta magazina wa A	and the second of the base of	CAT.	
			ensuring quality for large clie	ent data s	sets or
Minimum qualifications: years equivalent of Annual Salary:			Annualized (if less than 12 months):		sets or t

0.05

12

\$102,750.00

Staff Position 5: SAS Director				
departmental stra effective partners and training full-ti exchange supplie Brief description of job duties: waste removal or Three years expe	ategic goals in alightips with other Home and temporares. Organizes renompany, prepare prience working w	gnment with agency and IV/AIDS and Harm Red by staff in appropriate ex noval of biohazard wast reports for compliance a ith injection and drug us	exchange sites. Develops and city objectives. Builds and reduction agencies. Responsible change protocol. Responsible from sites and coordinates and maintain safety protocols sers required. Associates Demonstrates and hold HIV test counselor	naintains e for scheduling le for purchasing removal with i. gree with
Minimum qualifications: be willing to obtain	in certification on	the job.		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$71,925.00	0.75	12	12	\$ 53,944

5,138

Responsible	for scheduling and tra for purchasing excha	nge supplies. Organize	porary staff in appropriate ex s removal of biohazard was re reports for compliance an	te from sites and
Minimum or	e to three years' exne	rience working with peo	ple who use drugs, highly m	arginalized, or
homeless pr interviewing health educa	pulations required. A and strong understan tion preferred. Exper	ssociates degree prefer ding of harm reduction prefer dince using a pallet jack	red, experience using motiv practices and principles, exp k, hand truck, and carts and	ational erience doing
homeless po interviewing	pulations required. A and strong understan tion preferred. Exper	ssociates degree prefer ding of harm reduction prefer dince using a pallet jack	rred, experience using motivoractices and principles, exp	ational erience doing

	te - Staffs exchar	nge sites and supervise ars down sites as neede	s volunteers at the sites. Tra	nsports supplies
	desired. Ability to	follow directions and go	n service organization. Biling ood communications skills ne	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	2.00	12	1	\$ 113,026

Staff Position 8: SSE/Volunteer	Coordinator			
exchangers willing develop training	ng to become pee materials, includir	r educators. Develops	alning, and supervising sec- curriculum for these trainings evant to MSM-IDU speed use e sites.	and helps
		cy; valid California driver in drug users and with ve	's license and excellent drivi olunteers.	ng record. 1 year
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total

Staff Position 9: Health Educato	r			
testing and linkag	ge to care; harm r	reduction counseling) th	revention; vein care; referral rough mobile and encampmo riding crisis intervention supp	ent outreach;
			's license and excellent drivi olunteers.	ng record. 1 ye
High school diplo Minimum qualifications: of experience wo Annual Salary:				ng record. 1 ye

with people who	Engagement and inject drugs (PWI	Kit Packing Associate is D), organizing harm red	s responsible for outreach ar uction kit packing events, re	cruitir	ng and
Brief description of job duties: coordinating SAS	articipant volun	teers (PWID) and other	volunteers to assist with kit	packi	ng.
FR 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	CHARLES TO AN AREA TO A CARD	The state of the s		0.00	
Minimum qualifications: volunteers.	ma or equivalenc	y; 1 year of experience	working with injection drug u	isers a	and with
	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total

Total FTE:

8.10

1b) EMPLOYEE FRINGE BENEFITS:

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

Component		Cost
Social Security	\$	38,014.00
Retirement	S	9,492.00
Medical	\$	51,331,00
Dental		1,500
Unemployment Insurance	\$	2,584.00
Disability Insurance	\$	20,224.00
Paid Time Off		
Workers comp	\$	2,584.00

Total Fringe Benefit: 124,229

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 621,145

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo.	\$800/FTE	77,760
Bldg Maintenance	Janitorial at \$166.66/mo,	\$166.66/mo	2,000
Utilities	Phone, PG&E & trash.	55.618/FTE	5,406
Rent office	Additional space for 6th Street.	875/mo	10,500
		7.610	05.000

Total Occupancy: 95,666

Total Materials & Supplies:

Materials & Supplies:

Brief Description	Rate	Cost
Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4,973
Snacks, T-shirts, etc - \$333.34/mo.	\$333.34	4,000
Syringes \$.15/each x 2,286,666 syringes.	\$0.15	343,000
18/19 gallon buckets - 2,052 x \$24.367.	\$24.367	50,000
2 gallon - 18,182 x \$2.75.	\$2.7500	50,000
257 cases x \$38.91/case.	\$38.91	10,000
1,040bags x \$16.827bag.	\$16.827	17,500
430 Cases x \$81.396/case.	\$81.396	35,000
40 bundles x \$7.125/bundle.	\$7.125	285
Additional food for increased groups \$600.00/wk x 50 wks.	600.00/wk	30,000
Additional expense for increase outreach \$118.14 x 50 wk.	\$118.14	5,907
	Office supply & Postage \$51.16/FTE x 8.1 x 12mo. Snacks, T-shirts, etc - \$333.34/mo. Syringes \$.15/each x 2,286,666 syringes. 18/19 gallon buckets - 2,052 x \$24.367. 2 gallon - 18,182 x \$2.75. 257 cases x \$38.91/case. 1,040bags x \$16.827bag. 430 Cases x \$81.396/case. 40 bundles x \$7.125/bundle. Additional food for increased groups \$600.00/wk x 50 wks. Additional expense for increase outreach \$118.14 x.	Office supply & Postage \$51.16/FTE x 8.1 x 12mo. \$51.16 Snacks, T-shirts, etc - \$333.34/mo. \$333.34 Syringes \$.15/each x 2,286,666 syringes. \$0.15 18/19 gallon buckets - 2,052 x \$24.367. \$24.367 2 gallon - 18,182 x \$2.75. \$2.7500 257 cases x \$38.91/case. \$38.91 1,040bags x \$16.827bag. \$16.827 430 Cases x \$81.396/case. \$81.396 40 bundles x \$7.125/bundle. \$7.125 Additional food for increased groups \$600.00/wk x 50 wks. 600.00/wk

General Operating:

Expense Item	Brief Description	Rate	Cost
Equip rent & Lease	Office equip lease and maint cost \$86.75/FTE x 8.1FTE.	\$86.75/ FTE	8,432
Offsite storage	Records storage \$4.98/FTE x 8.1 x 12 mo.	\$4.98/FTE	484
Travel	Vehicle Fuel.	\$83.33/mo	1,000
Travel	Vehicle Repairs.	\$83.33/mo	1,000
		Total General Operation:	10.916

550,665

Consultants/Subcontractors:

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

TOTAL OPERATING EXPENSES:	1,202,943
TOTAL DIRECT COSTS:	1,824,088

4) INDIRECT COSTS

	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	
of total direct costs.	182,409

Indirect Rate: 10.00% TOTAL INDIRECT COSTS: 182,409

> TOTAL EXPENSES: 2,006,497

Appendix# Page# B-1j

Fiscal Year(s)

19-20 12/21/2018

Funding Notification Date

			ERVICE M	ODES	,		
Personnel Expenses	Syringe Access Coordination Purchas	& Bulk					Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy	33,000	100%	-	0%		0%	33,000
Total Materials and Supplies	147,580	100%	-	0%	1 - 2	0%	147,580
Total General Operating	12,000	100%		0%	9	0%	12,000
Total Operating Expenses	192,580	100%	-	0%		0%	192,580
Total Direct Expenses	192,580	100%	1 -1	0%	1 -1	0%	192,580
Indirect Expenses 10.00%	19,258	100%		0%		0%	19,258
TOTAL EXPENSES	211,838	100%	-	0%	-	0%	211,838
Units of Service (UOS) per Service Mode	12	Sec.	-		- 1	4	12
Cost Per Unit of Service by Service Mode	17,653.17		-				
Unduplicated Clients (UDC) per Service Mode	N/A						

Contractor Name San Fancisco AIDS Foundation Appendix #: B-1j
Program Name: HIV Syringe Access & Disposal Services Fiscal Year: 19-20

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

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

General Operating:

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

TOTAL OPERATING EXPENSES:	192,580
TOTAL DIRECT COSTS:	192,580

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		19,258

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	19,258

TOTAL E	XPENSES:	211,838

Appendix # Page # B-1k 1

Fiscal Year(s) Funding Notification Date

20-21 12/21/2018

				SERVICE MO	DES		_	
Personnel Expenses		Syringe Acces (Hrs., City- Community Sweeps Er	wide & -Based	Syringe Access Coordination Purchas	& Bulk			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,651	100%	1000000	0%			5,651
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,138	100%		0%			5,138
Data Manager	0.05	4,367	100%		0%			4,367
SAS Director	0.75	48,010	89%	5,934	11%			53,944
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%		~	113,026
SSE/Vol Cordinator	0.75	53,944	100%	1.	0%			53,944
Health Educator	2.75	155,411			0%			155,411
Comm. Engagement & Kit Packing Assoc	0.65	34,730	100%		0%			34,730
			0%	(-)	0%			
Total FTE & Total Salaries	8.10	357,533	72%	139,383	28%			496,916
Fringe Benefits	25.00%	89,383	72%	34,846	28%			124,229
Total Personnel Expenses		446,916	72%	174,229	28%			621,145
Operating Expenses	- 1	Expenditure	%	Expenditure	%	xpenditure	9	Contract Total
Operating LAPOTIOGS			TRE 2/3/1		11%			95,666
		85,166	89%	10,500	1170			
Total Occupancy		85,166 160,385	89% 29%	10,500 390,280	71%	1		550,665
Total Occupancy Total Materials and Supplies								550,665 10,916
Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor:		160,385	29%	390,280	71%			
Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor:		160,385 6,659	29% 61%	390,280	71% 39%			10,916
Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses		160,385 6,659 545,696	29% 61% 100% 66%	390,280 4,257 - 405,037	71% 39% 0% 34%			10,916 545,696
Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor:	10.00%	160,385 6,659 545,696 797,906	29% 61% 100%	390,280 4,257	71% 39% 0%			10,916 545,696 1,202,943
Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses Indirect Expenses	10.00%	160,385 6,659 545,696 797,906	29% 61% 100% 66%	390,280 4,257 405,037	71% 39% 0% 34%			10,916 545,696 1,202,943
Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses		160,385 6,659 545,696 797,906 1,244,822 124,482	29% 61% 100% 66% 68% 68%	390,280 4,257 405,037 579,266 57,927	71% 39% 0% 34% 32% 32%			10,916 545,696 1,202,943 1,824,088 182,409
Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES	vice Mode	160,385 6,659 545,696 797,906 1,244,822 124,482 1,369,304	29% 61% 100% 66% 68% 68%	390,280 4,257 405,037 579,266 57,927 637,193	71% 39% 0% 34% 32% 32%	-		10,916 545,696 1,202,943 1,824,088 182,409 2,006,497

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

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

1a) SALARIES

Annual Salary:

Staff Position 1: Programs & Ope			And the second second	227	
with all activities a	nd that all requir ation and refiner	ed data is reported; wor nent; coordinates currer	that assures monitoring too rks with partner agencies and at and emerging health informations surance procedures.	d progra	ım staf
Masters in Public Minimum qualifications: equivalent combin			g and public health experien	ce or ar	1
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Te	otal
\$113,025.00	0.05	12	1	\$	5,65
evaluation of the p	al Health Svc - F rogram structure	esponsible for ensuring and provision of profes	the implementation, manag ssional oversight to create a l-being needs, including HIV	service	delive
		ial sciences, business o	r related discipline; three yea		reince
a supervisory capa Minimum qualifications: program developm		n HIV prevention and de	emonstrated program manag	ement	and

Staff Position 3: Dir. Gov't Grant	S			
Maintains operati departmental req Brief description of job duties: integrity of the se	onal and statistic uirements, produ rvice database by	al reporting mechanism ces routine and ad hoc voverseeing database		and sures the
planning, design,			operience in health services p writing; government contracts	
Minimum qualifications: and negotiations.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total

0.05

x FTE:

\$140,000.00

x Months per Year:

12

12 months):

Total

7,000

Staff Position 4: Data Manager				
summaries to en and public health	sure foundation p impact. Respon	rograms are rigorously sible for review, abstract	on, quality assurance, report evaluated for process and he tion from client records and o meet programmatic and co	ealth outcome database ent
Brief description of job duties, requirients,				
			ensuring quality for large clie	ent data sets
Bachelor's degree			ensuring quality for large clie Annualized (if less than 12 months):	ent data sets

Staff Position 5: SAS Director				
departmental stra effective partners and training full-ti exchange supplie Brief description of job duties: waste removal or Three years expe	ategic goals in allo ships with other H ime and temporar es. Organizes rer ompany, prepare erience working w ement, supervision	gnment with agency and IV/AIDS and Harm Red ry staff in appropriate ex moval of biohazard wast reports for compliance a rith injection and drug us n experience preferred.	exchange sites. Develops a licity objectives. Builds and ruction agencies. Responsible change protocol. Responsible from sites and coordinates and maintain safety protocols sers required. Associates De Must hold HIV test counselor	naintains e for scheduling e for purchasin removal with s. gree with
Annual Salary:	x FTE:	x Months per Year.	Annualized (if less than 12 months):	Total
\$71,925.00	0.75	12	12 mondaj.	\$ 53,944

Staff Position 6: Logistics Inver				
			porary staff in appropriate ex	
			es removal of blohazard was	
	noval with waste re	emoval company, prepa	re reports for compliance an	d maintain safe
Brief description of job duties: protocols.				
Minimum one to	three years' expe	erience working with peo	ple who use drugs, highly m	arginalized, or
			rred, experience using motiv	
			practices and principles, exp	
			k, hand truck, and carts and	understanding
Minimum qualifications: safe lifting techn	niques and injury p	revention.	Annualized (if less than	1
Annual Salary:	x FTE:	x Months per Year:	12 months):	Total
\$63,705.00	1.00	12	12 monuis).	\$ 63,70
\$03,703.00	1,00	12		\$ 00,70
Staff Position 7: Logistics Asso	ciatos			
		nne cites and cunervise	s volunteers at the sites. Tra	nenorte eunnlik
		ars down sites as neede		naporta auppire
Brief description of job duties:				
Experience wor	king as a voluntee	r or paid staff in a huma	n service organization. Biling	ual in
English/Spanish	desired. Ability to	follow directions and go	ood communications skills ne	
Minimum qualifications: be able to lift ma	aximum 45 pounds	5.		
No Control of	T PELL C	Grande de	Annualized (if less than	12.55
Annual Salary:	x FTE:	x Months per Year:	12 months):	Total
\$56,513.00	2.00	12	1	\$ 113,02
exchangers willing develop training Brief description of job duties: and manages the	ing to become pee materials, includir ne site volunteers a	r educators. Develops ng specific materials rela and supervises exchang	raining, and supervising seco curriculum for these trainings evant to MSM-IDU speed use e sites. 's license and excellent drivi	and helps ers. Schedules
exchangers willi develop training Brief description of job duties: and manages the High school dipl	ing to become pee materials, includir ne site volunteers a oma or equivalend	r educators. Develops ng specific materials rela and supervises exchang	curriculum for these trainings evant to MSM-IDU speed use e sites. 's license and excellent drivi olunteers.	and helps ers. Schedules
exchangers willing develop training develop training and manages the High school diples of experience willing Minimum qualifications:	ng to become pee materials, includir ne site volunteers a oma or equivalenc orking with injectio	r educators. Develops ng specific materials rele and supervises exchang sy; valid California driver on drug users and with v	curriculum for these trainings evant to MSM-IDU speed use e sites. 's license and excellent driviolunteers. Annualized (if less than	and helps ers. Schedules ing record. 1 ye
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Total FTE:

Appendix B-1k Contract ID# 1000002634 Total Salaries: \$

8,10

1b) EMPLOYEE FRINGE BENEFITS:

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

Component		Cost
Social Security	\$	38,014.00
Retirement	5	9,492.00
Medical	\$	51,331.00
Dental		
Unemployment insurance	\$	2,584.00
Disability Insurance	\$	20,224.00
Paid Time Off		
Workers comp	\$	2,584.00

Total Fringe Benefit: 124,229

Fringe Benefit %:

25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 621,145

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo.	\$800/FTE	77,760
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66/mo	2,000
Utilities	Phone, PG&E & trash.	55.618/FTE	5,406
Rent office	Additional space for 6th Street.	875/mo	10,500
		Total Occupancy	05 666

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4,973
Volunteer Spt	Snacks, T-shirts, etc - \$333.34/mo.	\$333.34	4,000
Syringes	Syringes \$.15/each x 2,286,666 syringes.	\$0.15	343,000
Bio Buckets	18/19 gallon buckets - 2,052 x \$24.367.	\$24.367	50,000
Bio Buckets	2 gallon - 18,182 x \$2.75.	\$2.7500	50,000
Alcohol Wipes	257 cases x \$38.91/case.	\$38.91	10,000
Cotton balls and pellets	1,040bags x \$16.827bag.	\$16.827	17,500
Sterile Water	430 Cases x \$81.396/case.	\$81,396	35,000
Bagging Supplies	40 bundles x \$7.125/bundle.	\$7.125	285
Group Food	Additional food for increased groups \$600.00/wk x 50 wks.	600.00/wk	30,000
Outreach and Program materials	Additional expense for increase outreach \$118.14 x 50 wk.	\$118.14	5,907
	Total	Materiale & Supplies	550 665

General Operating:

Expense Item	Brief Description	Rate	Cost
Equip rent & Lease	Office equip lease and maint cost \$86.75/FTE x 8.1FTE.	\$86.75/ FTE	8,432
Offsite storage	Records storage \$4.98/FTE x 8.1 x 12 mo.	\$4.98/FTE	484
Travel	Vehicle Fuel.	\$83.33/mo	1,000
Travel	Vehicle Repairs.	\$83.33/mo	1,000
		Total General Operating:	10.916

Consultants/Subcontractors:

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

TOTAL OPERATING EXPENSES:	1,202,943
TOTAL DIRECT COSTS:	1,824,088

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		182,409

Indirect Rate:	10%
TOTAL INDIRECT COSTS:	182,409

TOTAL EXPENSES: 2,006,497

Appendix # Page # B-11 1

Fiscal Year(s) Funding Notification Date

20-21 12/21/2018

		S	ERVICE M	ODES			
Personnel Expenses	Syringe Access Coordination Purchas	& Bulk					Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy	33,000	100%	7.5	0%	3	0%	33,000
Total Materials and Supplies	147,580	100%	-	0%	-	0%	147,580
Total General Operating	12,000	100%	1.72	0%		0%	12,000
Total Operating Expenses	192,580	100%	- •	0%		0%	192,580
Total Direct Expenses	192,580	100%		0%	1 -1	0%	192,580
Indirect Expenses 10.00%	19,258	100%		0%		0%	19,258
TOTAL EXPENSES	211,838	100%		0%		0%	211,838
Units of Service (UOS) per Service Mode	12				-		12
Cost Per Unit of Service by Service Mode	17,653.17	-	1000		4 - 14 11		
Unduplicated Clients (UDC) per Service Mode							

Contractor Name San Fancisco AIDS Foundation Appendix #: B-11 Program Name: HIV Syringe Access & Disposal Services Fiscal Year: 20-21 2) OPERATING EXPENSES: Occupancy: Cost **Brief Description** Rate Expense Item Rent for 6th street location, partial allocation. 25,000 25,000 Rent **Bldg Maint** Allocated amount of bldg maint for 6 th street. \$250/mo 3,000 Phone, water, PG&E, allocated for 6th street. Utilities 416.67/mo 5,000 **Total Occupancy:** 33,000 Materials & Supplies: **Brief Description** Expense Item Rate Cost 366,666 syringes @ \$.15 each. \$0.15 55,000 Syringes **Bio Buckets** 18/19 gallon buckets - 1,026 x \$24.367. \$24.367 25,000 **Bio Buckets** 2 gallon - 5,454 x \$2.7502. \$2.7502 15,000 185 Cases x \$81.081/case. Sterile Water \$81.081 15,000 Misc Exchange supplies Turniquests, bandaids, ensure. \$215/mo 2,580 Condons & Lube 16,666 Lube packets @ \$.75 each. 12,500 \$0.750 \$192.307/week for location snack/group food x Group food/snacks 52 weeks. \$192.307 10,000 1250 incentives @ \$10 each. Incentives \$10.00 12,500 **Total Materials & Supplies:** 147,580 **General Operating:**

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

TOTAL OPERATING EXPENSES: 192,580 TOTAL DIRECT COSTS: 192,580

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks rein	mbursement at a rate of 10%
of total direct costs.	19,258
olal ulled costs.	10,23

Indirect Rate:	10%
TOTAL INDIRECT COSTS:	19,258

TOTAL EXPENSES: 211,838

Appendix # Page # Fiscal Year(s)

B-1m 1

Funding Notification Date

21-22 12/21/2018

				SERVICE MC	DES			1
Personnel Expenses		Syringe Access Services (Hrs., City-wide & Community-Based Sweeps Events)		Syringe Access Coordination	Syringe Access, Disposal Coordination & Bulk Purchasing			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,651	100%		0%			5,651
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,138	100%		0%			5,138
Data Manager	0.05	4,367	100%		0%			4,367
SAS Director	0.75	48,010	89%	5,934	11%			53,944
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%			113,026
SSE/Vol Cordinator	0.75	53,944	100%		0%			53,944
Health Educator	2.75	155,411			0%			155,411
Comm. Engagement & Kit Packing Assoc	0.65	34,730	100%	9.	0%			34,730
		A.	0%	- *	0%			
Total FTE & Total Salaries	8.10	357,533	72%	139,383	28%			496,916
Fringe Benefits	25.00%	89,383	72%	34,846	28%			124,229
Total Personnel Expenses		446,916	72%	174,229	28%			621,145
Operating Expenses	1	Expenditure	%	Expenditure	%	xpenditure		Contract Total
Total Occupancy		85,166	89%	10,500	11%			95.666
Total Materials and Supplies		160,385	29%	390,280	71%			550,665
Total General Operating		6,659	61%	4,257	39%			10,916
Consultants/Subcontractor:		545,696	100%	TTT TO BE	0%			545,696
Total Operating Expenses		797,906	66%	405,037	34%			1,202,943
					2001			1,824,088
Total Direct Expenses		1,244,822	68%	579,266	32%			1.024.000
Total Direct Expenses Indirect Expenses	10.00%	1,244,822 124,482	68%	579,266 57,927	32%			182,409
Total Direct Expenses Indirect Expenses TOTAL EXPENSES	10.00%							
Indirect Expenses		124,482	68%	57,927	32%			182,409
Indirect Expenses TOTAL EXPENSES	vice Mode	124,482 1,369,304	68%	57,927 637,193	32%			182,409 2,006,497

 Contractor Name
 San Francisco AIDS Foundation
 Appendix #:
 B-1m

 Program Name:
 HIV Syringe Access & Disposal Services
 Fiscal Year:
 21-22

1a) SALARIES

Staff Position 1: Programs & Op				
			that assures monitoring too	
			ks with partner agencies and	
			it and emerging health inform	nation collect
Brief description of job duties: coordinates prog				
			g and public health experien	ce or an
Minimum qualifications: equivalent comb	ination of education	on and experience.	Annualized (if less than	
Annual Calany	x FTE:	v Months nor Voor	12 months):	Total
Annual Salary:	0.05	x Months per Year:	12 (110)1(15).	
\$113,025.00	0.05	12	1	\$ 5,6
Ct-# Dastina C. Director Bahar	ioral Haalth Can	ulnan		
Staff Position 2: Director, Behavior			the implementation, manag	omont and
			ssional oversight to create a	
			-being needs, including HIV	
Brief description of job duties: and bisexual me		oution nodili and wor	being fields, filedening 1117	necus or guy
		cial sciences, business o	r related discipline; three yes	ars expereince
a supervisory cap	pacity, especially	in HIV prevention and de	emonstrated program manage	gement and
Minimum qualifications: program develop	ment experience.	210011		
		- A	Annualized (if less than	50.00
Annual Salary:	x FTE:	x Months per Year:	12 months):	Total
\$140,000.00	0.05	12	1	\$ 7,0
Staff Position 3: Dir. Gov't Grant	S			
departmental reg	uirements, produ	ces routine and ad hoc r	in accordance with contract eporting as needed, and en-	
				sures the
Brief description of job duties: integrity of the se	rvice database by	overseeing database q	uality assurance activities.	
Bachelor's degre	e and at least two	years demonstrated ex	perience in health services p	rogram
planning, design,	and evaluation; g	grant development and v	vriting; government contracts	managemen
Minimum qualifications: and negotiations.	A A REPORT OF	Contract Age of the Contract o		
	Asido	No of the same of	Annualized (if less than	W. W. M. S.
Annual Salary:	x FTE:	x Months per Year:	12 months):	Total
			2312 41 77 77 2	1 2 1 30
\$102,750.00	0.05	12	1	\$ 5,13
\$102,750.00			1	1 2 1 30
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Staff Position 4: Data Manager Data Manager - F summaries to ens and public health of all data collecte Brief description of job duties: requirments. Bachelor's degree Minimum qualifications: years equivalent Annual Salary: \$87,338.00 Staff Position 5: SAS Director	0.05 Responsible for cosure foundation primpact. Responsed from clients as eand 2 years experience requiring x FTE: 0.05	oordinating data collection regrams are rigorously estible for review, abstract well as data analysis to serience managing and ed. x Months per Year:	n, quality assurance, reportivaluated for process and he ion from client records and comeet programmatic and comessuring quality for large clie Annualized (if less than 12 months):	s 5,13 ng and alth outcomes latabase entry ntract nt data sets o Total \$ 4,36
Staff Position 4: Data Manager Data Manager - F summaries to ensure and public health of all data collected and public health	0.05 Responsible for cosure foundation properties and 2 years experience requirements as the control of the con	oordinating data collection regrams are rigorously estible for review, abstract well as data analysis to serience managing and end. x Months per Year: 12	n, quality assurance, reportivaluated for process and he ion from client records and comeet programmatic and comessuring quality for large clie Annualized (if less than 12 months):	ng and alth outcomes latabase entry itract at data sets o
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Staff Position 4: Data Manager Data Manager - Fourmaries to ensure and public health of all data collecter and public health of all data collecter requirements. Bachelor's degree Minimum qualifications: years equivalent. Annual Salary: \$87,338.00 Staff Position 5: SAS Director SAS Director - Proceedings of the partners and training full-tile exchange supplies waste removal of three years expensed in the program manage Minimum qualifications: be willing to obtain	Responsible for or sure foundation programmed from clients as eand 2 years experience requiring x FTE: 0.05 ovides oversight a lighting with other Hime and temporaries. Organizes remainded and the company, prepare in the company in the co	pordinating data collection regrams are rigorously estable for review, abstract well as data analysis to well as data analysis to well as data analysis to erience managing and ed. x Months per Year: 12 and management of 11 in ment with agency and V/AIDS and Harm Reduly staff in appropriate expoval of biohazard waste reports for compliance at the injection and drug use experience preferred. In the job.	n, quality assurance, reportivaluated for process and he ion from client records and comeet programmatic and comest programmatic and process. Builds and motion agencies. Responsible thange protocol. Responsible from sites and coordinates and maintain safety protocols ers required. Associates Degulust hold HIV test counselor.	s 5,1: Ing and alth outcome: atabase entry stract Int data sets of the sets

Responsible for	or scheduling and tr or purchasing excha	inge supplies. Organize	porary staff in appropriate ex se removal of biohazard wast re reports for compliance and	e fro	m sites and
homeless pop interviewing ar	ulations required. And strong understand on preferred. Exper	associates degree prefer ding of harm reduction prefered using a pallet jack	ple who use drugs, highly m red, experience using motive practices and principles, exp c, hand truck, and carts and	ation: erien	al ce doing
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	1	Total
1 11 1001 0 1101 11					

	rte - Staffs exchar	nge sites and supervises ars down sites as neede	s volunteers at the sites. Tra d.	nsports supplies
	desired. Ability to	follow directions and go	n service organization. Biling ood communications skills ne	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	2.00	12	1	\$ 113,026

Staff Position 8: SSE/Volunteer				
exchangers willin develop training	ng to become pee materials, includir	r educators. Develops	raining, and supervising sect curriculum for these trainings evant to MSM-IDU speed use e sites.	and helps
High school diplo		y; valid California driver n drug users and with v	's license and excellent drivi olunteers.	ng record. 1 yea
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total

Staff Position 9: Health Educato	r				
testing and linka	ge to care; harm r	eduction counseling) the	revention; vein care; referral rough mobile and encampmoding crisis intervention supp	ent o	
High school diplo Minimum qualifications: of experience wo	ma or equivalence	y; valid California driver n drug users and with v	's license and excellent drivi olunteers.	ng re	cord. 1 yea
			Annualized (if less than		
Annual Salary:	x FTE:	x Months per Year:	12 months):		Total

Staff Position 10: Community Eng				
with people who i Brief description of job duties: coordinating SAS	nject drugs (PWI participant volun	D), organizing harm red teers (PWID) and other		ecruiting and packing.
High school diplo Minimum qualifications: volunteers.	ma or equivalenc	y; 1 year of experience	working with injection drug u	sers and with
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total

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

1b) EMPLOYEE FRINGE BENEFITS:

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

Component Cost	Component
Social Security \$ 38,0	Social Security \$
Retirement \$ 9,49	Retirement s
Medical \$ 51,33	Medical \$
Dental	Dental
Unemployment Insurance \$ 2,58	Unemployment Insurance \$
Disability Insurance \$ 20,22	Disability Insurance \$
Paid Time Off	Paid Time Off
Workers comp \$ 2,58	Workers comp \$

Total Fringe Benefit: 124,229

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 621,145

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo	\$51,16	4,973
Volunteer Spt	Snacks, T-shirts, etc - \$333.34/mo	\$333.34	4,000
Syringes	Syringes \$.15/each x 2,286,666 syringes	\$0.15	343,000
Bio Buckets	18/19 gallon buckets - 2,052 x \$24.367	\$24.367	50,000
Bio Buckets	2 gallon - 18,182 x \$2.75	\$2.7500	50,000
Alcohol Wipes	257 cases x \$38.91/case.	\$38.91	10,000
Cotton balls and pellets	1,040bags x \$16.827bag	\$16.827	17,500
Sterile Water	430 Cases x \$81.396/case	\$81.396	35,000
Bagging Supplies	40 bundles x \$7.125/bundle	\$7.125	285
Group Food	Additional food for increased groups \$600.00/wk x 50 wks	600.00/wk	30,000
Outreach and Program materials	Additional expense for increase outreach \$118.14 x 50 wk	\$118.14	5,907
	Total I	Materials & Supplies:	550,665

General Operating:

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

Consultants/Subcontractors:

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

TOTAL OPERATING EXPENSE	S: 1,202,943
TOTAL DIRECT COST	S: 1,824,088

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., I San Francisco AIDS Foundation has a negotiated rate of 27%.	
of total direct costs.	182,409
180000000000000000000000000000000000000	

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	182,409

TOTAL EXPENSES: 2,006,497

Appendix#

B-1n

Page # Fiscal Year(s)

Funding Notification Date

21-22 12/21/2018

		S	ERVICE M	ODES			
Personnel Expenses	Syringe Access Coordination Purchas	& Bulk					Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy	33,000	100%	-	0%	-	0%	33,000
Total Materials and Supplies	147,580	100%		0%	-	0%	147,580
Total General Operating	12,000	100%	-	0%	4 3	0%	12,000
Total Operating Expenses	192,580	100%	-	0%	-	0%	192,580
Total Direct Expenses	192,580	100%	1	0%		0%	192,580
Indirect Expenses 10.00%	19,258	100%		0%	1	0%	19,258
TOTAL EXPENSES	211,838	100%	-	0%		0%	211,838
Units of Service (UOS) per Service Mode	12	(500)	-			169	12
Cost Per Unit of Service by Service Mode							
Unduplicated Clients (UDC) per Service Mode			P === 1				

Contractor Name San Fancisco AIDS Foundation Appendix #: B-1n
Program Name: HIV Syringe Access & Disposal Services Fiscal Year: 21-22

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent	Rent for 6th street location, partial allocation.	25,000	25,000
Bldg Maint	Allocated amount of bldg maint for 6 th street.	\$250/mo	3,000
Utilities	Phone, water, PG&E, allocated for 6th street.	416.67/mo	5,000
		Total Occupancy:	33.000

Materials & Supplies:

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

General Operating:

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

TOTAL OPERATING EXPENSES:	192,580
TOTAL DIRECT COSTS:	192,580

4) INDIRECT COSTS

This contract seeks reimbursement at a rate of 10%	A
	19,258
	his contract seeks reimbursement at a rate of 10%

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	19,258

Designation of the last of the	THE RESERVE THE PARTY OF THE PA	
TOTAL	EXPENSES:	211,838

Appendix # Page #

B-10

Fiscal Year(s) **Funding Notification Date**

22-23 12/21/2018

			pt. It	SERVICE MO	DES			
Personnel Expenses		Syringe Access (Hrs., City- Community Sweeps Ev	wide & -Based	Syringe Access Coordination Purchas	& Bulk			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,651	100%		0%			5,651
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,138	100%		0%			5,138
Data Manager	0.05	4,367	100%		0%			4,367
SAS Director	0.75	48,010	89%	5,934	11%			53,944
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%			113,026
SSE/Vol Cordinator	0.75	53,944	100%	-	0%			53,944
Health Educator	2.75	155,411		(4)	0%			155,411
Comm. Engagement & Kit Packing Assoc	0.65	34,730	100%	- 1	0%			34,730
			0%		0%			
Total FTE & Total Salaries	8.10	357,533	72%	139,383	28%			496,916
Fringe Benefits	25.00%	89,383	72%	34,846	28%			124,229
Y-1-15		446,916	72%	474 220	28%			621,145
Total Personnel Expenses		440,910	12/0	174,229	20 /0			021,140
			%			xpenditure	9	
Operating Expenses		Expenditure 85,166		Expenditure 10,500		xpenditure		Contract Tota
Operating Expenses Total Occupancy		Expenditure	%	Expenditure	%	xpenditure	9	Contract Tota 95,666
Operating Expenses Total Occupancy Total Materials and Supplies		Expenditure 85,166	% 89%	Expenditure 10,500	% 11%	xpenditure		Contract Tota 95,666 550,665
Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating		Expenditure 85,166 160,385 6,659	% 89% 29%	Expenditure 10,500 390,280	% 11% 71%	xpenditure	•	95,666 550,665 10,916
Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor:		Expenditure 85,166 160,385	% 89% 29% 61%	Expenditure 10,500 390,280	% 11% 71% 39%	xpenditure	9	Contract Tota 95,666 550,665 10,916 545,696
Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses		Expenditure 85,166 160,385 6,659 545,696	% 89% 29% 61% 100%	10,500 390,280 4,257	% 11% 71% 39% 0%	xpenditure	9	Contract Tota 95,666 550,665 10,916 545,696 1,202,943
Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses	10.00%	Expenditure 85,166 160,385 6,659 545,696 797,906	% 89% 29% 61% 100% 66%	10,500 390,280 4,257 405,037	% 11% 71% 39% 0% 34%	xpenditure	9	Contract Tota 95,666 550,665 10,916 545,696 1,202,943 1,824,088 182,409
Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses Indirect Expenses	10.00%	Expenditure 85,166 160,385 6,659 545,696 797,906	% 89% 29% 61% 100% 66%	10,500 390,280 4,257 - 405,037	% 11% 71% 39% 0% 34%	xpenditure		Contract Tota 95,666 550,665 10,916 545,696 1,202,943
Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses		Expenditure 85,166 160,385 6,659 545,696 797,906	% 89% 29% 61% 100% 66%	10,500 390,280 4,257 - 405,037 579,266 57,927	% 11% 71% 39% 0% 34% 32%	xpenditure	9	Contract Tota 95,666 550,665 10,916 545,696 1,202,943 1,824,088 182,409
Operating Expenses Total Occupancy Total Materials and Supplies Total General Operating Consultants/Subcontractor: Total Operating Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES	vice Mode	Expenditure 85,166 160,385 6,659 545,696 797,906 1,244,822 124,482 1,369,304	% 89% 29% 61% 100% 66%	Expenditure 10,500 390,280 4,257 - 405,037 579,266 57,927 637,193	% 11% 71% 39% 0% 34% 32%		9	Contract Tota 95,666 550,665 10,916 545,696 1,202,943 1,824,088 182,409 2,006,497

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

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

1a) SALARIES

with all activities	and that all requir	ed data is reported; wor nent; coordinates currer	that assures monitoring too ks with partner agencies and and emerging health infor surance procedures.	d program staff
Masters in Public	Health and 3 year	ers community organizing	g and public health experien	ice or an
Minimum qualifications: equivalent combined	nation of education	in and experience.		
Minimum qualifications: equivalent combined in the second	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total

Staff Position 2: Director, Behav				
evaluation of the	program structure responsive to the	e and provision of profe	g the implementation, manag ssional oversight to create a ll-being needs, including HIV	service delive
Masters degree i	n psychology, soo	cial sciences, business o	or related discipline; three yes	ars expereince
a supervisory cap	pacity, especially	in HIV prevention and d	or related discipline; three yes emonstrated program manage	
	pacity, especially	in HIV prevention and d		
a supervisory cap	pacity, especially	in HIV prevention and d		

Staff Position 3: Dir. Gov't Grant	S			
Maintains operati	onal and statistic	al reporting mechanism ces routine and ad hoc	ement and contract related a s in accordance with contract reporting as needed, and en quality assurance activities.	t and
			operience in health services writing; government contract	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$102,750.00	0.05	12	1	\$ 5,138

Staff Position 4: Data Manager					
summaries to en and public health	sure foundation p impact. Respon	rograms are rigorously sible for review, abstract	on, quality assurance, report evaluated for process and he tion from client records and o o meet programmatic and co	ealth outo	
			ensuring quality for large clie	ent data s	ets or
Bachelor's degre Minimum qualifications: years equivalent Annual Salary:			ensuring quality for large clie Annualized (if less than 12 months):	ent data s Tot	8

Staff Position 5: SAS Director					
departmental stra effective partners and training full-ti exchange supplie Brief description of job duties: waste removal co Three years expe program manage	ategic goals in alightips with other H ime and temporal as. Organizes rer ompany, prepare erience working w	gnment with agency and IV/AIDS and Harm Red ry staff in appropriate ex moval of biohazard wast reports for compliance a rith injection and drug us n experience preferred.	exchange sites. Develops a d city objectives. Bullds and r uction agencies. Responsible change protocol. Responsible from sites and coordinates and maintain safety protocols sers required. Associates De Must hold HIV test counselor	nain e for le for rem	tains scheduling purchasin oval with with
Minimum qualifications: De Willing to obtain					
Minimum qualifications: be willing to obtain		Local at Visit Supplement	Annualized (if less than		30
Minimum qualifications: De Willing to obtain Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total

Responsible	e for purchasing excha	nge supplies. Organize	porary staff in appropriate ex es removal of biohazard wast re reports for compliance and	e from sites	and
homeless p	opulations required. A	ssociates degree prefer	ple who use drugs, highly m red, experience using motiva	ational	or
	ation preferred. Exper	ience using a pallet jack	practices and principles, expense, hand truck, and carts and of		
health educ	ation preferred. Exper	ience using a pallet jack			ng of

	te - Staffs exchar	nge sites and supervises ars down sites as neede	s volunteers at the sites. Tra d.	nsports supplies
	desired. Ability to	follow directions and go	n service organization. Biling od communications skills ne	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	2.00			\$ 113,026

Staff Position 8: SSE/Volunteer	Coordinator			
exchangers willin develop training r	g to become pee materials, includin	r educators. Develops	alning, and supervising seco curriculum for these trainings evant to MSM-IDU speed use e sites.	and helps
		y; valid California driver	's license and excellent drivi	ng record. 1 vea
of experience wor	rking with injectio	n drug users and with v	olunteers.	
of experience work Minimum qualifications: Annual Salary:	rking with injectio	n drug users and with v x Months per Year:	Annualized (if less than 12 months):	Total

Staff Position 9: Health Educator					
testing and linkag	e to care; harm r	eduction counseling) the	revention; vein care; referral: rough mobile and encampmo iding crisis intervention supp	ent o	
High school diplo	ma or equivalence	y; valid California driver	's license and excellent drivi	ng re	cord. 1 ye
Minimum qualifications: of experience wo	King with injectio	n orug users and with v	olunteers.		
Minimum qualifications: of experience wo Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total

with people who	Engagement and inject drugs (PWI	Kit Packing Associate is D), organizing harm red	s responsible for outreach ar uction kit packing events, re	cruiting and
High school diplo			volunteers to assist with kit working with injection drug u	
Minimum qualifications: volunteers.				
William qualifications.				
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Total

Total FTE:

8.10

Total Salaries: \$ 496,916

1b) EMPLOYEE FRINGE BENEFITS:

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

Component		Cost
Social Securi	y S	38,014.00
Retireme	nt \$	9,492.00
Medic	al \$	51,331.00
Dent	al	
Unemployment Insurance	e \$	2,584.00
Disability Insurance	e \$	20,224.00
Paid Time O	ff	
Workers com	p \$	2,584.00

Total Fringe Benefit: 124,229

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 621,145

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo.	\$800/FTE	77,760
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66/mo	2,000
Utilities	Phone, PG&E & trash.	55.618/FTE	5,406
Rent office	Additional space for 6th Street.	875/mo	10,500
		Total Occupancy:	95.666

Materials & Supplies:

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

General Operating:

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

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Glide	Operational expenses; staffing, office, IT,etc.	\$101,477yr	101,477
Saint James Infirmary	Operational expenses; staffing, office, IT, etc.	\$105,618/yr	105,618
Homeless youth Alliance	Operational expenses; staffing, office, IT,etc.	\$230,911/yr	230,911
S.F. Drug Users Union	Operational expenses; staffing, office, IT,etc.	\$107,690/yr	107,690
	Total Con	sultante/Subcontractors	545 606

 TOTAL OPERATING EXPENSES:	1,202,943
TOTAL DIRECT COSTS:	1,824,088

4) INDIRECT COSTS

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

	Indirect Rate:	10.00%
17 1	TOTAL INDIRECT COSTS:	182,409

TOTAL EXPENSES: 2,006,497

Appendix # Page #

B-1p 1

Fiscal Year(s) Funding Notification Date

22-23 12/21/2018

		S	ERVICE M	ODES			
Personnel Expenses	Syringe Access Coordination Purchas	& Bulk					Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy	33,000	100%	-	0%	11-54	0%	33,000
Total Materials and Supplies	147,580	100%		0%	1	0%	147,580
Total General Operating	12,000	100%		0%	1 1 - 34	0%	12,000
Total Operating Expenses	192,580	100%		0%		0%	192,580
Total Direct Expenses	192,580	100%		0%		0%	192,580
Indirect Expenses 10.00%	19,258	100%		0%	11.	0%	19,258
TOTAL EXPENSES	211,838	100%		0%	1 T 1 (-)	0%	211,838
Units of Service (UOS) per Service Mode	12		- 1		-		12
Cost Per Unit of Service by Service Mode							
Unduplicated Clients (UDC) per Service Mode	N/A						

Contractor Name San Fancisco AIDS Foundation Appendix #: Program Name: HIV Syringe Access & Disposal Services Fiscal Year:

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

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

General Operating:

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

TOTAL OPERATING EXPENSES: 192,580

TOTAL DIRECT COSTS: 192,580

22-23

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		19,258

2

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 19,258

TOTAL EXPENSES: 211,838

Appendix # Page # Fiscal Year(s)

B-1q 1

Funding Notification Date

23-24 12/21/2018

			DES	SERVICE MO				
4.1			& Bulk	Syringe Access Coordination Purchasi	wide & -Based	Syringe Acces (Hrs., City- Community Sweeps Er		Personnel Expenses
Contract Total	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	FTE	Position Titles
5,651	1 1 1 2	7 - 5 T H	0%		100%	5,651	0.05	Pgms & Ops Director
7,000			13%	900	87%	6,100	0.05	Dir. Behavioral Health Svc
5,138			0%		100%	5,138	0.05	Dir. Gov't Contracts
4,367		1	0%		100%	4,367	0.05	Data Manager
53,944			11%	5,934	89%	48,010	0.75	SAS Director
63,705			75%	47,779	25%	15,926	1.00	Logistics Inventory Mgr
113,026			75%	84,770	25%	28,256	2.00	Logistics Associates
53,944			0%		100%	53,944	0.75	SSE/Vol Cordinator
155,411			0%			155,411	2.75	Health Educator
34,730			0%		100%	34.730	0.65	Comm. Engagement & Kit Packing Assoc
			0%		0%	-	-	
496,916			28%	139,383	72%	357,533	8.10	Total FTE & Total Salaries
124,229	- 0		28%	34,846	72%	89,383	25.00%	Fringe Benefits
621,145			28%	174,229	72%	446,916		Total Personnel Expenses
Contract Total		xpenditure	%	Expenditure	%	Expenditure		Operating Expenses
95,666			11%	10,500	89%	85,166		Total Occupancy
550,665			71%	390,280	29%	160,385		Total Materials and Supplies
10,916			39%	4.257	61%	6.659		Total General Operating
545,696			0%		100%	545,696		Consultants/Subcontractor:
			34%	405,037	66%	797,906		Total Operating Expenses
1,202,943						4 044 000		
			32%	579 266	68%	1 /44 8//		Total Direct Expenses
1,824,088			32% 32%	579,266 57,927	68%	1,244,822	10.00%	Total Direct Expenses Indirect Expenses
			32% 32% 32%	579,266 57,927 637,193	68% 68%	1,244,822 124,482 1,369,304	10.00%	Total Direct Expenses Indirect Expenses FOTAL EXPENSES
1,824,088 182,409 2,006,497			32%	57,927 637,193	68%	124,482 1,369,304		Indirect Expenses FOTAL EXPENSES
1,824,088 182,409			32%	57,927	68%	124,482	vice Mode	Indirect Expenses

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

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

1a) SALARIES

with all activi	ation and maintenan les and that all requi daptation and refine	ce of an evaluation plan red data is reported; wo ment; coordinates curre	that assures monitoring too ks with partner agencies and and emerging health informations surance procedures.	d program staff
Masters in P Minimum qualifications: equivalent co			g and public health experien	ice or an
0.000.000	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
Annual Salary:	A11L			

Staff Position 2: Director, Behavi					
evaluation of the	program structure	e and provision of profe	g the implementation, manag ssional oversight to create a I-being needs, including HIV	service d	elive
Brief description of job duties: and bisexual men				CAL O	400
			or related discipline; three ye emonstrated program manag		
a supervisory cap	acity, especially	in HIV prevention and d			
	acity, especially	in HIV prevention and d			nd

Staff Position 3: Dir. Gov't Grants	3				
Maintains operation	onal and statistic	al reporting mechanisms ces routine and ad hoc	ement and contract related a s in accordance with contrac reporting as needed, and en- quality assurance activities.	and	
Bachelor's degree	and at least two	years demonstrated ex	sperience in health services p writing; government contract		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	- 9	Total
\$102,750.00	0.05	12	1	S	5.138

Staff Position 4: Data Manager					
summaries to ens	sure foundation p impact. Respon	rograms are rigorously e sible for review, abstrac	on, quality assurance, report evaluated for process and he tion from client records and o meet programmatic and co	ealth o	outcomes ase entry
Bachelor's degree Minimum qualifications: years equivalent			ensuring quality for large clie	ent dat	a sets or
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$87,338.00	0.05	12	1	\$	4,367

Staff Position 5: SAS Director				
departmental stra effective partners and training full-ti- exchange supplie Brief description of job duties: waste removal co Three years expe	ategic goals in alighips with other Home and temporaries. Organizes renompany, prepare vience working woment, supervision	nment with agency and IV/AIDS and Harm Redi y staff in appropriate ex noval of biohazard wast reports for compliance a ith injection and drug us n experience preferred.	exchange sites. Develops all city objectives. Builds and nuction agencies. Responsible change protocol. Responsible from sites and coordinates and maintain safety protocols sers required. Associates Demonstructured to the protocol of the	naintains e for scheduling e for purchasin removal with i. gree with
withing qualifications.		De Econord	Annualized (if less than	
Annual Salary:	x FTE:	x Months per Year:	12 months):	Total
\$71,925.00	0.75	12	1	\$ 53.94

Staff Position 6: Logistics Invent				
Responsible for	purchasing excha	nge supplies. Organize	porary staff in appropriate ex es removal of biohazard was re reports for compliance an	te from sites an
homeless popula interviewing and	ations required. A strong understan preferred. Exper	associates degree prefer ding of harm reduction fience using a pallet jack	ple who use drugs, highly m rred, experience using motiv practices and principles, exp k, hand truck, and carts and	ational erience doing
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$63,705.00	1.00	12	1	\$ 63,70
Staff Position 7: Logistics Assoc	iates			
Logistics Associa	te - Staffs exchar	nge sites and supervises ars down sites as neede	s volunteers at the sites. Tra d.	nsports supplies
	desired. Ability to	follow directions and go	n service organization. Biling ood communications skills ne	
	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
Annual Salary:	XIII.			

Staff Position 8: SSE/Volunteer				- 0
exchangers willin develop training to	ng to become pee materials, includir	r educators. Develops	raining, and supervising seco curriculum for these trainings evant to MSM-IDU speed use e sites.	and helps
High school diplo		y; valid California driver n drug users and with v	's license and excellent drivit olunteers.	ng record. 1 ye
High school diplo of experience wo				ng record. 1 y

Staff Position 9: Health Educato	or				
testing and linka	ge to care; harm i	reduction counseling) the	revention; vein care; referral rough mobile and encampm iding crisis intervention supp	ent out	
High school diplo Minimum qualifications; of experience wo	oma or equivalend orking with injection	y; valid California driver in drug users and with v	's license and excellent drivi olunteers.	ng reco	ord. 1 ye
High school diplo Minimum qualifications: of experience wo Annual Salary:	oma or equivalent orking with injection x FTE:	ey; valid California driver on drug users and with v x Months per Year:	's license and excellent drivi olunteers. Annualized (if less than 12 months):	-	ord. 1 y

The Community E with people who i	inject drugs (PWI	D), organizing harm red	s responsible for outreach ar uction kit packing events, re volunteers to assist with kit	cruiting and
	ma or equivalence	y; 1 year of experience	working with injection drug u	sers and with
Minimum qualifications; volunteers.				
Minimum qualifications; volunteers. Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total

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

1b) EMPLOYEE FRINGE BENEFITS:

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

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

25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:

621,145

Fringe Benefit %:

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

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

General Operating:

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

Consultants/Subcontractors:

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

TOTAL OPERATING EXPENSES:	1,202,943
TOTAL DIRECT COSTS:	1,824,088

4) INDIRECT COSTS

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

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	182,409

TOTAL EXPENSES: 2,006,497

Appendix #

B-1r

Page # Fiscal Year(s)

Funding Notification Date

23-24 12/21/2018

		S	ERVICE M	ODES			
Personnel Expenses	Syringe Access, Disposal Coordination & Bulk Purchasing						Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy	33,000	100%		0%	L CAP	0%	33,000
Total Materials and Supplies	147,580	100%	11 - 4.	0%	1	0%	147,580
Total General Operating	12,000	100%	-	0%	1	0%	12,000
Total Operating Expenses	192,580	100%		0%	-	0%	192,580
Total Direct Expenses	192,580	100%	-1	0%	T -1	0%	192,580
Indirect Expenses 10.00%	19,258	100%	1	0%		0%	19,258
TOTAL EXPENSES	211,838	100%	-1	0%	1-1	0%	211,838
Units of Service (UOS) per Service Mode	12		-1		- 1		12
Cost Per Unit of Service by Service Mode	17,653.17]— → - ,]		10 m		
Unduplicated Clients (UDC) per Service Mode	N/A	100					

Contractor Name San Fancisco AIDS Foundation Appendix #: B-1r
Program Name: HIV Syringe Access & Disposal Services Fiscal Year: 23-24

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Syringes	366,666 syringes @ \$.15 each.	\$0.15	55,000
Bio Buckets	18/19 gallon buckets - 1,026 x \$24.367	\$24.367	25,000
Bio Buckets	2 gallon - 5,454 x \$2.7502.	\$2.7502	15,000
Sterile Water	185 Cases x \$81.081/case.	\$81.081	15,000
Misc Exchange supplies	Turniquests, bandaids, ensure.	\$215/mo	2,580
Condons & Lube	16,666 Lube packets @ \$.75 each.	\$0.750	12,500
Group food/snacks	\$192.307/week for location snack/group food x 52 weeks.	\$192,307	10,000
Incentives	1250 incentives @ \$10 each.	\$10.00	12,500
	Total	Materials & Supplies:	147,580

General Operating:

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

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		19,258

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	19,258

TOTAL EXPENSES: 211,838

Appendix # Page # B-1s 1

Fiscal Year(s) **Funding Notification Date**

24-25 12/21/2018

		7 7 7		SERVICE MO	DES			
Personnel Expenses		Syringe Access Services (Hrs., City-wide & Community-Based Sweeps Events)		Syringe Access, Disposal Coordination & Bulk Purchasing				
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,651	100%		0%			5,651
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%	-		7,000
Dir. Gov't Contracts	0.05	5,138	100%		0%			5,138
Data Manager	0.05	4,367	100%		0%			4,367
SAS Director	0.75	48,010	89%	5,934	11%			53,944
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%			113,026
SSE/Vol Cordinator	0.75	53,944	100%		0%			53,944
Health Educator	2.75	155,411		11 - 74	0%		7	155,411
Comm. Engagement & Kit Packing Assoc	0.65	34,730	100%	1	0%			34,730
			0%		0%			
Total FTE & Total Salaries	8.10	357,533	72%	139,383	28%			496,916
Fringe Benefits	25.00%	89,383	72%	34,846	28%			124,229
Total Personnel Expenses		446,916	72%	174,229	28%			621,145
Operating Expenses		Expenditure	%	Expenditure	%	xpenditure	9	Contract Total
Total Occupancy		85,166	89%	10,500	11%	1		95,666
Total Materials and Supplies		160,385	29%	390,280	71%			550,665
Total General Operating		6,659	61%	4,257	39%			10,916
Consultants/Subcontractor:	-	545,696	100%		0%			545,696
Total Operating Expenses		797,906	66%	405,037	34%			1,202,943
Total Direct Expenses		1,244,822	68%	579,266	32%			1,824,088
Indirect Expenses	10.00%	124,482	68%	57,927	32%			182,409
TOTAL EXPENSES		1,369,304	68%	637,193	32%			2,006,497
Units of Service (UOS) per Ser	vice Mode	8,079		12		-1		8,091
Cost Per Unit of Service by Ser		169.49		53,099.42		-0-1		
				N/A				

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

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

1a) SALARIES

with all activities	n and maintenan and that all requir tation and refiner	ce of an evaluation plan ed data is reported; wor nent; coordinates currer	that assures monitoring too ks with partner agencies and at and emerging health informations surance procedures.	d program staf
Masters in Public Minimum qualifications: equivalent combiners			g and public health experien	ce or an
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$113,025.00	0.05	12	1	\$ 5,65

Brief description of job duties: and bisexual m Masters degre a supervisory of
a pupul vicory s
Minimum qualifications: program devel Annual Salary:

Staff Position 3: Dir. Gov't Grant	S			
Maintains operati	onal and statistic uirements, produ	al reporting mechanisms ces routine and ad hoc	ement and contract related a s in accordance with contract reporting as needed, and en quality assurance activities.	t and
Bachelor's degree	e and at least two and evaluation;	years demonstrated ex	perience in health services writing; government contract	
Annual Salary:	x FTE;	x Months per Year:	Annualized (if less than 12 months):	Total
\$102,750.00	0.05	12	1	\$ 5,138

Staff Position 4: Data Manager				
summaries to en and public health	sure foundation p impact. Respon	rograms are rigorously sible for review, abstract	on, quality assurance, report evaluated for process and he tion from client records and o meet programmatic and co	ealth outcome database enti
Bachelor's degree Minimum qualifications: years equivalent			ensuring quality for large clie	ent data sets o
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$87,338.00	0.05	12	1	\$ 4,3

Staff Position 5: SAS Director					
departmental strateffective partners and training full-ti exchange supplie Brief description of job duties: waste removal or Three years expe	ategic goals in aligatips with other Haime and temporaries. Organizes renompany, prepare arience working warment, supervision	gnment with agency and IV/AIDS and Harm Red ry staff in appropriate ex noval of biohazard wast reports for compliance a rith injection and drug us n experience preferred.	exchange sites. Develops a l city objectives. Builds and r uction agencies. Responsible change protocol. Responsible from sites and coordinates and maintain safety protocols sers required. Associates De Must hold HIV test counselor	maint e for le for rem s. gree	ains scheduling purchasing oval with with
Minimum qualifications: be willing to obtain					
Minimum qualifications: be willing to obtain	in solumential si	ine jou.	Annualized (if less than		
Minimum qualifications: be willing to obtain Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total

Staff Position 6: Logistics Inver	ntory Mrg			
Responsible for	purchasing excha	nge supplies. Organize	porary staff in appropriate ex s removal of biohazard wast re reports for compliance and	e from sites an
homeless popul interviewing and	ations required. A strong understand preferred. Exper	ssociates degree prefer ding of harm reduction p ience using a pallet jack	ple who use drugs, highly ma red, experience using motive practices and principles, expe s, hand truck, and carts and u	ational erience doing
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$63,705.00	1.00	12		\$ 63,70

	te - Staffs exchar	nge sites and supervises ars down sites as neede	s volunteers at the sites. Tra d.	nspo	rts supplie
Experience worki	desired. Ability to	follow directions and go	n service organization. Biling ood communications skills ne		
			Annualized (if less than		
Annual Salary:	x FTE:	x Months per Year:	12 months):		Total

Staff Position 8: SSE/Volunteer	Coordinator			
exchangers willin develop training	g to become pee materials, includin	r educators. Develops of	aining, and supervising seco curriculum for these trainings evant to MSM-IDU speed use e sites.	and helps
High school diplo		y; valid California driver n drug users and with ve	's license and excellent drivi olunteers.	ng record. 1 yea
			Annualized (if less than	
Annual Salary:	x FTE:	x Months per Year:	12 months):	Total

Staff Position 9: Health Educator					
testing and linkag	e to care; harm r	eduction counseling) the	revention; vein care; referral rough mobile and encampmo riding crisis intervention supp	ent o	
High school diplo	ma or equivalence	y; valid California driver	's license and excellent driving	na re	cord 1 vea
Minimum qualifications: of experience wo	rking with injectio	n drug users and with v	olunteers.		oolu. I you
Minimum qualifications: of experience work Annual Salary:	rking with injection x FTE:	n drug users and with v	Annualized (if less than 12 months):		Total

with people who	Engagement and inject drugs (PWI	Kit Packing Associate is D), organizing harm red	s responsible for outreach ar uction kit packing events, re volunteers to assist with kit	cruiting and
High school diplo Minimum qualifications: volunteers.	oma or equivalenc	y; 1 year of experience	working with injection drug u	sers and with
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$53,430.00	0.65	12	1	\$ 34,730

Total FTE:

8.10

Total Salaries: \$ 496,916

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	\$ 38,014.00
Retirement	\$ 9,492.00
Medical	\$ 51,331.00
Dental	
Unemployment Insurance	\$ 2,584.00
Disability Insurance	\$ 20,224.00
Paid Time Off	
Workers comp	\$ 2,584.00

Total Fringe Benefit: 124,229

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 621,145

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent office	1035 Market St -\$800/FTE/mo x 8.1 FTE x 12 mo.	\$800/FTE	77,760
Bldg Maintenance	Janitorial at \$166.66/mo.	\$166.66/mo	2,000
Utilities	Phone, PG&E & trash.	55.618/FTE	5,406
Rent office	Additional space for 6th Street.	875/mo	10,500
		Total Occupancy:	95.666

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4,973
Volunteer Spt	Snacks, T-shirts, etc - \$333.34/mo.	\$333.34	4,000
Syringes	Syringes \$.15/each x 2,286,666 syringes.	\$0.15	343,000
Bio Buckets	18/19 gallon buckets - 2,052 x \$24.367.	\$24.367	50,000
Bio Buckets	2 gallon - 18,182 x \$2.75.	\$2.7500	50,000
Alcohol Wipes	257 cases x \$38.91/case.	\$38.91	10,000
Cotton balls and pellets	1,040bags x \$16.827bag.	\$16.827	17,500
Sterile Water	430 Cases x \$81.396/case.	\$81.396	35,000
Bagging Supplies	40 bundles x \$7.125/bundle.	\$7.125	285
Group Food	Additional food for increased groups \$600.00/wk x 50 wks.	600.00/wk	30,000
Outreach and Program materials	Additional expense for increase outreach \$118.14 x 50 wk.	\$118.14	5,907
T	Total	Materiale & Sunnline	550 885

General Operating:

Expense Item	Brief Description	Rate	Cost
Equip rent & Lease	Office equip lease and maint cost \$86.75/FTE x 8.1FTE.	\$86.75/ FTE	8,432
Offsite storage	Records storage \$4.98/FTE x 8.1 x 12 mo.	\$4.98/FTE	484
Travel	Vehicle Fuel.	\$83.33/mo	1,000
Travel	Vehicle Repairs.	\$83.33/mo	1.000
		Total General Operating:	10.916

Consultants/Subcontractors:

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

TOTAL OPERATING EXPENSES:	1,202,943
TOTAL DIRECT COSTS:	1,824,088

4) INDIRECT COSTS

	Amount	
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%		
of total direct costs.	182,409	

	Indirect Rate:	10.00%
11 11 11	TOTAL INDIRECT COSTS:	182,409

TOTAL EXPENSES: 2,006,497

Appendix # Page # B-1t

Fiscal Year(s) **Funding Notification Date**

24-25 12/21/2018

		S	ERVICE M	ODES			7
Personnel Expenses	Syringe Access Coordination Purchas	& Bulk					Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy	33,000	100%		0%	-	0%	33,000
Total Materials and Supplies	147,580	100%	-	0%		0%	147,580
Total General Operating	12,000	100%	45	0%	1 3	0%	12,000
Total Operating Expenses	192,580	100%	-	0%		0%	192,580
Total Direct Expenses	192,580	100%		0%		0%	192,580
Indirect Expenses 10.00%	19,258	100%		0%		0%	19,258
TOTAL EXPENSES	211,838	100%		0%	-	0%	211,838
Units of Service (UOS) per Service Mode	12		-		- 1		12
Cost Per Unit of Service by Service Mode	17,653.17		100		I CAN		1
Unduplicated Clients (UDC) per Service Mode	N/A		1				

Contractor Name San Fancisco AIDS Foundation Appendix #: B-1t
Program Name: HIV Syringe Access & Disposal Services Fiscal Year: 24-25

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

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

General Operating:

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

TOTAL OPERATING EXPENSES: 192,580

TOTAL DIRECT COSTS: 192,580

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	
of total direct costs.	19,258

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	19,258

TOTAL EXPENSES: 211,838

Appendix # Page # B-1u 1

Fiscal Year(s)

25-26 Funding Notification Date 12/21/2018

				SERVICE MC	DES			
Personnel Expenses		(Hrs., City- Community	Syringe Access Services (Hrs., City-wide & Community-Based Sweeps Events)		Syringe Access, Disposal Coordination & Bulk Purchasing			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Pgms & Ops Director	0.05	5,651	100%		0%			5,651
Dir. Behavioral Health Svc	0.05	6,100	87%	900	13%			7,000
Dir. Gov't Contracts	0.05	5,138	100%		0%			5,138
Data Manager	0.05	4,367	100%		0%			4,367
SAS Director	0.75	48,010	89%	5,934	11%			53,944
Logistics Inventory Mgr	1.00	15,926	25%	47,779	75%			63,705
Logistics Associates	2.00	28,256	25%	84,770	75%			113,026
SSE/Vol Cordinator	0.75	53,944	100%		0%	J		53,944
Health Educator	2.75	155,411		-	0%			155,411
Comm. Engagement & Kit Packing Assoc	0.65	34,730	100%	- 6	0%			34,730
			0%		0%			
Total FTE & Total Salaries	8.10	357,533	72%	139,383	28%			496,916
Fringe Benefits	25.00%	89,383	72%	34,846	28%			124,229
Total Personnel Expenses		446,916	72%	174,229	28%			621,145
Operating Expenses		Expenditure	%	Expenditure	%	xpenditure		Contract Total
Total Occupancy		85,166	89%	10,500	11%			95,666
Total Materials and Supplies		160,385	29%	390,280	71%			550,665
Total General Operating		6,659	61%	4,257	39%			10,916
Consultants/Subcontractor:		545,696	100%	1 1 1 1 1 1	0%			545,696
Total Operating Expenses		797,906	66%	405,037	34%			1,202,943
Total Direct Expenses	35050	1,244,822	68%	579,266	32%			1,824,088
	10.00%	124,482	68%	57,927	32%			182,409
	10.0076			007 400	000/			2,006,497
Indirect Expenses	10.0076	1,369,304	68%	637,193	32%			2,000,101
Indirect Expenses		1,369,304	68%	12	32%	-		8,091
Indirect Expenses TOTAL EXPENSES	vice Mode		68%		32%	-		

Contractor Name San Francisco AIDS Foundation

B-1u Appendix #: Program Name: HIV Syringe Access & Disposal Services Fiscal Year: 25-26

1a) SALARIES

Staff Position 1: Programs & Op					
with all activities	and that all require tation and refiner	ed data is reported; wor nent; coordinates currer	that assures monitoring too ks with partner agencies and at and emerging health informations surance procedures.	d prog	ram staff
Masters in Public Minimum qualifications: equivalent combi			g and public health experien	ice or	an
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$113,025.00	0.05	12	1	\$	5,65
evaluation of the	ral Health Svc - F program structure responsive to the	Responsible for ensuring a and provision of profes	the implementation, manag ssional oversight to create a l-being needs, including HIV	servic	e delive

	n psychology, soc acity, especially i	in HIV prevention and de	or related discipline; three ye emonstrated program mana	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$140,000.00	0.05	12	1	\$ 7,000

Staff Position 3: Dir. Gov't Grants	S			
Maintains operati	onal and statistic	al reporting mechanisms ces routine and ad hoc	ement and contract related a s in accordance with contrac reporting as needed, and en quality assurance activities.	t and
Bachelor's degree	e and at least two	years demonstrated ex	perience in health services p writing; government contract	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$102,750.00	0.05	12	1	\$ 5,

Staff Position 4: Data Manager					
summaries to ens and public health	sure foundation p impact. Respon	rograms are rigorously r sible for review, abstrac	on, quality assurance, report evaluated for process and he tion from client records and o meet programmatic and co	ealth o	utcomes ase entry
Bachelor's degree Minimum qualifications: years equivalent			ensuring quality for large clie	ent dat	a sets or 5
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Ý	Total
\$87,338.00	0.05	12	1		4,367

Staff Position 5: SAS Director				
departmental stra effective partners and training full-ti exchange supplie Brief description of job duties; waste removal co Three years expe	ategic goals in alighips with other Hime and temporaries. Organizes renormany, prepare rience working with ment, supervision	nment with agency and IV/AIDS and Harm Redi y staff in appropriate ex noval of biohazard wast reports for compliance a ith injection and drug us n experience preferred.	exchange sites. Develops and incity objectives. Builds and in uction agencies. Responsible change protocol, Responsible from sites and coordinates and maintain safety protocols ters required. Associates Definition and the HIV test counselors.	naintains for scheduling e for purchasing removal with gree with
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$71,925.00	0.75	12	1	\$ 53,944

	ntory Mrg				
Responsible for	purchasing excha	ange supplies. Organize	porary staff in appropriate ex es removal of biohazard was re reports for compliance an	te from	m sites an
homeless popul interviewing and	ations required. A I strong understan n preferred. Exper	Associates degree prefe ding of harm reduction rience using a pallet jac	ple who use drugs, highly m med, experience using motiv. practices and principles, exp k, hand truck, and carts and	ationa erienc	al ce doing
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$63,705.00	1.00	12	1 - 1	\$	63,70
Staff Position 7: Logistics Assoc					
to exchanges sit Brief description of job duties: Experience work	es and sets up/tea	ars down sites as neede	n service organization. Biling	ual in	
English/Spanish Minimum qualifications: be able to lift ma	desired. Ability to ximum 45 pounds	follow directions and go	ood communications skills ne	cessa	ary. Must
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	1	Total
\$56,513.00	2.00	12	12.	\$	113,026
Staff Position 8: SSE/Volunteer	Coordinator			_	
	ig to become peer		aining, and supervising seco curriculum for these trainings		
develop training and manages the High school diplo of experience wo	e site volunteers a rma or equivalenc	g specific materials rele nd supervises exchang y; valid California driver n drug users and with vo	e sites. s license and excellent drivin	rs. So	nelps chedules
Brief description of job duties: and manages the High school diplo of experience wo Minimum qualifications:	e site volunteers a ma or equivalenc rking with injection	nd supervises exchang y; valid California driver n drug users and with vo	e sites. s license and excellent drivinolunteers. Annualized (if less than	rs, So	nelps chedules ord. 1 year
develop training and manages the and manages the High school diplo of experience wo	e site volunteers a rma or equivalenc	nd supervises exchange y; valid California driver	e sites. s license and excellent drivir olunteers.	rs, So	nelps chedules ord. 1 yea
Brief description of job duties: Brief description of job duties: High school diplo of experience wo Minimum qualifications: Annual Salary: \$71,925.00	e site volunteers a oma or equivalence rking with injection x FTE: 0.75	nd supervises exchang y; valid California driver n drug users and with vo x Months per Year:	e sites. s license and excellent drivinolunteers. Annualized (if less than 12 months):	rs. So	nelps chedules ord. 1 yea
develop training and manages the High school diplo of experience wo Minimum qualifications: Annual Salary: \$71,925.00 Staff Position 9: Health Educator	e site volunteers a oma or equivalence rking with injection x FTE: 0.75	nd supervises exchang y; valid California driver n drug users and with vo x Months per Year:	e sites. s license and excellent drivinolunteers. Annualized (if less than 12 months):	ers. So	nelps chedules ord. 1 yea Total 53,944
Brief description of job duties: Minimum qualifications: Annual Salary: \$71,925,00 Staff Position 9: Health Educator Responsibilities in testing and linkag overseeing a tear	e site volunteers a sma or equivalence rking with injection x FTE: 0.75 r nclude health edu ge to care; harm re m of street outreace	nd supervises exchangery; valid California driver in drug users and with volume to the california driver in drug users and with volume to the california driver in drug users and provide the california driver in the califo	e sites. s license and excellent drivinolunteers. Annualized (if less than 12 months): 1 evention; vein care; referrals ough mobile and encampme ding crisis intervention support	s to HI'nt out	relps chedules ord. 1 yea Total 53,944 V/HCV creach;
develop training and manages the High school diplo of experience wo Minimum qualifications: Annual Salary: \$71,925,00 Staff Position 9: Health Educator Responsibilities in testing and linkag overseeing a tear	e site volunteers a ma or equivalence rking with injection x FTE: 0.75 r nclude health educate to care; harm re m of street outreace ma or equivalency	nd supervises exchangery; valid California driver in drug users and with volume in the control of the control o	e sites. Is license and excellent drivinolunteers. Annualized (if less than 12 months): 1 evention; vein care; referrals ough mobile and encampmeding crisis intervention supposes license and excellent drivinolunteers.	s to HI'nt out	relps chedules ord. 1 yea Total 53,944 V/HCV creach;
Brief description of job duties: Minimum qualifications: Annual Salary: \$71,925.00 Staff Position 9: Health Educator Responsibilities in testing and linkag overseeing a tear High school diplo	e site volunteers a ma or equivalence rking with injection x FTE: 0.75 r nclude health educate to care; harm re m of street outreace ma or equivalency	nd supervises exchangery; valid California driver in drug users and with volume in the control of the control o	e sites. s license and excellent drivinolunteers. Annualized (if less than 12 months): 1 evention; vein care; referrals ough mobile and encampmeding crisis intervention suppose license and excellent drivinolunteers. Annualized (if less than 12 months):	s to Hi'nt out	relps chedules ord. 1 year Total 53,944 V/HCV treach;

Staff Position 10: Community Eng				
with people who Brief description of job duties: coordinating SAS	inject drugs (PWI S participant volun	D), organizing harm red teers (PWID) and other	s responsible for outreach ar uction kit packing events, re volunteers to assist with kit	cruiting and packing.
101				
	oma or equivalend	y; 1 year of experience	working with injection drug u	sers and with
Minimum qualifications; volunteers. Annual Salary:	x FTE:	y; 1 year of experience x Months per Year;	Annualized (if less than 12 months):	sers and with

2.75

\$56,513.00

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

12

155,411

1b) EMPLOYEE FRINGE BENEFITS:

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

Component		Cost
Social Security	\$	38,014.00
Retirement	\$	9,492.00
Medical	\$	51,331.00
Dental		
Unemployment Insurance	\$	2,584.00
Disability Insurance	\$	20,224.00
Paid Time Off) =	
Workers comp	S	2,584.00

Total Fringe Benefit: 124,229

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 621,145

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office Supplies & Postage	Office supply & Postage \$51.16/FTE x 8.1 x 12mo.	\$51.16	4.973
Volunteer Spt	Snacks, T-shirts, etc - \$333.34/mo.	\$333.34	4,000
Syringes	Syringes \$.15/each x 2,286,666 syringes.	\$0.15	343,000
Bio Buckets	18/19 gallon buckets - 2,052 x \$24.367.	\$24.367	50,000
Bio Buckets	2 gallon - 18,182 x \$2.75.	\$2.7500	50,000
Alcohol Wipes	257 cases x \$38.91/case.	\$38.91	10,000
Cotton balls and pellets	1,040bags x \$16.827bag.	\$16.827	17,500
Sterile Water	430 Cases x \$81.396/case.	\$81.396	35,000
Bagging Supplies	40 bundles x \$7.125/bundle.	\$7.125	285
Group Food	Additional food for increased groups \$600.00/wk x 50 wks.	600.00/wk	30,000
Outreach and Program materials	Additional expense for increase outreach \$118.14 x 50 wk.	\$118.14	5,907
	Total I	Materials & Supplies:	550,665

General Operating:

Expense Item	Brief Description	Rate	Cost
Equip rent & Lease	Office equip lease and maint cost \$86.75/FTE x 8.1FTE.	\$86.75/ FTE	8,432
Offsite storage	Records storage \$4.98/FTE x 8.1 x 12 mo.	\$4.98/FTE	484
Travel	Vehicle Fuel.	\$83.33/mo	1,000
Travel	Vehicle Repairs.	\$83.33/mo	1,000
		Total General Operating:	10.916

Consultants/Subcontractors:

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

TOTAL OPERATING EXPENSES:	1,202,943
TOTAL DIRECT COSTS:	1,824,088

4) INDIRECT COSTS

The state of the s
of total direct costs.

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	182,409

TOTAL EXPENSES: 2,006,497

Appendix #

B-1v

Page # Fiscal Year(s) Funding Notification Date

1 25-26 12/21/2018

		S	ERVICE M	ODES			1
Personnel Expenses	Syringe Access Coordination Purchas	& Bulk					Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Total Occupancy	33,000	100%	-	0%		0%	33,000
Total Materials and Supplies	147,580	100%		0%	1 3.40	0%	147,580
Total General Operating	12,000	100%	-	0%		0%	12,000
Total Operating Expenses	192,580	100%		0%	-	0%	192,580
Total Direct Expenses	192,580	100%		0%	TI	0%	192,580
Indirect Expenses 10.00%	19,258	100%		0%		0%	19,258
TOTAL EXPENSES	211,838	100%	-1	0%		0%	211,838
Units of Service (UOS) per Service Mode	12		- 1		-		12
Cost Per Unit of Service by Service Mode	17,653.17	1	3-	-			1000 TO 1000
Unduplicated Clients (UDC) per Service Mode	N/A						

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

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

2) OPERATING EXPENSES:

Occu	pancy:	

Expe	nse Item	Brief Description	Rate	Cost
F	Rent	Rent for 6th street location, partial allocation.	25,000	25,000
Bidg	Maint	Allocated amount of bldg maint for 6 th street.	\$250/mo	3,000
Ut	lities	Phone, water, PG&E, allocated for 6th street.	416.67/mo	5,000
			Total Occupancy:	33,000

Materials & Supplies:

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

General Operating:

Expense Item	Brief Description	Rate	Cost
Repairs and maintenance	Auto fuel, repairs, maintenance for delivery vehicles.	83,33/mo	1,000
Insurance	Allocated amount of liability/umbrella insurance.	83.33/mo	1,000
Janitorial	Prorated janitorial services for 6th street location.	\$833.33/mo	10,000
	To	tal General Operating:	12,000

TOTAL OPERATING EXPENSES:	192,580
TOTAL DIRECT COSTS:	192,580

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	1
of total direct costs.	19,258

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	19,258

TOTAL EXPENSES: 211,838

Appendix # Page # B-2c 1

Fiscal Year(s) **Funding Notification Date**

19-20 12/21/2018

			SERVICE M	ODES			
Personnel Expenses	HYA Wrap A Disposal Se						Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	153,559	100%	-	0%	-	0%	153,559
Total Operating Expenses	153,559	100%	-	0%	•	0%	153,559
Total Direct Expenses	153,559	100%		0%	T -1	0%	153,559
Indirect Expenses 10.00%	15,355	100%		0%		0%	15,355
TOTAL EXPENSES	168,914	100%	-	0%	-	0%	168,914
Units of Service (UOS) per Service Mode	12	Law Cal					12
Cost Per Unit of Service by Service Mode	14,076.17		- 1-				1000
COST FET OTHER OF SETVICE BY SETVICE MODE	N/A			_	_		

Contractor Name San Francisco AIDS Foundaiton Appendix #: B-2¢ Program Name: HIV Syringe Access & Disposal Services Fiscal Year: 19-20

Consultants/Subcontractors:

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

TOTAL OPERATING EXPENSES: 153,559

TOTAL DIRECT COSTS: 153,559

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e. San Francisco AIDS Foundation has a negotiated rate of 27%.		
of total direct costs.	This contract seeks formbursement at a rate of 10%	15,355

Indirect Rate: 10.00% TOTAL INDIRECT COSTS: 15,355

> TOTAL EXPENSES: 168,914

Contractor Name San Francisco AIDS Foundation

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26 Funding Source General Fund Appendix # Page # B-2d

Fiscal Year(s)

1 20-21 12/21/2018

Funding Notification Date UOS COST ALLOCATION BY SERVICE MODE

			SERVICE M	ODES			
Personnel Expenses	HYA Wrap A Disposal Se						Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	153,559	100%	-	0%	J-1	0%	153,559
Total Operating Expenses	153,559	100%		0%		0%	153,559
Total Direct Expenses	153,559	100%	I -I	0%	1 -1	0%	153,559
Indirect Expenses 10.00%	15,355	100%		0%		0%	15,355
TOTAL EXPENSES	168,914	100%		0%	-	0%	168,914
Units of Service (UOS) per Service Mode	12		- 1		- 1	1900	12
Cost Per Unit of Service by Service Mode			200		20.00		
	N/A						

Contractor Name San Francisco AIDS Foundalton Appendix #: B-2d Program Name: HIV Syringe Access & Disposal Services Fiscal Year: 20-21 Consultants/Subcontractors: Consultant/Subcontractor Name Service Description Rate Cost Homeless Youth Alliance Wrap around and disposal services. \$153,559 153,559 Total Consultants/Subcontractors: 153,559 TOTAL OPERATING EXPENSES: 153,559 TOTAL DIRECT COSTS: 153,559 4) INDIRECT COSTS Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)

San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% Amount 15,355 of total direct costs.

10%

15,355

Indirect Rate:

TOTAL INDIRECT COSTS:

Appendix # Page #

B-2e 1

Fiscal Year(s)

21-22 Funding Notification Date 12/21/2018

			SERVICE M	ODES			
Personnel Expenses	HYA Wrap A Disposal S						Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	153,559	100%		0%		0%	153,559
Total Operating Expenses	153,559	100%	-	0%		0%	153,559
Total Direct Expenses	153,559	100%	-1	0%	1 -1	0%	153,559
Indirect Expenses 10.00%	15,355	100%		0%		0%	15,355
TOTAL EXPENSES	168,914	100%	-1	0%		0%	168,914
Units of Service (UOS) per Service Mode	12				- 1		12
Cost Per Unit of Service by Service Mode	14,076.17		- 0-0				
Unduplicated Clients (UDC) per Service Mode		-					

Contractor Name San Francisco AIDS Foundaiton Appendix #: B-2e Program Name: HIV Syringe Access & Disposal Services Fiscal Year: 21-22

Consultants/Subcontractors:

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

TOTAL OPERATING EXPENSES:

TOTAL DIRECT COSTS: 153,559

153,559

4) INDIRECT COSTS

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

Indirect Rate: 10.00% TOTAL INDIRECT COSTS: 15,355

> TOTAL EXPENSES: 168,914

Appendix # Page# B-2f

Fiscal Year(s)

1 22-23 12/21/2018

Funding Notification Date UOS COST ALLOCATION BY SERVICE MODE

			SERVICE M	ODES			7
Personnel Expenses	HYA Wrap A Disposal Se						Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	153,559	100%		0%	1	0%	153,559
Total Operating Expenses	153,559	100%	1 1	0%		0%	153,559
Total Direct Expenses	153,559	100%	1 -1	0%	1 -1	0%	153,559
Indirect Expenses 10.00%	15,355	100%	±	0%		0%	15,355
TOTAL EXPENSES	168,914	100%	-	0%		0%	168,914
Units of Service (UOS) per Service Mode	12	1	-	-	-1	220	12
Cost Per Unit of Service by Service Mode							No.
Unduplicated Clients (UDC) per Service Mode							

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

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

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$153,559	153,559
			1
		and the sale in th	

Total Consultants/Subcontractors: 153,559

TOTAL OPERATING EXPENSES: 153,559

TOTAL DIRECT COSTS: 153,559

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a ra	ate of 10%
of total direct costs.	15,355

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 15,355

TOTAL EXPENSES: 168,914

Appendix# Page #

B-2g 1

Fiscal Year(s) **Funding Notification Date**

23-24 12/21/2018

	320-0		ERVICE M	ODES			
Personnel Expenses	HYA Wrap A Disposal Se						Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	153,559	100%	7	0%	+	0%	153,559
Total Operating Expenses	153,559	100%	-1	0%		0%	153,559
Total Direct Expenses	153,559	100%	1	0%	-	0%	153,559
Indirect Expenses 10.00%	15,355	100%		0%	1	0%	15,355
TOTAL EXPENSES	168,914	100%	-1	0%	-	0%	168,914
Units of Service (UOS) per Service Mode	12		- 1	Banco	- 1	9 3	12
Cost Per Unit of Service by Service Mode	14,076.17				3-1		1
	N/A						

Contractor Name San Francisco AIDS Foundaiton Appendix #:
Program Name: HIV Syringe Access & Disposal Services Fiscal Year:

Consultants/Subcontractors:

nsultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$153,559	153,559
	Total Cor	nsultants/Subcontractors:	153,55
	TOTAL	OPERATING EXPENSES:	153,559

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		15,355
E . T T T T T T T T T T T T T T T T T T		

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 15,355

TOTAL DIRECT COSTS:

TOTAL EXPENSES: 168,914

23-24

153,559

Appendix # Page # B-2h

Fiscal Year(s)

Funding Notification Date

1 24-25 12/21/2018

		5	ERVICE M	ODES	7.		
Personnel Expenses	HYA Wrap A Disposal Se						Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	153,559	100%	-	0%		0%	153,559
Total Operating Expenses	153,559	100%	•	0%	-	0%	153,559
Total Direct Expenses	153,559	100%	-	0%	1 - 1	0%	153,559
Indirect Expenses 10.00%	15,355	100%		0%		0%	15,355
TOTAL EXPENSES	168,914	100%	-	0%	-	0%	168,914
Units of Service (UOS) per Service Mode	12		- 1				12
Cost Per Unit of Service by Service Mode	14,076.17		0.00		- 1		
Unduplicated Clients (UDC) per Service Mode	N/A						

Contractor Name San Francisco AIDS Foundaiton Appendix #: B-2h
Program Name: HIV Syringe Access & Disposal Services Fiscal Year: 24-25

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$153,559	153,559
	Total Con	aultanta/Cuba anteratarea	450 550

Total Consultants/Subcontractors: 153,559

TOTAL OPERATING EXPENSES: 153,559

TOTAL DIRECT COSTS: 153,559

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		15,355

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: 15,355

TOTAL EXPENSES: 168,914

Appendix # Page #

B-2i

Fiscal Year(s) Funding Notification Date

1 25-26 12/21/2018

		5	SERVICE M	ODES			
Personnel Expenses	HYA Wrap A Disposal S						Contract Totals
Operating Expenses	Expenditure	%	xpenditur	%	xpenditur	%	Contract Total
Consultants/Subcontractor:	153,559	100%		0%	-	0%	153,559
Total Operating Expenses	153,559	100%	-	0%	1	0%	153,559
Total Direct Expenses	153,559	100%	-1	0%	121	0%	153,559
Indirect Expenses 10.00%	15,355	100%		0%		0%	15,355
TOTAL EXPENSES	168,914	100%	-	0%		0%	168,914
Units of Service (UOS) per Service Mode	12		-1		- 1	100	12
Cost Per Unit of Service by Service Mode	14,076.17		-				
Unduplicated Clients (UDC) per Service Mode							

Contractor Name San Francisco AIDS Foundaiton Appendix #: B-2i
Program Name: HIV Syringe Access & Disposal Services Fiscal Year: 25-26

Consultants/Subcontractors:

nsultant/Subcontractor Name	1	Rate	Cost
Homeless Youth Alliance	Wrap around and disposal services.	\$153,559	153,559
	Total Cons	ultants/Subcontractors:	153,559
		ultants/Subcontractors:	
	TOTALO	PERATING EXPENSES:	153,5

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%. This con-	ract seeks reimbursement at a rate of 10%
of total direct costs.	15,35
otal direct costs.	15,35

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	15,355

TOTAL DIRECT COSTS:

153,559

TOTAL EXPENSES: 168,914

Appendix #

B-3b 1

Page # Fiscal Year(s) Funding Notification Date

18-19 12/21/2018

				SERVICE MO	DES			
Personnel Expenses		Syringe A Service		Lounge Se	rvices			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
V.P Programs & Services	0.10	10,150	50%	10,150	50%	1	0%	20,300
Director, Behavorial Health Services	0.05	3,000	50%	3,000	50%		0%	6,000
Director, SAS	0.20	9,000	50%	9,000	50%		0%	18,000
Associate Director, 6th Street HRC	1.00	31,500	50%	31,500	50%	-	0%	63,000
Mobile Health Educator	7.75	213,125	50%	213,125	50%		0%	426,250
Mobile Health Educator	0.50	13,750	50%	13,750	50%	-	0%	27,500
Health Educator/Inventory Team Lead	1.00	27,500	50%	27,500	50%	-	0%	55,000
Inventory Associate/Health Educator	1.00	27,500	50%	27,500	50%		0%	55,000
Total FTE & Total Salaries	11.60	335,525	50%	335,525	50%		0%	671,050
Fringe Benefits	25.00%	83,881	50%	83,882	50%		0%	167,763
Total Personnel Expenses		419,406	50%	419,407	50%		0%	838,813
Operating Expenses		Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
Total Occupancy		16,607	50%	16,607	50%	9	0%	33,214
Total Materials and Supplies		12,282	50%	12,282	50%		0%	24,564
Total General Operating		6,250	50%	6,250	50%		0%	12,500
Total Operating Expenses		35,139	50%	35,139	50%	-	0%	70,278
Total Direct Expenses		454,545	50%	454,546	50%		0%	909,091
Indirect Expenses	10.00%	45,454	50%	45,455	50%	M CEL	0%	90,909
TOTAL EXPENSES		499,999	50%	500,001	50%	-	0%	1,000,000
Units of Service (UOS) per Service	vice Mode	1,888		1,924		-		3,812
Cost Per Unit of Service by Sen		264.83		259.88		125		Eller Jan
	NOC	31,341		11,475				42,816
	NOC	31,341		11,475				42,8 Rev. U7/

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

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

1a) SALARIES

structure and pro responsive to the	ensuring the imple	onal oversight to co	gement and evaluation of the reate a service delivery conti s, including HIV needs of gay	nuum that is
Brief description of job duties: men. Master's degree	n psychology, so	cial services, busin	ess or related disciplines. R	equirements
			apacity, especially in HIV pre evelopment experience.	vention and
Minimum qualifications:	gram manageme	nt and program de	суворивни вхрененсе.	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$203,000.00	0.10	12	1	\$ 20,300

Staff Position 2: Director, Behave	orial Health Ser	vices		
structure and pro	vision of profession	onal oversight to co	pement and evaluation of the reate a service delivery continuation s, including HIV needs of gay	nuum that is
Brief description of job duties: men.		V V - 1	State of the state	The second second
expereince in a s	upervisory capaci	ty, especially in HI	ess or related discipline; thre V prevention and demonstrat	
Minimum qualifications: management and	program develop	mient expensence.		
Minimum qualifications: management and Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total

Staff Position 3: Director, 5	SAS			
strategic g partnershlp training full exchange s	pals in alignment with a ps with other HIV/AIDS of time and temporary sta supplies. Organizes rer	gency and city obje and Harm Reduction aff in appropriate e moval of biohazard	e sites. Develops annual depa ectives. Builds and maintains on agencies. Responsible for exchange protocol. Responsible waste from sites and coordinates mpliance and maintain safety	effective scheduling and de for purchasin nates removal
program m		experience prefe	rug users required, Associate rred, Must hold HIV test coun job.	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$90,000	.00 0.20	12	1	\$ 18,000

Staff Position 4: Associate Dir	ector, 6th Street F	łRC .		
Harm Reduction (e.g. curriculum dev	on Center; supervision overdose prevention elopment; managing	ng health educator on, vein care) and g syringe access, o	ogistics, QA, programming) o s, volunteers, and interns; co referrals; program design, fac disposal, and lounge space; li and providing crisis interventi	inducting health cilitation, and inking
Five years' exp required. Asso	ciates Degree prefe of harm reduction p	rred, experience u ractices and princi	ly marginalized, or homeless sing motivational interviewing ples, experience doing health	and strong
Understanding	of HIV/HCV disease oudgeting, and man	e prevention and to agement experien	reatment. Supervisory experie ce required.	
	of HIV/HCV disease budgeting, and man x FTE:	e prevention and to agement experient x Months per Year:	reatment. Supervisory experience required. Annualized (if less than 12 months):	

referrals;	ibilities include conducting program design, facilitation and lounge space: linking	on, and curriculum	(e.g. overdose prevention, videvelopment; supports syrin V/HCV testing and linkage to	ge a	ccess,
Minimum	 1-3 years experiencing v 	vorking with drug u	sers. Associates Degree pre edge of HIV/HCV prevention/		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$55,00	00.00 7.75	12	1	\$	426,25

Staff Position 6: Mobile Health E				2-7
HIV/HCV testing	and linkage to car reach; overseeing	e; harm reduction	ose prevention; vein care; ref counseling) through mobile a outreach volunteers; and prov	and
Minimum, 1-3 yea Minimum qualifications: reduction, motiva			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$55,000.00	0.50	12	1	\$ 27,500

referrals; suppo testing and link Brief description of job duties: Street sites; su	es include conductin orts syringe access, age to care; and pro pervises volunteers	g health education disposal, and lour oviding crisis interv and coordinates		s to HIV/HCV bile and 6th
Minimum, 1-3 y Minimum qualifications: reduction, moti			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	
\$55,000.00	1.00	12	1	\$ 55,00

	tory Associate/Health Edu		(e.g. overdose prevention, v	ein care) and
testing	als; supports syringe access, g and linkage to care; and pro sites; supervises volunteers enance and transport.	oviding crisis interv	ention support. Supports mo	bile and 6th
Minimum qualifications: reduct	um, 1-3 years experiencing vition, motivational interviewing			
Annual Salary:	x FTE:	x Months per Year:		Total
\$55	,000.00 1.00	12	1	\$ 55,000

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

1b) EMPLOYEE FRINGE BENEFITS:

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

Cost	
\$	51,335.00
\$	12,817.00
\$	69,321.00
\$	3,489.00
\$	27,312.00
\$	3,489.00
Total Fringe Benefit:	167,763
	\$ \$ \$ \$ \$

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 838,813

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

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

General Operating:

Expense Item	Brief Description	Rate	Cost
Janitorial	Monthly janitorioal svc \$750/mo.	750	9,000
Insurance	Prorated gen liability, hazzard and auto insurance.	291.67	3,500
		Total General Operating:	12.500

TOTAL OPERATING EXPENSES:	70,278
TOTAL DIRECT COSTS:	909,091

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10%	
of total direct costs.	90,909

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	90,909

TOTAL EXPENSES: 1,000,000

Appendix # Page# B-3c 1

Fiscal Year(s) Funding Notification Date

19-20 12/21/2018

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE MO	DES			
Personnel Expenses		Syringe A Service		Lounge Se	ervices			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
V.P Programs & Services	0.10	10,150	50%	10,150	50%		0%	20,300
Director, Behavorial Health Services	0.05	3,000	50%	3,000	50%	-	0%	6,000
Director, SAS	0.15	5,250	50%	5,250	50%		0%	10,500
Associate Director, 6th Street HRC	1.00	32,366	50%	32,367	50%		0%	64,733
Mobile Health Educator	7.75	218,988	50%	218,988	50%		0%	437,976
Health Educator/Inventory Team Lead	0.50	14,129	50%	14,128	50%	-	0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%	-	0%	56,513
Inventory Associate/Health Educator	1.00	28,257	50%	28,256	50%	-	0%	56,513
Total FTE & Total Salaries	11.55	340,396	50%	340,396	50%		0%	680,792
Fringe Benefits	25.00%	85,099	50%	85,099	50%	-	0%	170,198
Total Personnel Expenses		425,495	50%	425,495	50%	3	0%	850,990
Operating Expenses		Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
Total Occupancy		12,607	50%	12,607	50%		0%	25,214
Total Materials and Supplies		12,282	50%	12,282	50%	-	0%	24,564
Total General Operating		4,161	50%	4,162	50%		0%	8,323
Total Operating Expenses		29,050	50%	29,051	50%	- 4	0%	58,101
Total Direct Expenses	- 1	454,545	50%	454,546	50%	-	0%	909,091
Indirect Expenses	10.00%	45,454	50%	45,455	50%		0%	90,909
TOTAL EXPENSES		499,999	50%	500,001	50%	-	0%	1,000,000
	vice Mode	1,888		2,550 1		-1		4,438
Units of Service (UOS) per Ser	VICE INDUCE							1,100
Units of Service (UOS) per Ser Cost Per Unit of Service by Ser		264.83		196.08		100		

1

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

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

1a) SALARIES

structure and pro	ensuring the imple	onal oversight to co	gement and evaluation of the reate a service delivery conti s, including HIV needs of gay	nuum	that is
Master's degree			ness or related disciplines. Rapacity, especially in HIV pre		
			evelopment experience.	VOITE	ar arro
Minimum qualifications:	1			_	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$203,000.00	0.10	12	1		20,30

Staff Position 2: Di	rector, Behav	orial Health Ser	vices			
str	ucture and pro sponsive to the	vision of profession	onal oversight to co	ement and evaluation of the reate a service delivery continues, including HIV needs of gay	nuum	that is
	pereince in a s	upervisory capaci	ty, especially in HI	ess or related discipline; thre V prevention and demonstrat		
		x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
Annual Salary:						

Staff Position 3: Director,	SAS			
strategic g partnershi training fu exchange	goals in alignment with a ips with other HIV/AIDS a Il-time and temporary sta supplies. Organizes rer	gency and city object and Harm Reduction off in appropriate e anoval of biohazard	e sites. Develops annual dep ectives. Builds and maintains on agencies. Responsible fo xchange protocol. Responsi waste from sites and coord mpliance and maintain safet	s effective or scheduling and ble for purchasin inates removal
Three yea program n		experience prefe	rug users required. Associate rred. Must hold HIV test cou job.	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$70,000	0.00 0.15	12	1	\$ 10,500

-\$1	0,000.00	0.10	12	1 1	\$ 10,50
Staff Position 4: Asse	ociate Director,	6th Street H	IRC		
Harn educ curri	n Reduction Cen ation (e.g. overd culum developme	ter; supervisir ose preventio ent; managing	ng health educator n, vein care) and i g syringe access, o	ogistics, QA, programming) o s, volunteers, and interns; co referrals; program design, fac fisposal, and lounge space; li and providing crisis interventi	enducting health cilitation, and inking
requi	ired. Associates erstanding of ham erstanding of HIV	Degree prefer m reduction profession M/HCV disease	rred, experience us ractices and princi e prevention and tr	y marginalized, or homeless sing motivational interviewing ples, experience doing health eatment. Supervisory experie ce required.	and strong heducation.
			w Mantha nor	Annualized (if less than	
Annual Salary:		x FTE:	x Months per Year:	12 months):	Total

referrals; prog disposal, and	es include conducting ram design, facilitation	on, and curriculum participants to HI	(e.g. overdose prevention, videvelopment; supports syrin V/HCV testing and linkage to	ge access,
Minimum, 1-3			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	7.75	12		\$ 437,97

Staff Position 6: Mobile Health	Educator			
HIV/HCV testing	and linkage to car treach; overseeing	e; harm reduction	ose prevention; vein care; ref counseling) through mobile a outreach volunteers; and prov	and
Minimum, 1-3 ye Minimum qualifications: reduction, motive			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	0.50	12	1	\$ 28,257

referrals; support	include conducting s syringe access, ge to care; and pro	g health education disposal, and lour oviding crisis interv	(e.g. overdose prevention, v nge space; linking participants rention support. Supports mo supply inventory.	s to HIV/HCV
Minimum, 1-3 yea Minimum qualifications: reduction, motiva			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	
\$56,513.00	1.00	12	1	\$ 56,5

Staff Position 8: Inventory Asso	ciate/Health Edu	cator			
referrals; support testing and linkage Street sites; super Brief description of job duties: maintenance and	ts syringe access, ge to care; and pro ervises volunteers I transport.	disposal, and lour oviding crisis interv and assists inven	(e.g. overdose prevention, vinge space; linking participant vention support. Supports motory Team Lead with supply	s to H bile a invent	IV/HCV nd 6th ory
Minimum, 1-3 yea Minimum qualifications: reduction, motiva			sers. Associates Degree pre edge of HIV/HCV prevention/		
Annual Salary	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$56,513.00	1.00	12	1	\$	56,513

Total FTE: 11.55 Total Salaries: \$ 680,792

1b) EMPLOYEE FRINGE BENEFITS:

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

Cost	
S	52,081.00
\$	13,003.00
\$	70,326.00
\$	3,540.00
\$	27,708.00
\$	3,540.00
Total Fringe Benefit:	170,198
	\$ \$ \$ \$ \$

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 850,990

Occupancy:

	Expense Item	Brief Description	Rate	Cost
	Rent -Warehouse	\$1,000/mo x 12 mo.	1000	12,000
	Rent-6th Street	Prorated rent @ \$434.50/mo x 12 mo.	434.5	5,214
2	Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
	Utilities	\$500/mo x 12 mo.	500	6,000
0			Total Occupancy:	25,214

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies\$547/mo.	\$547/mo	6,564
Incentives	exhange incentives, 1,200 incentives @ \$5eac =\$6,000.	h	6,000
Group supplies	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,000
	То	tal Materials & Supplies:	24,564

General Operating:

	Expense Item	Brief Description	Rate	Cost
	Janitorial	Prorated Monthly janitorioal svc \$485.25/mo.	485.25/mo	5,823
	Insurance	Prorated gen liability, hazzard and auto insurance.	208.34	2,500
-			Total General Operating:	9 222

TOTAL OPERATING EXPENSES:	58,101
TOTAL DIRECT COSTS:	909,091

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		90,909

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	90,909

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

Appendix #

B-3d 1

Page # Fiscal Year(s) Funding Notification Date

20-21 12/21/2018

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE MO	DES			
Personnel Expenses	(1)	Syringe A Service	es	Lounge Se			27	
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
V.P Programs & Services	0.10	10,150	50%	10,150	50%	-	0%	20,300
Director, Behavorial Health Services	0.05	3,000	50%	3,000	50%	14 T P.	0%	6,000
Director SAS	0.15	5,250	50%	5,250	50%	-	0%	10,500
Associate Director, 6th Street HRC	1.00	32,366	50%	32,367	50%		0%	64,733
Health Educator	7.75	218,988	50%	218,988	50%		0%	437,976
Mobile Health Educator	0.50	14,129	50%	14,128	50%		0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%	7.0	0%	56,513
Inventory Associate/Health Educator	1.00	28,257	50%	28,256	50%	-	0%	56,513
Total FTE & Total Salaries	11.55	340,396	50%	340,396	50%	-	0%	680,792
Fringe Benefits	25.00%	85,099	50%	85,099	50%	-	0%	170,198
Total Personnel Expenses		425,495	50%	425,495	50%		0%	850,990
Operating Expenses		Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
- X			COO!		50%		007	05.044
Total Occupancy		12,607	50%	12,607	30 70	-	0%	25,214
Total Occupancy Total Materials and Supplies		12,607 12,282	50%	12,607	50%	- 3	0%	25,214
Total Materials and Supplies		12,282	50%	12,282	50%		0%	24,564
Total Materials and Supplies Total General Operating Total Operating Expenses		12,282 4,161	50% 50%	12,282 4,162	50% 50%	-	0% 0%	24,564 8,323 58,101
Total Materials and Supplies Total General Operating Total Operating Expenses	10.00%	12,282 4,161 29,050	50% 50% 50%	12,282 4,162 29,051	50% 50% 50%	- :	0% 0% 0%	24,564 8,323
Total Materials and Supplies Total General Operating Total Operating Expenses Total Direct Expenses Indirect Expenses	10.00%	12,282 4,161 29,050 454,545	50% 50% 50%	12,282 4,162 29,051 454,546	50% 50% 50% 50%	- :	0% 0% 0%	24,564 8,323 58,101 909,091
Total Materials and Supplies Total General Operating Total Operating Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES		12,282 4,161 29,050 454,545 45,454 499,999	50% 50% 50% 50%	12,282 4,162 29,051 454,546 45,455	50% 50% 50% 50% 50%	-	0% 0% 0% 0%	24,564 8,323 58,101 909,091 90,909 1,000,000
Total Materials and Supplies Total General Operating Total Operating Expenses Total Direct Expenses	vice Mode	12,282 4,161 29,050 454,545 45,454 499,999	50% 50% 50% 50%	12,282 4,162 29,051 454,546 45,455 500,001	50% 50% 50% 50% 50%	-	0% 0% 0% 0%	24,564 8,323 58,101 909,091 90,909

1

BUDGET JUSTIFICATION

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

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

1a) SALARIES

structure and pro responsive to the	ensuring the imple	onal oversight to co	gement and evaluation of the reate a service delivery conti s, including HIV needs of gay	nuun	that is
Brief description of job duties: men.					
also include three	e years' experienc	e in supervisory ca	ness or related disciplines. Re apacity, especially in HIV pre- evelopment experience.		
Minimum qualifications:	gram manageme	nt and program de	resoprient experience.		
		The state of the s	A		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total

Staff Position 2: Director,				
structure a	and provision of profession	onal oversight to c	pement and evaluation of the reate a service delivery continues, including HIV needs of gay	nuum that is
Masters de	in a supervisory capaci	ty, especially in HI	ess or related discipline; thre V prevention and demonstrat	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
Alliadi Galary.				

Staff Position 3: Direct	or, SAS			
strateg partner training exchan	ic goals in alignment with a ships with other HIV/AIDS a full-time and temporary sta ge supplies. Organizes rer	gency and city obje and Harm Reduction off in appropriate e noval of biohazard	e sites. Develops annual deparectives. Builds and maintains on agencies. Responsible for exchange protocol. Responsible waste from sites and coordination and maintain safety	effective scheduling and le for purchasing lates removal
Three y program		experience prefe	rug users required. Associate: rred. Must hold HIV test coun job.	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	000.00 0.15	12	1	\$ 10,500

Staff Position 4: Associate Di				3.0
Harm Reducti education (e.g curriculum de	on Center; supervision, overdose prevention velopment; managing	ng health educator on, vein care) and g syringe access, o	ogistics, QA, programming) of s, volunteers, and interns; con referrals; program design, far disposal, and lounge space; la and providing crisis intervention	onducting healt cilitation, and linking
required. Asso understanding	ociates Degree prefe of harm reduction p of HIV/HCV diseas	rred, experience u ractices and princi e prevention and t	ly marginalized, or homeless sing motivational interviewing ples, experience doing health reatment. Supervisory experi- ce required.	g and strong h education.
required. Asso understanding Understanding	ociates Degree prefe of harm reduction p of HIV/HCV diseas	rred, experience u ractices and princi e prevention and t	sing motivational interviewing iples, experience doing health reatment. Supervisory experi	g and strong h education. ence, program

referrals; program	nclude conducting n design, facilitation nge space; linking	on, and curriculum participants to HI	(e.g. overdose prevention, verdevelopment; supports syrin V/HCV testing and linkage to	ge access,
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	7.75	12		\$ 437,97

Staff Position 6: Mobile Hea				
HIV/HCV tes	sting and linkage to car at outreach; overseeing	re; harm reduction	ose prevention; vein care; ref counseling) through mobile a outreach volunteers; and prov	and
Minimum, 1- Minimum qualifications: reduction, m			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.0	0.50	12	1	\$ 28,257

referrals; support testing and linkag Brief description of job duties: Street sites; supe	ts syringe access, ge to care; and pro ervises volunteers	disposal, and lour oviding crisis interv and coordinates		s to HIV/HCV bile and 6th
Minimum, 1-3 year Minimum qualifications: reduction, motiva			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,51

Staff Position 8: Inventory Asso				
referrals; suppor testing and links	ts syringe access, ge to care; and pro ervises volunteers	disposal, and lour oviding crisis interv	(e.g. overdose prevention, vinge space; linking participant vention support. Supports moutory Team Lead with supply	s to HIV/HCV bile and 6th
Minimum, 1-3 ye Minimum qualifications: reduction, motive			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,513

Total FTE: 11.55 Total Salaries: \$ 680,792

1b) EMPLOYEE FRINGE BENEFITS:

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

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

Total Fringe Benefit:
Fringe Benefit %:

25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:

850,990

Occupancy:	
------------	--

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$1,000/mo x 12 mo.	1000	12,000
Rent-6th Street	Prorated rent @ \$434.50/mo x 12 mo.	434.5	5,214
Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo.	500	6,000
		Total Occupancy:	25.214

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies\$547/mo.	\$547/mo	6,564
Incentives	exhange incentives, 1,200 incentives @ \$5each =\$6,000.		6,000
Group supplies	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,000
	Total Ma	aterials & Supplies:	24.564

General Operating:

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

TOTAL OPERATING EXPENSES:	58,101
TOTAL DIRECT COSTS:	909,091

4) INDIRECT COSTS

10%
90,90

	Indirect Rate:	10%
TOTAL IN	DIRECT COSTS:	90,909

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

Page # Fiscal Year(s)

21-22 Funding Notification Date 12/21/2018

Appendix #

В-3е

UOS COST ALLOCATION BY SERVICE MODE

	-	-		SERVICE MO	DES			
Personnel Expenses		Syringe A Servic		Lounge Se	rvices			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
V.P Programs & Services	0.10	10,150	50%	10,150	50%		0%	20,300
Director, Behavorial Health Services	0.05	3,000	50%	3,000	50%		0%	6,000
Director, SAS	0.15	5,250	50%	5,250	50%		0%	10,500
Associate Director, 6th Street HRC	1.00	32,366	50%	32,367	50%		0%	64,733
Health Educator	7.75	218,988	50%	218,988	50%		0%	437,976
Mobile Health Educator	0.50	14,129	50%	14,128	50%		0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%		0%	56,513
Inventory Associate/Health Educator	1.00	28,257	50%	28,256	50%	-	0%	56,513
Total FTE & Total Salaries	11.55	340,396	50%	340,396	50%		0%	680,792
Fringe Benefits	25.00%	85,099	50%	85,099	50%		0%	170,198
Total Personnel Expenses		425,495	50%	425,495	50%		0%	850,990
Operating Expenses		Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
Total Occupancy		12,607	50%	12,607	50%		0%	25,214
Total Materials and Supplies		12,282	50%	12,282	50%		0%	24,564
Total General Operating		4,161	50%	4,162	50%	(4)	0%	8,323
Total Operating Expenses		29,050	50%	29,051	50%	A.C.	0%	58,101
	- 1	454,545	50%	454,546	50%	-	0%	909.091
Total Direct Expenses				AF AFF	50%		0%	90,909
Total Direct Expenses Indirect Expenses	10.00%	45,454	50%	45,455	30 /0		0 / 0	
Total Direct Expenses Indirect Expenses TOTAL EXPENSES	10.00%	45,454 499,999	50% 50%	500,001	50%	-	0%	1,000,000
Indirect Expenses TOTAL EXPENSES			4.5.3.3		2 - LE - C	-		1,000,000
Indirect Expenses	vice Mode	499,999	4.5.3.3	500,001	2 - LE - C			

1

BUDGET JUSTIFICATION

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

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

1a) SALARIES

structure ar	e for ensuring the imple nd provision of profession	onal oversight to c	gement and evaluation of the reate a service delivery continuation s, including HIV needs of gay	nuum that is
Brief description of job duties: men.			and the second second	
			ness or related disciplines. R	
			apacity, especially in HIV pre- evelopment experience.	vention and
				vention and
demonstrate				Total

structure and pro	vision of profession	onal oversight to c	pement and evaluation of the reate a service delivery continues, including HIV needs of gay	nuum that is
	supervisory capaci	ty, especially in HI	ess or related discipline; thre V prevention and demonstrat	
		x Months per	Annualized (if less than	Tatal
Annual Salary:	x FTE:	Year:	12 months):	Total

Staff Position 3: Di					
str pa tra ex wit	rategic goals in artnerships with aining full-time a schange supplie	alignment with a other HIV/AIDS a ind temporary sta s. Organizes ren	gency and city obje and Harm Reduction off in appropriate e noval of biohazard	e sites. Develops annual deprectives. Builds and maintains on agencies. Responsible for xchange protocol. Responsib waste from sites and coordination mpliance and maintain safety	effective scheduling and le for purchasinates removal
Brief description of job duties:					11.000
pro	ogram manager	ment, supervision		ug users required. Associate rred. Must hold HIV test coun job.	
Th pro	ogram manager	ment, supervision	experience prefe	rred. Must hold HIV test coun	

Staff Position 4: Associate	e Director, 6th Street F	IRC		A
Harm Red education curriculum	fuction Center; supervising (e.g. overdose prevention development; managing	ng health educator on, vein care) and i g syringe access, o	ogistics, QA, programming) o s, volunteers, and interns; co referrals; program design, fac disposal, and lounge space; I and providing crisis interventi	inducting health cilitation, and inking
	4	7 2 E E E E E E E	CT OF THE PARTY OF	
required. A understan Understan	Associates Degree prefer ding of harm reduction p ading of HIV/HCV disease	rred, experience u ractices and princi e prevention and to	y marginalized, or homeless sing motivational interviewing ples, experience doing health reatment. Supervisory experi- ce required.	and strong education.
required. A understand	Associates Degree prefer ding of harm reduction p ading of HIV/HCV disease	rred, experience u ractices and princi e prevention and to	sing motivational interviewing ples, experience doing health eatment. Supervisory experi	and strong education.

referrals; progra disposal, and lo	include conducting m design, facilitation	on, and curriculum participants to HI	(e.g. overdose prevention, volume development; supports syrin V/HCV testing and linkage to	ige a	ccess,
			users. Associates Degree pre edge of HIV/HCV prevention/		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$56,513.00	7.75	12	1	\$	437,976

Staff Position 6: Mobile Health E				
HIV/HCV testing	and linkage to car reach; overseeing	e; harm reduction	ose prevention; vein care; ref counseling) through mobile a outreach volunteers; and prov	and
Minimum, 1-3 yea Minimum qualifications: reduction, motiva			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	0.50	12	1	\$ 28,25

referrals; support	include conducting ts syringe access, ge to care; and pro	g health education disposal, and lour oviding crisis inten	(e.g. overdose prevention, vage space; linking participant vention support. Supports mosupply inventory.	s to HIV/HCV
Minimum, 1-3 ye. Minimum gualifications: reduction, motiva			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	
\$56,513.00	1.00	12	1	\$ 56,51

referrals; support	include conducting ts syringe access,	g health education disposal, and lour	i (e.g. overdose prevention, v nge space; linking participant vention support. Supports mo	s to HIV/HCV
Street sites; supe Brief description of job duties: maintenance and	ervises volunteers; d transport.	and assists Inven	ntory Team Lead with supply	inventory
Minimum qualifications: reduction, motiva				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,513

Total FTE: 11.55 Total Salaries: \$ 680,792

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost	
Social Security	S	52,081.00
Retirement	\$	13,003.00
Medical	S	70,326.00
Dental		
Unemployment Insurance	S	3,540.00
Disability Insurance	S	27,708.00
Paid Time Off	1	
Other (Workers Comp):	\$	3,540.00
	Total Fringe Benefit:	170,198

Fringe Benefit %:

25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:

850,990

Occu	

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$1,000/mo x 12 mo.	1000	12,000
Rent-6th Street	Prorated rent @ \$434.50/mo x 12 mo.	434.5	5,214
Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo.	500	6,000
		Total Occupancy:	25 214

Materials & Supplies:

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

General Operating:

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

TOTAL OPERATING EXPENSES:	58,101

TOTAL DIRECT COSTS: 909,091

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		90,909

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	90,909

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

Funding Notification Date

Appendix# B-3f Page # Fiscal Year(s) 1 22-23

12/21/2018

UOS COST ALLOCATION BY SERVICE MODE

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

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton

Program Name: HIV Syringe Access & Disposal Services

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

1a) SALARIES

Staff Position 1: V.P Program Responsible		ementation, manag	ement and evaluation of the	program
structure and	provision of profession	onal oversight to c	reate a service delivery contings, including HIV needs of gay	nuum that is
Brief description of job duties: men.				
also include to	hree years' experience	e in supervisory ca	ess or related disciplines. Repacity, especially in HIV pre evelopment experience.	
Valuation and a state of the same				
Minimum qualifications:				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total

structure and p	or ensuring the imple provision of profession	ementation, managonal oversight to cr	gement and evaluation of the reate a service delivery continuations, including HIV needs of gay	nuum that is
	supervisory capaci	ty, especially in HI	ness or related discipline; thre V prevention and demonstrate	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$120,000.00	0.05	12		\$ 6.0

Staff Position 3: Dire	ector, SAS					
strat partr train exch	tegic goals in al nerships with or ning full-time an nange supplies.	lignment with a other HIV/AIDS a of temporary sta . Organizes ren	gency and city obje and Harm Reduction off in appropriate en noval of biohazard	e sites. Develops annual depo- ectives. Builds and maintains on agencies. Responsible for xchange protocol. Responsib waste from sites and coordin ppliance and maintain safety	effective scheduling de for purcha nates remov	asin
Brief description of job duties:				State of the state	\$ 1.315 LOUGH	
prog	ram manageme	ent, supervision		ug users required. Associate rred. Must hold HIV test coun job.		th
Thre prog	ram manageme	ent, supervision	experience prefer	rred. Must hold HIV test coun		th

Harm Reduction education (e.g. o curriculum develo	nclude site operal Center; supervisin verdose preventio opment; managing	tions (schedules, le ng health educator in, vein care) and g syringe access, o	ogistics, QA, programming) of s, volunteers, and interns; con referrals; program design, fact disposal, and lounge space; I and providing crisis interventi	onduct cilitation inking	ing health on, and
required. Associa understanding of	ates Degree prefer harm reduction p f HIV/HCV disease	rred, experience ur ractices and princi prevention and to	y marginalized, or homeless sing motivational interviewing ples, experience doing health reatment. Supervisory experi- ce required.	and :	strong ation.
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$64,733.00	1.00	12	1	\$	64,733

Staff Position 5: Health	Educator						
referral dispose	Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support.						
Minimu			users. Associates Degree pre edge of HIV/HCV prevention/				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total		
	513.00 7.75	12	1	\$	437,976		

	Mobile Health Educator						
1	HIV/HCV testing encampment out	and linkage to car reach; overseeing	e; harm reduction	ose prevention; vein care; ref counseling) through mobile a utreach volunteers; and prov	and		
				sers. Associates Degree pre edge of HIV/HCV prevention/			
Annual Salary		x FTE:		Annualized (if less than 12 months):			
	\$56,513.00	0.50	12	1	\$ 28,257		

referrals; support	ts syringe access, ge to care; and pro	disposal, and lour oviding crisis interv	(e.g. overdose prevention, v nge space; linking participant vention support. Supports mo supply inventory.	s to HIV/HCV
Minimum, 1-3 yea Minimum qualifications: reduction, motiva			isers. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,51

 Staff Position 8:					
Brief description of job duties:	referrals; supportesting and linkat Street sites; sup-	ts syringe access, ge to care; and pro ervises volunteers	disposal, and lour	n (e.g. overdose prevention, v nge space; linking participant vention support. Supports mo ntory Team Lead with supply	s to HIV/HCV bile and 6th
Minimum qualifications:				users. Associates Degree pre edge of HIV/HCV prevention/	. AC. 1 - 7 A 1 - T 1 - T 1 - T 1
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	\$56,513.00	1.00	12	1	\$ 56,513

Total FTE: 11.55 Total Salaries: \$ 680,792

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost	
Social Security	\$	52,081.00
Retirement	\$	13,003.00
Medical	\$	70,326.00
Dental		
Unemployment Insurance	\$	3,540.00
Disability Insurance	\$	27,708.00
Paid Time Off		
Other (Workers Comp):	\$	3,540.00

Total Fringe Benefit: 170,198

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 850,990

Canin	BOBB	
Occu	Darie	٧.

	Expense Item	Brief Description	Rate	Cost
	Rent -Warehouse	\$1,000/mo x 12 mo.	1000	12,000
	Rent-6th Street	Prorated rent @ \$434.50/mo x 12 mo.	434.5	5,214
1	Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
	Utilities	\$500/mo x 12 mo.	500	6,000
			Total Occupancy:	25,214

Materials & Supplies:

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

General Operating:

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

TOTAL OPERATING EXPENSES:	58,101
TOTAL DIRECT COSTS:	909.091

4) INDIRECT COSTS

of total direct costs.

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	90,909

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

Appendix #

B-3g

Page # Fiscal Year(s) Funding Notification Date

23-24 12/21/2018

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses Position Titles V.P Programs & Services Director, Behavorial Health Services Director, SAS Associate Director, 6th Street HRC Health Educator Mobile Health Educator 0.50	3,000 5,250 32,366	es % FTE 50% 50% 50%	Lounge Se Salaries 10,150 3,000	% FTE 50% 50%	Salaries	% FTE	Contract Totals
V.P Programs & Services 0.10 Director, Behavorial Health Services 0.05 Director, SAS 0.15 Associate Director, 6th Street HRC 1.00 Health Educator 7.75	10,150 3,000 5,250 32,366	50% 50% 50%	10,150 3,000	50%	Salaries		
Director, Behavorial Health Services 0.05 Director, SAS 0.15 Associate Director, 6th Street HRC 1.00 Health Educator 7.75	3,000 5,250 32,366	50% 50%	3,000			0%	20 200
Director, SAS 0.15 Associate Director, 6th Street HRC 1.00 Health Educator 7.75	5,250 32,366	50%		E00/			20,300
Director, SAS 0.15 Associate Director, 6th Street HRC 1.00 Health Educator 7.75	32,366		FAFA	3070		0%	6,000
Health Educator 7.75		FAM	5,250	50%	-	0%	10,500
Health Educator 7.75	218 088	50%	32,367	50%	-	0%	64,733
Mobile Health Educator 0.50	210,300	50%	218,988	50%		0%	437,976
IVIOLITE FIGURE LUCICATO	14,129	50%	14,128	50%	- 2	0%	28,257
Health Educator/Inventory Team Leac 1.00	28,256	50%	28,257	50%	-	0%	56,513
Inventory Associate/Health Educator 1.00	28,257	50%	28,256	50%		0%	56,513
Total FTE & Total Salaries 11.55	340,396	50%	340,396	50%		0%	680,792
Fringe Benefits 25.00%	85,099	50%	85,099	50%	- 6	0%	170,198
Total Personnel Expenses	425,495	50%	425,495	50%		0%	850,990
Operating Expenses	Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
Total Occupancy	12,607	50%	12,607	50%		0%	25,214
Total Materials and Supplies	12,282	50%	12,282	50%	- 9	0%	24,564
Total General Operating	4,161	50%	4,162	50%		0%	8,323
Total Operating Expenses	29,050	50%	29,051	50%	1-7	0%	58,101
Total Direct Expenses	454,545	50%	454,546	50%	-	0%	909,091
Indirect Expenses 10.00%	45,454	50%	45,455	50%		0%	90,909
TOTAL EXPENSES	499,999	50%	500,001	50%	- 9	0%	1,000,000
Units of Service (UOS) per Service Mode	1,888		2,550		- 7		4,438
Cost Per Unit of Service by Service Mode			196.08				P. C. L. C.
NOC			15,300		1		46,641

1

BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton

Program Name: HIV Syringe Access & Disposal Services

Appendix #: Fiscal Year:

B-3g 23-24

ta) SALARIES

st	tructure and pro	vision of profession	onal oversight to co	pement and evaluation of the reate a service delivery conti s, including HIV needs of gay	nuun	that is
Brief description of job duties: m	ien.					
M		in psychology, soo	cial services, busin	less or related disciplines. R	equi	rements
				apacity, especially in HIV pre- evelopment experience.	venti	on and
					venti	on and
de					venti	on and Total

structure and	or ensuring the imple provision of profession	ementation, managonal oversight to c	gement and evaluation of the reate a service delivery conti s, including HIV needs of gay	nuum that is
	a supervisory capaci	ty, especially in HI	ness or related discipline; thre V prevention and demonstrate	
	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
Annual Salary:	A116.	10011	- monthing	Iotal

Staff Position	3: Director, SAS				
Brief description of job dutie	strategic goals in partnerships with training full-time a exchange supplie with waste remov	alignment with ag other HIV/AIDS a and temporary sta es. Organizes ren	gency and city obje and Harm Reduction of in appropriate e noval of biohazard	e sites. Develops annual depa ectives. Builds and maintains on agencies. Responsible for xchange protocol. Responsib waste from sites and coordir npliance and maintain safety	effective scheduling and le for purchasing lates removal
Minimum qualification	Three years expe program manage certification or be	ment, supervision	experience prefe	ug users required. Associate rred. Must hold HIV test coun job.	
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	\$70,000.00	0.15	12	1	\$ 10,500

Staff Position 4: Associate Dire	ctor, 6th Street H	IRC		A STATE OF
Harm Reduction education (e.g. o curriculum devel	Center; supervision overdose prevention lopment; managing	ng health educator on, vein care) and g syringe access, o	ogistics, QA, programming) of s, volunteers, and interns; co referrals; program design, fact disposal, and lounge space; if and providing crisis interventi	onducting heal cilitation, and inking
required. Associ understanding o	ates Degree prefe f harm reduction p of HIV/HCV disease	rred, experience u ractices and princi e prevention and to	ly marginalized, or homeless sing motivational interviewing ples, experience doing health reatment. Supervisory experi ce required.	g and strong h education.
		x Months per	Annualized (if less than	H JEWAN
Annual Salary:	x FTE:	Year:	12 months):	Total

referrals; pro disposal, and	ies include conducting gram design, facilitation	on, and curriculum participants to HI	(e.g. overdose prevention, videvelopment; supports syrin V/HCV testing and linkage to	ige a	ccess,
Minimum, 1-			users. Associates Degree pre edge of HIV/HCV prevention/		
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	3	Total
\$56,513.0	0 7.75	12	1	\$	437,97

HIV/HCV testing	nclude health edu and linkage to car reach; overseeing	e; harm reduction	ose prevention; vein care; ref counseling) through mobile a outreach volunteers; and prov	and
Minimum, 1-3 yea Minimum qualifications: reduction, motiva			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary	x FTE:		Annualized (if less than 12 months):	Total
\$56,513.00	0.50	12	1	\$ 28,25

referrals; suppor	include conducting ts syringe access, ge to care; and pro	g health education disposal, and lour oviding crisis interv	(e.g. overdose prevention, v ige space; linking participant vention support. Supports mo supply inventory.	s to HIV/HCV
Minimum, 1-3 ye	ars experiencing w	vorking with drug u	sers. Associates Degree pre	
Minimum qualifications: reduction, motiva	ational interviewing	skills, and knowle	edge of HIV/HCV prevention/	tx preferred.
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,513

referrals; support testing and linkag Street sites; supe Brief description of job duties: maintenance and	s syringe access, ge to care; and pro ervises volunteers I transport. ars experiencing v	disposal, and lour oviding crisis intervand assists inven orking with drug u	in (e.g. overdose prevention, vange space; linking participant vention support. Supports monitory Team Lead with supply in users. Associates Degree presente of HIV/HCV prevention/	s to HIV/HCV bile and 6th inventory
William qualifications, reduction, motiva	dona micrylewny	x Months per	Annualized (if less than	LA presented.
Annual Salary	x FTE:	Year:	12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,51

Total FTE: 11.55 Total Salaries: \$ 680,792

1b) EMPLOYEE FRINGE BENEFITS:

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

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

Fringe Benefit %: 25.00%

850,990

A		
Occupa	ncy:	

Expense Ite	m	Brief Description	Rate	Cost
Rent -Wareho	use \$1,	000/mo x 12 mo.	1000	12,000
Rent-6th Stre	et Pro	rated rent @ \$434.50/mo x 12 mo.	434.5	5,214
Building Mai	nt Pro	rated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$50	00/mo x 12 mo.	500	6,000
			Total Occupancy:	25.214

Materials & Supplies:

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

General Operating:

Expense Item	Brief Description	Rate	Cost
Janitorial	Prorated Monthly janitorioal svc \$485.25/mo.	485.25/mo	5.823
Insurance	Prorated gen liability, hazzard and auto insurance.	208.34	2,500
		Total Congral Operating	0 222

TOTAL OPERATING EXPENSES:	58,101
TOTAL DIRECT COSTS:	909,091

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks re	eimbursement at a rate of 10%
of total direct costs.	90,909

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	90,909

Contract Term (mm/dd/yyyy) 7/1/16-6/30/26 Funding Source General Fund

Appendix # Page#

B-3h 1

Fiscal Year(s) Funding Notification Date

24-25 12/21/2018

UOS COST ALLOCATION BY SERVICE MODE

				SERVICE MO	DES			
Personnel Expenses		Syringe A Service		Lounge Se	rvices			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
V.P Programs & Services	0.10	10,150	50%	10,150	50%		0%	20,300
Director, Behavorial Health Services	0.05	3,000	50%	3,000	50%		0%	6,000
Director, SAS	0.15	5,250	50%	5,250	50%		0%	10,500
Associate Director, 6th Street HRC	1.00	32,366	50%	32,367	50%		0%	64,733
Health Educator	7.75	218,988	50%	218,988	50%	-	0%	437,976
Mobile Health Educator	0.50	14,129	50%	14,128	50%	2	0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%	14.	0%	56,513
Inventory Associate/Health Educator	1.00	28,257	50%	28,256	50%	1-1-6	0%	56,513
Total FTE & Total Salaries	11.55	340,396	50%	340,396	50%	-	0%	680,792
Fringe Benefits	25.00%	85,099	50%	85,099	50%	-	0%	170,198
Total Personnel Expenses		425,495	50%	425,495	50%	-	0%	850,990
Operating Expenses		Expenditure	%	Expenditure	%	xpenditur	%	Contract Total
Total Occupancy		12,607	50%	12,607	50%	-	0%	25.214
Total Materials and Supplies		12,282	50%	12,282	50%		0%	24,564
Total General Operating		4,161	50%	4,162	50%	- 3	0%	8,323
Total Operating Expenses	700 5	29,050	50%	29,051	50%	-	0%	58,101
Total Direct Expenses		454,545	50%	454,546	50%		0%	909,091
Indirect Expenses	10.00%	45,454	50%	45,455	50%		0%	90,909
TOTAL EXPENSES		499,999	50%	500,001	50%	T	0%	1,000,000
Units of Service (UOS) per Serv	ice Mode	1,888		2,550		-1		4,438
Cost Per Unit of Service by Serv	the state of the s	264.83		196.08		-	100	
	NOC	31,341		15,300				46,641
								Kev. 0//1

BUDGET JUSTIFICATION

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

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

1a) SALARIES

structure and pro	ovision of profession	onal oversight to c	gement and evaluation of the reate a service delivery continues, including HIV needs of gay	nuum that is
Brief description of job duties: men.	A 10 10 10 11 11 11 11 11 11 11 11 11 11			- Paris and
			ess or related disciplines. R	
demonstrated pro			apacity, especially in HIV pre- evelopment experience.	vention and
				vention and
demonstrated pro				Total

Brief description of job duties:	structure and pro- responsive to the	vision of profession	onal oversight to c	gement and evaluation of the reate a service delivery continues, including HIV needs of gay	nuum that is
Minimum qualifications:	expereince in a s	upervisory capaci	ty, especially in HI	ness or related discipline; thre V prevention and demonstrat	
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
Turitoo, Calary.					

Staff Position 3: Directo	r, SAS			
strategic partners training exchange	c goals in alignment with ag thips with other HIV/AIDS a full-time and temporary sta ge supplies. Organizes ren	gency and city obje and Harm Reduction of in appropriate en noval of biohazard	a sites. Develops annual deparentives. Builds and maintains on agencies. Responsible for exchange protocol. Responsible waste from sites and coordination and maintain safety	effective scheduling and le for purchasin nates removal
Three ye	management, supervision		ug users required. Associate rred. Must hold HIV test coun	
certifica	ion or be willing to obtain o	certification on the	job.	selor
	ion or be willing to obtain o	x Months per Year:	Annualized (If less than 12 months):	Total

Staff Position 4: Associate	Director, 6th Street F	IRC .		
Harm Redi education curriculum	uction Center; supervision (e.g. overdose prevention development; managing	ng health educator on, vein care) and g syringe access, o	ogistics, QA, programming) ors, volunteers, and interns; co referrals; program design, fac disposal, and lounge space; l and providing crisis interventi	onducting health cilitation, and inking
Five years'	experience working wit	h drug upore blah	lumperinglised as becauses	a postal para de la
required. A understand Understand	Associates Degree prefe ding of harm reduction p ding of HIV/HCV disease	rred, experience u ractices and princi e prevention and to	sing motivational interviewing ples, experience doing health reatment. Supervisory experie	g and strong h education.
required. A understand	Associates Degree prefe ding of harm reduction p ding of HIV/HCV disease	rred, experience u ractices and princi e prevention and to	sing motivational interviewing ples, experience doing health reatment. Supervisory experie	g and strong h education.

referrals; pro disposal, and	ies include conducting gram design, facilitation	on, and curriculum participants to Hi	(e.g. overdose prevention, voldevelopment; supports syrin V/HCV testing and linkage to	ge access,
Minimum, 1-3			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.0	7.75	12	1	\$ 437,976

Staff Position 6: Mobile Health	Educator			
HIV/HCV testing	and linkage to car treach; overseeing	re; harm reduction	ose prevention; vein care; ref counseling) through mobile a outreach volunteers; and prov	and
Minimum, 1-3 ye Minimum qualifications: reduction, motive			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	0.50	12	1	\$ 28.25

referrals; support	ts syringe access, ge to care; and pro	disposal, and lour	i (e.g. overdose prevention, v nge space; linking participant vention support. Supports mo supply inventory.	s to HIV/HCV
Minimum, 1-3 ye Minimum qualifications: reduction, motiva			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	
\$56,513.00	1.00	12	1	\$ 56,51

referrals; suppo testing and link	s include conducting orts syringe access, age to care; and pro pervises volunteers	health education disposal, and lour oviding crisis interv	(e.g. overdose prevention, vage space; linking participant vention support. Supports motory Team Lead with supply	s to HIV/HCV bile and 6th
	ears experiencing v		users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,513

Total FTE: 11.55 Total Salaries: \$ 680,792

1b) EMPLOYEE FRINGE BENEFITS:

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

Cost	
\$	52,081.00
\$	13,003.00
\$	70,326.00
\$	3,540.00
\$	27,708.00
\$	3,540.00
Total Fringe Benefit:	170,198
	Cost \$ \$ \$ \$ \$ \$ \$ Total Fringe Benefit:

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 850,990

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	CCU	DAR	 ac.

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$1,000/mo x 12 mo.	1000	12,000
Rent-6th Street	Prorated rent @ \$434.50/mo x 12 mo.	434.5	5,214
Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo.	500	6,000
			= 3. 5.0
		Total Occupancy	25 214

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Supplies	General office and program supplies\$547/mo.	\$547/mo	6,564
Incentives	exhange incentives, 1,200 incentives @ \$5each =\$6,000.		6,000
Group supplies	snacks, t-shirts, etc \$1,000/mo x 12 mo.	1000	12,000
	Total M	aterials & Supplies:	24.564

General Operating:

Expense Item	Brief Description	Rate	Cost
Janitorial	Prorated Monthly Janitorioal svc \$485.25/mo.	485.25/mo	5,823
Însurance	Prorated gen liability, hazzard and auto insurance.	208.34	2,500
	T	otal General Operating:	8,323

TOTAL OPERATING EXPENSES:	58,101
TOTAL DIRECT COSTS:	000 001

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	
of total direct costs.		90,909

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	90,909

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

B-3i

1 25-26 12/21/2018

Appendix # Page # Beral Fund Fiscal Year(s) Funding Notification Date UOS COST ALLOCATION BY SERVICE MODE

				SERVICE MO	DES			
Personnel Expenses		Syringe Access Services		Lounge Se	rvices			
Position Titles FT	E	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
V.P Programs & Services	0.10	10,150	50%	10,150	50%		0%	20,300
Director, Behavorial Health Services	0.05	3,000	50%	3,000	50%		0%	6,000
Director, SAS	0.15	5,250	50%	5,250	50%	II Jei	0%	10,500
Associate Director, 6th Street HRC	1.00	32,366	50%	32,367	50%		0%	64,733
Health Educator	7.75	218,988	50%	218,988	50%		0%	437,976
Mobile Health Educator	0.50	14,129	50%	14,128	50%	-	0%	28,257
Health Educator/Inventory Team Lead	1.00	28,256	50%	28,257	50%	- 81	0%	56,513
	1.00	28,257	50%	28,256	50%	1.0	0%	56,513
Total FTE & Total Salaries 1	1.55	340,396	50%	340,396	50%		0%	680,792
Fringe Benefits 25.0	0%	85,099	50%	85,099	50%	H - 4	0%	170,198
Total Personnel Expenses		425,495	50%	425,495	50%	-	0%	850,990
Operating Expenses	E	xpenditure	%	Expenditure	%	xpenditur	%	Contract Total
	$\overline{}$		50%		50%	-	0%	25.214
Total Occupancy		12.607	50%	12.007				
Total Occupancy Total Materials and Supplies	-			12,607	50%			24,564
Total Materials and Supplies	-	12,607 12,282 4,161	50%				0% 0%	24,564 8,323
transport for the contract of		12,282		12,282	50%		0%	24,564 8,323 58,101
Total Materials and Supplies Total General Operating		12,282 4,161	50% 50%	12,282 4,162	50% 50%		0% 0%	8,323
Total Materials and Supplies Total General Operating Total Operating Expenses	0%	12,282 4,161 29,050	50% 50% 50%	12,282 4,162 29,051	50% 50% 50%	-	0% 0% 0%	8,323 58,101
Total Materials and Supplies Total General Operating Total Operating Expenses Total Direct Expenses	0%	12,282 4,161 29,050 454,545	50% 50% 50% 50%	12,282 4,162 29,051 454,546	50% 50% 50%	-	0% 0% 0%	8,323 58,101 909,091 90,909
Total Materials and Supplies Total General Operating Total Operating Expenses Total Direct Expenses Indirect Expenses 10.0		12,282 4,161 29,050 454,545 45,454	50% 50% 50% 50% 50%	12,282 4,162 29,051 454,546 45,455	50% 50% 50% 50%		0% 0% 0% 0%	8,323 58,101 909,091 90,909 1,000,000
Total Materials and Supplies Total General Operating Total Operating Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES	ode	12,282 4,161 29,050 454,545 45,454 499,999	50% 50% 50% 50% 50%	12,282 4,162 29,051 454,546 45,455 500,001	50% 50% 50% 50%		0% 0% 0% 0%	8,323 58,101 909,091

BUDGET JUSTIFICATION

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

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

1a) SALARIES

Staff Position 1:	Responsible for a structure and pro	ensuring the Imple	onal oversight to c	gement and evaluation of the reate a service delivery continuation s, including HIV needs of gay	nuum that is
Brief description of job duties:	men.				
	Master's degree	in psychology soc	ial services, busin	ness or related disciplines. R	equiremente
	also include three	e years' experienc	e in supervisory c	apacity, especially in HIV pre- evelopment experience.	
Minimum qualifications:	also include three demonstrated pro	e years' experienc	e in supervisory c	apacity, especially in HIV pre-	
Minimum qualifications: Annual Salary:	also include three demonstrated pro	e years' experienc	e in supervisory c	apacity, especially in HIV pre-	

	ensuring the imple	mentation, manag	gement and evaluation of the	
			reate a service delivery conting s, including HIV needs of gay	
expereince in a s	upervisory capaci	ty, especially in HI	less or related discipline; thre V prevention and demonstrat	
Minimum qualifications: management and	program develo	x Months per	Annualized (if less than	
Annual Salary:	x FTE:	Year:	12 months):	Total
\$120,000,00	0.05	12	1	\$ 6.00

Staff Position 3: Director, SA				
strategic goal partnerships training full-tii exchange su	ls in alignment with ag with other HIV/AIDS a me and temporary sta pplies. Organizes rem	gency and city obje and Harm Reduction off in appropriate e noval of biohazard	e sites. Develops annual de ectives. Builds and maintain on agencies. Responsible fo xchange protocol. Respons waste from sites and coord inpliance and maintain safe	is effective or scheduling an ible for purchasi linates removal
Three years of program man		experience prefe	ug users required. Associat rred. Must hold HIV test cou job.	
The second second	x FTE:	x Months per Year:	Annualized (if less than 12 months):	11 11 11 11 11 11 11 11 11 11
Annual Salary:	ATTE.	, con.	iz monuisj.	Total

Harm Reduction education (e.g. curriculum deve	include site operar Center; supervisir overdose preventic lopment; managing	tions (schedules, le ng health educator on, vein care) and i g syringe access, c	ogistics, QA, programming) or rs, volunteers, and interns; co referrals; program design, fac disposal, and lounge space; l and providing crisis interventi	nducting health cilitation, and inking
required. Associ understanding of	lates Degree prefe of harm reduction p of HIV/HCV disease	rred, experience ur ractices and princi e prevention and tr	ly marginalized, or homeless sing motivational interviewing ples, experience doing health reatment. Supervisory experience required.	and strong education.
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$64,733.00	1.00	12	1 1	\$ 64,73

refer dispo	onsibilities includrals; program des	sign, facilitati space; linking	on, and curriculum participants to HI	(e.g. overdose prevention, verdevelopment; supports syrin V/HCV testing and linkage to	ge a	ccess,
Minir				sers. Associates Degree pre dge of HIV/HCV prevention/		
Annual Salary:	,	FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
\$50	6,513.00	7.75	12	1	\$	437,97

Staff Position 6: Mobile Healt	n Educator			
HIV/HCV testi	ng and linkage to ca outreach; overseeing	re; harm reduction	ose prevention; vein care; ref counseling) through mobile a outreach volunteers; and prov	and
Minimum, 1-3 Minimum qualifications: reduction, mot			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	0.50	12	1	\$ 28,257

referrals; testing an	bilities include conducting supports syringe access	g health education disposal, and lour oviding crisis inten	(e.g. overdose prevention, vonge space; linking participant vention support. Supports mosupply inventory.	s to HIV/HCV
Minimum, Minimum, Minimum, Minimum qualifications: reduction,			users. Associates Degree pre edge of HIV/HCV prevention/	
Annual Salary:	xFTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,51	3.00 1.00	12	1	\$ 56,513

referrals; support testing and linkar Street sites; super Brief description of job duties: maintenance and	ts syringe access, ge to care; and pro ervises volunteers it transport. ars experiencing v	disposal, and lour oviding crisis interv and assists Inven vorking with drug u	(e.g. overdose prevention, value space; linking participants vention support. Supports monitory Team Lead with supply interest. Associates Degree presented of HIV/HCV prevention/	s to HIV/HCV bile and 6th inventory
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$56,513.00	1.00	12	1	\$ 56,513

Total FTE: 11.55 Total Salaries: \$ 680,792

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost	
Social Security	\$	52,081.00
Retirement	\$	13,003.00
Medical	\$	70,326.00
Dental		
Unemployment Insurance	\$	3,540.00
Disability Insurance	\$	27,708.00
Paid Time Off		
Other (Workers Comp):	\$	3,540.00

Total Fringe Benefit: 170,198

Fringe Benefit %: 25.00%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 850,990

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent -Warehouse	\$1,000/mo x 12 mo.	1000	12,000
Rent-6th Street	Prorated rent @ \$434.50/mo x 12 mo.	434.5	5,214
Building Maint	Prorated maintenance cost @ \$166.67/mo.	166.67	2,000
Utilities	\$500/mo x 12 mo.	500	6,000
		Total Occupancy:	25.214

Materials & Supplies:

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

General Operating:

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

TOTAL OPERATING EXPENSES:	58,101
TOTAL DIRECT COSTS:	909.091

4) INDIRECT COSTS

San Francisco AIDS Foundation has a negotiated rate of 27%.	This contract seeks reimbursement at a rate of 10%	1 1 1 1
of total direct costs.		90,909

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	90,909



San Francisco Department of Public Health Business Associate Agreement

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

RECITALS

- CE, by and through the San Francisco Department of Public Health ("SFDPH"), A. wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information ("PHI") (defined below).
- For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.
- C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").
- As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a). 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this BAA.
- E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

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

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San Francisco Department of Public Health Business Associate Agreement

1. Definitions.

- a. Breach means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.
- b. Breach Notification Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- c. Business Associate is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- d. Covered Entity means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- e. Data Aggregation means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. Designated Record Set means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.
- h. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized

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San Francisco Department of Public Health Business Associate Agreement

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

- i. Health Care Operations shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- j. Privacy Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.
- Protected Information shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
- m. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- o. Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

a. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes



San Francisco Department of Public Health Business Associate Agreement

to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

- b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.
- c. Permitted Uses. BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2). and 164.504(e)(4)(i)].
- d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such



San Francisco Department of Public Health Business Associate Agreement

occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

- e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.
- f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).
- g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.
- h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of

San Francisco Department of Public Health

Business Associate Agreement

disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

- i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.
- j. Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- k. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the



San Francisco Department of Public Health Business Associate Agreement

Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

- I. Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.
- m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]
- o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents. Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a



San Francisco Department of Public Health

Business Associate Agreement

subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. Termination.

- a. Material Breach. A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]
- b. Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.
- d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).
- e. Disclaimer. CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to

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San Francisco Department of Public Health Business Associate Agreement

provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017 Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs San Francisco Department of Public Health 101 Grove Street, Room 330, San Francisco, CA 94102

Email: compliance.privacy@sfdph.org Hotline (Toll-Free): 1-855-729-6040

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San Francisco Department of Public Health	(SFDPH) Office of Compliance and Privacy	Affairs (OCPA!
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Con	tractor	Name:					Contractor		
							City Vendor ID		
					PRIVACY ATTE				
de	Retail	n complete SFDPH. ceptions: If	d Attestations in you	files for a period of	7 years. Be prepared to submit	completed attestations, along	ord systems maintained by SFDi with evidence related to the fol request clarification or obtain a	lowing iter	ns, if re
0	ES YOU	R ORGANIZ	ATION	2-2-2-3		ALLEY OF THE		Yes	No ⁴
1	Have f	ormal Priva	cy Policies that comp	ly with the Health In	surance Portability and Account	ability Act (HIPAA)?			
В	Have a	Privacy Of	ficer or other individu	ual designated as the	person in charge of investigating	g privacy breaches or related	incidents?		
	If yes:	Name & Title:			Phone #	Email:		1	
0	32 - 7				annually thereafter for all emplo privacy training materials are a				
D	The second second				nd annually thereafter, with the n of acknowledgement of training		ledging that they have received		
E	100 12 12 12 12	or will have		Business Associate A	greements with subcontractors	who create, receive, maintain	, transmit, or access SFDPH's		
F	100000000000000000000000000000000000000				n (via laptop, USB/thumb-drive, d on encrypted devices approve				
. c	ontract	ors who se	rve patients/clients a	and have access to Si	FDPH PHI, must also complete t	his section.			
If /	Applical	ble: DOES	YOUR ORGANIZATIO	N				Yes	No
G		Total Control of the			H Service Desk (628-206-SERV) v s days for regular terminations	사용하는 이 이번에 다른 이번 가장이 되는 것이 가장 기술되어 가입하다 되어 되어 되었다.			
H	The second second				ic file that a <u>Privacy Notice</u> that ese, Tagalog, Spanish, Russian f				
L	Visibl	y post the S	ummary of the Notic	e of Privacy Practices	s in all six languages in common	patient areas of your treatme	nt facility?		
j	Docu	ment each	disclosure of a patien	t's/client's health inf	ormation for purposes other the	an treatment, payment, or ope	erations?		
K	When	required b		t signed authorization	on for disclosure forms (that me				
		: Under per		eby attest that to th	ne best of my knowledge the in	formation herein is true and o	correct and that I have authority	to sign or	behalf
		ATTESTE	D by Privacy Officer r designated person	Name: (print)				1	
	*EVCE			1 "NO" to	alon or holiour a successor to	Signature Signature		Date	-
٧. ١	EXCE						act OCPA at 1-855-729-6040 and approved by OCPA belo		
		EXCER	TION(S) APPROVED	Name (print)					

San Francisco Department of Public Health (SFDPH) Office of Compliance and Privacy Affairs (OCP)	San Francisco Department of	Public Health (SF	FDPH) Office of Cor	mpliance and Privacy	Affairs (OCPA
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Date

Contract	tor Name:							Contractor		
				D.	TA CECUDITY	ATTECTATIO	NI.	City Vendor ID		
rm. Ret do so b	tain completed by SFDPH.	Attestations in your	files for a	or have access to he period of 7 years. B	e prepared to submi	rmation or electr t completed atte	onic health r stations, alor	ecord systems maintained by SFI ng with evidence related to the fo to request clarification or obtain	ollowing ite	ems, if re
	DUR ORGANIZ	ATION	_						Yes	No*
A Con	duct assessme	SECTION AND ADDRESS OF THE PERSON AND ADDRES					vith your sec	urity policies and the	165	,,,,
_		the assessments/auc					on plans?			
1	Date of la	st Data Security Risk	Assessme	nt/Audit:						
		firm or person(s) whe		and the second s						
C Have	e a formal Dat	a Security Awareness	Program	?					I H. E. S	
		Security Policies and Act (HIPAA) and the						the Health Insurance Portability		
	_	ity Officer or other in	dividual d	lesignated as the pe		uring the securit	of confiden	tial information?		
If yes:					Phone #		Email:			
		rity Training upon hi iod of 7 years.] [SFDF			A SECTION OF CHARLES AND ADDRESS OF THE PARTY OF THE PART			tion? [Retain documentation of 29-6040.]		
and the second		mployees have signe a security training? [I		* The second of				e date, acknowledging that they		
	e (or will have of the information		Business A	ssociate Agreement	s with subcontractor	rs who create, re	ceive, mainta	in , transmit, or access SFDPH's		
		if/when applicable) hods, on-premise dat				organization and	subcontract	ors or vendors (including named		
	ST: Under per tractor listed		eby attest	that to the best of	my knowledge the i	nformation here	n is true and	correct and that I have authori	ty to sign o	on behalf
14. 57. 57. 57	ATTEST	ED by Data Security designated person	Name: (print)			Signature			Date	

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

III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or

compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

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

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4 San Francisco, CA 94103				Co		act ID # 002634 rchase (Order No:		A-1JUL	
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:		General F	und
Program Name: HIV Syringe Access and Di	sposal S	ervices					le/Detail:			
ACE Control #:					Pro	ject Cod	le/Detail:			
						Invoic	e Period:	07/	1/18 - 07/	31/18
						FINAL	Invoice		(check it	Yes)
DELIVERABLES		TAL PACTED NOC	THIS P			ERED DATE NOC	% o			AINING RABLES NOC
Syringe Access Services (hrs., City-Wide &	8,079	54,300		1100		1100		HOU	8,079	54,300
Syringe Access, Disposal Coordinatoin & Bu	12	N/A							12	N/A
				-						
					1			_		
		NOC		NOC	0	NOC		NOC	т-	NOC
Number of Clients for Appendix		54300	-	_	0			_	N.	54,300
EXPENDITURES			EXPEN	1000	EXPE		% 0			INING
Total Salaries (See Page B)	\$488.		THIS PE	RIOD	TOD	ATE	BUDO	SET	\$488,1	74.00
Fringe Benefits	\$122	,044							\$122,0	
Total Personnel Expenses Operating Expenses:	\$610,	,218			-				\$610,2	18.00
Occupancy-(e.g., Rental of Property, Utilities,	\$95,6	666							\$95,66	36.00
Building Maintenance Supplies and Repairs)					L					
Materials and Supplies-(e.g., Office,	\$530,	113		_	-	-			\$530,1	13.00
Postage, Printing and Repro., Program Supplies)									7.5.5	
General Operating-(e.g., insurance, Staff Training, Equipment Rental/Maintenance)	\$10,4	416							\$10,41	6.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$532,	386		-					\$532,3	86.00
Other Mark 1 #1 Town 1 To 1 1 1										
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)			_							
	67.17	504							A	
Total Operating Expenses Capital Expenditures	\$1,168	581							\$1,168,5	81.00
TOTAL DIRECT EXPENSES	\$1,778								\$1,778,7	99.00
Indirect Expenses	\$177,8 \$1,956					_			\$177,8	
TOTAL EXPENSES LESS: Initial Payment Recovery	\$1,500	,078			NOTES:				\$1,956,6	79.00
Other Adjustments (Enter as negative, if appropr	iate)									
REIMBURSEMENT certify that the information provided above is, to the best secondance with the budget approved for the contract cite ecords for those claims are maintained in our office at the Signature: Title:	d for service address in	es provided	under the p	provision	of that con					
Send to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, St San Francisco, CA 94103 Attn: Contract Payments	The same of the sa	Ву:	DPH Auth	orized	Signatory)			Date:		

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

						FAGE
	San Francisco AIDS F	amalaiten.		T		oice Number
	035 Market Street, S			1	A	-1JUL18
	ian Francisco, CA 94		Contract I	Purchase Order No:	1	
Telephone:	15-487-3000			Fund Source:	Col	neral Fund
and the second s	15-487-3009			runa source.	Gei	ierai rund
				Grant Code/Detail:		
Program Name: }	IIV Syringe Access a	nd Disposal Ser		Project Code/Detail:		
ACE Control #:			,	Toject Goderbotain		
				Invoice Period:	07/1/1	8 - 07/31/18
				FINAL Invoice		(check if Yes)
DETAIL PERSONN	EL EXPENDITURE	S				
PERSONNEL	FTE	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Pgms & Ops Director	0.05	\$5,709	THIOT LINES	TO DATE	DODOLI	\$5,709.00
Dir. Behavioral Health		\$7,000				\$7,000.00
Dir. Gov't Contracts	0.05	\$5,190				\$5,190.00
Data Manager	0.05	\$4,412				\$4,412.00
SAS Director	0.75	\$40,750				\$40,750.00
Logistics Inventory Mg		\$64,356				\$64,356.00
Logistics Associates	2.00	\$114,180				\$114,180.00
SSE/Vol Coordinator	0.75	\$54,495				\$54,495.00
Health Educator	2.75	\$156,998				\$156,998.00
Comm, Engagement &	Kit Packing A 0.65	\$35,084			- 1	\$35,084.00
			- 4			
					-	
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		-				

APPENDIX F-1i 07/01/19 - 06/30/20 PAGE A

Contractor: San Francisco AIDS Found						act ID # 002634			A-1JUL	
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	100			C	ontract Pu	rchase C	Order No:			
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:		General F	und
Program Name: HIV Syringe Access and DI	sposal S	ervices	77.1		G	rant Cod	le/Detail:			
ACE Control #:					Pro	ject Cod	le/Detail:			
AGE CONTROL IN						Invoice	e Period:	07/	1/19 - 07/	31/19
						FINAL	. Invoice[(check it	Yes)
DELIVERABLES		TAL RACTED NOC	DELIVI THIS PE		TOI	ERED DATE NOC	% C TOT UOS			AINING RABLES NOC
Syringe Access Services (hrs., City-Wide &	8,079	54,300		1100		1100		1100	8,079	54,300
Syringe Access, Disposal Coordinatoin & Bu	12	N/A							12	N/A
					1	1100		Man		
Number of Clients for Appendix		NOC 54300		NOC		NOC		NOC		54,300
EXPENDITURES	BUD	GET	EXPEN THIS PE		EXPE TO D		% C			INING
Total Salaries (See Page B)	\$496								\$496,9	
Fringe Benefits Total Personnel Expenses	\$124, \$621,							_	\$124,2 \$621,1	
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,6	666		_					\$95,66	36.00
Materials and Supplies-e.g., Office, Postage, Printing and Repro., Program Supplies)	\$550,	665							\$550,6	65.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$10,9	916							\$10,91	16.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$545,	696							\$545,6	96.00
Other - (Meals, Audit, Transportation Reimb,			-	-			_			
Stipends, Facilitators)										
Total Operating Expenses	\$1,202	.943							\$1,202,9	43.00
Capital Expenditures	84 054	000							62 002	00.00
Indirect Expenses	\$1,824 \$182,4			-				-	\$1,824,0	
TOTAL EXPENSES	\$2,006								\$2,006,4	
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropri	ar-V				NOTES:					
REIMBURSEMENT	late)				1					
certify that the information provided above is, to the best accordance with the budget approved for the contract cite ecords for those claims are maintained in our office at the Signature:	d for service address in	es provided idicated.	under the p							
Send to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, St San Francisco, CA 94103 Attn: Contract Payments	g	Ву:_		hasing	Signatory)			Date:		

APPENDIX F-1i 07/01/19 - 06/30/20 PAGE B

Contractor: San Francisco						PAGE
Cantington Con Empoleon					Invo	ice Number
Contractor: San Francisco	AIDS FO	oundation			A	-1JUL19
Address: 1035 Market Str	eet, Su	ite 400				
San Francisco,	CA 941	103	Contract	Purchase Order No:		
Telephone: 415-487-3000				Fund Source:	Ger	neral Fund
Fax: 415-487-3009						CIGIT DIC
				Grant Code/Detail:		
Program Name: HIV Syringe Acc	cess an	d Disposal Serv				
ACE Control #:				Project Code/Detail:		
12000000				Invoice Period:	07/1/1	9 - 07/31/19
				FINAL Invoice	-E	(check if Yes)
DETAIL PERSONNEL EXPENDIT	TURES					II Sarranura
ERSONNEL	FTE	BUDGETED	THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
gms & Ops Director	0.05	\$5,651				\$5,651.0
ir. Behavioral Health Svc	0.05	\$7,000				\$7,000.00
ir. Gov't Contracts	0.05	\$5,138				\$5,138.0
ata Manager	0.05	\$4,367				\$4,367.0
AS Director	0.75	\$53,944				\$53,944.0
ogistics Inventory Mgr	1.00	\$63,705	_			\$63,705.0
ogistics Associates	2.00	\$113,026				\$113,026.0
SE/Vol Coordinator	2.75	\$53,944				\$53,944.0
ealth Educator omm. Engagement & Kit Packing A	0.65	\$155,411 \$34,730				\$155,411.0 \$34,730.0
	-					
	_					

Title:

APPENDIX F-1j 07/01/19 - 06/30/20 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4 San Francisco, CA 94103				Co		act ID # 102634 rchase (Order No:		voice Nun A-1JUL1	
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	G	eneral F	und
Program Name: HIV Syringe Access and Di	sposal S	ervices		1			le/Detail:			
ACE Control #:					Pio					
						invoice	e Period:	07/1	/19 - 07/	31/19
						FINA	Invoice		(check if	Yes)
DELIVERABLES	CONTR			ERED ERIOD NOC	TO D		TOT UOS			NOC
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A	000	NOC	003	NOC	003	NOC	12	N/A
										-
							1			2
					-		-			
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix	- 1	N/A								N/A
EXPENDITURES	BUDG	BET	EXPE THIS P		EXPE	2.44	% C	20.	REMA BALA	
Total Salaries (See Page B)										
Fringe Benefits Total Personnel Expenses		_		_	-	_		_	-	
Operating Expenses:						_				-
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33,0	000							\$33,00	00.00
Materials and Supplies-(e.g., Office,	\$147.	580				-			\$147,5	80.00
Postage, Printing and Repro., Program Supplies)										
General Operating-(e.g., Insurance, Staff	\$12,0	000			-		-	-	\$12,00	0.00
Training, Equipment Rental/Maintenance)	ψ12,0			-					ψ12,00	0.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb,										
Stipends, Facilitators)										
Total Operating Expenses	\$192,5	580							\$192,58	0.00
Capital Expenditures	W-755									
Indirect Expenses	\$192,5 \$19,2		-	-	-	-	-	-	\$192,58	
OTAL EXPENSES	\$211,8								\$211,83	
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments (Enter as negative, if appropring REIMBURSEMENT	iate)			-						
certify that the information provided above is, to the best econdance with the budget approved for the contract cite econds for those claims are maintained in our office at the Signature:	d for service	es provided								
Title:_						_				
Send to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, So San Francisco, CA 94103	7	Ву: _			Signatory)			Date: _		

APPENDIX F-1j 07/01/19 - 06/30/20 PAGE B

Cambronatura	San Francisco AID	C Coundation		1.0		ice Number
	San Francisco AID: 1035 Market Street				Α-	1JUL19
	San Francisco, CA		Contract	Purchase Order No:		
	415-487-3000			Fund Source:	Ger	eral Fund
Fax:	415-487-3009			Grant Code/Detail:		
Program Name:	HIV Syringe Access	s and Disposal Se				
ACE Control #:			1	Project Code/Detail:		_
			9	Invoice Period:	07/1/1	9 - 07/31/19
				FINAL Invoice		(check if Yes)
ETAIL PERSONI	NEL EXPENDITUR	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING
TAL SALARIES						

Title:

APPENDIX F-1k 07/01/20 - 06/30/21 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4						002634] [A-1JUL	
San Francisco, CA 94103	••			Co	ntract Pu	rchase O	rder No:			
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	(General F	und
Program Name: HIV Syringe Access and Dis	sposal S	ervices		1			e/Detail:			
ACE Control #:					Pro	ject Cod	e/Detail:			
						Invoice	Period:	07/	1/20 - 07/	31/20
						FINAL	Invoice		(check i	f Yes)
DELIVERABLES	CONTR	TAL RACTED NOC		ERED ERIOD NOC		ERED DATE NOC	% OI TOTA			AINING
Syringe Access Services (hrs., City-Wide &	8,079	54,300	003	NOC	003	NOC	005	NOC	8,079	NOC 54,300
Syringe Access, Disposal Coordinatoin & Bu	12	N/A						91	12	N/A
							10.7			
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		54300					-			54,300
EXPENDITURES	BUD	GET	EXPE THIS P	7.7.7.	EXPE TO D	2	% OF			ANCE
Total Salaries (See Page B)	\$496,								\$496,9	
ringe Benefits	\$124,								\$124,2	
Total Personnel Expenses	\$621,	145			_	-			\$621,1	45.00
Operating Expenses: Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,6	666							\$95,6	66.00
Materials and Supplies-(e.g., Office,	\$550,	665							\$550,6	65.00
Postage, Printing and Repro., Program Supplies)	ψουσι	000							ψ000,0	00.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$10,9	916							\$10,9	16.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$545,	696							\$545,6	96.00
Other - (Meals, Audit, Transportation Reimb,			-							
Stipends, Facilitators)										
Total Operating Expenses	\$1,202	,943							\$1,202,8	943.00
Capital Expenditures OTAL DIRECT EXPENSES	\$1,824	,088							\$1,824,0	088.00
Indirect Expenses	\$182,4				1-				\$182,4	09.00
OTAL EXPENSES LESS: Initial Payment Recovery	\$2,006	,497			NOTES:				\$2,006,4	197.00
Other Adjustments (Enter as negative, if appropri	ate)				MOTES.					
REIMBURSEMENT certify that the information provided above is, to the best coordance with the budget approved for the contract cites coords for those claims are maintained in our office at the Signature: Title:	d for service address in	es provided					justification a			
end to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, Su San Francisco, CA 94103	g	Ву:			Signatory			Date:		

APPENDIX F-1k 07/01/20 - 06/30/21 PAGE B

Contractor: San Francisco	10.00					ice Number 1JUL20
Address: 1035 Market S San Francisco			Contract I	Purchase Order No:		
Telephone: 415-487-3000				Fund Source:	Ger	eral Fund
Fax: 415-487-3009				Grant Code/Detail:		
Program Name: HIV Syringe A	ccess an	d Disposal Sen				
ACE Control #:				Project Code/Detail:		
				Invoice Period:	07/1/2	0 - 07/31/20
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEND	ITURES	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
Pgms & Ops Director Dir. Behavioral Health Svc	0.05	\$5,651 \$7,000				\$5,651.00 \$7,000.00
Dir. Gov't Contracts	0.05	\$5,138				\$5,138.00
Data Manager	0.05	\$4,367				\$4,367.00
SAS Director	0.75	\$53,944				\$53,944.00
Logistics Inventory Mgr Logistics Associates	2.00	\$63,705 \$113,026		-		\$63,705.00 \$113,026.00
SSE/Vol Coordinator	0.75	\$53,944	_			\$53,944.00
Health Educator	2.75	\$155,411			- 3	\$155,411.00
Comm. Engagement & Kit Packing A	0.65	\$34,730				\$34,730.00
FOTAL SALARIES certify that the information provided above is,	8.10	\$496,916	malely and appropriate		solesh usan	\$496,916.00

APPENDIX F-11 07/01/20 - 06/30/21 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4 San Francisco, CA 94103				Co		oct ID # 002634 rchase C	Order No:	tr	A-1JUL	
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	G	eneral F	und
Program Name: HIV Syringe Access and D	isposal S	ervices					le/Detail:			
ACE Control #:					Pro	Ject Cod	le/Detail:			
	•					Involce	Period:	07/1	/20 - 07/	31/20
						FINAL	Invoice		(check it	Yes)
DELIVERABLES	CONTR		DELIVI THIS PI UOS			ERED NOC	% (TOT UOS			AINING RABLES NOC
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A	003	NOC	1 003	NOC	000	NOC	12	N/A
								-		
			-							
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A								N/A
EXPENDITURES	BUDG	BET	EXPEN THIS PE		EXPE TO D		% C			INING
Total Salaries (See Page B) Fringe Benefits										
Total Personnel Expenses										
Operating Expenses: Occupancy-(e.g., Rental of Property, Utilities,	\$33,0	00				-		_	\$33,00	00.00
Building Maintenance Supplies and Repairs)									,.	
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$147,5	580							\$147,5	80.00
General Operating-(e.g., insurance, Staff Training, Equipment Rental/Maintenance)	\$12,0	00							\$12,00	00.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb,				-		-				- 4
Stipends, Facilitators)										
Total Operating Expenses	\$192,5	80							\$192,5	80.00
Capital Expenditures OTAL DIRECT EXPENSES	\$192,5	30 1							\$192,58	20.00
Indirect Expenses	\$19,2	58							\$19,25	
TOTAL EXPENSES LESS: Initial Payment Recovery	\$211,8	38	_	_	NOTES:				\$211,83	38.00
Other Adjustments (Enter as negative, if appropr REIMBURSEMENT	riate)				,,,,,,,,					
certify that the information provided above is, to the best coordance with the budget approved for the contract cite ecords for those claims are maintained in our office at the Signature: Title:	d for service a address inc	s provided								
send to: SFDPH Fiscal / Invoice Procession 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments	- T	By:	DPH Auth	orized	Signatory)			Date:		

APPENDIX F-1I 07/01/20 - 06/30/21 PAGE B

Contractor:	San Francisco All	DS Foundation		1.13		1JUL20
	1035 Market Stree					
	San Francisco, C	A 94103	Contract	Purchase Order No:		
	415-487-3000 415-487-3009			Fund Source:	Gen	eral Fund
Program Name:	HIV Syrings Acce	ss and Disposal S	arvices	Grant Code/Detail:		
riogram Name.	HIV Syringe Acce.	ss and Disposal S		Project Code/Detail:		
ACE Control #:				Invoice Period:	07/1/2	0 - 07/31/20
ari unan				FINAL Invoice		(check if Yes)
TAIL PERSONI RSONNEL	NEL EXPENDITU	BUDGETED TE SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
_	-	+				
		+				
					-	
		-				
					- 1	
		-				
		-				

APPENDIX F-1m 07/01/21 - 06/30/22 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4 San Francisco, CA 94103	CALL CALL			Co	10000	02634	Order No:		Invoice Number A-1JUL21		
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	(General F	und	
Program Name: HIV Syringe Access and Di	isposal S	ervices									
ACE Control #:					Proj		le/Detail:				
						Invoic	e Period:	07/	1/21 - 07/	31/21	
						FINA	Invoice		(check is	(Yes)	
DELIVERABLES	CONTR UOS		THIS PE		TO DA		% C TOT UOS			AINING RABLES NOC	
Syringe Access Services (hrs., City-Wide &	8,079	54,300					1		8,079	54,300	
Syringe Access, Disposal Coordinatoin & Bu	12	N/A							12	N/A	
					1	_					
		NOC		NOC		NOC		NOC		NOC	
Number of Clients for Appendix	_	54300		_					-	54,300	
EXPENDITURES	BUD	GET	EXPEN THIS PE		EXPEN TO DA		% O BUDG			INING	
Total Salaries (See Page B) Fringe Benefits	\$496, \$124,								\$496,9		
Total Personnel Expenses	\$621,		_	_	-				\$124,2 \$621,1		
Operating Expenses:							2				
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,6	366							\$95,66	66.00	
Materials and Supplies-(e.g., Office,	\$550,	665							\$550,6	65.00	
Postage, Printing and Repro., Program Supplies)											
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$10,9	16							\$10,91	6.00	
Staff Travel - (e.g., Local & Out of Town)											
Consultant/Subcontractor	\$545,6	396						-	\$545,6	96.00	
Other - (Meals, Audit, Transportation Reimb,	_	_				\rightarrow		-		-	
Stipends, Facilitators)											
Total Operating Expenses	\$1,202	043			_				\$1,202,9	142.00	
Capital Expenditures	\$1,202	343	-						\$1,202,8	43.00	
OTAL DIRECT EXPENSES	\$1,824							- 53	\$1,824,0		
Indirect Expenses OTAL EXPENSES	\$182,4		_	-	-	-	_		\$182,40		
LESS: Initial Payment Recovery	V2,000	101			NOTES:				92,000,4	07.00	
Other Adjustments (Enter as negative, if appropr REIMBURSEMENT	riate)	-									
certify that the information provided above is, to the best coordance with the budget approved for the contract cite cords for those claims are maintained in our office at the Signature;	d for service e address in	es provided	under the p	rovision			justification				
end to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, St San Francisco, CA 94103	ng	Ву: _			Signatory			Date:			

APPENDIX F-1m 07/01/21 - 06/30/22 PAGE B

					Invo	ice Number
Contractor: San Francisco	500	202121-0121-012		[A	-1JUL21
Address: 1035 Market St				name of the state of		
San Francisco,	CA 94	103	Contract	Purchase Order No:		
Telephone: 415-487-3000				Fund Source:	Ger	neral Fund
Fax: 415-487-3009						
Program Name: HIV Syringe Ac	race an	d Dienosal Serv	icos	Grant Code/Detail:		
Flogram Name. The Syringe Ac	ccss ai	iu Disposai Serv	ices	Project Code/Detail:		
ACE Control #:						
				Invoice Period:	07/1/2	1 - 07/31/21
				FINAL Invoice		(check if Yes)
ETAIL PERSONNEL EXPENDI	TURES					
ERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
gms & Ops Director	0.05	\$5,651				\$5,651.00
ir. Behavioral Health Svc	0.05	\$7,000				\$7,000.00
ir. Gov't Contracts	0.05	\$5,138				\$5,138.00
ata Manager	0.05	\$4,367				\$4,367.00
AS Director	0.75	\$53,944				\$53,944.00
ogistics Inventory Mgr	2.00	\$63,705 \$113,026				\$63,705.00
SE/Vol Coordinator	0.75	\$53,944				\$113,026.00 \$53,944.00
ealth Educator	2.75	\$155,411				\$155,411.00
omm. Engagement & Kit Packing A	0.65	\$34,730				\$34,730.00
OTAL SALARIES						
	8.10	\$496,916				\$496,916.00

APPENDIX F-1n 07/01/21 - 06/30/22 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4 San Francisco, CA 94103				Cor		02634 chase C	order No:	lr.	A-1JUL2	
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	G	eneral F	und
Program Name: HIV Syringe Access and Di	sposal S	ervices								
ACE Control #:					Pro	ject Cod	e/Detail:			
	1					Invoice	Period:	07/1	/21 - 07/	31/21
						FINAL	Invoice		(check if	Yes)
DELIVERABLES	CONTR	TAL NOC	THIS PE	RIOD	DELIV TO D		% C TOT UOS	AL	DELIVE	INING RABLES
Syringe Access, Disposal Coord, & Bulk Pur	12	N/A	uos	NOC	UOS	NOC	005	NOC	UOS 12	NOC N/A
						-				
						-				
							-			
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A								N/A
EXPENDITURES	BUD	GET	EXPEN THIS PE		EXPEN TO D		% O BUDG		REMA BALA	
Total Salaries (See Page B) Fringe Benefits		- 3	-							
Total Personnel Expenses				-						-
Operating Expenses:				2.3						
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33,0	000							\$33,00	00.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$147,	580							\$147,5	80.00
General Operating (e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,0	000							\$12,00	0.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor					-					
Other - (Meals, Audit, Transportation Reimb,										
Stipends, Facilitators)		- 1		_						
Total Operating Expenses	\$192,	580							\$192,58	30.00
Capital Expenditures OTAL DIRECT EXPENSES	\$192,	580	-		-				\$192,58	80.00
Indirect Expenses	\$19,2	58							\$19,25	8.00
OTAL EXPENSES LESS: Initial Payment Recovery	\$211,	838			NOTES:				\$211,83	8.00
Other Adjustments (Enter as negative, if appropri	iate)				SOILS.					
pertify that the information provided above is, to the best accordance with the budget approved for the contract cite accords for those claims are maintained in our office at the Signature: Title:	d for service	es provided								
end to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, Si San Francisco, CA 94103 Attn: Contract Payments	T 10. 10. 10. 10.	Ву: _	DPH Auth	orized S	Signator/\			Date:		

APPENDIX F-1n 07/01/21 - 06/30/22 PAGE B

Contractor: San F	rancisco AIDS Fo	oundation				ce Number
	Market Street, Su rancisco, CA 94		Contract	Purchase Order No:		
Sanir	rancisco, CA 94	103	Contract	dichase Order No.		
Telephone: 415-4 Fax: 415-4				Fund Source:	Gen	eral Fund
Program Name: HIV S	vringe Access an	d Disposal Ser	vices	Grant Code/Detail:	Ta	
	***********			Project Code/Detail:	Y	
ACE Control #:				Invoice Period:	07/1/2	1 - 07/31/21
				FINAL Invoice		(check if Yes)
ETAIL PERSONNEL E	VDENDITUDES					
ERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
	10 = 1					
				-	-	

APPENDIX F-10 07/01/22 - 06/30/23 PAGE A

Contractor: San Francisco AIDS Foun Address: 1035 Market Street, Suite San Francisco, CA 94103				Co		act ID # 002634 rchase (Order No:		nvoice Nur A-1JUL	
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP			113	Source:	(General F	und
Program Name: HIV Syringe Access and D	isposal S	Services					le/Detail:			
ACE Control #:	I				Pro	ject Cod	le/Detail:			
						Invoice	e Period:	07/	1/22 - 07/	31/22
						FINAL	. Invoice		(check it	(Yes)
DELIVERABLES		TAL RACTED NOC	THIS PE		TO D		% (TOT UOS		REMAINING DELIVERABLE UOS NO	
Syringe Access Services (hrs., City-Wide &	8,079	54,300							8,079	54,300
Syringe Access, Disposal Coordinatoin & Bu	12	N/A			-				12	N/A
								7		
Number of Clients for Appendix		NOC 54300	-	NOC	п ,	NOC		NOC	0	NOC
Adminer of Cherics for Appendix		54300						-		54,300
EXPENDITURES	BUD	CET	THIS PE		TO D		% C		0.00	INING
Total Salaries (See Page B)	\$496		THIS FE	NIOD	100	AIE	8000)C1	\$496,9	
Fringe Benefits	\$124								\$124,2	
Total Personnel Expenses Operating Expenses:	\$621	145	-	_					\$621,1	45.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,0	666							\$95,66	66.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$550,	665							\$550,6	65.00
General Operating-(e.g., insurance, Staff Training, Equipment Rental/Maintenance)	\$10,9	916							\$10,91	6.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$545,	696							\$545,6	96.00
Other - (Meals, Audit, Transportation Relmb,		-	_	=						-
Stipends, Facilitators)										
Total Operating Expenses	\$1,202	943	_		-	-		-	\$1,202,8	43.00
Capital Expenditures										
TOTAL DIRECT EXPENSES Indirect Expenses	\$1,824 \$182,4					_		_	\$1,824,0	
TOTAL EXPENSES	\$2,006								\$2,006,4	
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments Enter as negative, if appropriate Adjustments	riate)			-						
certify that the information provided above is, to the best coordance with the budget approved for the contract cits ecords for those claims are maintained in our office at the Signature:	ed for service address in	es provided								
iend to: SFDPH Fiscal / Invoice Processis 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments	ng	By:	OPH Autho	orized S	Signatory)			Date:		

APPENDIX F-10 07/01/22 - 06/30/23 PAGE B

APPENDIX F-1p 07/01/22 - 06/30/23 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite San Francisco, CA 94103				Co	_	02634 chase 0	order No:		A-1JUL2	
Telephone: 415-487-3000 Fax: 415-487-3009		CH	IEP				Source:	G	eneral F	und
Program Name: HIV Syringe Access and D	isposal S	ervices								
ACE Control #:	1				Pro	ect Coc	le/Detail:			
						Invoice	Period:	07/1	/22 - 07/	31/22
						FINAL	. Invoice		(check if	Yes)
DELIVERABLES	CONTR UOS	ACTED NOC	THIS PE		TO DATE		% C TOT UOS		REMAINING DELIVERABLES UOS NOC	
Syringe Access, Disposal Coord. & Bulk Pur		N/A	000	NOC	003	7400	003	NOC	12	N/A
								-		
				_		_		_	-	_
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix	_	N/A								N/A
EXPENDITURES	BUDO	GET	EXPEN THIS PE		TO D		% C BUDG			INING
Total Salaries (See Page B) ringe Benefits								-		
Total Personnel Expenses										
Operating Expenses:	600.0	100							600.00	00.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33,0	000		7.1					\$33,00	00.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$147,	580							\$147,5	80.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,0	000							\$12,00	00.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Relmb,										200
Stipends, Facilitators)		-		_		-		-		-
Total Operating Expenses	\$192,5	80							\$192,58	30.00
Capital Expenditures OTAL DIRECT EXPENSES	\$192,5	580							\$192,58	20.00
Indirect Expenses	\$19,2								\$19,25	
OTAL EXPENSES	\$211,8	338							\$211,83	38.00
LESS: Initial Payment Recovery		-		-	NOTES:					
Other Adjustments (Enter as negative, if appropriational Adjustment)	nate)									
certify that the information provided above is, to the best econdance with the budget approved for the contract cite cords for those claims are maintained in our office at th Signature:	ed for service e address in	es provided dicated.	under the p	rovision	of that cont					
Title: _						=				
end to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments	75 A A A	Ву:_	DPH Auth	orized S	Signatory			Date:		

APPENDIX F-1p 07/01/22 - 06/30/23 PAGE B

	San Francisco AIDS	S Foundation		- 1		te Number 1JUL22
	1035 Market Street,					
	San Francisco, CA		Contract F	Purchase Order No:		
	415-487-3000 415-487-3009			Fund Source:	Gen	eral Fund
				Grant Code/Detail:		
Program Name: 1	HIV Syringe Access	and Disposal Se		Project Code/Detail:		
ACE Control #:						
				Invoice Period:	07/1/2:	2 - 07/31/22
				FINAL Invoice		(check if Yes)
TAIL PERSONN	EL EXPENDITUR					
RSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
			1			
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		1				
					_	
TAL SALARIES		Hex-				

APPENDIX F-1q 07/01/23 - 06/30/24 PAGE A

CH	EP	CO	ntract Pu				_	_
1000	EP			P				
Services	CHEP		Fundin Grant Co			(General F	und
			Pro	ect Cod	e/Detail:	_		
				Invoice	Period:	07/	1/23 - 07/	31/23
				FINAL	Invoice		(check if	Yes)
OTAL TRACTED NOC	THIS PE	ERIOD TO DATE			% OF TOTAL UOS NOC		REMAINING DELIVERABLES UOS NOC	
	005	NOC	003	1900	003	NOC	-	54,300
N/A							12	N/A
		-						
NOC		NOC		NOC		NOC		NOO
54300		NOC		NOC		NUC		54,300
DGET						7	1,26,200.0	INING
6,916							\$496,9	16.00
	-		-	-	_	_	-	
1,140							Ψ021,1	40.00
5,666							\$95,66	66.00
0,665							\$550,6	65.00
,916							\$10,91	16.00
5,696							\$545,6	96.00
-		-	-	-				
						5.0		
2 943				-		_	\$1.202.0	N3 00
							WIJEUE,	770.00
							\$1,824,0	
6,497	-					-	\$2,006.4	
		==	TENEDOW.				32,500,	
0,10.	_		NOTES:					
	NOC 54,300 N/A N/A	NOC 54,300 N/A N/A	NOC	TRACTED THIS PERIOD TO D 54,300	DELIVERED THIS PERIOD TO DATE UOS NOC S4,300	DELIVERED DELIVERED TO DATE TOTAL TO	DELIVERED DELIVERED TO DATE TOTAL DOS NOC UOS UOS	FINAL Invoice

APPENDIX F-1q 07/01/23 - 06/30/24 PAGE B

			1		ice Number
				Α-	1JUL23
		Contrac	t Purchase Order No:		
A FIRE	100	40,000			
			Fund Source:	Gen	eral Fund
			Grant Code/Detail:		
Access an	d Disposal Serv	rices			
			Project Code/Detail:		
			Invoice Period:	07/1/2	3 - 07/31/23
			FINAL Invoice		(check if Yes)
OITURES		EYDENSES	EYDENCES	% OF]	REMAINING
FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
0.05	\$5,651				\$5,651.00
0.05					\$7,000.00
					\$5,138.00
					\$4,367.00
					\$53,944.0
			-		\$63,705.0
					\$113,026.0
					\$53,944.0
					\$155,411.00 \$34,730.00
	OITURES FIE 0.05	DITURES BUDGETED FTE SALARY 0.05 \$5,651 0.05 \$7,000 0.05 \$5,138 0.05 \$4,367 0.75 \$53,944 1.00 \$63,705 2.00 \$113,026 0.75 \$53,944 2.75 \$155,411	OITURES BUDGETED EXPENSES FIE SALARY THIS PERIOD 0.05 \$5,651 0.05 \$5,651 0.05 \$5,138 0.05 \$4,367 0.75 \$53,944 1.00 \$63,705 2.00 \$113,026 0.75 \$53,944 2.75 \$155,411	Street, Suite 400 o, CA 94103 Contract Purchase Order No: Fund Source: Grant Code/Detail: Access and Disposal Services Project Code/Detail: Invoice Period: FINAL Invoice OITURES SUDGETED EXPENSES EXPENSES FIE SALARY THIS PERIOD TO DATE 10.05 \$5,651 0.05 \$7,000 0.05 \$5,138 0.05 \$4,367 0.75 \$53,944 1.00 \$63,705 2.00 \$113,026 0.75 \$53,944 2.75 \$155,411	Street, Suite 400 O, CA 94103 Contract Purchase Order No:

APPENDIX F-1r 07/01/23 - 06/30/24 PAGE A

DELIVE THIS PE	ERED	G	Funding rant Cod ject Cod Invoice	Source: Source		ieneral F	
DELIVE THIS PE	RIOD	Gi Pro	rant Cod lect Cod	e/Detail: [e/Detail: [e/Period: [
DELIVE THIS PE	RIOD	Pro	ject Cod	e/Detail: [07/1	1/23 - 07/	
THIS PE	RIOD		Invoice	Period:	07/1	1/23 - 07/	A 4/42/2
THIS PE	RIOD	DELIV			07/1	1/23 - 07/	0.716
THIS PE	RIOD	DELIV	FINAL	Invoice			31/23
THIS PE	RIOD	DELIV				(check if	Yes)
005	NOC	TOD	ATE	% C TOT.	AL	DELIVE	AINING RABLES
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						12	INA
			1	1000			
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						-	N/A
- TOUR (TOUR				Service No.			
-	_				_		
	-				=		_
						\$33.00	00.00
	- 1	-				6447 6	00.00
1	-				-	\$147,5	00.00
						\$12,00	0.00
-	-	_	-	_			_
							_
						0100 5	0.00
						\$192,58	30.00
		_				\$192.58	0.00
		Howers				\$211,83	8.00
	-	NOTES:					
	TO 100 TO	EXPENSES THIS PERIOD	EXPENSES EXPEN	EXPENSES TO DATE TO DATE	EXPENSES TO DATE BUDG	EXPENSES TO DATE BUDGET	EXPENSES TO DATE BUDGET REMA BALA \$33,00 \$147,5: \$192,58 \$192,58 \$192,58 \$19,25 \$211,83

APPENDIX F-1r 07/01/23 - 06/30/24 PAGE B

Contractor:	San Francisco AID	S Foundation				ce Number 1JUL23
Address:	1035 Market Street	71.6.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				
	San Francisco, CA	94103	Contract P	urchase Order No	:	
	415-487-3000 415-487-3009			Fund Source	Gen	eral Fund
				Grant Code/Detail	l:	
Program Name:	HIV Syringe Acces	s and Disposal Se		roject Code/Detail		
ACE Control #:			1	roject code/betail		
and the state of t				Invoice Period	07/1/2	3 - 07/31/23
				FINAL Invoice	e	check if Yes)
TAII DEDOONI	NEL EXPENDITUR	DES				
RSONNEL	FTE	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
					-	-
			P			
			7			
		1				
		-				
						_
TAL SALARIES						

APPENDIX F-1s 07/01/24 - 06/30/25 PAGE A

Contractor: San Francisco AIDS Found	lation					act ID #	1		nvoice Nur A-1JUL2	
Address: 1035 Market Street, Suite 4 San Francisco, CA 94103				Co	ntract Pu		order No.		74-1002	
San Francisco, CA 54103					illiact Fu	icitase c	nual No.			
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	0	Seneral F	und
Program Name: HIV Syringe Access and Di	sposal S	ervices		1			le/Detail:			
ACE Control #:					Pro	ject Cod	le/Detail:			
						Invoice	Period:	07/	1/24 - 07/	31/24
						FINAL	Invoice		(check if	Yes)
DELIVERABLES		TAL RACTED NOC	DELIV THIS P			ERED DATE NOC	TOT UOS			AINING RABLES NOC
Syringe Access Services (hrs., City-Wide &	8,079	54,300						.,,,,,	8,079	54,300
Syringe Access, Disposal Coordinatoin & Bu	12	N/A	-	-					12	N/A
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		54300		NOC		NOC		NOC		54,300
EXPENDITURES	BUD	GET	EXPEI THIS P		EXPE TO D		% C			INING
Total Salaries (See Page B)	\$496								\$496,9	
Fringe Benefits Total Personnel Expenses	\$124,229 \$621,145		_	-	-	-			\$124,2 \$621,1	
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,0	666							\$95,66	56.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$550,	665							\$550,6	65.00
General Operating-(e.g., insurance, Staff Treining, Equipment Rental/Maintenance)	\$10,9	916							\$10,91	16.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$545,	696							\$545,6	96.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)										
Total Operating Expenses	\$1,202	943							\$1,202,9	943.00
Capital Expenditures TOTAL DIRECT EXPENSES	\$1,824	N88							\$1,824,0	00.880
Indirect Expenses	\$182,	409							\$182,4	
TOTAL EXPENSES	\$2,006	,497			NOTES:				\$2,006,4	97.00
Other Adjustments (Enter as negative, if appropri	iate)				NOTES.					
REIMBURSEMENT certify that the information provided above is, to the best eccordance with the budget approved for the contract cite ecords for those claims are maintained in our office at the Signature: Title:	d for service e address in	es provided idicated.	under the	provision					kup	
Send to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, St San Francisco, CA 94103 Attn: Contract Payments	The state of the s	Ву:(І	OPH Auth	norized	Signatory)			Date:		

APPENDIX F-1s 07/01/24 - 06/30/25 PAGE B

						PAGE
					Invo	ice Number
Contractor: San Francisco					A	-1JUL24
Address: 1035 Market S						
San Francisco	, CA 94	103	Contrac	t Purchase Order No:		
Telephone: 415-487-3000				Fund Source:	Ger	neral Fund
Fax: 415-487-3009				runa course.	GEI	leral Fullu
1 4.1. 110 101 5005				Grant Code/Detail:		
Program Name: HIV Syringe A	ccess ar	d Disposal Serv	rices	7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		
				Project Code/Detail:		
ACE Control #:						
				Invoice Period:	07/1/2	4 - 07/31/24
				FINAL Invoice		(check if Yes)
				TIMAL IIIVOICE		(CHECK IL LES)
DETAIL PERSONNEL EXPEND	ITURES			V		
	1.6.00	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
gms & Ops Director	0.05	\$5,651				\$5,651.00
Dir. Behavioral Health Svc	0.05	\$7,000		-		\$7,000.00
Dir. Gov't Contracts	0.05	\$5,138		-		\$5,138.00
Data Manager SAS Director	0.05	\$4,367 \$53,944			-	\$4,367.00
ogistics Inventory Mgr	1.00	\$63,705				\$53,944.00 \$63,705.00
ogistics inventory mor ogistics Associates	2.00	\$113,026				
SSE/Vol Coordinator	0.75	\$53,944				\$113,026.00
Health Educator	2.75	\$155,411				\$53,944.00 \$155,411.00
Comm. Engagement & Kit Packing A	0.65	\$34,730				\$34,730.00
John Lingagement & Nit Facking A	0.00	\$54,750				ψ54,150.00
	_			-		
OTAL SALARIES	8.10	\$496,916				\$496,916.00

Title:

APPENDIX F-11 07/01/24 - 06/30/25 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4 San Francisco, CA 94103				Co		02634 chase C	order No:		A-1JUL2	
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	G	eneral F	und
Program Name: HIV Syringe Access and D	sposal S	ervices					e/Detail:			
ACE Control #:					1,10		Period:	07/1	/24 - 07/	21/2/
							. Invoice	07/1	(check if	
DELIVERABLES	TOT CONTR. UOS		DELIVE THIS PE		DELIV TO D UOS	ERED	% C TOT UOS		REMA	INING RABLES NOC
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A	003	NOC	000	1400	003	NOC	12	N/A
			-		-					
								_	-	
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A								N/A
EXPENDITURES	BUDO	GET	EXPEN THIS PE		EXPEN TO D		% C BUDG	-	REMA BALA	
Total Salaries (See Page B)										
ringe Benefits Total Personnel Expenses	_	_		_	-			-		_
Operating Expenses:									1.000	And to
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33,0	000							\$33,00	00.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$147,	580							\$147,5	80,00
General Operating-le.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,0	00							\$12,00	0.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb,	_			-		-	-			
Stipends, Facilitators)										
Total Operating Expenses	\$192.5	580		_	-	_			\$192,58	30.00
Capital Expenditures	\$102.0	700							9192,00	טע.עע
OTAL DIRECT EXPENSES	\$192,5								\$192,58	
Indirect Expenses OTAL EXPENSES	\$19,2 \$211,8			-	_	-		-	\$19,25 \$211,83	
LESS: Initial Payment Recovery	021170				NOTES:				ΨΕ11,00	0.00
Other Adjustments (Enter as negative, if appropri	riate)									
REIMBURSEMENT certify that the information provided above is, to the best coordance with the budget approved for the contract cite cords for those claims are maintained in our office at the Signature: Title:	d for service e address inc	s provided	under the p							
end to: SFDPH Fiscal / Involce Processir 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments	ng	By:_	DPH Autho	dand 9	Signator			Date: _		

APPENDIX F-1t 07/01/24 - 06/30/25 PAGE B

Land and a series	C F	IDB Faure de de		The state of the s		ce Number
	San Francisco Al 1035 Market Stre			Į.	Α-	1JUL24
Addiess	San Francisco, C		Contrac	t Purchase Order No:		
Telephone:	415-487-3000			Fund Source:	Gen	eral Fund
Fax:	415-487-3009			Grant Code/Detail:		
Program Name:	HIV Syringe Acce	ess and Disposal S	Services			
ACE Control #:			_	Project Code/Detail:		
AGE COMMON #.			_	Invoice Period:	07/1/2	4 - 07/31/24
				FINAL Invoice		check if Yes
TAIL PERSONI		BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING
THE STATE OF THE S		TE GREATT	THOTEINO	TOBATE	BODGET	DADANGE
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TAL SALARIES				; the amount requested for		

APPENDIX F-1u 07/01/25 - 06/30/26 PAGE A

					Contra			_ 1	nvoice Nur	
Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4					10000	02634	1		A-1JUL	25
San Francisco, CA 94103				Co	ntract Pur	chase C	order No:			
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	(General F	und
Program Name: HIV Syringe Access and Di	sposal S	ervices			Gr	ant Cod	le/Detail:			
ACE Control #:					Proj	ect Cod	e/Detail:			
AGE CONTOURS.						Invoice	Period:	07/	1/25 - 07/	31/25
						FINAL	Invoice		(check it	Yes)
DELIVERABLES	CONTR	TAL	DELIVE THIS PE	RIOD	DELIVE TO D		% C TOT UOS		REM/ DELIVE	AINING RABLES
Syringe Access Services (hrs., City-Wide &	8,079	NOC 54,300	uos	NOC	UOS	NOC	005	NUC	UOS 8,079	54,300
Syringe Access, Disposal Coordinatoin & Bu	12	N/A							12	N/A
		-			-			-		-
								_		
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		54300					- 1			54,300
EXPENDITURES	BUD	GET	EXPEN THIS PE		EXPEN TO DA		% C			INING
Total Salaries (See Page B)	\$496,								\$496,9	
Fringe Benefits Total Personnel Expenses	\$124, \$621,		_	_	-	_	_	_	\$124,2 \$621,1	
Operating Expenses:									4021,1	40.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,6	366		_					\$95,60	6.00
Building Maintenance Supplies and Repairs)										_
Materials and Supplies-(e.g., Office,	\$550,	665							\$550,6	65.00
Postage, Printing and Repro., Program Supplies)					-	-		-		
General Operating-(e.g., Insurance, Staff	\$10,9	916							\$10,9	16.00
Training, Equipment Rental/Maintenance)							-			
Staff Travel - (e.g., Local & Out of Town)							-			
Consultant/Subcontractor	\$545,	696							\$545,6	96.00
Comparison Control (Control (C	40.10,1	-		-					40.0,0	00.00
Other - (Meals, Audit, Transportation Reimb,								_		
Stipends, Facilitators)								-		
Total Operating Expenses	\$1,202	943							\$1,202,9	43.00
Capital Expenditures OTAL DIRECT EXPENSES	\$1,824	.088	_						\$1,824,0	088.00
Indirect Expenses	\$182,4	409							\$182,40	09.00
OTAL EXPENSES	\$2,006	,497		- 1	NOTES:				\$2,006,4	97.00
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropri	iate)		_		NOTES.					
Other Adjustments (Enter as negative, if appropri REIMBURSEMENT certify that the information provided above is, to the best coordance with the budget approved for the contract cites accords for those claims are maintained in our office at the Signature: Title:	of my know d for service address in	es provided	under the p							
Send to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, St San Francisco, CA 94103	201 123	Ву:	DI A SE	ake a 2	Slanatonal			Date:		

APPENDIX F-1u 07/01/25 - 06/30/26 PAGE B

					Invo	ice Number
Contractor: San Francisco					A-	-1JUL25
Address: 1035 Market St	treet, Su	ite 400				
San Francisco,	, CA 94	103	Contract	Purchase Order No:		
Telephone: 415-487-3000				Fund Source:	Gor	neral Fund
Fax: 415-487-3009				ruid Source.	Ger	ierai runu
144. 416.407.000				Grant Code/Detail:		
Program Name: HIV Syringe Ac	cess an	d Disposal Serv				
ACE Control #:				Project Code/Detail:		
ACE CONDOI #.				Invoice Period:	07/1/2	5 - 07/31/25
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPENDI	TURES	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
gms & Ops Director	0.05	\$5,651				\$5,651.0
Dir. Behavioral Health Svc	0.05	\$7,000		11		\$7,000.0
Dir. Gov't Contracts	0.05	\$5,138		11		\$5,138.0
ata Manager	0.05	\$4,367				\$4,367.0
AS Director	0.75	\$53,944				\$53,944.0
ogistics Inventory Mgr	1.00	\$63,705			-	\$63,705.0
ogistics Associates	2.00	\$113,026				\$113,026.0
SE/Vol Coordinator	0.75	\$53,944				\$53,944.0
lealth Educator comm. Engagement & Kit Packing A	2.75 0.65	\$155,411 \$34,730				\$155,411.0 \$34,730.0
.1						
	27.1					
OTAL SALARIES	8.10	\$496,916				\$496,916.0

Title:

APPENDIX F-1v 07/01/25 - 06/30/26 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite & San Francisco, CA 94103				Co	100000	2634	order No:	In	A-1JUL2	
Telephone: 415-487-3000 Fax: 415-487-3009		СН	IEP				Source:	G	eneral F	und
Program Name: HIV Syringe Access and Di	isposal S	ervices								
ACE Control #:					Proje	ect Coo	le/Detail:			
						Invoice	Period:	07/1	/25 - 07/	31/25
						FINAL	Invoice		(check if	Yes)
DELIVERABLES	CONTR		DELIVI THIS PI UOS		TO DA		% C TOT UOS			AINING RABLES NOC
Syringe Access, Disposal Coord. & Bulk Pur	12	N/A	003	NUC	1 003	NOC	1005	NUC	12	N/A
	-					-		-		
									-	
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A								N/A
EXPENDITURES	BUDG	3ET	EXPENTING PE		EXPEN: TO DA		% O		REMA	
otal Salaries (See Page B)										
ringe Benefits Total Personnel Expenses	_	_	_	_		-	_			_
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33,0	000							\$33,00	00.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$147,	580							\$147,5	80.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,0	000		-					\$12,00	00.00
Staff Travel - (e.g., Local & Out of Town)					12.0					
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb.			-	_	-			-		
Stipends, Facilitators)										
7-1-10	\$192.5	90		-					£400 E	20.00
Total Operating Expenses Capital Expenditures	3192.3	36U		-					\$192,58	30.00
OTAL DIRECT EXPENSES	\$192,5								\$192,58	
Indirect Expenses OTAL EXPENSES	\$19,2 \$211,8					-		-	\$19,25 \$211,83	
LESS: Initial Payment Recovery	9211,0	300			NOTES:				\$211,00	00.00
Other Adjustments (Enter as negative, if appropri	riate)				manage and					
REIMBURSEMENT certify that the information provided above is, to the best coordance with the budget approved for the contract cite cords for those claims are maintained in our office at the Signature:	of my know d for service e address in	es provided dicated.	under the p	provision	of that contr					
end to: SFDPH Fiscal / Invoice Processin 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments		By:	DPH Auth	orized S	Signatory)			Date: _		

APPENDIX F-1v 07/01/25 - 06/30/26 PAGE B

252(10) 253(2) 1 (2) (2)	ancisco AIDS F	T.Tr. T.T. T.V.				1JUL25
Address: 1035 M	arket Street, Su ancisco, CA 94		Contract P	urchase Order No		
Telephone: 415-487 Fax: 415-487				Fund Source	Gen	eral Fund
		3		Grant Code/Detail		
Program Name: HIV Syr	ringe Access an	d Disposal Ser		roject Code/Detail		
ACE Control #:						
				Invoice Period	07/1/2	5 - 07/31/25
				FINAL Invoice		(check if Yes)
ETAIL PERSONNEL EX	PENDITURES					
ERSONNEL	FTE	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
	\rightarrow					
		- 4				
		-				

APPENDIX F-2c 07/01/19 - 06/30/20 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite	47744			Co	10000026	34		nvoice Nur A-2JUL	
San Francisco, CA 94103				Co	ntract Purcha	se Order No			
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP			ding Source		Seneral F	und
Program Name: HIV Syringe Access and D	isposal S	ervices -	Homeles	s You		Code/Detail:		_	_
						Code/Detail:			
ACE Control #:					Inv	oice Period:	07/	1/19 - 07/	31/19
					F	NAL Invoice		(check if	(Vac)
							7.		
DELIVERABLES	CONTRU		THIS PE		TO DATE		OF TAL NOC		AINING RABLES NOC
HYA Wrap Around & Disposal Services	12	N/A	003	NOC	1 005 IN	003	NOC	12	N/A
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		NOC		NOC	NO	oc.	NOC		NOC
Number of Clients for Appendix		N/A		NOC			NOC		N/A
EXPENDITURES	BUDG	SET	EXPEN THIS PE		EXPENSES TO DATE		OF GET		INING
Total Salaries (See Page B)			11110112	, and L	I G DITTE		OLI	I I	NAOL.
Fringe Benefits									
Total Personnel Expenses Operating Expenses:			_	_			_		
Occupancy-(e.g., Rental of Property, Utilities,									
Building Maintenance Supplies and Repairs)						-	_		-
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)									
Canada Canada									
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)									
Staff Travel - (e.g., Local & Out of Town)				- 1					
Consultant/Subcontractor	\$153,5	559						\$153,5	59.00
Other - (Meals, Audit, Transportation Reimb,				-					
Stipends, Facilitators)									
	6450.5	60							
Total Operating Expenses Capital Expenditures	\$153,5	59	_	-		-		\$153,55	9.00
TOTAL DIRECT EXPENSES	\$153,5	59						\$153,58	9.00
Indirect Expenses	\$15,38			11				\$15,35	5.00
TOTAL EXPENSES	\$168,9	14			NOTES:	1		\$168,91	14.00
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropriate to the control of the cont	rintal	_	_	-	NOTES:				
REIMBURSEMENT	ide)								-
certify that the information provided above is, to the best econdance with the budget approved for the contract cite econds for those claims are maintained in our office at the Signature:	d for service	s provided			the same of the sa				
Title:									
Send to: SFDPH Fiscal / Invoice Procession 1380 Howard Street, 4th Floor, S San Francisco, CA 94103		Ву:					Date:		

APPENDIX F-2c 07/01/19 - 06/30/20 PAGE B

	San Francisco AID					ce Number 2JUL19
Address:	1035 Market Street San Francisco, CA		Contract F	urchase Order No:		
Telephone:	415-487-3000		17213021	Fund Source:	Gen	eral Fund
	415-487-3009					Cidi i dila
Program Name:	HIV Syringe Acces	s and Disposal Se		Grant Code/Detail:		
		is and Disposar Se		roject Code/Detall:		
ACE Control #:			1	to a second	07/4/4	
				Invoice Period:	0//1/1	9 - 07/31/19
				FINAL Invoice		(check if Yes)
TAIL PERSON	NEL EXPENDITU		EXPENSES	EXPENSES	W 05	CCIANINA
RSONNEL	FT	BUDGETED E SALARY	THIS PERIOD	TO DATE	% OF BUDGET	REMAINING BALANCE
		1				
			+			
			- A			
		1				
		1				
				- 3		

APPENDIX F-2d 07/01/20 - 06/30/21 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite 4					_	02634	1	le	A-2JUL2	
San Francisco, CA 94103				Co	ntract Pu	chase C	order No:	-		
Telephone: 415-487-3000 Fax: 415-487-3009		CH	EP				Source:	G	eneral F	und
Program Name: HIV Syringe Access and D	isposal S	ervices -	Homele	ss You			e/Detail:			
ACE Control #:	1				Pro	Ject Cod	le/Detail:			_
ACE CONTOI #:						Invoice	Period:	07/1	/20 - 07/	31/20
						FINAL	Invoice		(check if	Yes)
DELIVERABLES	CONTR	TAL ACTED NOC	DELIV THIS P UOS	ERIOD	DELIV TO D UOS		% (TO1 UOS	AL	DELIVE	INING RABLES
HYA Wrap Around & Disposal Services	12	N/A	UUS	NOC	1005	NOC	UUS	NOC	UOS 12	NOC N/A
		1					1		100	3400
						-				
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A								N/A
EXPENDITURES	BUD	GET	EXPER THIS P		EXPER TO D		% C BUDO		REMA BALA	
otal Salaries (See Page B) ringe Benefits							-			
Total Personnel Expenses		_		_			_			_
perating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)										
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)			-							
Staff Travel - (e.g., Local & Out of Town)		-				_				
Consultant/Subcontractor	\$153,	559							\$153,5	59.00
Other - (Meals, Audit, Transportation Reimb,		-	-							-
Stipends, Facilitators)										
T-4-1 O	\$153.	550		_					\$153,58	0.00
Total Operating Expenses Capital Expenditures	\$ 100,	559							\$103,00	9.00
OTAL DIRECT EXPENSES	\$153,								\$153,58	
Indirect Expenses	\$15,3					-			\$15,35	
OTAL EXPENSES LESS: Initial Payment Recovery	\$168,	914	_		NOTES:		_		\$168,91	4.00
Other Adjustments (Enter as negative, if appropri	riate)									
EIMBURSEMENT										
ertify that the information provided above is, to the best cordance with the budget approved for the contract cits cords for those claims are maintained in our office at the Signature:	ed for service	es provided								
Title:										
end to: SFDPH Fiscal / Invoice Processis 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments		Ву:_			Signatory)			Date:		

APPENDIX F-2d 07/01/20 - 06/30/21 PAGE B

Address: 1	San Francisco AIDS F				HIVU	ce Number
	Carlo a calle a cara a	oundation			A-	2JUL20
2	035 Market Street, S			emanna sen eman d		
	San Francisco, CA 94	1103	Contract P	urchase Order No:		
	115-487-3000 115-487-3009			Fund Source:	Gen	eral Fund
,	115-401-0005			Grant Code/Detail:		
Program Name: I	HIV Syringe Access a	nd Disposal Ser				
ACE Control #:			P	roject Code/Detail:		
Agg common m.				Invoice Period:	07/1/20	0 - 07/31/20
				FINAL Invoice		check if Yes)
200 0000						
	EL EXPENDITURES	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
SONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
			- 1			
				-		-
					9-1	
AL SALARIES		-				

APPENDIX F-2e 07/01/21 - 06/30/22 PAGE A

Contractor: San Francisco AIDS Foun Address: 1035 Market Street, Suite					10000	act ID # 002634		In	A-2JUL2	
San Francisco, CA 94103				Go	ntract Pu	rcnase L	raer No:			=
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	G	eneral F	und
Program Name: HIV Syringe Access and D	isposal S	ervices -	Homele	ss You			ie/Detail:			
	7				Pro	ject Coo	le/Detail:			
ACE Control #:	1					Invoice	Period:	07/1	/21 - 07/	31/21
						FINA	Invoice		les so	
						FINAL	Invoice	-	(check if	
- C		RACTED	THIS PE			ERED	% C			INING RABLES
DELIVERABLES HYA Wrap Around & Disposal Services	UOS 12	NOC N/A	UOS	NOC	UOS	NOC	UOS	NOC	12	NOC N/A
HTA WIAP Albund & Dispusar Services	12	N/A							12	IVA
							-			
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A		_					-	N/A
EXPENDITURES	BUD	GET	EXPEN THIS PE		EXPEI TO D		% C BUDG		REMA BALA	
Total Salaries (See Page B) Fringe Benefits										
Total Personnel Expenses										
Operating Expenses: Occupancy-(e.g., Rental of Property, Utilities,										
Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office,								-		-
Postage, Printing and Repro., Program Supplies)										
General Operating-(e.g., Insurance, Staff						-				_
Training, Equipment Rental/Maintenance										
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$153,	559		- 11					\$153,5	59.00
Other Made Audi Townsodalin Balant				_					-	
Other - (Meals, Audit, Transportation Relmb, Stipends, Facilitators)				- /						
Total Operating Expenses	\$153.	550		_					\$153,5	50 00
Capital Expenditures	\$100,	333							\$ 100,00	33.00
OTAL DIRECT EXPENSES Indirect Expenses	\$153, \$15,3			_		_			\$153,58 \$15,35	
OTAL EXPENSES	\$168,								\$168,91	
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropriate to the control of the cont	rintal			_	NOTES:					
	nate)									
certify that the information provided above is, to the best accordance with the budget approved for the contract cit ecords for those claims are maintained in our office at the Signature:	ed for servic ne address in	es provided adicated.	under the p	rovision						
Title:						_				
rend to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor, S San Francisco, CA 94103		By:						Date:		

APPENDIX F-2e 07/01/21 - 06/30/22 PAGE B

Invoice Period: 07/1/21 - 07/31/21 FINAL Invoice (check if Yes) L PERSONNEL EXPENDITURES BUDGETED EXPENSES (SPENSES % OF REMAINING	Contractor.	San Francisco AIDS F	oundation				ce Number 2JUL21
Telephone: 415-487-3000 Fax: 415-487-3009 Grant Code/Detail: rogram Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance Project Code/Detail: Invoice Period: 07/1/21 - 07/31/21 FINAL Invoice (check if Yes) L PERSONNEL EXPENDITURES BUDGETED EXPENSES EXPENSES % OF REMAINING			10.00 6.00				
Fax: 415-487-3009 Grant Code/Detail: rogram Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance Project Code/Detail: Invoice Period: 07/1/21 - 07/31/21 FINAL Invoice (check if Yes) L PERSONNEL EXPENDITURES BUDGETED EXPENSES EXPENSES % OF REMAINING		San Francisco, CA 94	1103	Contract P	urchase Order No:		
Grant Code/Detail: rogram Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance Project Code/Detail: Invoice Period: 07/1/21 - 07/31/21 FINAL Invoice (check if Yes) L PERSONNEL EXPENDITURES BUDGETED EXPENSES EXPENSES % OF REMAINING					Fund Source:	Gen	eral Fund
rogram Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance Project Code/Detail: Invoice Period: 07/1/21 - 07/31/21 FINAL Invoice (check if Yes) L PERSONNEL EXPENDITURES BUDGETED EXPENSES EXPENSES % OF REMAINING	Fax:	415-487-3009			Grant Code/Detail:		
Project Code/Detail: Invoice Period: 07/1/21 - 07/31/21 FINAL Invoice (check if Yes) L PERSONNEL EXPENDITURES BUDGETED EXPENSES (SPENSES % OF REMAINING	Program Name:	HIV Syringe Access a	nd Disposal Ser				
L PERSONNEL EXPENDITURES BUDGETED EXPENSES (O7/1/21 - 07/31/21 (check if Yes)		20,000					
FINAL Invoice (check if Yes) L PERSONNEL EXPENDITURES BUDGETED EXPENSES (EXPENSES % OF REMAINING	ACE Control #:				Invales Davied	07/4/2	07/24/24
L PERSONNEL EXPENDITURES BUDGETED EXPENSES EXPENSES % OF REMAINING					invoice Period.	0//1/2	1-0//31/21
BUDGETED EXPENSES EXPENSES % OF REMAINING					FINAL Invoice		(check if Yes)
BUDGETED EXPENSES EXPENSES % OF REMAINING							
BUDGETED EXPENSES EXPENSES % OF REMAINING	TAII DEDSON	IEI EYPENDITURE	9				
NNEL FTE SALARY THIS PERIOD TO DATE BUDGET BALANCE		ILL DATE HOTTONE	BUDGETED				
	RSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
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						-	
				-			
	TAL SALARIES						

APPENDIX F-2f 07/01/22 - 06/30/23 PAGE A

Contractor: San Francisco AIDS Foun Address: 1035 Market Street, Suite San Francisco, CA 94103				Co		act ID # 002634 rchase (Order No:		A-2JUL2	
Telephone: 415-487-3000 Fax: 415-487-3009		СН	IEP				Source:	G	eneral F	und
Program Name: HIV Syringe Access and D	isposal S	ervices -	Homele	ss You	th Allian	ce				
ACE Control #:	1				Pro	ject Cod	le/Detail:	-		
						Invoice	Period:	07/1	/22 - 07/	31/22
						FINAL	. Invoice		(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS PI		TO D		% C TOT UOS			AINING RABLES NOC
HYA Wrap Around & Disposal Services	12	N/A		1100		HOU		1400	12	N/A
						-				-
		NOC		NOC		NOC		NOC		NOC
Number of Cilents for Appendix		N/A								N/A
EXPENDITURES	BUD	GET	EXPEN		EXPE TO D		% C		REMA	2 100 2 5 5
Total Salaries (See Page B)										
ringe Benefits Total Personnel Expenses			-		_	_				_
Operating Expenses:								-		
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)										
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)										
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$153,	559							\$153,5	59.00
Other - (Meals, Audit, Transportation Relmb.				-		-		-		_
Stipends, Facilitators)										
	FAFO	550	_						0100 0	
Total Operating Expenses Capital Expenditures	\$153,	009		=	-				\$153,55	9.00
OTAL DIRECT EXPENSES	\$153,	559							\$153,55	9.00
Indirect Expenses	\$15,3								\$15,35	
OTAL EXPENSES LESS: Initial Payment Recovery	\$168,9	314			NOTES:				\$168,91	4.00
Other Adjustments (Enter as negative, if appropri	riate)				NO ICO.					
REIMBURSEMENT	7									
ertify that the information provided above is, to the best cordance with the budget approved for the contract cite cords for those claims are maintained in our office at the Signature;	ed for service e address in	es provided								
Title:										
end to: SFDPH Fiscal / Invoice Procession 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments		Ву:			Signatory)			Date:		

APPENDIX F-2f 07/01/22 - 06/30/23 PAGE B

						ce Number				
Contractor: San Franc Address: 1035 Mark		Control of the Contro	A-2JUL22							
	isco, CA 94		Contract P	urchase Order No:						
Telephone: 415-487-30	000			Fund Source:	0	and Final				
Fax: 415-487-30				runu source.	Gen	eral Fund				
		22.00 - 10.2.0		Grant Code/Detail:						
Program Name: HIV Syring	ge Access ar	d Disposal Ser		Youth Alliance roject Code/Detail:						
ACE Control #:										
				Invoice Period:	07/1/22	2 - 07/31/22				
				FINAL Invoice		check if Yes)				
ETAIL PERSONNEL EXPE	NDITURES									
		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING				
ERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE				
			12							
	+	_		-	-					
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	- 1									
TAL SALADIES				- 1						
OTAL SALARIES ertify that the information provided above cordance with the budget approved for										

APPENDIX F-2g 07/01/23 - 06/30/24 PAGE A

Contractor: San Francisco AIDS Found Address: 1035 Market Street, Suite San Francisco, CA 94103				Co	_	02634 chase C] order No:[ır	A-2JUL2	
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	G	eneral F	und
Program Name: HIV Syringe Access and D	isposal S	ervices -	Homeles	s You	th Allian	ce				
ACE Control #:	1				Pio		le/Detail:			
						Invoice	Period:	07/1	/23 - 07/	31/23
						FINAL	Invoice	_	(check if	Yes)
DELIVERABLES		TAL ACTED NOC	THIS PE		TO D		% C TOT			NOC
HYA Wrap Around & Disposal Services	12	N/A		,,,,,,					12	N/A
						-				
				-						
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A		NOC		NOC		NOC		N/A
EXPENDITURES	BUD	GET	EXPEN THIS PE		EXPENTO D		% O BUDG		REMA BALA	INING
otal Salaries (See Page B)										
ringe Benefits Total Personnel Expenses	-	_	-	-	_	-	_		_	_
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)										
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)										
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$153,	559							\$153,5	59.00
Other - (Meals, Audit, Transportation Reimb,		-	-	-		-		-		
Stipends, Facilitators)										
Total Operating Expenses	\$153.5	559		-	-		_	-	\$153,58	59.00
Capital Expenditures										
OTAL DIRECT EXPENSES Indirect Expenses	\$153,8 \$15,3			-		-	-	-	\$153,55 \$15,35	
OTAL EXPENSES	\$168,9								\$168,91	
LESS: Initial Payment Recovery	200			-	NOTES:					
Other Adjustments (Enter as negative, if appropr REIMBURSEMENT	riate)									
ertify that the information provided above is, to the best cordance with the budget approved for the contract cite cords for those claims are maintained in our office at the Signature:	ed for service e address in	es provided dicated.	under the p	rovision			justification			
and to: SFDPH Fiscal / Invoice Processi	ng juite 423						_	_		

APPENDIX F-2g 07/01/23 - 06/30/24 PAGE B

Contractor	: San Francisco All	OS Fo	undation	Invoice Number A-2JUL23						
Address	: 1035 Market Stree									
	San Francisco, CA	941	03	Contract P	urchase Order No:					
	: 415-487-3000				Fund Source:	Gen	eral Fund			
Fax	415-487-3009									
Program Name	: HIV Syringe Acces	s and	Disposal Ser		Grant Code/Detail:					
r rogram wante.	The Oymige Acces	33 0110	Disposal oci		roject Code/Detail:					
ACE Control #:						07/4/0	07/04/05			
					Invoice Period:	07/1/2	3 - 07/31/23			
					FINAL Invoice		(check if Yes)			
TAIL DEDSON	NEL EXPENDITU	PES								
			BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING			
RSONNEL	FI	E	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE			
			-							
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		-								
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ell silver										
TAL SALARIES		1			e amount requested for					

APPENDIX F-2h 07/01/24 - 06/30/25 PAGE A

Contractor: San Francisco AIDS Found	dation				-	oct ID #		In	voice Nun A-2JUL2	
Address: 1035 Market Street, Suite of San Francisco, CA 94103	400			Co	ntract Pu	chase C	order No:			
Telephone: 415-487-3000						Funding	Source:	G	eneral F	und
Fax: 415-487-3009		CH	IEP						Cilciai	unu
Program Name: HIV Syringe Access and D	isposal S	ervices -	Homele	s You	uth Allian	ce	le/Detail:			
ACE Control #:	1				Pro	ject Cod	le/Detail:			
						Invoice	Period:	07/1	/24 - 07/	31/24
						FINAL	Invoice		(check if	Yes)
DELIVERABLES		TAL RACTED NOC	THIS PE		TO D		% (TOT			AINING RABLES NOC
HYA Wrap Around & Disposal Services	12	N/A						- 11	12	N/A
				-						
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A		NOC	1	NOC		NOC		N/A
EXPENDITURES	BUD	GET	EXPEN THIS PE		EXPERTO D		% C			INING
Total Salaries (See Page B)		-	171107						57.0	1100
Fringe Benefits										
Total Personnel Expenses Operating Expenses:		-		_	-					
Occupancy-(e.g., Rental of Property, Utilities,								-	_	
Building Maintenance Supplies and Repairs)			1							
Materials and Supplies-(e.g., Office,			-							
Postage, Printing and Repro., Program Supplies)					-	_	-	-		
General Operating-(e.g., Insurance, Staff		-	-				_			
Training, Equipment Rental/Maintenance)										
0.77										
Staff Travel - (e.g., Local & Out of Town)								-		
Consultant/Subcontractor	\$153,	559						-	\$153,5	59.00
Other - (Meals, Audit, Transportation Reimb,										
Stipends, Facilitators)							-			
Total Operating Expenses	\$153,	559							\$153,5	9.00
Capital Expenditures	e de co	550							each r	0.00
Indirect Expenses	\$153, \$15,3		_				-		\$153,58 \$15,35	
TOTAL EXPENSES	\$168,								\$168,9	
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments (Enter as negative, if approp REIMBURSEMENT	riale)			-	1					
certify that the information provided above is, to the bes ecordance with the budget approved for the contract cite ecords for those claims are maintained in our office at th Signature;	ed for service e address in	es provided								
Send to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments	The state of the s	Ву:	DPH Auth	orized :	Signatory)			Date:		

APPENDIX F-2h 07/01/24 - 06/30/25 PAGE B

Contractor:	San Francisco AIDS	Foundation				ce Number 2JUL24
	1035 Market Street, S					
	San Francisco, CA 9	4103	Contract F	Purchase Order No:		
	415-487-3000 415-487-3009			Fund Source:	Gen	eral Fund
				Grant Code/Detail:		
Program Name:	HIV Syringe Access a	and Disposal Ser		Youth Alliance roject Code/Detail:		
ACE Control #:				Toject Code/Detail.		
				Invoice Period:	07/1/2	4 - 07/31/24
				FINAL Invoice		(check if Yes)
TAIL PERSONI	NEL EXPENDITURE	s				
RSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
KSONNEL	FIE	SALART	THIS PERIOD	IODATE	BUDGET	DALANCE
			-			-
			[
		-			-	
					-	
			-	-		
TAL SALARIES			1 - 1 - 1	ne amount requested for		

APPENDIX F-2i 07/01/25 - 06/30/26 PAGE A

Contractor: San Francisco AIDS Foundation Address: 1035 Market Street, Suite 400					_	oct ID # 002634]		A-2JUL2	
San Francisco, CA 94103	400			Cos	ntract Pu	chase C	order No:			
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	G	eneral F	und
Program Name: HIV Syringe Access and D	Isposal S	ervices -	Homele	ss You	th Allian	ce	le/Detail:			
ACE Control #:	1				Pro	ject Cod	le/Detail:			
Visco No. No. No.						Invoice	Period:	07/1	/25 - 07/:	31/25
						FINAL	Invoice[(check if	Yes)
DELIVERABLES		TAL ACTED NOC	THIS P		DELIV TO D		% C TOT UOS			INING RABLES NOC
HYA Wrap Around & Disposal Services	12	N/A							12	N/A
						-				
		NOC		NOC		NOC		NOC		NOC
lumber of Clients for Appendix		N/A								N/A
EXPENDITURES	BUD	GET	EXPERTING PE		TO D		% C		REMA BALA	
Total Salaries (See Page B) ringe Benefits										
Total Personnel Expenses										
Operating Expenses:					-					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)										
Materials and Supplies (e.g., Office, Postage, Printing and Repro., Program Supplies)										
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)										
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$153,	559							\$153,5	59.00
Other - Meals, Audit, Transportation Reimb, Stipends, Facilitators)										
Total Operating Expenses	\$153,	559							\$153,55	9.00
Capital Expenditures	\$153,									
OTAL DIRECT EXPENSES Indirect Expenses	\$153,3					-			\$153,55 \$15,35	
OTAL EXPENSES	\$168,9	914			NOTES:				\$168,91	4.00
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropriate appro	riate)				NOTES.					
REIMBURSEMENT certify that the information provided above is, to the best coordance with the budget approved for the contract cite coords for those claims are maintained in our office at th Signature:	t of my know	es provided dicated.	under the	provision		and the second of the second				
end to: SFDPH Fiscal / Invoice Processis 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments	A CONTRACTOR OF THE PARTY OF TH	By:	DPH Auth	orized S	Signatory)			Date: _		

APPENDIX F-2i 07/01/25 - 06/30/26 PAGE B

Contractor:	San Francisco All	S Foundation		19		ice Number 2JUL25
	1035 Market Stree					
	San Francisco, CA	4 94103	Contract I	Purchase Order No:		
	415-487-3000 415-487-3009			Fund Source:	Gen	eral Fund
			AV. CT. I W. CO. CT.	Grant Code/Detail:		
Program Name:	HIV Syringe Acces	ss and Disposal Se		Youth Alliance Project Code/Detail:		
ACE Control #:]			
				Involce Period:	07/1/2	5 - 07/31/25
				FINAL Invoice		(check if Yes)
ETAIL PERSONI	NEL EXPENDITU	RES BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
ERSONNEL	FT		THIS PERIOD	TO DATE	BUDGET	BALANCE
	- 3					
	1 / 1					
	- 1	-				
	_	+				
					= 3	
					-	_
				-	-	

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

Contractor: San Francisco AIDS Foundation Address: 1035 Market Street, Suite					1000002		1 1		A-3JUL	
San Francisco, CA 94103	400			Co	ntract Purch	ase C	rder No:			
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	0	Seneral F	und
Program Name: HIV Syringe Access and D	isposal S	ervices -	Harm R	eduction	on Center		le/Detail:			
ACE Control #:	1				Projec	t Cod	e/Detail:			
	1				In	voice	Period:	07/	1/18 - 07/	31/18
					19	FINAL	Invoice		(check if	Yes)
DELIVERABLES		TAL ACTED NOC	DELIVI THIS PI		TO DAT		% C TOT UOS			AINING RABLES NOC
Syringe Access Services	1,888	31,341	000	HOC	000		000	NOC	1,888	31,341
Lounge Services	1,924	11,475							1,924	11,475
1										
		NOC		NOC		ioc.		NOC		NOC
Number of Clients for Appendix		46641								46,641
EXPENDITURES	BUD	GET	EXPENTHIS PE		EXPENSE TO DATE		% O			INING
Total Salaries (See Page B)	\$671,								\$671,0	
Fringe Benefits Total Personnel Expenses	\$167, \$838,								\$167,7 \$838,8	
Operating Expenses:									0.00	- TO
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$33,2	214							\$33,2	14.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$24,5	564							\$24,56	34.00
General Operating (e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,5	500							\$12,50	00.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor					-					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)										
Total Operating Expenses	\$70.2	78	-			-			\$70,27	8.00
Capital Expenditures										
OTAL DIRECT EXPENSES Indirect Expenses	\$909,0					-			\$909,09	
OTAL EXPENSES	\$1,000				NOTES:				\$1,000,0	
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if approp	riate)				NOTES:					
REIMBURSEMENT										
certify that the information provided above is, to the best accordance with the budget approved for the contract cite cords for those claims are maintained in our office at the Signature:	ed for service	es provided								
(-) () () - ()						Ξ				
end to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments		Ву: _			Signatory)			Date:		

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

Contractor: San Francisco	AIDS E	nundation				3JUL18
Address: 1035 Market S	Acces 2015					330L10
San Francisco		Opportunity and	Contract F	urchase Order No:		
Telephone: 415-487-3000				Fund Source:	Ger	eral Fund
Fax: 415-487-3009						
				Grant Code/Detail:		
Program Name: HIV Syringe A	ccess an	d Disposal Serv				
000000000000000000000000000000000000000			P	roject Code/Detail:		
ACE Control #:				Involce Period:	07/1/1	8 - 07/31/18
				FINAL Invoice		(check if Yes)
				733345		(
DETAIL PERSONNEL EXPEND		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
ERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
P. Programs & Services	0.10	\$20,300				\$20,300.00 \$6,000.00
irector, Behavioral Health Services irector, SAS	0.05	\$6,000 \$18,000		-		\$18,000.00
ssociate Director, 6th Street HRC	1.00	\$63,000				\$63,000.00
ealth Educator	7.75	\$426,250				\$426,250.00
lobile Health Educator	0.50	\$27,500			-	\$27,500.00
ealth Educator/Inventory Team Lea	1.00	\$55,000				\$55,000.00
ventory Associate/Health Educator	1.00	\$55,000				\$55,000.00
	-					
		10.70				
OTAL SALARIES	11.60	\$671,050				\$671.050.00

APPENDIX F-3c 07/01/19 - 06/30/20 PAGE A

Contractor: San Francisco AIDS Foun Address: 1035 Market Street, Suite San Francisco, CA 94103				Cor	100000	2634	order No:	-	A-3JUL	
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	G	Seneral F	und
Program Name: HIV Syringe Access and D	isposal S	ervices -	Harm R	eductio	on Center					
ACE Control #:	1				Proje	ect Cod	e/Detail:			
AGE GOLDON II.						Invoice	Period:	07/	1/19 - 07/	31/19
						FINAL	Invoice		(check if	Yes)
DELIVERABLES		TAL NOC	DELIVI THIS PI		DELIVE TO DA		% (TOT UOS			AINING RABLES NOC
Syringe Access Services	1,888	31,341		NOU		1100		NOO	1,888	31,341
Lounge Services	2,550	15,300							2,550	15,300
								_		1.77
Number of Clients for Appendix	1	NOC		NOC		NOC		NOC		NOC
Number of Chems for Appendix		46641						_		46,641
EXPENDITURES	BUD	GET	THIS PE		TO DA		% C			INING
Total Salaries (See Page B)	\$680	792	THETE	,,,,,,	1,5 2,1		Борс		\$680,7	92.00
Fringe Benefits Total Personnel Expenses	\$170 \$850					_			\$170,1 \$850,9	
Operating Expenses:	\$650	330							\$030,8	90.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$25,	214							\$25,2	14.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$24,	564							\$24,56	34.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$8,3	23							\$8,32	3.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb,				-	-	-		-		_
Stipends, Facilitators)										
Total Operating Expenses	\$58,1	01		-				-	\$58.10	1 00
Capital Expenditures									000,10	
OTAL DIRECT EXPENSES	\$909,				-	-			\$909,09	
Indirect Expenses OTAL EXPENSES	\$1,000								\$1,000,0	
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments (Enter as negative, if appropriate Adjustments)	riate)	-		-						
certify that the information provided above is, to the best coordance with the budget approved for the contract cit coords for those claims are maintained in our office at it Signature:	ed for servic ne address in	es provided dicated.	under the p							
iend to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments	ing	Ву:		orized S	Signatory)			Date:		

APPENDIX F-3c 07/01/19 - 06/30/20 PAGE B

AIDS F	oundation		1		ice Number 3JUL19
					230F19
		Contract I	Purchase Order No:		
			Fund Source:	Ger	eral Fund
			a .a . a		10 - 1-0-0
ccess an	d Disposal Serv	vices - Harm Red			
			tandar Badadi T	07/4/4	0 07/04/40
			invoice Period:	07/1/1	9-0//31/19
			FINAL Invoice		(check if Yes)
ITURES	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
					\$20,300.00
					\$6,000.00
				-	\$10,500.00 \$64,733.00
				-	\$437,976.00
				_	\$28,257,00
					\$56,513.00
1.00	\$56,513				\$56,513.00
-					
_					
	TURES FIE 0.10 0.05 1.00 1.00	BUDGETED SALARY 0.10 \$20,300 0.05 \$6,000 0.15 \$10,500 1.00 \$64,733 7.75 \$437,976 0.50 \$28,257 1.00 \$56,513	TURES BUDGETED EXPENSES FIE SALARY THIS PERIOD 0.10 \$20,300 0.05 \$6,000 0.15 \$10,500 1.00 \$64,733 7.75 \$437,976 0.50 \$28,257 1.00 \$56,513	Contract Purchase Order No: Fund Source:	AIDS Foundation treet, Suite 400 b, CA 94103 Contract Purchase Order No: Fund Source: Ger Grant Code/Detail: Cocess and Disposal Services - Harm Reduction Center Project Code/Detail: Invoice Period: 07/1/1 FINAL Invoice THIS PERIOD TO DATE BUDGET 0.10 \$20,300 0.05 \$6,000 0.15 \$10,500 1.00 \$64,733 7.75 \$437,976 0.50 \$28,257 1.00 \$56,513

APPENDIX F-3d 07/01/20 - 06/30/21 PAGE A

Contractor: San Francisco AIDS Foun	**************************************					02634]		A-3JUL	
Address: 1035 Market Street, Suite San Francisco, CA 94103	400			Co	ontract Pu	chase (Order No:			
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP			5.3	Source:	(General F	und
Program Name: HIV Syringe Access and D	Disposal S	ervices -	Harm Re	ducti	on Cente	r	fe/Detail:			
ACE Control #:					Pro	ject Cod	le/Detail:			
						Invoice	Period:	07/	1/20 - 07/	31/20
						FINAL	Invoice		(check i	f Yes)
DELIVERABLES		TAL RACTED NOC	DELIVE THIS PE UOS		DELIV TO D UOS		% (TOT UOS			AINING RABLES NOC
Syringe Access Services	1,888	31,341							1,888	31,341
Lounge Services	2,550	15,300				-			2,550	15,300
	-		-	-	-					
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		46641								46,641
EXPENDITURES	BUD	GET	EXPENS THIS PER	7770	EXPENTO D		% C BUD		0.1	ANCE
Total Salaries (See Page B)	\$680								\$680,7	
Fringe Benefits Total Personnel Expenses	\$170,198 \$850,990					-		-	\$170,1 \$850,9	
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$25,	214							\$25,2	14.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$24,	564							\$24,56	64.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$8,3	23							\$8,32	3.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb,	-		-					-		
Stipends, Facilitators)										
Total Operating Expenses	\$58.1	01							\$58,10	1 00
Capital Expenditures	000,								\$30,10	1.00
TOTAL DIRECT EXPENSES	\$909,								\$909,0	
Indirect Expenses	\$90,9 \$1,000			_	_				\$90,90	
TOTAL EXPENSES LESS: Initial Payment Recovery	\$1,000	,000			NOTES:				\$1,000,0	00.00
Other Adjustments (Enter as negative, if approp	priate)				30.10					
REIMBURSEMENT certify that the information provided above is, to the best occordance with the budget approved for the contract of ecords for those claims are maintained in our office at the Signature: Title:	ted for servic ne address in	es provided								
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, S San Francisco, CA 94103 Attn: Contract Payments		Ву:	PH Autho	nized	Signatory)			Date:		

APPENDIX F-3d 07/01/20 - 06/30/21 PAGE B

					Invo	ice Number
Contractor: San Francisco A	DS Fo	undation		1		3JUL20
Address: 1035 Market Stre	et, Suit	te 400				
San Francisco, C	A 941	03	Contract F	Purchase Order No:		
Telephone: 415-487-3000				Fund Source:	Ger	eral Fund
Fax: 415-487-3009				, and course.	- 001	iciai i unu
				Grant Code/Detail:		
Program Name: HIV Syringe Acce	ess and	d Disposal Serv				
ACE Control #:		1		roject Code/Detail:		
AGE Control #:				Invoice Period:	07/1/2	0 - 07/31/20
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPENDIT	URES					
		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
	TE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
and the state of t	0.10	\$6,000				\$20,300.00 \$6,000.00
	0.15	\$10,500				\$10,500.00
	1.00	\$64,733				\$64,733.00
	7.75	\$437,976				\$437,976.00
	0.50	\$28,257				\$28,257.00
	1.00	\$56,513				\$56,513.00
nventory Associate/Health Educator	1.00	\$56,513				\$56,513.00
	_					
	-				-	
	-		-			
	- 1					
	_					
	-	-				
	_					
- '	_	_			-	
	_					
	-				-	
OTAL SALARIES 11	.55	\$680,792	-			\$680,792,00

APPENDIX F-3e 07/01/21 - 06/30/22 PAGE A

Contractor: San Francisco AIDS Foun Address: 1035 Market Street, Suite				c	1000	002634]		A-3JUL	
San Francisco, CA 94103				C	ontract Pu	ircnase u	oraer No;			-
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP			3.77	Source:	(General F	und
Program Name: HIV Syringe Access and D	Disposal S	ervices -	Harm R	educti			le/Detail:			
ACE Control #:	7				Pre	oject Cod	le/Detail:			
AGE GOILLOI H.	_					Invoic	e Period:	07/	1/21 - 07/	31/21
						FINA	Invoice		(check i	(Vec)
	TO	TAL	DELIV	EDED	DEL		71101017	1 5		AINING
DELIVERABLES	CONTR	NOC	THIS P	ERIOD	TO	DATE	701		DELIVE	RABLES
Syringe Access Services	1,888	31,341	DUS	NOC	UOS	NOC	uos	NOC	1,888	NOC 31,341
Lounge Services	2,550	15,300							2,550	15,300
					1					
				-		1				
Number of Clients for Appendix	0	NOC 46641		NOC		NOC		NOC	-	NOC 46,641
number of offents for Appendix		40047			-					40,041
EXPENDITURES	BUD	GET	THIS PE			NSES	% C			INING
Total Salaries (See Page B)	\$680	792							\$680,7	92.00
Fringe Benefits Total Personnel Expenses	\$170,198 \$850,990			_	-				\$170,1	
Operating Expenses:									3030,8	30.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$25,	214							\$25,2	14.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$24,	564				-			\$24,56	64.00
		a - 1								
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$8,3	23							\$8,32	3.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - Macle Audit Transportation Delect					-	-	-		7	
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)										
Total Occapitati Evenando	\$58,1	01		_			1		0E0 46	1 00
Total Operating Expenses Capital Expenditures	\$30,1	01							\$58,10	1.00
OTAL DIRECT EXPENSES	\$909,								\$909,0	
Indirect Expenses OTAL EXPENSES	\$90,9 \$1,000						-	-	\$90,90	
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments (Enter as negative, if appropriate International Control of the	riate	-			1					
certify that the information provided above is, to the best coordance with the budget approved for the contract oil accords for those claims are maintained in our office at it Signature: Title:	ed for servic ne address in	es provided dicated.	under the	provisio						
end to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, 5 San Francisco, CA 94103 Attn: Contract Payments	ing	Ву:_			Signatory			Date:		

APPENDIX F-3e 07/01/21 - 06/30/22 PAGE B

eneral Fund 21 - 07/31/21 [check if Yes) REMAINING BALANCE	Gen	Fund Source: Grant Code/Detail: ction Center oject Code/Detail: Invoice Period: FINAL Invoice	rices - Harm Redu	ite 400 103	rket Street, Su ncisco, CA 94 -3000 -3009	Contractor: San Francisco Address: 1035 Market Si San Francisco Telephone: 415-487-3000 Fax: 415-487-3009
21 - 07/31/21 [(check if Yes)]	07/1/2	Fund Source: [Grant Code/Detail: [ction Center roject Code/Detail: [Invoice Period: [rices - Harm Redu	103	3000 3009	San Francisco Telephone: 415-487-3000
21 - 07/31/21 [(check if Yes)]	07/1/2	Fund Source: [Grant Code/Detail: [ction Center roject Code/Detail: [Invoice Period: [rices - Harm Redu		3000 3009	Telephone: 415-487-3000
21 - 07/31/21 [(check if Yes)]	07/1/2	Grant Code/Detail: ction Center oject Code/Detail: Invoice Period:	rices - Harm Redu	d Disposal Serv	3009	
21 - 07/31/21 [(check if Yes)]	07/1/2	Grant Code/Detail: ction Center oject Code/Detail: Invoice Period:	rices - Harm Redu	d Disposal Serv	3009	
(check if Yes)		ction Center oject Code/Detail:[Invoice Period:[rices - Harm Redu	d Disposal Serv	nge Access an	
(check if Yes)		roject Code/Detail:		d Disposal Serv	nge Access an	
(check if Yes)		Invoice Period:	Pi			Program Name: HIV Syringe Ad
(check if Yes)						ACE Control #:
REMAINING		FINAL Invoice				ACE CONTO #.
REMAINING		FINAL Invoice				
					PENDITURES	DETAIL PERSONNEL EXPEND
BALANCE	% OF	EXPENSES	EXPENSES	BUDGETED		
\$20,300.0	BUDGET	TO DATE	THIS PERIOD	\$20,300	FTE O 10	PERSONNEL V.P. Programs & Services
\$6,000.0				\$6,000	0.10 rvices 0.05	Director Behavioral Health Services
\$10,500.0				\$10,500	0.15	Director, SAS
\$64,733.0				\$64,733		Associate Director, 6th Street HRC
\$437,976.0				\$437,976	7.75	Health Educator
\$28,257.0				\$28,257	0.50	Mobile Health Educator
\$56,513.0		-1		\$56,513		lealth Educator/Inventory Team Lea
\$56,513.0				\$56,513	ıcator 1.00	nventory Associate/Health Educator
					-	
			_ 1			
10						
-						
				\$56,513		nventory Associate/Health Educator

APPENDIX F-3f 07/01/22 - 06/30/23 PAGE A

Contractor: San Francisco AIDS Foun Address: 1035 Market Street, Suite					10000	002634]		A-3JUL	
San Francisco, CA 94103				Co	ontract Pui	chase C	Order No:			
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:		General F	und
Program Name: HIV Syringe Access and D)isposal S	ervices -	Harm R	educti			de/Detail:	1		
ACE Control #:	1				Pro	ject Cod	le/Detail:			
ACE COILLOI #.	7					Invoice	e Period:	07/	1/22 - 07/	31/22
						FINAL	. Involce		(check in	(Yes)
		TAL	DELIV		DELIV	ERED	% (REMA	AINING RABLES
DELIVERABLES	UOS	NOC	UOS P	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Syringe Access Services	1,888	31,341							1,888	31,341
Lounge Services	2,550	15,300							2,550	15,300
									-	
						,	1			
				_	1 1					
Number of Cliente for Assembly		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		46641	_	_					U	46,641
EXPENDITURES	BUD	GET	EXPENTHIS PE		TO D		% C BUDG			INING
Total Salaries (See Page B)	\$680		11.110.11	THOD	100	1	5050	-	\$680,7	
Fringe Benefits	\$170,								\$170,1	
Total Personnel Expenses Operating Expenses:	\$850,990			_					\$850,9	90.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$25,214								\$25,2	14.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$24,	564							\$24,56	34.00
General Operating-(e.g., Insurence, Staff Training, Equipment Rental/Maintenance)	\$8,3	23							\$8,32	3.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - /Maala Audit Transportation Rolmh			-			-				
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)										
Total Operating Expenses Capital Expenditures	\$58,1	01	_						\$58,10	1.00
TOTAL DIRECT EXPENSES	\$909,0	091							\$909,09	91.00
Indirect Expenses	\$90,9								\$90,90	9.00
TOTAL EXPENSES	\$1,000	,000			DIAPPA				\$1,000,0	00.00
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropriate to the content of the cont	rinto\	-	-	-	NOTES:					
REIMBURSEMENT	nate)									
certify that the information provided above is, to the best coordance with the budget approved for the contract cit ecords for those claims are maintained in our office at the Signature:	ed for service ne address in	es provided dicated.				0.00				
Title:						_				
Send to: SFDPH Fiscal / Invoice Processi 1380 Howard Street, 4th Floor, 5 San Francisco, CA 94103 Attn: Contract Payments		Ву:	DEM Auth	nriznd i	Signatory)			Date:		

APPENDIX F-3f 07/01/22 - 06/30/23 PAGE B

	U22.2					ice Number
Contractor: San Francisco				1	A-	3JUL22
Address: 1035 Market Stan Francisco			Contract	Purchase Order No:		
	, 0,, 0,					
Telephone: 415-487-3000 Fax: 415-487-3009				Fund Source:	Gen	eral Fund
1 ax. 413-401-3005				Grant Code/Detail:		
Program Name: HIV Syringe Ad	cess an	d Disposal Sen	ices - Harm Red	The second secon		
				Project Code/Detail:		
ACE Control #:				Invoice Period:	07/1/2	2 - 07/31/22
			*	FINAL Invoice		
				T HAZE III OOOO		(check if Yes)
ETAIL PERSONNEL EXPEND	TURES	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
P. Programs & Services	0.10	\$20,300	THIS PERIOD	I TOURIE	BODGET	\$20.300.00
rector, Behavioral Health Services	0.05	\$6,000				\$6,000.00
rector, SAS	0.15	\$10,500				\$10,500.00
sociate Director, 6th Street HRC	1.00	\$64,733				\$64,733.0
alth Educator	7.75	\$437,976				\$437,976.0
bile Health Educator	0.50	\$28,257				\$28,257.0
alth Educator/Inventory Team Lea	1.00	\$56,513				\$56,513.0
ventory Associate/Health Educator	1.00	\$56,513				\$56,513.0
	_					
	-					_
					S 11	
	_ 7					
	_					
	-					
	-					
	-				_	
				-		
		-				
OTAL SALARIES	11.55	\$680,792				\$680,792.00

APPENDIX F-3g 07/01/23 - 06/30/24 PAGE A

Contractor: San Francisco AIDS Foun Address: 1035 Market Street, Suite					10000	002634	J	1	A-3JUL	
San Francisco, CA 94103				Co	intract Pur	chase C	order No:		_	
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	(General F	und
Program Name: HIV Syringe Access and D	isposal S	ervices -	Harm Re	ducti			le/Detail:			
	7				Pro	Ject Coo	le/Detail:			
ACE Control #:	J					Invoice	Period:	07/	1/23 - 07/	31/23
						FINAL	Invoice		(check i	(Vec)
	CONTR	TAL	DELIVE THIS PE	RIOD	DELIV TO D	ERED	% (TOT	AL	REM/ DELIVE	AINING RABLES
DELIVERABLES Syringe Access Services	UOS 1,888	NOC 31,341	uos	NOC	uos	NOC	UOS	NOC	UOS 1,888	NOC 31,341
Lounge Services	2,550	15,300							2,550	15,300
										-
						-				
						0.1	7 - 0			
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		46641								46,641
EXPENDITURES	BUD	GET	EXPEN THIS PE	100	EXPER TO D		% C			ANCE
Total Salaries (See Page B) Fringe Benefits	\$680,792 \$170,198								\$680,7	
Total Personnel Expenses	\$850,990			_	1				\$170,1 \$850,9	
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$25,	214							\$25,2	14.00
Materials and Supplies-(e.g., Office,	\$24,	564							\$24,56	64.00
Postage, Printing and Repro., Program Supplies)					_					
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$8,3	23							\$8,32	3.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audil, Transportation Reimb,	-			-	-	-				
Stipends, Facilitators)										
Total Operating Expenses	\$58,1	101	-	-				-	\$58,10	1.00
Capital Expenditures										
Indirect Expenses	\$909, \$90,9		-						\$909,0	
TOTAL EXPENSES	\$1,000								\$1,000,0	
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments (Enter as negative, if appropriate Adjustments)	riate)	-			1					
certify that the information provided above is, to the best coordance with the budget approved for the contract of ecords for those claims are maintained in our office at the Signature:	ed for servic ne address in	es provided	under the p							
SEPPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, S San Francisco, CA 94103		Ву:	DDL AUSE	ntizod	Signatory)			Date:		

APPENDIX F-3g 07/01/23 - 06/30/24 PAGE B

					Invo	ice Number
Contractor: San Francisco	AIDS F	oundation		140	A	-3JUL23
Address: 1035 Market St	reet, Su	ite 400				
San Francisco	CA 94	103	Contract F	urchase Order No:		
Telephone: 415-487-3000				Fund Source:	Ger	neral Fund
Fax: 415-487-3009						
				Grant Code/Detail:		
Program Name: HIV Syringe Ac	cess an	d Disposal Serv	ices - Harm Red	action Center		
		W. C. Carlotte	F	roject Code/Detail:		
ACE Control #:					215,020	
				Invoice Period:	07/1/2	3 - 07/31/23
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPENDI	TURES		EVOCALCE	EVOENOEO	W 0F	PELANNIC
PERSONNEL	FTE	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
/.P. Programs & Services	0.10	\$20,300	THE TAINE	, conte	SULULI	\$20,300.00
Director, Behavioral Health Services	0.05	\$6,000				\$6,000.00
Director, SAS	0.15	\$10,500		1		\$10,500.00
ssociate Director, 6th Street HRC	1.00	\$64,733		/		\$64,733.00
lealth Educator	7.75	\$437,976		man and the		\$437,976.00
Nobile Health Educator	0.50	\$28,257				\$28,257.0
lealth Educator/Inventory Team Lea	1.00	\$56,513				\$56,513.00
nventory Associate/Health Educator	1.00	\$56,513			-	\$56,513.00
	-	-			_	
	-		-			-
	-	_				
					-	
	_					
					-	
C.C. down C. D. Branch C.	11 55	\$680,792				5000 700 00
OTAL SALARIES	11.55	2000,732				\$680,792.00

Title:

APPENDIX F-3h 07/01/24 - 06/30/25 PAGE A

Contractor: San Francisco AIDS Four Address: 1035 Market Street, Suite San Francisco, CA 94103				Co		nct ID # 102634 chase (Order No:		A-3JUL:	
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	(General F	und
Program Name: HIV Syringe Access and D)isposal S	ervices -	Harm Re	educti			ae/Detail:			
ACE Control #:	1				Pro	ject Cod	le/Detail:			
						Invoic	e Period:	07/	1/24 - 07	31/24
						FINAL	Invoice		(check i	f Yes)
DELIVERABLES		TAL RACTED NOC	DELIVE THIS PE		DELIVI TO D UOS		% C TOT UOS		DELIVE	AINING RABLES
Syringe Access Services	1,888	31,341	003	NOC	1 1	NOC	005	NOC	UOS 1,888	NOC 31,341
Lounge Services	2,550	15,300						-	2,550	15,300
				44	-					
			-					-	-	
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		46641			T	1100		1100		46,641
EXPENDITURES	BUD	GFT	EXPEN THIS PE		EXPEN TO D		% C			INING ANCE
Total Salaries (See Page B)	\$680,		33.0-3		1					92.00
Fringe Benefits	\$170,198 \$850,990		-						\$170,1	The second second
Total Personnel Expenses Operating Expenses:	\$850,	990	-	_	-				\$850,9	90.00
Occupancy-(e.g., Rental of Property, Utilities,	\$25,2	214							\$25,2	14.00
Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$24,5	564							\$24,56	64.00
								- 1		
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$8,3	23							\$8,32	3.00
Staff Travel - (e.g., Local & Out of Town)									12.7	
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb,										
Stipends, Facilitators)							-			
Total Operating Expenses	\$58,1	01	_		-	-			\$58,10	11.00
Capital Expenditures	200,1								930/10	1.00
TOTAL DIRECT EXPENSES	\$909,0								\$909,0	
Indirect Expenses FOTAL EXPENSES	\$90,9 \$1,000					-		-	\$90,90	
LESS: Initial Payment Recovery	\$1,000	,000			NOTES:			_	\$ 1,000,0	00.00
Other Adjustments (Enter as negative, if approp	riate)									- 11
REIMBURSEMENT certify that the information provided above is, to the best accordance with the budget approved for the contract chiecords for those claims are maintained in our office at the Signature: Title:	ed for service ne address in	es provided s dicated.	under the p			100				
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, 5 San Francisco, CA 94103 Attn: Contract Payments		By:		orized	Signatory)			Date:		

APPENDIX F-3h 07/01/24 - 06/30/25 PAGE B

2700 00 2002 2004		and a facility				ce Number
Contractor: San Francisco					A-	3JUL24
Address: 1035 Market St San Francisco	7.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4		Contract F	urchase Order No	:	
	,, -,	177				
Telephone: 415-487-3000 Fax: 415-487-3009				Fund Source	Gen	eral Fund
rax. 413-401-3005				Grant Code/Detail	:	
Program Name: HIV Syringe Ad	cess an	d Disposal Serv				
ACE C			P	roject Code/Detail		
ACE Control #:				Invoice Period	07/1/2	4 - 07/31/24
				FINAL Invoice		(check if Yes)
ETAIL PERSONNEL EXPEND	TURES	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
P. Programs & Services	0.10	\$20,300	THIS ! ENIOD	TOBALL	DODGET	\$20,300.00
rector, Behavioral Health Services	0.05	\$6,000				\$6,000.00
rector, SAS	0.15	\$10,500				\$10,500.00
ssociate Director, 6th Street HRC	1.00	\$64,733				\$64,733.00
ealth Educator	7.75	\$437,976				\$437,976.00
obile Health Educator	0.50	\$28,257				\$28,257.00
ealth Educator/Inventory Team Leaventory Associate/Health Educator	1.00	\$56,513 \$56,513			-	\$56,513.00 \$56,513.00
						444,6,14,6
			-			
		-				
- Color of the Col	44 EE	F690 702				8000 700 00
OTAL SALARIES	11.55	\$680,792	nplete and accurate; th			\$680,792.00

APPENDIX F-3/ 07/01/25 - 06/30/26 PAGE A

Contractor: San Francisco AIDS Foun Address: 1035 Market Street, Suite	and the second second				_	02634	1 1		nvoice Nur A-3JUL	
San Francisco, CA 94103				Co	ntract Pur	chase C	order No:			
Telephone: 415-487-3000 Fax: 415-487-3009		СН	EP				Source:	(General F	und
Program Name: HIV Syringe Access and D	isposal S	ervices -	Harm Re	ducti			le/Detail:		-	_
	÷						e/Detail:			
ACE Control #:	1					Invoice	Period:	07/	1/25 - 07/	31/25
						FINAL	. Invoice		(check it	(Vac)
OF MEDICAL PRO	CONTR	TAL PACTED	DELIVE THIS PE	RIOD	DELIV TO D	ERED	% C TOT	AL	REM/ DELIVE	AINING RABLES
Syringe Access Services	UOS 1,888	NOC 31,341	UUS	NOC	UOS	NOC	UOS	NOC	1,888	NOC 31,341
Lounge Services	2,550	15,300				100			2,550	15,300
Essings Services	-,,,,,,,								1	
				-						
					11	11.00		.7.0	1	-
Number of Clients for Assembles	1	NOC		NOC		NOC		NOC	7	NOC
Number of Clients for Appendix		46641		_				_	1	46,641
EXPENDITURES	BUD	GET	EXPEN THIS PE		EXPENTO D		% O BUDG			INING INCE
Total Salaries (See Page B)	\$680								\$680,7	
Fringe Benefits	\$170				-			_	\$170,1	
Total Personnel Expenses	\$850	,990		_	-			_	\$850,9	90.00
Operating Expenses: Occupancy-(e.g., Rental of Property, Utilities,	\$25,	214	_		-		_	_	\$25,2	14.00
Building Maintenance Supplies and Repairs)	Ψ2.0,	217							Ψ20,Z	14.00
Materials and Supplies-(e.g., Office,	\$24,	564			-				\$24,56	34.00
Postage, Printing and Repro., Program Supplies)	7,526									
General Operating-(e.g., Insurance, Staff	\$8,3	23		_					\$8,32	3.00
Training, Equipment Rental/Maintenance)		-						-		
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Relmb,										
Stipends, Facilitators)			3							
7 / 10 H F	250	04		_					PC0 10	4 00
Total Operating Expenses Capital Expenditures	\$58,1	01.		-		_			\$58,10	1.00
TOTAL DIRECT EXPENSES	\$909,	091							\$909,0	91.00
Indirect Expenses	\$90,9								\$90,90	
TOTAL EXPENSES	\$1,000	,000							\$1,000,0	00.00
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments (Enter as negative, if appropriate Adjustments) REIMBURSEMENT	riate)		_							
certify that the information provided above is, to the besecordance with the budget approved for the contract cit ecords for those claims are maintained in our office at the Signature:	ed for servic	es provided							kup	
Title:										
Send to: SFDPH Fiscal / Invoice Process 1380 Howard Street, 4th Floor, S San Francisco, CA 94103	The state of the s	Ву:	NOU A M	and a discount of	Signatory			Date:		

APPENDIX F-3i 07/01/25 - 06/30/26 PAGE B

					Invo	ice Number
Contractor: San Francisco		30 10110 111		J	A-	3JUL25
Address: 1035 Market St	7.77		63600-000			
San Francisco	CA 941	103	Contract F	urchase Order No:		
Telephone: 415-487-3000				Fund Source:	Gen	eral Fund
Fax: 415-487-3009						
				Grant Code/Detail:		
Program Name: HIV Syringe Ac	cess an	d Disposal Serv	ices - Harm Redu	uction Center		
		Commence of the	P	roject Code/Detail:		
ACE Control #:				A A A		
				Invoice Period:	07/1/2	5 - 07/31/25
				FINAL Invoice		(check if Yes)
ETAIL PERSONNEL EXPENDI ERSONNEL	FTE	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
P. Programs & Services	0.10	\$20,300				\$20,300.00
rector, Behavioral Health Services	0.05	\$6,000				\$6,000.00
rector, SAS	0.15	\$10,500				\$10,500.00
sociate Director, 6th Street HRC	1.00	\$64,733				\$64,733.00
ealth Educator	7.75	\$437,976				\$437,976.00
bile Health Educator	0.50	\$28,257				\$28,257.00
ealth Educator/Inventory Team Leaventory Associate/Health Educator	1.00	\$56,513 \$56,513				\$56,513.00 \$56,513.00
, , , , , , , , , , , , , , , , , , ,		400,010				
					-	
TAL SALARIES	11.55	\$680,792				\$680,792.00
	11.00	of my knowledge, cor				\$000 J 52.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/3/2019

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

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

PRODUCER	NAME: Kim Strehl	NAME: Kim Strehl		
CalNonprofits Insurance Services 1500 41st Avenue	PHONE [A/C, No. Ext]: 868-427-5224 [A/C, No.):			
Suite 280	E-MAIL ADDRESS: kims@cal-insurance.org			
Capitola CA 95010	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A : Berkshire Hathaway Homestate Insurance Company			
INSURED SANFRAN-44	INSURER B : Continental Casualty	20443		
1035 Market Street, Ste. 400	INSURER C : Federal Insurance Company	20281		
	INSURER D : Lloyds Syndicate	243775		
	INSURER E : Nonprofits Insurance Alliance of California	10023		
	INSURER F ;			
COVERAGES CERTIFICATE NUMB	ER: 1312338471 REVISION NUMBER:			

CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDUSUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER INSO WYD COMMERCIAL GENERAL LIABILITY 2019-00950 4/1/2019 4/1/2020 EACH OCCURRENCE \$ 1,000,000 PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$3,000,000 PRO-JECT X LOC POLICY PRODUCTS - COMP/OP AGG \$ 5,000,000 OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** 2019-00950 4/1/2019 4/1/2020 \$ 1,000,000 E ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY HIRED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) X 3 X UMBRELLALIAB 4/1/2019 4/1/2020 2019-00950-UMB X EACH OCCURRENCE OCCUR \$ 10,000,000 EXCESS LIAB CLAIMS-MADE AGGREGATE DED X RETENTIONS TO ODD 5 WORKERS COMPENSATION SAW0928172 7/1/2018 7/1/2019 X STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$ 1,000,000 NIA E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000 \$4M/\$6M Employee Dishonesty Overall Policy Agg. Medical Malpractice HMA4032292517 4/1/2019 4/1/2020 Crime Cyber Liability 82235661 4/1/2019 1.000.000 EVO-PNP-386-234 4/1/2019 1,000,000

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

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

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

See Attached...

CERTIFICATE HOLDER

City and County of San Francisco, Department of Public Health

Attn: Contracts 101 Grove Street, Suite 307 San Francisco CA 94102

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Kim Stasho

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AGENCY CUSTOMER ID: SAI	NFRAN-44
-------------------------	----------

LOC#:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY CalNonprofits Insurance Services		NAMED INSURED San Francisco AIDS Foundation 1035 Market Street, Ste. 400	
POLICY NUMBER		San Francisco CA 94103	
CARRIER	NAIC CODE	1	
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Additional Coverages Professional Liability \$1,000,000/\$3,000,000 Business Personal Property - \$2,895,000 Fine Arts - \$31,000



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

City And County Of San Francisco, SFDPH, its Officers, Directors, Employees, Agents and Representatives 101 Grove Street San Francisco, CA 94102 As respects vehicle(s): ALL

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

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

NIAC A1 03 91

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

[Agreement Amendment - San Francisco AIDS Foundation - HIV Prevention - City-Wide Syringe Access and Disposal Services - Not to Exceed \$35,608,159]

Resolution approving Amendment No. 2 to the agreement between the San Francisco AIDS Foundation and the Department of Public Health to provide HIV prevention services through City-wide syringe access and disposal services; to increase the contract amount by \$25,768,672 for a total amount not to exceed \$35,608,159; and to extend the contract by seven years, to commence July 1, 2019, for a total contract term of July 1, 2016, through June 30, 2026.

WHEREAS, The Department of Public Health selected the San Francisco AIDS Foundation to provide HIV Prevention City-wide Syringe Access and Disposal services through a Request For Proposals; and

WHEREAS, The Department of Public Health subsequently established an agreement for an initial term of two years, July 1, 2016, through June 30, 2018, with a not to exceed amount of \$4,976,830 and amended the agreement to extend the term one additional year, July 1, 2018, through June 30, 2019, for a total contract amount not to exceed \$9,839,487; and

WHEREAS, The Department of Public Health wishes to extend the term of the contract an additional seven years, adding the period of July 1, 2019, through June 30, 2026, with a corresponding increase of \$25,768,672 for a total contract amount not to exceed \$35,608,159; and

WHEREAS, This amendment will enable the continuation of HIV Prevention services through City-wide Syringe Access and Disposal services targeting people in behavioral risk populations such as injection drug users, people who are homeless, active drug users, formerly incarcerated individuals and/or who are struggling with mental health challenges; and

WHEREAS, These services will include program coordination with community-based organizations, the Department of Public Health's Rapid Response Clean Team, and service providers which are subcontractors in this contract, including the Glide Foundation, St. James Infirmary, the Homeless Youth Alliance, and the San Francisco Drug Users Union; and

WHEREAS, The goal of these services is to reduce syringe-sharing and the risk of transmission of HIV and other communicable diseases through the provision of sterile injection equipment, health education, HIV/HCV testing, and collection of disposed needles, both on-site and in City-wide syringe sweep events that focus on areas of greatest need; and

RESOLVED, That the Board of Supervisors hereby authorizes the Director of Public Health and the Purchaser, on behalf of the City and County of San Francisco, to amend the contract with San Francisco AIDS Foundation to increase the contract amount by \$25,768,672 for a total amount not to exceed \$35,608,159; and to extend the contract by seven years, from July 1, 2016, through June 30, 2019, to July 1, 2016, through June 30, 2026; and, be it

FURTHER RESOLVED, That the Board of Supervisors authorizes the Department of Public Health to enter into any amendments or modifications to the contract, prior to its final execution by all parties, that the Department determines, in consultation with the City Attorney, are in the best interest of the City, do not otherwise materially increase the obligations or liabilities of the City, are necessary or advisable to effectuate the purposes of the contract, and are in compliance with all applicable laws; and, be it

FURTHER RESOLVED, That within thirty (30) days of the contract amendment being fully executed by all parties, the Director of Health and/or the Director of Office of Contract Administration/Purchased shall provide the final contract to the Clerk of the Board of Supervisors for inclusion in the official file (File No. 190242).

RECOMMENDED:

Grant Colfax, M.D.

Director of Health



City and County of San Francisco Tails

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Resolution

File Number:

190242

Date Passed: April 09, 2019

Resolution approving Amendment No. 2 to the agreement between the San Francisco AIDS Foundation and the Department of Public Health to provide HIV prevention services through City-wide syringe access and disposal services; to increase the contract amount by \$25,768,672 for a total amount not to exceed \$35,608,159; and to extend the contract by seven years, to commence July 1, 2019, for a total contract term of July 1, 2016, through June 30, 2026.

April 03, 2019 Budget and Finance Sub-Committee - RECOMMENDED

April 09, 2019 Board of Supervisors - ADOPTED

Ayes: 11 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Safai, Stefani, Walton and Yee

File No. 190242

I hereby certify that the foregoing Resolution was ADOPTED on 4/9/2019 by the Board of Supervisors of the City and County of San Francisco.

> Angela Calvillo Clerk of the Board

London N. Breed Mayor Date Annroyed



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200370

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: https://sfethics.org/compliance/city-officers

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	'0'
	Y _X
	C).
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members	

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Jacquie Hale		(415) 255-3508
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	Jacquie.Hale@SFDPH.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco AIDS Foundation	(415) 487-3000
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1035 Market STreet #40, San Francisco, CA 94103	Info@SFAF.org

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6. CONT	TRACT		
	ONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUME	BER FILE NUMBER (If applicable)
	A		
			200370
DESCRIP	PTION OF AMOUNT OF CONTRACT	•	•
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HIV I	Prevention City-wide Syringe Access and Di		
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	TRACT APPROVAL ntract was approved by:		
	HE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
A	BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
	Board of Supervisors		
ТН	HE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER	(S) IDENTIFIED ON THIS FORM SITS
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Borkon	Peter	Board of Directors		
2	Brooke	Keri	Board of Directors		
3	Brooks	Douglass	Board of Directors		
4	Cowen	Christopher	Board of Directors		
5	Dillon	Mike	Board of Directors		
6	Duff	Frank	Board of Directors		
7	Edwards	Kenneth	Board of Directors		
8	Garcia	Ferd	Board of Directors		
9	Harris Lazarre	Zoe	Board of Directors		
10	Hodges	Philip	Board of Directors		
11	Huang	Steven	Board of Directors		
12	Kinsley	Michael	Board of Directors		
13	Livingston	Sean	Board of Directors		
14	Mapps	Roscoe	Board of Directors		
15	Marquis	Mattew	Board of Directors		
16	Nungaray	Manny	Board of Directors		
17	Pincow	James	Board of Directors		
18	Pizzuti	Dana	Board of Directors		
19	Silva	Fredo	Board of Directors		

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Vastardis	william	Board of Directors
21	Watson	Maureen	Board of Directors
22	Wong	Dora	Board of Directors
23	Hollendoner	Joe	CEO
24	Brooks	Lara	Other Principal Officer
25	Rogers	Kevin	CF0
26	Roybal	Russell	Other Principal Officer
27	Sroda	Greg	C 000
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my		
knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		
bos everk of the board		

From: <u>Hale, Jacquie (DPH)</u>
To: <u>BOS Legislation, (BOS)</u>

Cc: Colfax, Grant (DPH); Wagner, Greg (DPH); Ruggels, Michelle (DPH)

Subject: Resolution Requesting for Approval of Contract with the SF AIDS Foundation for Syringe Access and Disposal

Program (1 of 2)

Date: Monday, April 13, 2020 10:49:43 AM

Attachments: DPH Res Agmt Amd 3 SF AIDS Fdn.docx.cleaned.pdf

DPH Res Agmt Amd 3 SF AIDS Fdn.docx 1000002634 SFAF AMD#3 - Uncertified.pdf SFAF SFEC Form 126.pdf DPH Res Agmt Amd 3 SF AIDS Fdn.pdf

Dear Ms. Calvillo:

Please find attached a proposed resolution for Board of Supervisors approval of an amendment to the agreement between the Department of Public Health and the San Francisco AIDS Foundation. Under this contract, the San Francisco AIDS Foundation will provide HIV Prevention services through the City-wide Syringe Access and Disposal program.

This program targets people in behavioral risk populations such as injection drug users, people who are homeless, active drug users, formerly incarcerated individuals and/or people struggling with mental health challenges. Its goal is to reduce syringe-sharing and the risk of transmission of HIV and other communicable diseases through the provision of sterile injection equipment, health education, HIV/HCV testing, and collection of disposed needles, both on-site and in City-wide syringe sweep events that focus on areas of greatest need.

We are submitting this contract for approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- Proposed Resolution;
- Proposed Third Amendment;
- Resolution 167-19, approving the Second Amendment (due to document size, this will be sent in a separate email);
- Original Agreement, and First and Second Amendments (due to document size, these will be sent in a separate email);
- Form SFEC-126 (printout from database).

For questions on this matter, please contact me at (415) 255-3508, <u>Jacquie.Hale@SFDPH.org</u>.

Sincerely,

Jacquie Hale

Manager, Pre-award Unit of the Office of Contract Management & Compliance, Business Office

Department of Public Health, City and County of San Francisco

1380 Howard Street, Room 421b, San Francisco, CA 94103 (415) 255-3508

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